

UFHC 26

Interviewee: Dr. Melvin Rubin

Interviewer: Samuel Proctor

Date: May 7, 1996

P: I am interviewing Dr. Melvin Rubin in a conference room of the J. Hillis Miller Health Center. Today is May 7, 1996. Please give me your full name.

R: Melvin Lynne Rubin.

P: Where did the middle name Lynne come from?

R: I made it up. I made it up in high school. I had a teacher whom I really admired. His middle name was Lynne and I wanted to model myself after him. I just adopted the name.

P: You were not given that middle name when you were born?

R: No, when I write my name officially--for Social Security and for the IRS [Internal Revenue Service]--I write Melvin Rubin.

P: When were you born?

R: May 10, 1932.

P: Where were you born?

R: I was born in San Francisco.

P: How did it happen that your family lived in San Francisco?

R: My parents were both from Poland. My father came over in about 1928 or 1929. His brother and sister were already here in the United States. They brought him over. He worked here for a few years, then went back to Poland and married my mother. She came back with him on a boat. They came into New York and [then traveled to] San Francisco because that was where his family lived.

P: What was your father's name?

R: Morris Rybaczki.

P: And your mother's full name?

R: Maida Gelman.

P: Where were they from in Poland?

R: From a small town outside of Vilna, called Lida.

P: Did your father know your mother before he left [Lida] and came to the United States?

R: Yes he did.

P: What kind of work did he do?

R: He was a specialist tailor. He made vests. Actually, he was a super-specialist. He made vest pockets--pockets for vests.

P: Do you have their birth dates?

R: I think my father was born somewhere around 1895 and mother in 1914. I am not exactly sure, but I think those are the birth dates.

P: Did they leave family behind?

R: Yes.

P: Were they decimated in the camps?

R: Yes they were.

P: You lost family in World War II?

R: Yes. I remember writing to my grandmother in Yiddish during the 1930s. About 1942 we [received] the last communications we ever got from them.

P: Has any effort been made to see if there were any survivors?

R: Yes, my mother made some effort. She learned she had a brother who did survive and went to Israel. Aside from him, there was no one else left.

P: All right. Let us talk about your early life in San Francisco. First of all, let me ask you if you have any siblings.

R: Yes, I do. I have a sister [who is] two years younger.

P: What is her name?

R: Phyllis Tannin.

P: Where is she living?

R: She now lives in Chappaqua, New York. It is a suburb of New York City.

P: It sounds like an Indian name to me.

R: I think it is. [Laughter]

P: You grew up in San Francisco and went to school there. Give me some dates. When were you graduated from high school?

R: I went to an academic high school, Lowell High School, in San Francisco, and graduated in 1949.

P: What was an academic high school?

R: It was the only high school you could go to from anywhere in town. I think there were ten or twelve [regular high schools] in San Francisco. For Lowell, you had to be accepted for admission, though it was still a public high school. All the other high schools were regional, where you had to attend if you lived within a certain radius [from it].

P: The usual neighborhood high school.

R: Yes, Lowell was geared for academic people who were a little bit more interested in scholastics.

P: [Geared] for people going off to college?

R: Yes, and you competed to get into this high school. It was [in a way] like the Bronx High School of Science. I think, 98 percent of people from that high school went on to college.

P: Were you interested in the sciences early on?

R: Yes. I attended an intermediate school after grammar school, which was like [Gainesville s] P.K. Yonge School, but in San Francisco. It was a part of the San Francisco State Teacher's College. I do not know what it is called now, but it was part of the teacher's state college [system] in San Francisco. The college had a practice school, where as part of their internship the teachers conducted classes in this school--for grammar school and junior high school students. It was called the Frederick Burke School. I went there for the two years before high school. A teacher there got me interested in science. I was always a

gadgeteer, and played with building radios from scratch, that is when my interest in math and science started.

P: You did not neglect the humanities, did you?

R: No. I was raised in an Orthodox Jewish family, and the humanities were always part of our culture. Religion played a big part of my early years. My family's whole cultural life [revolved] around the synagogue, [religious] activities, and social things dealing with the synagogue, but always leaning toward charity, doing social services, and things of that sort.

P: Did you have a close family relationship?

R: Yes. We did not have any money. The maximum my father ever earned during his whole lifetime was something like \$3,000 a year, although that was a reasonable amount of money in the 1930s. We never had a car. We lived in an apartment building in a three-room apartment. I always shared a room with my sister. There were not that many rooms in the place. My parents lived in the living room, and I lived with my sister in the bedroom, which was also the dining room, which was also part of the kitchen. It was a very close family--not just physically close. We did everything together.

P: Did you have cousins?

R: My father's sister lived around the corner from us. She had three children. They were half a generation ahead of us, so we were not too close to them academically, though we were closer physically. They were already adolescents when we were little kids. They were grown up when we became adolescents. Our families did spend a lot of time [together] mostly on the Sabbath and holidays. We visited each other all the time.

P: Growing up in that kind of Jewish household, did you attend Hebrew school a lot?

R: For seven days a week, from the time I was five, until I turned sixteen, I remember every day after I finished [regular] school, I would go down the hill to Hebrew school. It was from 3:30 to 6:00 every afternoon. On Saturdays, we had services in the morning, and we studied in the afternoon. On Sundays, it was the same thing in the morning. We had off Sunday afternoons.

P: Growing up like that through high school, were you able to find time and develop any interests in sports and other activities?

R: No, basically no. I never felt physically capable to do sports. I was not weak or

anything, but sports were just not my thing. I did not have very good vision. I did not know that trees really had leaves until I got my first glasses at age seven or eight. My vision not being up to snuff, I always felt that I should not participate in sports, not to risk damaging my vision any further. So I never really played any sports.

P: Did the Depression decade impact your family in any kind of a harsh way?

R: Yes it did. Vests in this country were not exactly the avant-garde. During the 1930s, they were fading in terms of popularity. [Father] had a hard time finding a job. He worked in a small factory, a mill shop with people making vests, which were losing popularity. I remember being hungry during the 1930s.

P: Your mother did not work outside of the home at all?

R: No. She actually had more formal education than my father. She went through high school. My father only finished the third or fourth [elementary] grades. Her father was a principal of the gymnasium, which was in Europe [equivalent to] the high school [here]. So she had more formal schooling. For her English was easier than for my father. I could not speak English until I started grammar school, since we did not speak English at home back then.

P: You all spoke Yiddish at home?

R: Yes, we spoke Yiddish at home. So [as I was] going to school, I helped promote English at home to my parents. They became citizens during the 1930s and had to learn English. They eventually became quite comfortable with English, but it was not their basic language.

P: Did they talk with an accent?

R: Yes.

P: Just as my grandparents. So you leave Lowell High School in 1949?

R: Yes.

P: That meant you were not old enough to get caught up in World War II.

R: World War II was over just before I started high school.

P: Did you have to work while you were in high school?

R: Yes. I did odd jobs. I worked for a grocery store to help with the family

[finances]. You had to have a permit to work [before] you turned sixteen. So, before that time, I sold magazines. I also sold newspapers and delivered newspapers. I did anything I could to try to help with the earnings for the family.

P: It does not sound like you had much of a social life either, [when you were] going through high school.

R: No, not when you remember that I had a personal obligation to attend Hebrew school and to work within the religious environment. By age sixteen, I was finally becoming an adolescent. Actually, mine was a late adolescence, as I became aware of the other sex. I had friends in high school who started to show me that there were more social aspects of life. In fact, through the YMCA, [they] introduced me to a dance group. That did not sit well with my parents. This was a formal social group. I started to realize there was another life out there, besides family and religion. It was fun socializing. I became very close friends with two people in high school, with whom I have maintained a friendship all the way, even to this day.

P: When did you learn that there was a world beyond San Francisco?

R: When I went to college. I did pretty well academically when I was in high school. You will find this interesting. I had a number of scholarship offers, but these were boiled down to two that were close by--either the University of California at Berkeley, or Stanford [University at Stanford, California]. I did not have to travel very far from the family. The Stanford [University scholarship] was for \$1,000 a year. The problem was that it covered the tuition for Stanford, but it did not cover room, board, books, or living expenses. I got a \$250 scholarship to the University of California. The tuition there was only \$37 a semester. Since with the scholarship was \$250 a year, I could pay room and board, books, tuition with it, and still have spending money left over. We did not have any money. I could not afford to take the \$1,000 scholarship to Stanford. In retrospect, I have not regretted it, but I have always wondered what would have happened had I gone to Stanford instead of the University of California.

P: So you went to Berkeley?

R: Yes, I went to Berkeley.

P: Berkeley was already a school with some prestige to it.

R: It was a wonderful college, and a wonderful environment. Up until then I always lived at home, so it was my first chance to get away from the family environment.

P: And to have your own room?

R: Well, I shared it with a roommate. He was a friend of mine from religious school and from our old neighborhood. We have continued to be close ever since. He went in structural engineering, and I stayed on with what I started in high school, research in vision.

P: So what year did you start at Berkeley?

R: In 1949. There was one more side-point that I wanted to bring up. Again, it showed my interest in science. During high school, one of my teachers encouraged me to enter the Westinghouse Science Talent Search, a national contest. I got an honorable mention in it just by taking an exam and writing a scientific paper on vision. I was interested in stereoscopic vision even back then. I followed that trail. I am sure that was the reason I was offered some of the many scholarships to the other universities. I had followed that trail, using my interest in vision. Incidentally, the paper that I wrote was on telestereography, dealing with stereoscopic vision. I sought out people at Berkeley who were interested in using that topic as a practical tool. I was referred to a professor of forestry, since that profession uses telestereography in forestry for doing contour mapping.

P: What is telestereography?

R: *Tele-* meaning distance, and *stereography* meaning the stereoscopic vision --for measuring distances and depth. They use that technique by flying planes, taking two separate but parallel photographs of the ground, and then using the paired images to construct contour lines. This is how they draw contour maps of elevations of mountains, valleys, and earth's surface irregularities. The forestry department was already doing that, technically. So I was connected up with them as soon as I started [at] Berkeley. I began doing some research in the forestry department. Then they connected me with somebody in optometry who was doing the same thing, but more on the vision side. That is how I became interested in optometry while I was at Berkeley.

P: So Berkeley was set up really to meet your own special needs and inclinations?

R: It was not set up that way. It was there.

P: All of this was there?

R: It was there, and I could take advantage of it. It was such a wonderful thing. At the time there were only 10,000 students at Berkeley. Right now there are almost 50,000.

P: Where did you live?

R: I lived in the shadow of the University, in Berkeley.

P: Did you live in a rooming house?

R: Yes, exactly.

P: What kind of a life did you lead in Berkeley? Once again, was there anything outside of the classroom and the library for Mel Rubin?

R: I joined Hillel, the Jewish organization for students. They had social activities. At that time, Israel was just being formed. Remember this was just 1949. The state of Israel came into existence in 1948. There was a tremendous Zionist movement among Jewish students. It was called the International Zionist Federation of America (IZFA). I became involved in that group, and also with folk dancing and Hebrew music. There was one more thing I just recalled that I had forgotten, in connection with a continuing thread in my cultural life. I was always involved in some aspect of music, either listening or playing in an orchestra. I used to play the violin. I played that instrument in grammar school, junior high school, and high school. When I went to college, I just did not have time to do that in addition to everything else. But I was always involved in music.

P: Did you take violin lessons?

R: I did, all the way up to the time I started college. Then, I just did not have time [to carry on]. In fact, even during college, I took some lessons for a year or two, not regularly, but a couple times a month.

P: Of course it was not uncommon for young Jewish boys to take lessons to be a violinist.

R: Correct. In fact in the late 1930s and early 1940s, maybe three or four years before I started there, the principal of our Hebrew school in San Francisco was [Yehudi] Menuhin's [American violinist] father. He was the principal of the school. So he served as the model; you were always going to be another Menuhin.

P: Or a Jascha Heifetz [American violinist]?

R: Jascha Heifetz was also very famous at the time. I remember going to a movie that the entire Hebrew school was taken to. It was called *They Shall Have Music*. It was with Jascha Heifetz. I think it was the only movie they ever made

with him, but it was shown in many movie theaters.

P: I heard Jascha Heifetz play in Jacksonville, I think, or perhaps it was here in Gainesville. Anyway, I know that was what Jewish parents dreamed of, that their son would become another musician like Heifetz or Menuhin.

R: Either that or a doctor.

P: Could you be both at the same time? [Laughter]

R: At the time I was in college, I was really not interested in becoming a doctor of medicine. I felt it would take too long and I could not afford it. It would take another eight years after college, and here I was struggling to make my way through the undergraduate years. I worked in the library to help support my way through college. I partook in some other things besides IZFA and Hillel. You asked about the other activities. I started fencing. I needed something to do physically. As I said, I was not a sports-minded individual, so I took up fencing in college. Actually, I eventually got to be pretty good in intercollegiate fencing. I fenced all three weapons [foil, epee, and saber]. When I became a junior, the coach of the fencing team left because he was ill. They asked whether I would take over the coaching job. Now that was almost ludicrous, because here I was really a rank amateur. On the other hand, I was pretty good with teaching things to people. So they asked me to do it. There was a downside, it meant giving up my eligibility to compete in intercollegiate scale. If you became a sport professional, such as a coach, you could not be a fencer on the team. I wrestled with that question for a long time since I loved the competition. However, an extra \$50 a month looked incredibly good to me while I was going to college. Finally I decided I would take the coaching job. I coached for two years, our team winning the Pacific Coast Conference championship my second year. Actually, during my first year of medical school, which was in Berkeley, I was also a part time coach.

P: So have you given up fencing and violin?

R: I have given up the violin, although I started again when I moved to Gainesville. But I recognized that I know good music, good musicians, and I did not appreciate the way I could play.

P: You were not Jascha Heifetz.

R: [I was] far below [him]. I could really not tolerate my music.

P: What about the fencing?

R: It was a wonderful physical activity and I made many friends through fencing, but I gave that up. When we came here, I started to fence again on campus. I knew I had to stay with it if I wanted to stay active. I decided I just did not have time for that.

P: Back to when you were at Berkeley two years. What was this AA degree that you got?

R: It was a degree achieved on the way to a bachelor's degree [BA], awarded. At the end of two years, after completing a general arts curriculum--the associate of arts [AA] degree.

P: We have that same program at the University of Florida [and at all community colleges in Florida].

R: I am sure you do. It was an intermediate degree. If you wanted to stop there, you have at least some degree.

P: That was why I could not quite figure out what was happening with your record. You graduated in 1953?

R: In 1951, I received from Berkeley the AA degree, which I had to have to get into optometry. At that time, optometry school also took two years. In 1951 I entered optometry school, with my AA degree.

P: Was the optometry school also physically located on the campus, in Berkeley?

R: Yes, it was, it was also at Berkeley. Now, I never did want to go out and practice optometry. As far as the practice of optometry goes. I felt that was just selling glasses. I did not want to do that. I wanted [to work with] the scientific aspects of it. I was thinking of staying on to get a Ph.D in the physiology of vision. After one year of optometry, I realized that I really wanted more out of life. I could do more and I was capable of doing more. One of my teachers [Gordon Walls], in optometry, convinced me that I ought to try to get into medical school. Originally, I rejected that. It was not what I wanted to do. It was what my parents would have liked me to do, but it was not what I was interested in [going to medical school]. My teacher exerted enough pressure, intellectual pressure. It was a tease, a challenge. He said, "You can really do it." I said no, I did not think I had the will or the financial wherewithal to actually go through that much time. Nor did I know if I had the intellect to be a physician. He convinced me that I did and I left it up to fate since I applied to only one school, the University of California, since it was the only place I could afford. Tuition was ridiculously low by our standards now. It was a \$100 a year for a resident of the state of California. I was entitled to apply, and if I got in, that was all I

would have to pay. I applied to the University of California at San Francisco and I got in.

P: So the school was in San Francisco, but it was part of the California university system?

R: Yes, it was part of the University of California system. The first year of medical school at the University of California Medical School in San Francisco was actually held in Berkeley. So I just stayed in Berkeley for another year, making it a period of five years that I lived there.

P: Unlike the University of Florida, the main medical school was not on the campus?

R: Officially, the medical school was located in San Francisco. [back to the decision,] during my third year of college at Berkeley, when I was coaching fencing and going to optometry school, I decided I would like to try to go to medical school, but I also wanted to finish optometry. Thus, I had to double up on taking pre-med courses while taking the optometry curriculum. I had to go to summer sessions, nights, weekends, and complete everything to keep up.

P: And working at the same time?

R: And working. I met Lorna at that time, through Hillel, at a religious Passover Seder.

P: I am going to get you into the personal part in just a moment, but before you get into that, let me ask if you graduated from the University of California School of Optometry, in 1953, with a bachelor of science degree?

R: Correct. Summa cum laude, too, I say immodestly.

P: Now, when did you make the decision to go into medicine?

R: The summer before. I had only one year into which to cram in all the pre-med courses.

P: Then the decision was made in 1952?

R: The final decision was made in the spring of 1952, but I still needed the pre-med courses in order to apply. The application deadline was not until November 1952, but I had to start getting the courses. I did not have a lot of additional pre-med courses that had to be taken, since some of them overlapped with the pre-optometry. That is, you needed certain courses for optometry that were also required for medicine.

P: You made the decision to go to medical school after you found that optometry was not really what you wanted?

R: Yes, and I discovered that during my first year, maybe after six or eight months into it.

P: In addition you had a professor who encouraged you, adding some outside pressure to your own inner pressure, and your family also pressed for medicine.

R: My family did not exert any real pressure at all. They were happy that I was happy doing what I wanted to do. I am sure they were secretly pleased that I decided to try for medicine. And it was a matter of trying. I did not know I could get in. I only applied to one school, and the chances of applying to one medical school and getting into that medical school [were slim] at a time when most people applied to twenty medical schools. I could not even afford to travel for interviews to other places. It was just too expensive. But I thought I would try UC and I left it up to fate. If I got in, I would go into medicine; if not, I would stay in optometry. I was on the path to finish the College of Optometry and I could go ahead and practice optometry or go on for an advanced degree.

P: So the medical school accepted you?

R: They accepted me in the spring of 1953.

P: Before you left Berkeley, I understand then that you had a complete life on that campus. You were involved in fencing. You were involved in Hillel. Obviously, you had a girlfriend. Life was really well rounded for you; you were interested in music and theater, and other things. I guess you took advantage of whatever you could?

R: One of my first dates with my future wife turned out to be going to hear [Arthur] Rubinstein [American pianist, considered world's finest interpreter of Chopin] play in Berkeley High School auditorium.

P: Very good!

R: We heard Pete Seeger [American singer and songwriter] sing on campus; [I was] just [involved in] a general social life.

P: Let us talk about your personal life now. What is your wife's name?

R: Lorna Isen Rubin.

P: Where is she from?

R: She is from the Los Angeles area, Torrance, California.

P: What is her birth date?

R: June 15, 1932. She is one month younger than I am.

P: Did her family live in Torrance there a long time?

R: She is an only child. I am not sure where her father's parents originally had come from, but his parents were living in Los Angeles in the 1920s. Her father was born and raised there. He was American-born.

P: What was she doing at Berkeley?

R: She spent her first two college years at UCLA and then she moved up to Berkeley to get her bachelor's degree. She liked going to Berkeley better than UCLA.

P: What was her special area?

R: Psychology.

P: So she took a degree in psychology?

R: She got a degree in psychology. We graduated at the same time.

P: Did she come out of the same sort of religious family background that you had.

R: No. Her [family] was not really agnostic, but it was more toward the reformed side of Judaism. She went to Sunday school. She was raised in a Jewish family, but it was not a very religious family.

P: How did it happen that she was at Hillel?

R: Her roommate was entertaining at Hillel. Her roommate was a folk singer, and was entertaining there. Lorna came just to watch her roommate entertain. I was working there, washing dishes for the Seder. I was in the kitchen. I was listening to the folk singing too, and I met her at that time.

P: And that started it?

R: That started it, yes, that was in the spring of 1952.

P: When were you married?

R: In the summer of 1953.

P: So you all went together for a year?

R: Yes.

P: Were both families pleased with the relationship?

R: I think so. There was certainly no opposition.

P: I was going to say, did your family accept a reformer?

R: Yes. They were very happy that she was Jewish.

P: That was enough?

R: That was enough. The fact also [helped] that she was educated and her father was a lawyer. Actually, he was eventually a long term mayor of the city of Torrance.

P: Where were you all married?

R: We were married in Los Angeles at the Bel Air Hotel. That was just before I started medical school, in June 1953. We had both graduated from college. We had both turned twenty-one, and we got married, all within a week.

P: Has she practiced psychology?

R: No. She became a homemaker, though she did work as a medical secretary, helping to support me through medical school, and later raised the kids.

P: She has now become a publisher.

R: That was almost twenty years later.

P: Right.

R: We are skipping a few things in between.

P: Let us not skip the children. I would like to get their full names, birth dates, if they are married, and something about them.

R: My first child is Jan Gabrielle Rubin.

P: I wondered where that Jan came from?

R: She was named for my aunt, my father's sister, who had passed away by then.

P: In the write-up in *Who's Who*, the [name] Jan is not there. It only said Gabrielle.

R: Jan is her first name. She was named for Jenny, who is my father's sister. We did not want Janice or Janine. It was simply Jan.

P: Where did the Gabrielle come from?

R: Gabrielle was her middle name, for Lorna's great grandfather, her grandmother's father. He was named Gabriel, so we named her Gabrielle.

P: When is Jan's birthday?

R: September 14, 1955. Jan was eight when we moved to Gainesville. She went to J. J. Finley, P. K. Yonge, Buchholz and Gainesville High School. She received a Phi Beta Kappa and a BA at Washington University in St. Louis, where she also earned three masters degrees and a Ph.D. in Clinical Psychology. There she met her future husband. She is now married and has an eight-year old son.

P: Give us the name of her husband.

R: Her husband's name is Jacques Israelievitch.

P: I understand he is French.

R: Yes, he is French. He was born in Cannes [southern France] and grew up in Paris. He lived there until he was sixteen. He studied music (violin) at the French Conservatory of Music. He was the protege of the [Baron Philippe] Rothschild family. He also did not have any money. Madame Rothschild became his benefactor, and promoted his coming to this country to study with [Josef] Gingold at Indiana University.

P: Now Rothschild had the money.

R: Yes. It supported him at the time. He won a number of violin competition prizes in France. The money supported his coming to this country to study

further at the University of Indiana with Gingold. Back in the 1940s, Gingold was the concert master in New York for [Arturo] Toscanini [1867-1957, Italian conductor].

P: What is Gingold's full name?

R: Josef Gingold. He was a primary violinist and violin teacher at Indiana University.

P: Jacques is a professional musician today, is he not?

R: Yes he is. After he graduated from Indiana, he immediately became assistant concert master for the Chicago Symphony [Orchestra]. He was there for several years and then moved to St. Louis to become the concert master for the St. Louis Symphony [Orchestra] under Slatkin. About seven years ago, he moved to become the concert master for the Toronto Symphony [Orchestra]. So they now live in Toronto [in the Province of Ontario, Canada].

P: I have one of his CDs and it is wonderful.

R: I am glad you enjoy it. I think he is going to play here in Gainesville in October [1996].

P: Oh, is he? On what occasion?

R: [He will perform] with the Gainesville Symphony Orchestra. He will give a concert and teach some master classes.

P: We will have to put that on the calendar. That will be very nice.

R: Gabrielle and Jacques live in Toronto and they have just [obtained] dual citizenship. I think they are taking the exam for their dual citizenship today.

P: Now, you said they have one child?

R: They have one child. Jacques has two children from a former marriage.

P: What is your grandchild's name?

R: My grandchild's name is Joshua Israelievitch.

P: Let us get the other two kids in there because you are their step-grandfather.

R: First, you asked about the name Gabrielle. Back when she was in college, she

had a thing about Jan. She wanted to separate her growing up years from her college years, so she changed her name. She lived in Israel for a while, and adopted her middle name, Gavi, which is the Hebrew for Gabrielle. When she moved back to this country, she changed back to the English name Gabrielle. So it is Jan Gabrielle, but she uses Gabrielle. Besides, it fits. Gabrielle is a French name, and it fits with Jacques.

P: So she calls herself Gabrielle.

R: Yes, [so do] all her current friends. The kids who grew up with her in Gainesville, the people who are around the college and are still here, still know her as Jan.

P: Mark remembers her as Jan. I do not think he even knew her as Gabrielle.

R: I have some difficulty with Gabrielle. She is still Jan to me. She wonders why I cannot make that extra effort. She is forty-one years old. I try, but it is difficult.

P: She grew up with Alan [Proctor] because he was born in 1954.

R: They were contemporaries at the time here in Gainesville.

P: Give me the two stepchildren.

R: David Israelievitch is one of them. The other one is Michael. I do not know them very well. Michael lives with his mother. The older one, David, who is sixteen now lives with their father and Gabrielle. We certainly know who they are, but they were hardly ever there when they were young and we went to visit.

P: What is Daniel's full name?

R: Daniel Jay Rubin. He was born February 13, 1957, in San Francisco, but he went through school here. Essentially, the children's entire schooling was in Gainesville. I think Danny was five or six years old when we moved to Gainesville.

P: If you came in 1963 and he was born in 1957, he [was six and] would have gone to school here.

R: Yes. He is now married. His wife's name is Louise.

P: Louise what?

R: I am not sure of her maiden name--Loman, I believe. They live in Santa Fe,

New Mexico.

P: Do they have children?

R: They have two children, Maida and Asa. Asa was born a year and one-half ago. Maida is seven years old.

P: What does Daniel do?

R: Daniel is a screen writer. After finishing at Gainesville High School, he went to Brown University [Providence, Rhode Island]. Then he got a masters degree at Northwestern [University in Evanston, Illinois] in writing and television production. He was earning his living writing scripts for plays, television, and a number of other media in the Chicago area. When he finished at Northwestern, he stayed on and lived in Chicago. That was where he met his wife to be. Then he realized that when writing screenplays, he needed to be in Hollywood. So they moved to Hollywood, California, and lived there for three or four years. He learned that was not where he wanted to raise his family. By then, he had written several screenplays that made it to the screen, and one of them hit it big. He wrote the movie *Groundhog Day*. He felt he had made good connections and met all the people who were important enough and who recognized his talent. He did not have to live in Hollywood anymore, so they looked for a new location that offered a good quality of life. They chose Santa Fe, New Mexico. They have been living for the last four or five years.

P: He continues to follow that profession?

R: Yes. He has a number of screenplays in various stages of development.

P: Is he still writing right now?

R: Writing is his career. That is how he makes his living. He also teaches screen writing at the College of Santa Fe. He is also on several teaching staffs. He teaches workshops at Sundance, the Robert Redford Foundation. They [the foundation] put on a movie festival every year. Preceding that festival, they have workshops dealing with screen writing, directing, acting, and things of that type. He is one of their teachers.

P: What is the College of Santa Fe?

R: It is a four year college. I think it is a general college, but they have fine arts divisions. They also have creative writing departments. He teaches screen writing.

P: Are any of his screenplays in production now?

R: I do not think there is anything in production right now. They are in various stages of getting written and adopted by studios.

P: So this looks like a continuing, successful career for him?

R: I hope so, and he hopes so too.

P: Well obviously.

R: My third child, Michael, is the only one who was born in Gainesville. He was born after we moved here.

P: Does Michael have a middle name?

R: Hadley. Again, I think that was for [the sake of] grandparents. I think it was [the name of] Lorna's mother's mother or some relative. In fact, I have trouble coming up with where that came from. But my son's full name is Michael Hadley Rubin.

P: What is Michael's birth date?

R: September 24, 1963.

P: Right. You got them all. Dr. Rubin, you passed the test on your kids' birth dates.

R: Do not ask me anything else so specific about kids.

P: Well, I am going to ask you if Michael is married.

R: Yes he is. Michael went through the school system in Gainesville. During high school, he was selected for an internship program in his senior year when students could leave their high school classrooms and spend time working in a field they had an interest in. He was very seriously interested in paleontology. We live adjacent to a creek bed. Rattlesnake Creek and Hogtown Creek come together in our back yard. At the base of the creek are tremendous numbers of sharks' teeth, manatee bones, and things of that sort buried in the soil of the riverbed. When he was a kid, he got interested and was digging up all sorts of items. So throughout his growing-up years, he got interested in paleontology. During that six-month period of internship, during his last high school year, he selected to work with the natural history museum [Florida Museum of Natural History, University of Florida] here on campus. He loved it; he loved working

with the people. He also found that it was an intellectual career, but you could not really make a reasonable living out of following only your intellectual pursuits.

He was turned off to the field by some of the people who were working there. [They did] not actively discourage him, but he saw they were not really happy doing what they were doing. He was interested in the job, but not for his own long term career, [although it was] intellectually stimulating for him. It worked out very well for him in that he discovered it was something he did not want to pursue. He went on to college.

P: Here?

R: He went to Brown just as Danny did. Michael was very confident of getting in. I do not know where such self-confidence came from, but he was very creative. When Brown asked that he write an essay about himself as part of the application process, he wrote an essay. They said if you want to, please submit any other information that would give a more complete picture of yourself. He submitted a nude photograph of himself--with a fig leaf appropriately placed--which represented a more complete picture of (him)self. He was admitted in Brown [University's] early acceptance program.

P: They decided they needed a creative person?

R: I do not know if that did it or what, but he is certainly a creative individual. He went to Brown. By the way, this is backtracking, but it relates to Brown. When he was here in high school, during the summers, he used to go to a summer camp in Wisconsin. That camp was identified by some friends we have in the Chicago area. Their kid, Jordan Grauer, also went to this summer camp called Shewamegon, in the Shewamegon National Forest in Wisconsin. That was an Indian name and a very wonderful camp in which self-growth and self-development were very important, as opposed to highlighting team sports. They did not go for physical prowess of an individual, rather they wanted individuals to develop their personal skills, but not for competitive reasons; they wanted to maximize an individual's growth. He went to that camp when he was eleven, twelve, and thirteen, spending three summers up there. He was taught all the skills of independence by going out into the wilderness, on camping trips and canoeing. It was similar to wilderness training but in a more normal type of camp environment. A wonderfully protective family ran the program. They had five or six children. They had various forms of instruction.

Ten years later, when he was at Brown, he ran into the counselor he had at that camp. That counselor, who was visiting Brown, was then one of the vice presidents at LucasFilms in California. He talked to Michael. Michael was again creative during college. He made a connection. He said to Michael, what do you want to do in life? Michael had no career aspirations yet, so he said, for

a start, I want to be an intern at LucasFilms. They did not have interns. This fellow, Steven Arnold, said, just come out and work free for a while, and see if you can develop a niche there. He did, after Michael graduated, he went directly to work for George Lucas. He became part of the film industry culture and was fit into to an area called development of computerized editing machine for editing movies. Editing there was done by computer instead of the old moveolas where you cut and snip segments of film. He wound up doing this by computer where you can move things around, phrases and words, as well as scenes. Initially, Michael worked on the development of that process, which saved a lot of effort and time for movie editors. Lucas was developing that particular area as one of his main domains in his industries. Now, at that time, LucasFilms was composed of three major divisions. It was composed of the film-making group, of Industrial Light and Magic, which was the special effects group that still contracts out their skills, and the third [division] was the Droid works, with the EditDroid, the machine that did computerized editing.

P: That was the one Michael was associated with?

R: Yes, Michael was associated with that. There were only a few people who worked in that area. So he got in on the ground floor of developing computerized editing machines. Later he wrote a book, now in its third edition, called *Nonlinear*. It was a book that explained how computerized editing was done. It is currently being used as a textbook around the country.

P: It is kind of interesting that your oldest child is associated with music, and your two boys are associated with film.

R: Yes, at that time Michael was. Michael is multi-faceted. He does all sorts of things he is interested in. Are you really interested in all of this?

P: Of course. It is the story of Melvin Rubin is it not?

R: No, it is vicariously Melvin Rubin.

P: That is all right.

R: We are related by blood; aside from that, I did not have much to do with his profession. Michael first worked with LucasFilms, but a couple years later, they decided the Droid Works was not profitable enough for them. They sold it off or closed it down, they just disbanded this whole area. Lucas decided to spend his time and money on some of his other projects. But there were other companies which were using some modification of computerized editing. In fact, Michael went to work for the split-off; he moved to work for a while with the couple from LucasFilms that created the EditDroid. They formed another new company,

called Sonic Solutions, and they do computerized cleaning of video and auditory materials for movies or record makers. Their company is now listed on the stock exchange; though Michael moved on, he s still good friends with Bob and Mary Doris.

P: Where does Michael live?

R: He now lives in Santa Cruz, California. When he worked for Lucas he lived in San Rafael in northern California. Then he moved to San Francisco to work with Sonic Solutions, the group that split off from LucasFilms. Then he was hired as a consultant by another company which was developing a computerized editing machine. He moved to Los Angeles and worked for them for three years until they were bought out. In the meantime, while he was working with computerized machines in Los Angeles, he met Jennifer. Then he and his soon-to-be wife, Jennifer, moved up to Santa Cruz, where they were married. His wife was interested in developing and marketing a craft connected to producing pottery. They formed a company called Petroglyph. The company bought pottery from a manufacturer of pottery greenware. This manufacturer actually made the raw materials pottery was made from. Michael and Jennifer buy the material and sell time in their shops for people to come and paint the material. It is then fired, and becomes the individuals own creation. In their craft-shop individuals come and make pottery, but they do not have to do the spinning of the pots. They can make glasses, dishes, or fancy pots of various sorts. People come and spend time there and pay so much an hour while Michael and Jennifer provide design suggestion, instructions, the paint and do the firing of those materials.

P: Both of them are in that business?

R: Yes. Now they are expanding. They now have two shops and Michael has plans to build more. I assume it is a fairly profitable business.

P: What is his wife's full name?

R: His wife's name is Jennifer Kurz.

P: Do they have children?

R: No, not yet. They have been married only two years.

P: So you have family in Toronto, Ontario; Santa Fe, New Mexico; and in Santa Cruz, California.

R: Yes.

P: You have a lot of places to visit.

R: Yes we do. And very nice places too.

P: Absolutely wonderful. Let us get back to our main attraction here, Mel Rubin. Let us find out what has happened to him now that we have all of his kids born and obviously all becoming famous and wealthy.

R: These are all hopeful.

P: Well, I am sure everything will work out just fine. Now, you got out of medical school?

R: I finished medical school in 1957.

P: At that point you had your MD degree?

R: Yes. I then went on to my internship in medicine at the University of California. I was still in San Francisco.

P: Before you get into your internship, let us go back to medical school and see if there are any highlights there that need to be brought onto the tape. What was life like in medical school? You were a married man now.

R: It was tough. We were married before I started medical school. In my class of seventy students there were ten other couples who were married before starting medical school.

P: Did Lorna work?

R: Lorna worked. Remember the first year was in Berkeley and there she worked for two ophthalmologists. This was fortuitous. I was not geared for ophthalmology yet.

P: She was getting you ready.

R: She was getting me ready. She worked for them even after we moved to San Francisco. We had an apartment in San Francisco and she commuted back and forth to Berkeley, so she worked for the two ophthalmologists for another year until Jan was born, two years after we were married. When we were in San Francisco, she commuted, she worked, and she became a full-time mother. I too had to work to help support the family.

P: What work did you do?

R: In San Francisco, I worked on eye research, mounting slides for projection. We could earn \$20 to \$50 a month at that time. Lorna could do the job too. We could do it together because it did not have to be done in an office; one could do it at home. Our spare time was filled tape mounting, cleaning glass, and mounting the slides for slide projection. In those days we did not have any such thing as computers for creating slides. So we worked on that as the kids were growing up. But medical school was a full-time occupation.

P: You did not have much time for a social life?

R: We had not much time for a lot of things, except for some social life. We started to play bridge with our classmates, and then started playing competitive bridge. That took a little time. That blended over into the residency. In fact, when we moved here, we were playing bridge too. But we had to keep down the level of that activity, especially during medical school, as it could consume a lot of time. Plus, I spent some time singing. We had a chorus and a barbershop quartet in my class at medical school.

P: I did not know that you had another accomplishment--singing.

R: I enjoy doing it.

P: But there was no violin playing?

R: At this point violin playing had to take a back seat. We used to sing at various functions at the college, at medical school.

P: Did you just suddenly get an inspiration to sing?

R: No. Back when I was in Hebrew school, I became sort of a cantor. I learned how to sing at that time. I had a reasonable voice and during the fifteen years in the Hebrew school singing became part of our growing up. We just learned all of the liturgy. My father earned a part of his living as a baal krehah, which meant that he sang and read the Torah every Saturday. They heard about him in many local synagogues, that was how well he performed the service.

P: What was a baal krehah?

R: It is Hebrew; the word baal means owner and krehah means the reader of the Torah. I learned to sing in the choir of the Hebrew school, and I enjoyed singing. I was a soprano until my voice cracked at age thirteen or fourteen. I still maintain a tenor to baritone range. I sang as second tenor in a barbershop

quartet.

P: So while you were enrolled in medical school, life was not easy, but it was pleasant.

R: It was very pleasant. I did well in medical school, and I [received] honors, which helped win scholarships, that is how I paid my way through school.

P: Of course, even if one were poor, living in San Francisco was fun.

R: It was fun. You could walk all over the city. It was a big city, but it was not so vast that you cannot get anywhere easily. The public transportation was very good in San Francisco. When I lived at home, before I married, my parents never had a car. We walked or took public transportation everywhere.

P: By this time, in medical school, did you have a car?

R: Yes, I did. Lorna had to have a car to commute. During college, I bought a Model-A Ford. That was my first car, but after we married, we bought a more upscale used Ford.

P: Of course, you were still close to the family?

R: Yes. My parents both lived in San Francisco at the time. My father died during my internship, after our first two children were born, in 1957. At least he had a chance to meet two grandchildren.

P: What about your mother?

R: My mother lived until 1980. She lived to see me through my career and even becoming chairman of the department at UF.

P: Did she continue to live in San Francisco?

R: She lived in San Francisco. She remarried about 1970, and continued to live in San Francisco. She moved to Miami Beach when her [second] husband died.

P: Tell me about your work conditions while you were going to medical school--your hours and all the details.

R: Everything had to be squeezed in. I did not have to work on anything at any given time. That was the beauty of mounting slides, which job was almost a gift to me. Since I was working for the eye department, I received fellowships over the summers to help work in the science lab of that department in ophthalmology.

I did some science projects and published a few papers during medical school. The fellowships were granted by outside agencies. I won a Fight For Sight Fellowship back then, one of the first fellowships given for medical students work in a laboratory.

During medical school, I became known among my peer medical students as an expert. In the kingdom of the blind, the one-eyed man is king. Knowing a little bit more than the rest of your classmates makes you, as compared to them, super-knowledgeable. [It did not matter that] you only knew a little bit more than they. I knew about the eye because I was in optometry before I came to medicine. I knew a little bit more about the eye than my classmates in medical school. They always deferred to me when they needed answers about eye questions. That made me even more knowledgeable because I had to learn more in order to supply information to them. All the way through medical school and on into my internship, I spent time learning more about the eye and working in the eye department in various research functions. That gave me the side job of mounting slides for the department throughout the years.

P: Was there any particular person at the medical school who became a role model for you?

R: Yes, his name was Michael Hogan. He was then the director of the Proctor Eye Foundation when I met him.

P: The Proctor Eye Foundation?

R: The Proctor Eye Foundation; and Sam, it was not named for you! You had nothing to do with that one.

P: I wanted to keep it anonymous. I really did.

R: Well, Michael Hogan was the director of that foundation. He was instrumental in my career afterwards. He took me under his wing. He thought it was nice to have a protege, someone who followed him around and gobbled up all the information he dropped. He was awfully nice to me. He became chairman of the UC department, later on. At the time, as director of the eye foundation, he arranged for these jobs for me, to help me along.

P: So he was your major mentor?

R: At that point he was my major mentor. My other major mentor was a Lowell High School math teacher, Ivan Barker. [He was the person] who got me interested in vision, and persuaded me to apply to the Westinghouse Foundation when they conducted the science talent search. I entered it doing

stereography. Remember, I mentioned that I entered the [science talent search] with some work on stereography. That high school teacher was instrumental in my career and steered me [to optics]. My professor in optometry, Gordon Walls, steered me into medicine, and Michael Hogan did the same with eye work in medical school and with the eye foundation.

P: Are these people still around so you can consult with them?

R: No, they are all gone. I wish I could [consult with them]. They were wonderful people.

P: Did you have a good academic record at medical school?

R: Yes, I was fortunate.

P: I noticed that you had the highest scholastic standing award of the class of 1957.

R: Yes.

P: Did that carry with it a huge check?

R: The check was really just a plaque recognition, but one I am very proud of. After finishing medical school, I stayed on for internship in San Francisco. During that internship year, as I was becoming a physician, I started to adopt some responsibility for taking care of people.

P: I wanted to ask you about two other awards before we go on to that. One was the Merck Award that you received in 1957. What was that given for?

R: It was given for scholastic achievement or academic leadership. And there was another award, when I received some books and another plaque.

P: The Merck Award in 1957 was for academic leadership. Then you also received the Mosby Award.

R: Yes, that was marked in the form of books; they gave me a series of books for that scholastic achievement.

P: So you received three recognitions right closely together? Were you at the top of the class in medical school?

R: Yes. I thought no one here knew that, but now somebody is going to know it.

P: When you arrange your internship, how does that work? Do you apply for

something or do they come looking for you?

R: You apply to the place you would like to go. There are internships in every hospital in this country. I figured I would live the rest of my life in San Francisco, so I picked an internship that was involved with less inconvenience and moving. It was a very high quality internship at the University of California. So in effect, I stayed on at the same school. I applied and very shortly after that they let you know whether you will be accepted or not. I was accepted into that program.

P: And so you stayed on in San Francisco?

R: And at the same hospital; I did not move.

P: Did you stay at the same apartment?

R: We actually moved into a larger apartment around the corner, but we now had two children.

P: How long was the internship?

R: For one year. That was an extremely momentous year. My father died during that year.

P: Just suddenly?

R: Yes. He was not ill before he died of a coronary. I was at home in the fall, in October 1957. I had started the internship in July, and I was home the following October. While I was there, one day he called me and said as he was walking downtown he had some chest pains. I told him to stay where he was and I would come get him; I took him to the hospital. I checked him into the hospital, and they said they would check him over. By the time I got back home, the message was already there, he had died. I had no real preparation, as I would have had if he had been ill. It was a blow for me. That was just one thing that happened to me during that year in internship. During that same period of time I was sick with pneumonia. I had never really been sick before; during my growing-up years I had asthma, but I was never really ill. But I was severely sick with pneumonia, stemming from an asthma attack, just about the same time my father died, and then yet another calamity hit me.

I had applied for an eye residency only at that one place, at the University of California. I could have applied to any number of places, but I decided I wanted to stay in San Francisco. I was rejected. Now you have to understand, I had never been rejected for anything. I had a fine academic record--first in my class, and I was already working with the Proctor Foundation, which was the research

arm for the department of ophthalmology. I could not understand why I was rejected. On top of that, the rejection message came when every faculty member was at the annual academy meeting in Chicago, so I had nobody to talk to. Finally, when Dr. Hogan came back, although he was director of the Proctor Foundation and not then chairman of the department--therefore not in charge of appointing residents--I asked him what had happened. He said he could not understand it either. So he talked to the boss man named Frederick Cordes, who was the chairman of ophthalmology at that time. Cordes simply told Hogan that I had not been in the service yet and I was subject to the doctor draft. When you have someone drafted during the middle of a residency year, that really fouled up the training program. Cordes had experienced someone being drafted out of his department [during the residency year] and felt he could not run a program that way. So he wanted all residents to be finished with the service. I told him I had a firm deferment; I had a written deferment [stating] I was deferred through training. But Cordes said he did not want to take any chances.

Perhaps somewhat paranoid, I felt there may have been unstated motives. He was known as being anti-Semitic and before that time, there was never a Jewish eye resident accepted at the University of California. I felt convinced that must have had something to do with it, but there was no proof. In any case, since I had not applied anywhere else, I did not have a residency position lined up. I was not really sure what to do. I went to Hogan and asked him what I should do. I explained I wanted to stay in the San Francisco area; I did not want to move; my mother was there; my sister was there; my wife's family was on the West Coast. I was a native San Franciscan. Hogan said not to worry, he will find something for me. So he called the chief at Stanford, who interviewed me and offered me a residency position there. I could start [the position] in six months, since they appointed one resident every six months and the one for July 1958 was already appointed.

I really did not want to wait six months, because, again, I needed the income (\$60 a month) to help support my [family]. My wife was not working anymore and I did not want to ask my in-laws to support us, although they did give us a few hundred [dollars] whenever they could, but this was not regular support. So I went back to Dr. Hogan and asked what else he could do. He asked, would you like to go to UCLA? I thought it over and agreed to go to UCLA if he could get me in there. By now, all of the appointments to these programs had already been made and it was a matter of trying to fit me in. He called up his cohort, Rodman S. Irvine, at UCLA, who suggested I send in an application. I sent an application. I did not hear anything right away, but a couple of weeks later, he called me back and said, I am not going to give you that residency. This was another blow. I said, there must be something wrong. Has Mike Hogan talked to you? He said, yes, indeed. He told me that you had been accepted at Iowa.

I said, what is at Iowa? I had not even dreamed of going to Iowa; I did not know anything about Iowa. How could Mike Hogan do that to me, how could he say I had been accepted to Iowa when I want to go to UCLA? Dr. Irvine said, no, I do not have the heart to take you away from Iowa. I said, that sounds like an excuse. I would much prefer to go to UCLA. He said, no, one day you will thank me.

So I stormed back to Hogan, and asked, how could you do this to me? I thought you were my friend and you were helping me? He said, I called my cohort, Alson Braley, at Iowa and I think that is the best place for you to go. Later, I found out about the quality of the program at Iowa, that it was probably the second or third best program in the United States, even better than the one at UCSF. Hogan knew that and had connections with the person who was running the program in Iowa.

Twenty years later, when I was already here, that same Rod Irvine's son became a fellow of [Herbert] Herb Kaufman [professor of surgery; Chief, Division of Ophthalmology] here at the University of Florida. Rodman came to Gainesville to visit his son. He came up to me, and reminded me what he said in 1957, about not having the heart to take me away from Iowa-- Was I wrong? Did Iowa not turn out well for you? I had to admit that it was a wonderful experience and one of the best things that ever happened to me. Certain things that look strange at the time [have a way of] turning out for the best. It turned out that my career path was superbly well-directed, not by my choice, but by serendipity.

P: So it was healthy for you to leave California?

R: It was healthy. Another thing Hogan told me at the time was that if I did not leave then, I would never leave. I could always come back. This was a way to find out what the rest of the world was like.

P: As an intern, how much did they pay you at the time?

R: I think it was \$60 a month.

P: Big time.

R: Big time. It was that plus mounting slides. I had a fellowship, but not during the internship. It was a struggle, but it was okay. When we moved to Iowa, there was a whole change in life. The move uprooted the family--moved the kids and Lorna--we went to a strange city where we did not know anybody. We found out that it was a really outstanding training program.

P: Now this was the State University of Iowa?

R: Yes, the State University of Iowa in Iowa City, that had an excellent medical school.

P: What about Iowa City? Was it a city the size of Gainesville, or much larger?

R: It was about half the size of Gainesville. It was the location of the main state university. I can honestly say that I came to Gainesville because I liked Iowa City. I liked life in a smaller town. I liked the idea of a state university in the middle of nowhere. You have to say that Gainesville, at the time we came in the 1960s, was in the middle of nowhere. Although you have been here much longer. In Iowa City you had a state university, which was associated with a VA hospital located nearby. It had the culture of a university and a campus life.

P: But the winters were cold?

R: Yes. That I must admit. That was something that I did expect. I knew it could get cold, but I did not expect that heat and humidity in the summer. [At least that] got me ready for Gainesville.

P: You made this major uprooting from San Francisco to Iowa City, and you left your mother behind?

R: Yes, I left my mother. At that time she was still not remarried. My sister was still in California. I did not feel that we were that far away.

P: Even if it was half a continent away?

R: Half a continent, but there were planes and trains.

P: So you loaded up all the furniture in a U-Haul and hauled yourself over to Iowa City?

R: We had that shipped. Really, we did not have much in the way of material things, just some household furnishings.

P: Two kids.

R: And two kids. We did not even drive. We took the train from San Francisco to Iowa City and got off in Marion, Iowa. Somebody drove our car out and met us with it. We then drove the forty miles to Iowa City.

P: What kind of housing did you have?

R: We lived in a Quonset hut, the available university housing, for three or four months. Then we bought a small, 900-square foot home in a suburb of Iowa City, if you can believe there is a suburb of a town of 30,000 [inhabitants], called Coralville. That served our need. I think the house cost \$13,000.

P: How long did your residency last?

R: It was a three-year residency. Some of the other residents stayed on a little bit longer. I had another opportunity later on, I will explain to you what that was. During the three years, it was wonderful.

P: What did you do?

R: I learned how to be an ophthalmologist.

P: I know, but how did all of this go? Did you walk around with an ophthalmologist and learn by seeing?

R: I learned by seeing and doing. There were a certain number of formal lectures that I had to have. I modeled this UF training program based on what we had in training at Iowa.

P: Was this a teaching hospital?

R: This was a teaching hospital.

P: Did you teach?

R: I taught medical students. We were mostly in the training program of a residency, in the specialty of ophthalmology, that really [involved] learning it yourself first. We were also the ones who were taught.

P: But you had patients?

R: Oh yes, we had patients as part of a very socialized medical system. They had a wonderful system of bringing eye patients from all over the state by ambulance. They called it an ambulance system but it was really just a taxi service, bringing patients to the university hospital. The level of care was wonderful. There was a terrific full-time faculty. It was the same as here. All were salaried and did not earn more for seeing more patients. The residents were from all over the country, not just from Iowa. The attitude for training people in academics, research, and taking good care of patients was part of the nature of growing up in an academic environment that really fostered my interests in staying on in

academics.

P: How large was the university?

R: The university at that time had probably 25,000 or 30,000 [students].

P: So it was a big school.

R: It was a big ten school. It was the first time I was exposed to really good sports at the college level--intercollegiate sports. Although the University of California had a pretty good football team and basketball team when I was there.

P: How large was the hospital?

R: The hospital had 1,000 beds.

P: So it was bigger than this [than Shands in Gainesville]?

R: About twice the size of this one. But again, it was the only state hospital for specialty care for the entire state of Iowa.

P: So everybody came to you, unlike this operation.

R: That was only a recent [change]. Back when I started here, everybody came to you here as well. It was similar there. The attitude promoted education, produced research, and fostered involvement in community activities.

P: As a resident, how much were you paid?

R: Because we were part of a special national training program, I think my salary was extra special. I think it was \$3,000 a year.

P: So you moved up a little bit.

R: I moved from \$50 or \$60 a month to \$3,000 a year.

P: You could eat a little better?

R: Well, when you break \$3,000 a year down into months, it was not much. It was about \$250 a month.

P: But things were improving?

R: They were improving. The cost of living was going up too. The cost of living in

Iowa City was much less than living in San Francisco, so I could live pretty well. We could afford to buy a home. We did not have the down payment for the home, but the university helped us.

P: Lorna was still not working? She was a full time homemaker?

R: She was a full time homemaker all the way until after the kids all finished high school.

P: Now what about your children?

R: Jan was three years old. Danny was a one-year-old when we were there. Lorna was busy with them. She started a nursery school. Lorna started a Montessori school in Iowa City, because the children were her major interest. She wanted to do the best for the children.

P: And Lorna is ingenious.

R: She was a very organized individual. She saw what needed to be done, good for the community, and good for the children.

P: Could you maintain a religious life in Iowa City?

R: It was pretty difficult. They had a nice Jewish community, but it was small. No, I found it difficult even during the time I was in medical school. There was just no time at all. I was so obligated to be at a given place, at times that were so crazy, I could not go to services regularly, though we went some times.

P: But there was a Jewish community in Iowa?

R: In Iowa City there was a Jewish community, yes. It was a nice friendly community. We started to make friends with the people in town and wondered why it was so difficult. They were frank. They said they were reticent to make close friends with students and residents--people who are constantly moving on. People come to Iowa City, work there for a while during training or medical school, and then they go away. So the townspeople were not very enamored with the constant turnover that was taking place. It was hard to get close to anybody. It took a while to get to know anybody. We met a few [people] through the synagogue there, but we met most of them through bridge. We played bridge during residency. We got to know the people who played bridge, and we were social with them. We were also social with some of the residents who played bridge as well. I guess, that was our main social life. It was an escape from the kids. We had to get away from them some time. It was pretty hard, although I was rarely home, it was Lorna who had the main burden of

caring for them and raising them. I tried to spend time with them but it was very hard when you were a resident. At work I started some projects and worked with certain faculty. The chairman took a liking to me and late in the residency, helped me arrange for my next position.

P: What were the dates you were a resident in Iowa City?

R: From July 1958 to June 1961.

P: And then you stayed on at the University of Iowa?

R: No, I did not. I earned a Masters Degree while I was a resident. I decided I was interested in the sciences, so I did a thesis and went to some classes in sciences, which led to the master s degree.

P: Was this an MA in physiology?

R: An MS, I was dealing with the physiology of color vision and my thesis dealt with that as well.

P: Can you explain that so a lay person, like me, would understand what it was?

R: I wanted to determine where in the spectrum individuals saw the purest colors, by presenting a spectrum of colors. If you used a prism, it spread out the wavelengths of white light. If you spread them out, you would see a series of colors like a rainbow. I tried to determine what were the specific wavelengths at which somebody saw the purest hues of green, yellow, blue, or red. What the numerical wavelengths of those spots were. I also wanted to find out whether or not everybody saw pure green at the same wavelength. I sat down at the machine and found out what wavelength signified pure green, and if that was the same one at which somebody else saw pure green. I learned that there were two classes of individuals, both were color normals, even though they saw pure green at different areas of the spectrum. That was not known before. That fit into a new theory of color vision of how we see colors. It was fascinating to me. I designed the instrument that tested for this, among other projects. That was the work I used for my thesis.

P: You said earlier that you did have some papers published. When did your research begin?

R: It started in medical school when I was working with Hogan in areas he was interested in. The first paper I wrote was on toxoplasmosis, which was a parasitic disease.

P: A published paper?

R: Yes.

P: And you continued your research activities?

R: I did a variety of research projects. You can see from my CV all the papers that started back then. Whenever I stumbled on something I was interested in, I wrote it up. I began to learn how to write, to do expository writing, to explain things to people, though I was not very good at this at the start.

P: Research, then, has intrigued you right from the very beginning?

R: Yes.

P: And it continues to do so?

R: It continues. Research is not a project. It is an intellectual attitude. It leads to encouraging an inquisitive environment. You learn to ask why about things that happen. When you follow things up, you follow them up to answer questions you had.

P: Is it usual or unusual for a resident to work on another academic degree, in your case, a masters in science?

R: It is not unheard of, but it is not usual at all. Most of the time a resident is too busy learning what one must learn about medicine.

P: That was what I meant to ask you. Where did you find time to work on a master s degree?

R: I squeezed it in between bridge and sleep.

P: How long did it take you to get this master s degree?

R: Two years.

P: So you had another diploma then.

R: Big deal. I have another diploma on the wall.

P: Well, obviously it was not a wasted effort.

R: True, but the diploma does not mean anything. The diploma itself has not

enhanced my life any. It was just nice to have made a step to where I wanted to get to. Graduation was a step. This was a step to a formalized way of getting additional information and learning new things. It was just another step.

P: You were spending all of your time in the sciences. Obviously, bridge was a social activity. What about other things? Is your interest in music continuing?

R: It is, only not from the participatory end, but from the observant end. We went to whatever concerts we could that were performed in the community.

P: Iowa offered some artistic things?

R: Yes, just as Florida does here. There were various music series one could go to. They would bring chamber groups. I always enjoyed chamber music.

P: Where there any family problems? Were the children all well?

R: Aside from a few cuts and bruises and having the kids tonsils removed, we were very fortunate.

P: There was nothing traumatic that happened there.

R: No, the children and Lorna's health was good all along.

P: As a resident were you going around the clock? Were you able to get away during the summers?

R: When I was a resident, there were no summers. The summers were spent there.

P: A twenty-four hour [day]?

R: We knew we had a week off periodically, so we vacationed. We would go back to California. We went on the train because again it would take too long to drive. We did not have enough money to fly. So we took the kids and [went on] the train. I think we took the train back two times, during the time I was resident. It was fun.

P: Would that take a couple of days?

R: It takes a day and one-half to go from Iowa City to the west coast; thirty-six hours. It was not an enormous trip. We slept on the train in the sitting up cars. It was tolerable. We would go visit Lorna's parents or visit my mother and sister.

P: I would like to get on record more about this U.S. Army Reserve unit you were in. Talk about that.

R: I want to go back a little bit because I skipped that. I did ROTC in high school and that introduced me to a rather rigid culture. I participated in Junior ROTC during all of my four high school years.

P: Why?

R: That is a good question. Number one, it meant I did not have to participate in gym class and sports. You could do ROTC instead of gym. I had never been very good in gym activities. Number two, there was visibility. I wore a uniform. I was part of a group. You became friends with the group that you worked with. It was close-knit group, like a club. Number three, it was more of an intellectual stimulation because there were things that you did that you did not learn in sports. We had classes in military tactics, construction, engineering and all sorts of things that I would have never been exposed to otherwise. It was quite broad training. By the time I finished, I advanced to become leader of the entire San Francisco Brigade, [which included] all the ROTCs in all the high schools in San Francisco. That made it easier for me when I went to college, where I joined the advanced ROTC. I also joined the Army reserves. In order to join ROTC in college, you became part of the reserves. It was a chance of earning extra dollars in the active reserve.

P: You did not have to go off for summer encampments?

R: Well, you did except that I got excused from doing some of that because the encampments counted the time I spent in ROTC classes in college. Those were different than the high school ones.

P: You did not have to go off for drill or things like that on a weekly or monthly basis?

R: No. On campus, we had to do some of that weekly, but it was not an inordinate chore. For me, it was a matter of doing it only when necessary, but it came very easily for me because I was one of very few people who came from high school ROTC. I had this background of four years of it in high school, so I knew all the drill procedures. I was a full colonel in the ROTC. You do not get any higher in high school. Before starting college, I had the choice of considering whether I wanted to try to go to West Point. That was one alternative I had strongly considered because, again, my college education would have been paid for if I got into West Point. But I could not pass the vision test for West Point. In fact, after I finished by first year of college, I could not take the senior advanced ROTC even in college, because my vision was not good enough. You have to

have 20/20 uncorrected vision. I had good vision when it was corrected with glasses, but that was not good enough for becoming an officer and getting to be an officer in the reserves. So I dropped it. After my junior year, when I went to optometry school, I decided I would no more continue with anything military for a career. I received an educational draft deferment, otherwise, I could get drafted out of college or later, medical school. Even in medical school, I could have gotten drafted to go into the service anytime they wanted a doctor, unless I was deferred.

P: And the Korean War was earlier?

R: The Korean War was early 1950s, during the time I was in ROTC. I did receive an educational deferment as long as I was in college, but in order to stay deferred, I had to stay in the reserves. I had to be a reserve officer to be deferred. That was the reason I joined the reserves initially. I just stayed on in the reserves because I was deferred through medical school and residency with the idea that I would eventually go in when I finished my training, but I would go in as an ophthalmologist not as a general medical officer. I was deferred all the way along.

P: Did you carry a rank with you?

R: I was a lieutenant in the reserves. At the time I finished my residency, back at Iowa, came the time to pay the piper. I had to go active--out of the reserves and into active duty in the army [in the spring of 1961]. I was already an officer in the army reserve. Just before I finished in July, the Army notified me saying, we no longer had need for any ophthalmologists. The quotas for ophthalmologists had been filled. I said, okay then release me from my obligation. The officer said, well, they could not do that. I could choose to do one of three things: I could go into the Indian service and serve on Indian reservations doing ophthalmology; I could be a missionary-type (not a religious missionary), doing work in a third world country; or I could go to NIH (the National Institute of Health), which was part of the Public Health Service. I did not know which one I wanted to do. I wanted the practice of ophthalmology and I loved the social end of doing something, but I did not want to go to South Africa or a third world country because I had kids. I was still interested in research and I was interested in patients. I had to decide between the Indian Service, the Public Health Service in Washington, or go to NIH.

I talked to my chairman, Alson Braley, and he strongly encouraged me to go take the NIH job. He said, primarily they wanted an ophthalmologist performing an administrative role, such as leading a major program for grants to train other ophthalmologists in research. This program involved a granting agency of the federal government that had to do with training, grants just as I had received

myself when I was in training. My chair urged me to take this route. He said, number one, you will be in Washington and learn what it is like to live in the beehive of activities surrounding Washington. You will never have a better opportunity than this. Number two, you will be closely involved with some of the highest people in all of academic ophthalmology in the country. Number three, it is only for two years. It was only a two year obligation and it would satisfy my commitment to the service. To take that job I had to give up my army reserve [status]. They released me, as long as I accepted the Public Health Service commission. So I did that, and we moved to Washington.

P: I was going to say, that turned out to be a pleasant thing, I am sure, once you [got there].

R: Each time I look back at something that happened to me, it turned out to be for the best, and it was serendipitous. The Washington NIH opportunity just happened to open up at the time I was available. The army did not have to say just then that it had no need for ophthalmologists. So it all continued to work out in a wonderful way. I always heard that discoveries and good things happen to the prepared mind. I was open-minded enough to accept this. Lorna was interested in accepting this responsibility with me. We moved to Washington with the kids.

P: Where did you live in Washington?

R: We lived just off Old Georgetown Road, not in Washington but in the suburb of Bethesda [Maryland], where the NIH is [located]. Before I took the job, they invited me there to actually look it over to see if that was what I wanted. Up to the time I took over that position, it was run by a career service administrator, a non-physician, within the Public Health Service, somebody who was a full-time career scientist, working at NIH. Now they wanted to have an ophthalmologist. They had never had one to run an ophthalmologic program. It was a very flattering thing for me to be offered this. It also meant that I could help design what I was doing. It was not a new job, but one never held by an ophthalmologist before.

P: So you helped set it up?

R: I set it up. That was the good part of it. Plus, I had some bargaining power, I told them I could not accept a full-time administrative job, unless they allowed me some free time to do my clinical specialty at a hospital. I would lose those skills if I spent two years doing nothing clinical. They understood that. They allowed me to become affiliated with one of the local hospitals. That was the Georgetown University Service.

- P: I wanted to ask you to explain what exactly was the National Institute of Health?
- R: The National Institutes of Health was, at that time, a series of ten institutes, each one categorical, for an area of medicine that has to do with research. NIH is the research arm of the Public Health Service.
- P: Federally funded?
- R: Totally federally funded. Some of the institutes included were for heart, cancer, and immunologic diseases.
- P: Does this mean that each one of the special areas had its own building and staff?
- R: Not necessarily. Sometimes they physically overlapped, but the staffing was always separate. Several institutes were sometimes in one building. The Institutes were administratively separate.
- P: It was set up for research purposes?
- R: It was all research. The clinical end was for clinical research for which they had a large clinical research building--the Clinical Center.
- P: By doing the administrative work itself, you did not see patients? You looked at test tubes?
- R: As part of my official job, I neither saw patients or looked at test tubes. They had some clinical research where some doctors actually saw patients, on the campus there. The campus was called the Reservation and was part of the Public Health Service, but that was not my job.
- P: Could I go there as a private patient?
- R: No, you could not go there unless you had some specific disease that they were researching, for example, if you had a peculiar kind of tumor they were looking at, then you [could be a patient on the Reservation].
- P: How would you know, as a research scientist, that I was a logical patient for your kind of research?
- R: Because the word would go out from NIH to the outside hospitals saying we are doing research on this particular area. [We would ask]--Do you have any patients that have this? They would answer, we have one, or more [then]; they would refer patients to us.

P: It was done on a referral basis?

R: Yes. There was no cost for the care there because the work was done by a research unit of the specific institute.

P: Are they learning here from you?

R: Yes. Now that was NIH's intramural program that had a hospital, called the Building Ten, which was the Clinical Center. They also had intramural research units that worked there, which meant that the Cancer Institute or the Heart Institute had projects that were actually test tube projects. There were laboratories, all part of the buildings and research going on there; that was the intramural program. By far the biggest proportion of the dollars that went to the NIH were for supporting outside, extramural programs. They were used for programs supporting research around the country. When you were in a university program and Dr. X had an interesting project, he might design a research grant application and apply to the NIH for funding support. NIH categorically assigned the request to one of the institutes where it might be appropriately reviewed. Then they had it gone over by a peer-review study section, and let you know whether they would fund it or not. There was an elaborate process for evaluation and funding.

P: When you came into this program, were you setting up the ophthalmology program?

R: Much of the program existed already. It was already in place, but it had never been administered by an ophthalmologist. It was administered by staff people, who did not have the slant on what was clinically relevant, and what was really important and what was going on in academic training programs in ophthalmology around the country. Since I had been a recipient of a granted program, I knew the receiving end as well as the giving end.

P: So you took on an administrative position?

R: Totally, I took on the administrative position with the stipulation that they allow me separate time to regularly attend Georgetown one day a week to work at the hospital. [I also taught the] residents, saw patients in the clinics, and helped in the operating rooms. I was given another half-day to attend weekly rounds of the intramural clinical research program, run by Dr. Ludwig von Sallman. He was the chief clinician for the eye group within the National Institutes of Health.

P: When you came in as an administrator, did you have to hire a staff or were they in place?

- R: They were already there. I did not have to hire anybody. I was the only member of the staff they hired. My title was Executive Secretary of the Training Grants Committee for Ophthalmology. My committee was composed of people from around the country who were scientists, trainers, and teachers. They made up the grant committee. I was the administrator, the executive secretary. I did not have an official yes or no say-so about the grants. But I organized the grants and helped process the paperwork.
- P: So grant applications came in?
- R: Grant applications came to me that were dealing with training, not with research. They came to me, and I assigned members of my committee to review those grants applications. They then presented the application to the others at a regular meeting. Sometimes we would make site visits. Much [of my] time, out of my two years there, was spent on site visits, going around the country, looking at programs, along with several members of my training grants committee.
- P: Who made the decision about what research areas you were to work on?
- R: Now, remember, I worked on training grants. I worked only on the training part.
- P: I was just wondering if you brought a particular research interest into the program, that you carried with you from Iowa.
- R: I just used my general knowledge. I understood the process. I also understood how research was done and how much time residents have to do research. All of that helped me to guide and evaluate a program, to make sure it was really a program that encouraged, endorsed, or supported research training for the residents--while they were training to be ophthalmologists. Otherwise the grant could be used as a gimmick to just help support the clinical training of ophthalmologists, which was not the purpose of NIH.
- P: Let me ask this question then. When do you get to the point in your career, or have you already reached it, when you know what area of ophthalmology you want to specialize in?
- R: I learned that during residency.
- P: So by this time you had already made that decision?
- R: Yes. In fact, I had decided pretty well that I was interested in the clinical sub-speciality of retina.
- P: Which was the special area *you* have been known for ever since.

- R: Right, plus optics. I was also interested in refraction, spectacles, and contact lenses, because of my background in optometry. That was a basic knowledge I had but I could carry it through and improve on it in addition to my interest in the retina. So I always had an interest in teaching optics and working with optics, although my primary clinical interest led me to become a specialist in retinal diseases; there were not very many in the country at the time. There are now, but there were not then.
- P: It was like medicine. There were a giant number of areas. You could be a specialist in one particular area.
- R: You do that primarily or only by being there and seeing more of those patients. That is how you learn and become a specialist.
- P: I am jumping a little bit ahead here, but they brought you here to this University because of your retina interest, so you could develop a program here.
- R: That is correct.
- P: You have already fine-tuned yourself in terms of service and research to know, years before, that this was what you were going to specialize in?
- R: I knew during my training that retina was the area that I wanted to do. It was again fortuitous and serendipitous that I fell into the retina. I was interested in many areas of ophthalmology, just like many medical students are interested in many areas of medicine. Once I got into ophthalmology, I was interested in each area when I was on that service and learned more about it. One of the people who was on the retina service when I was rotating through that area chose to spend his time pursuing other interests. He was not interested in retina, so I sort of got the spillover from his work in addition to my own. So I had a double dose of retina during that period of time. So I wound up especially well-trained in that area, much more than I would have been as an average resident. The more I learned about retina, the more exciting it got, more interesting, more questions were raised and I wanted to learn more.
- P: Now this hospital in which you did one day a week in Georgetown, what kind of a hospital was that?
- R: It was a teaching hospital.
- P: The Georgetown University Hospital?
- R: There were two teaching hospitals in the Washington area at that time, both

university related. One was part of George Washington University and the other belonged to Georgetown University. Georgetown was more academically oriented than the other one.

P: Was it a private school?

R: It was a private school but it took care of D.C. General Hospital and the indigent patients in the whole Washington area. It ran the D.C. General Hospital.

P: Was it a big hospital?

R: It was a huge hospital.

P: Bigger than Shands?

R: Yes.

P: Where was it located?

R: It was located in downtown Washington.

P: So you commuted there from home?

R: I commuted from Bethesda. At that time there was no Beltway, which meant you had to go straight down Wisconsin Avenue and along Massachusetts Avenue.

P: Lots of red lights?

R: Lots of red lights and the traffic was enormous because many who worked in Washington lived in the suburbs. I was going with the traffic.

P: Going and coming?

R: Going and coming is right.

P: Was this an 8:00 to 5:00 job?

R: No. Well, which part? The teaching part?

P: The hospital part.

R: The hospital part started at 7:00 a.m. I tried to avoid the traffic by leaving before 5:30, but it was almost impossible to avoid the traffic. There were many eye

patients. I was a guide--a mentor to the residents. I was not the only attending; but I was the only one on who attended on Thursdays from the outside.

P: Were you dealing only with indigent patients?

R: No, there were also some private patients. I helped the faculty take care of some of their patients because there were no retina experts in Washington at the time. The closest [alternative] was [Johns] Hopkins [Hospital] at Baltimore, which was thirty-five miles away, but the people in Washington did not want to go up there. They wanted to stay in their own area.

P: And you saw a variety of patients?

R: Yes, but almost all were retina patients. I had limited myself to retina except for the general training of the residents. I was training them in elementary surgical procedures, how to do cataracts, and things of that sort too.

P: You were obviously already doing surgery?

R: Yes and I worked with the residents. I had a formal clinical appointment at that hospital. They gave me a title as an attending surgeon. One has to have privileges at a hospital wherever you work as a physician. I was signed on as a physician helping the residents. That was for one day every week.

P: And the other six days? I assume this was a seven-day-week business?

R: We are not quite done yet. I also had one half-day a week I spent doing rounds at the clinical center with Dr. von Sallman. The specialty cases were brought to the clinical center. There I could always add my little bit of expertise to the discussions. They had clinical associates, other doctors, who were there spending their two years in the Public Health Service working with Dr. von Sallman on the clinical end.

P: He was a big name?

R: He was a big name, yes. He was from Columbia University. He was retired from there. Originally, he was from Germany and made a name in eye research there and at Columbia. He was mainly a research-oriented clinician.

P: Did he become your mentor there?

R: He was actually a friend more than a mentor. My mentor was still Hogan and Braley, who was my chief at Iowa.

P: But they were away from Washington.

R: There was nobody else; I was the only retinal ophthalmologist in this area. All the others I worked with, except von Sallman, were administrators. The interesting part of this was that I spent one-half a day there, and one day a week at D.C. General Hospital. There was one other doctor who alternated with me. So one day a week I went to the D.C. General Hospital at Georgetown. Half a day a week I spent at the clinical center. Those were my clinical outlets. The other days, I had to devote to the job I was hired for, which was to run the administrative programs and go on site visits.

P: Was this a seven-day-a-week job?

R: No, it was five days a week, though I did frequently have to travel on weekends for site visits. My boss could not understand how the earlier administrator needed the full five days to discharge his administrative responsibility of running the training committee while I needed only three and a half. Furthermore the actual job of processing grants had grown much greater because there were more and more grant applications coming through, and I was still doing it in only three and one-half days a week. They could not understand how I managed.

P: You had Lorna.

R: I had Lorna, but I also had something else. A strong work ethic. I was used to medical work. I was a clinician. When I had a job to do, I went out and did it. Many career administrators had good intentions, but they were not very efficient. They wasted a lot of time. Spun a lot of wheels.

P: Does this mean you had your weekends free to do things?

R: I was traveling a lot on weekends. I had to do an awful lot of site visits. I put in 300,000 miles in the two years I was in the service, just flying around the country doing site visits.

P: So you saw the United States for the first time?

R: I saw the United States for the first time. Plus, I saw training programs in a way that I could never have otherwise. I was being courted by the people who were applying for grants, so they treated me very well. I would go on every site visit with two members from the training committee, and those site visitors were big names in ophthalmology. Picture this--I was just out of my residency, wet behind the ears, not known to anybody, and had not really done anything recognizable except to the few people I had worked with. Here, in this job, I was rubbing elbows with the most prominent and highest level of academic

ophthalmology in the country. [I was with] Ed Norton, chief at Miami; [with] Brad Straatsma, UCLA chairman, [with] a series of twelve or so other prominent, high-level [ophthalmologists]. This included Bernie Becker at Washington University in St. Louis, who was the chairman of my committee. These were the top names, and here I was, their servant, but on a first name basis with them, asking them to come on site visits. Actually, I was in charge of assigning site visits and going with them. I became very close and friendly with them. I am sure that helped foster my career, [helped me] to do the many things I never would have been able to do. [It happened] because I had known them, not because I had curried favors with them.

P: I am curious. At this time in your career, had you heard of Gainesville, the University of Florida, or Shands?

R: No, not yet.

P: But you knew of Miami?

R: Oh yes. Miami was one of the strong programs in the country, even at that time.

P: In eyes?

R: In ophthalmology. [Other strong programs existed at] UCLA [University of California at Los Angeles], State University of Iowa [Iowa City], Washington University [at St. Louis, Missouri], and [Johns] Hopkins [University in Baltimore, Maryland], those were the big programs. Massachusetts Eye and Ear [at Harvard University's Medical facility in Boston], which was a Harvard program, was a good program as well.

P: So you are traveling around seeing and meeting people and making contacts?

R: Meeting people, making contacts. During a site visit to Harvard, I met [Herbert E.] Herb Kaufman [not yet UF Associate Professor of Surgery and Chief of the Division of Ophthalmology]. He was a resident there at the time. I had already completed my residency. He was still a resident up there. Actually, Herb was older than I was, but he had completed his Public Health Service obligation before his residency--working coincidentally in Dr. von Sallman's lab at NIH.

P: So a lot of these things helped your career, but the fact that you knew these people must have also helped the University of Florida's medical program?

R: Yes, indirectly, that was true of anybody who came here. [All new faculty came] with the baggage and the glories of what preceded him or her. So when you have a faculty member in urology or cardiac surgery, you know they came with

all sorts of connections. They did not just come. They came with everything they could bring with them, not physically, but in the way of contacts. The aura, the contacts, the communication skills, and the networking that occurred, were all brought into the University or into any university where people of note come to [join] a program. You were never just hiring an individual, but all that he brought with him.

P: Was life more comfortable for the Rubins in Washington? I presume you were being paid more?

R: I was in the service. My salary in the service, instead of \$3,000 a year as a resident, had moved up to \$6,000 a year.

P: With PX privileges?

R: And PX privileges, correct. Because I was with the Public Health Service, I was entitled to use the air force PX.

P: But you did not have to wear a uniform?

R: No, I did not.

P: Did you have any drill assignments or anything like that?

R: No, there was nothing military about the assignment.

P: You did not make anybody salute you when you came in the office?

R: No, I did not.

P: Or [did you] order anyone to shine your shoes?

R: No. The world in Washington was amazing. You were up on everything that was going on. You knew the granting process. You learned who did the granting. You learned the maneuvering, what happened to grant applications, and how people barter for those they want. You learned an awful lot about the whole process by being up there. When I came to Gainesville, I brought all that information with me.

P: Now in the meantime, from a personal point of view, you sold the house in Iowa when you came to Washington?

R: Yes, and I lost money on it too.

P: Did you live in an apartment in Washington?

R: No, we rented a house for two years.

P: Your kids are a little older now.

R: Jan already started grammar school in Washington, in Montgomery County, which included Bethesda [Maryland].

P: Now there was a whole wonderful creative world in Washington, a world of music, art, museums, and all of those great things. Were you able to take advantage of that?

R: Unfortunately not as much as I would have liked. In fact, I was sort of ill about that because there was no performing arts center there.

P: The Kennedy Center was not there?

R: It was not there, that came much later. There was very difficult transportation. There was no subway. There was no beltway. So everything depended on driving and traffic. I was home so little. I was traveling. The job required me to be away a lot. Lorna was very frustrated that I was gone all the time. The time I did spend there, we would spend with friends in Bethesda, socializing. We lived right next to a synagogue, but we never really had time to partake. We went to a few things, that was all.

P: They say that in those early years, the 1950s and 1960s, particularly in the 1950s, Washington was really a cultural desert.

R: I would not know because I just did not partake of anything cultural. I do not know whether it was there or not. I assumed that something was there.

P: I was just reading an article about that. Many of the diplomats who came in from England and France were not very thrilled about being in Washington because they could not go to the ballet, do this, or do that.

R: We went out to some of the parks, to some of the beautiful sights and national monuments that were there to see.

P: You did it as a family?

R: As a family, yes. We went to Mount Vernon. We went to the sights around Washington. There was an enormous number of wonderful little things to do.

P: And you were still with two children, but little children.

R: That is right. They were quite little, and really not old enough to understand much, although Jan was now in first grade. We went to the parks, and to [see] the fall foliage. Everything was just beautiful there.

Now, about how I got to Florida and what brought me here. On one of the site visits, I met [Herb] Kaufman. He was a resident at Massachusetts Eye and Ear in Boston. He was trying to promote his program there. He was presented, on our site visits, as one of the model trainees in their program, since he was doing research. He was their example of the productivity of their program which produced people interested in research. Remember, the idea of this whole training program, the granting agency I was with, was to support training for research in clinical training programs, such as I had when I was a resident. He was one of the participants in his program.

P: Now was he at Harvard or was he at Massachusetts [Institute of Technology]?

R: Massachusetts Eye and Ear was the Harvard program--the clinical end.

P: The Massachusetts Eye Institute?

R: Yes, well, the full name was The Massachusetts Eye and Ear Infirmary.

P: Was it on the campus at Harvard or in another location in town?

R: Now it is in another area of town. It was near the Massachusetts General Hospital, which was [the location of] one of the three Harvard training programs. The eye program was there. As Kaufman was showing me his laboratory, he casually said, I am moving down to Gainesville next year.

P: He had already accepted the program?

R: He had already accepted the position. This was a brand new program for ophthalmology. He was interested in applying for a grant for his program because he had in mind training residents in research.

P: In Gainesville?

R: Yes, at UF in Gainesville. So he was talking to me about his prospective program while we were interviewing them, about support of their program, the site visit. It was not a conflict of interest. It was merely a convenient coincidence for him. He asked, would you be interested in coming down [to Florida]? He wanted to apply for a grant and wanted to know the mechanism--

how you apply for a grant to support a new training program. Eventually, I arranged for a site visit to UF. This was in 1962. But it was in 1961 when I first met him up there, during my first year with NIH. So I came down to UF on an official site visit in February 1962. His recruitment of me to the faculty began then.

P: Kaufman was already on the scene here in February 1962?

R: I am trying to remember if it was February 1963. Anyway, he was on the scene here, and I came down on a site visit and he was already here. So it must have been in 1963.

P: So he became your ticket to Gainesville?

R: He did not originally invite me as a faculty person, he invited me to come down for a site visit so he could apply for a grant. Two people and I came down to look at the possibility of making a grant. He had residents. We had to see what his ideas were for setting up a training program, how he wanted to do it. Our Institute had small grants available that were given to get programs started. I think it was a \$20,000 yearly grant to the program to help hire a part-time faculty person, and to pay a few salaries of the trainees in the program. He applied for it and received the grant. The training-grant money was very generously given at the time. NIH wanted to encourage programs to produce research people, so they gave out the grants very readily. There were not very many programs turned down. Kaufman had the brains and potential for developing the program the way NIH wished. There was no greasing necessary to give him funds to start the program. He was able to partake because he was starting a new program and fulfilled the grant's stipulations.

At the same time when I came down here, he invited me. He said, now you know what I am interested in. What about you? What are you going to do? He wondered if I planned to stay on with the Public Health Service and work on this job permanently.

P: Were you intrigued about doing that?

R: No.

P: In other words, you were looking to just complete your two years.

R: More than that, I was looking at what I was going to do at the end of the two years. I did not make any big bones about it. Many of the people on the training committee were offering me jobs, saying--come and work in our program. When you are interested in academic medicine, you have plenty of job offers.

But in every single place, there was somebody already there who could do what I could do, only better, somebody more senior or more advanced. When I looked at the Gainesville potential, when Herb offered me a position to come down here, I saw that I could really add something here. They had nobody here who could do what I could do.

P: You could set up a program?

R: I could set it up the way it would be helpful. I could actually contribute something. At the other places I would have simply been an add-on; here I felt I could contribute something novel, interesting, and help develop the program from the ground up.

P: Before you get to Gainesville, let me ask you a couple of things here that I am not sure about. What was this Vision Research Training Committee?

R: That was the government entity of which I was the executive secretary. That was the title that I had there. The committee consisted of ten to twelve members of the advisory committee, myself, and the staff at NIH.

P: What does NINDB stand for?

R: As I said, there were eight, or ten National Institutes. There was the NCI [National Cancer Institute], the National Heart Institute [the NHI], and the NINDB [the National Institute for Neurologic Diseases and Blindness]. My title was executive secretary for the Vision Research Training Grants Committee at NINDB, which was one of the institutes of NIH.

P: Was there anything else that we need to say about that part of your career in Washington that we have not touched upon?

R: No. I gained more clinical skills and experience by working with the Georgetown service. I got very knowledgeable and friendly with the training grants people. I had a chance to see how other people around the country [worked]. I am sure I went on 100 site visits in the two years I was there. One other great thing about NIH was that I was allowed, in fact I was encouraged, to go to scientific meetings. They would send me to scientific meetings to meet other potential grantees, people who might be applying. I went to many scientific meetings, the AMA scientific sessions, the Association for Research in Ophthalmology scientific sessions, and the American Academy of Ophthalmology scientific sessions. There were a lot of scientific meetings, including the American Ophthalmologic Society scientific meeting, and I was encouraged to go to all of those. I would come back and give a synopsis of some of the highlights to the Clinical Science Center when I went that half-day a week to participate in their grand rounds. I

would not only hear discussions about patients, I was [also] able to bring information from outside [concerning] what was currently going on in the country, clinically and research wise. Many of those people had no chance to go to scientific meetings, so I was actually bringing back something important. Von Sallman was very happy about that. He thought I was a great contributor to his training program and to the people who were there.

P: Were any of these scientific meetings you attended outside of the United States?

R: No, none at all.

P: So you were still isolated to stay this country. You had not gone to Europe or Canada?

R: No. My first international meeting was done after I was here, at the University of Florida.

P: Now we need to get you to Gainesville. You have already talked about your contacts with Herbert Kaufman when he was working at Harvard.

R: Of course, he is here now.

P: Before he got here, though, your first contact with him was in Massachusetts. You related to him there and he related to you. Somewhere along the line, while he was still in Massachusetts, he began to talk to you about Gainesville. Or was this when you made the site visit here?

R: He did not talk to me about Gainesville until I came down here.

P: On that site visit?

R: Yes.

P: Let me ask you a little bit about Kaufman. This is not an interview with Kaufman, but obviously your two careers overlapped. Did you get along well with Kaufman?

R: Very well. He was very bright and innovative. He actually discovered the usefulness of the first antiviral to treat viral diseases. That was when he was still a resident at Harvard. When he came down here, he brought the technology of how to develop antivirals as chemotherapeutic agents to treat the viral disease, herpes of the cornea, which is a serious eye infection. It was the first treatment of a viral disease with a chemical that would not destroy tissue but would treat only the virus. It was like an antibiotic for viruses. He became known for that.

That was [written up] in *Time Magazine*.

P: Would you describe him as a first class scientist?

R: Yes, I think so. He was well-known for that. He was well-known for his innovative areas of research, and for always thinking of new things.

P: Was he also a skilled administrator?

R: He learned, just as all of us learned, by the seat of his pants. He had never been responsible for any organization before, and then here, he was given the charge of running a training program. At that time, we were a part of the department of surgery. Ophthalmology was not an independent department, it was a division of surgery.

P: When it was first set up, it was part of the College of Medicine?

R: It still is. The College of Medicine had surgery, medicine, obstetrics, and pediatrics. Within each department in the college, there were several divisions. In surgery, there would be urology, plastic surgery, heart surgery, neurosurgery, ENT, orthopedics, and ophthalmology. It was only later that we formed a separate department for ophthalmology.

P: You came here in July 1963, with an appointment as assistant professor of surgery, in the Division of Ophthalmology.

R: Correct.

P: That was the way it was set up on the theater of operations chart at that time.

R: Yes.

P: Where were you? Were you in this building?

R: We were on the fifth floor, in an office now occupied by psychiatry. [It was] a very small office and a small department.

P: Before we get there, let us talk a little bit about the history of the department. It was established in 1956.

R: The entire College of Medicine was established in 1956.

P: This was the first year, the opening?

- R: The first class was admitted in 1956 and graduated in 1960.
- P: Now by the time you got here in 1963, the center core of this building was already here. The college had moved out of the temporaries?
- R: Yes, this was already here. In other words, what was here was the old Shands Hospital, the area that was called the Basic Science Wing, and the pharmacy building was already built, as was Pharmacy, Nursing, and the College of Health Related Professions.
- P: Pharmacy was already up. Dentistry was not here yet?
- R: Dentistry was here but not as a building.
- P: I know. I remember they were over in that little building over near the surgery area.
- R: That was all that was here. Now, by the time I got here, there were four classes that had graduated. The graduation of 1963 occurred just before I came in July.
- P: There had to be ophthalmology students who were graduated before you got here?
- R: No, there were no ophthalmology students, but here were medical students who learned a little about ophthalmology. Officially the program in ophthalmology, to teach residents, did not start until a full time chairman was appointed, until Kaufman came in 1962.
- P: What job did Dr. Ernest [R.] Casey [clinical associate in surgery] do? Who was he?
- R: He was an ophthalmologist who practiced in Gainesville, one of the three or four [doctors] who were practicing ophthalmology in town. He had accepted the administrative responsibilities for teaching medical students. He would come in and teach the medical students by giving a few lectures in ophthalmology as part of their education. If there was a private patient, or if a patient had to be sent from here who needed consultation, Casey would be involved in that. There was no ophthalmology except for what he would do.
- P: They really did not accept ophthalmology patients then, did they?
- R: No we could not [accept any] because there was nobody here to take care of them. Ophthalmology problems occurred in patients who had other problems. Anyone who was sick with liver disease and developed an eye problem had to be

referred to somebody. So Casey would come in and see those patients.

P: I see.

R: Casey and the other local ophthalmologists (Pinkoson, van Arnam, and one other) were very loyal. The people in town were very happy to have an ophthalmology department set up here so they could send us their problems. When Herb [Kaufman] came and became the first division chairman in 1962, he had to start building a program pretty quickly. He started with his research staff. He brought two or three research people with him.

P: I have names of three people he brought. One of them is your name. Dr. [Richard] Copenhaver [assistant professor of Surgery] was another.

R: Copenhaver was a friend of his, whom [Kaufman] had met when he was in research training with von Sallman. Copenhaver trained in ophthalmology at Columbia; Herb trained at Harvard. Dick Copenhaver trained at Columbia and was interested in pediatrics and neurology. Those are two areas of ophthalmology Herb was not especially interested in. Those were not his expertise. [Kaufman] was interested in the front of the eye and viral diseases, and in surgery of the anterior segment, including corneal transplants. He needed to have the rest of the eye covered by someone who could expertly cover those in an educational domain. So he hired Copenhaver, I think, a few months after he came here. Then he hired me. I was the third one on the faculty. My interest was in the retina and optics, also areas in which ophthalmology needed coverage.

P: Now when you came here, he made you a firm offer. You were on the site visit, and he said to you, would you be interested in coming here?

R: Yes. He asked if I would be interested in coming here. Then in my mind I went through all the things such as: do we really want to live in a small southern town? There was not much air conditioning. It was hotter than blazes in the long summer. But academically, it was a growing university. The medical school was growing. I met [George Thomas] Harrell, who was the first dean. He was excited as all get out about the programs here. He was not very interested in specialty training, but he was interested in promoting the concept of good medical care. He understood that required specialists here to do that. Overall, though, he felt that the UF medical school ought to be for training primary care physicians, people who would go out into general practice and care for the Florida populace.

P: You came in July, the hottest time of the year?

R: I did. It was awful. I was very hot.

P: I bet you were.

R: I was hot when I first went to Iowa in July too. It was a very similar experience. As I say, I was attracted here [for various] reasons. Number one, it was a state university. Number two, it was in the middle of nowhere, so it was similar to Iowa City--that was an attraction because I liked Iowa city. You did more of the things that were here to do. Now, back then, truly, there were not a lot of things to do in town. There were enough, but it was not like San Francisco or a big city, which I was used to. There, you could do almost anything you wanted to at the moment you decided to do it. Here, you had to wait until it came to you. But percentage-wise, you actually wound up doing more and participating more in the activities here. So on balance you wound up doing more in a small town than you did in a big city.

P: Now the challenge was here. Talking in lay terms, what could you do? I know you set up a program.

R: I set up a formal training program. There was no one who did my specialty, which was to take care of the specialized needs in my area of retinal disease, in all of north Florida. [Before I arrived] the closest [specialist in retina] was in Miami. The next closest one was in Atlanta.

P: So you were fulfilling an important [role].

R: First of all, I was fulfilling a clinical need, but retina was terribly time-consuming. I was spending half my life in the operating room. The patient backlog was great; patients demanded and wanted care in an area that I was interested in. Secondly, I met the interests of new residents coming into training and Herb did attract some good residents. They were interested in coming to work for him in his area. I was involved, then and to the current date, in the training of every resident who has ever been trained in this program, as well as all the fellows.

P: Mel, were there any special problems because the population was poor? It had not had any eye care because of the rural population. Did this fact evolve into new problems here that you had not encountered elsewhere? Did the environment or the geography have anything to do with it?

R: I am not sure that they did. I think we were here before de facto integration was enacted by the legislatures. I was surprised to walk into a place where the eye clinic had two drinking faucets and two separate bathrooms, one for the colored [folks]. I could not believe it, because nowhere I had been before--certainly not in San Francisco, Iowa, or Washington--had any of that. It was my first

introduction to segregation. All our patients were given the same quality of care. I did not notice anything different in the treatment.

P: What I am really asking is, were there any special health problems, eye health problems?

R: That we saw here?

P: That you saw here that you would not have seen in Iowa or that you would not have encountered in a large urban area like San Francisco or Washington.

R: Not really. I think that in the large urban areas there was a little more trauma where a lot of beatings and fights [occurred]. They were called knife and gun clubs.

P: But nothing as a result of malnutrition, living in rural areas, or anything like that.

R: No, not really. Not that I recall. I do not believe so.

P: You know that there had been diseases that seemed peculiar to the south, hookworm and that sort of thing. I wondered if there were any eye diseases of that sort?

R: The only eye disease that was more common here than any place else, that I saw, was fungus disease of the cornea. In other words, from tree branch injuries to the eye, fungi that were present on the tree leaves or in the fruit would cause a low grade infection that could be very serious to the eye. You did not see much of that elsewhere. That was peculiar though. It was [due to the] climate, which is more tropical. Therefore, we could become experts--we meaning me, but Herb particularly--by seeing a lot of patients with a peculiar thing that was not present elsewhere. That was the only thing unusual that I recall.

P: The moss on trees did not create any bacteria or anything like that?

R: Not that we know of or that we recognized as separate diseases that were caused here.

P: As I say, I know that there were diseases that have been associated with the South, but you are saying there were no eye diseases that were peculiar to this geographic area.

R: I may think of some afterwards, but right now I do not recall any.

P: So you were seeing the same kinds of patients with the same kinds of problems that you had already dealt with in other places.

R: Yes, a lot of the same diseases, but sometimes more advanced. One thing I can say is that the eye care in the area was not as well done as I have seen in the major cities, where there were more specialists present and where they took care of the problems before they got to the advanced stages. So we saw a lot of things that were more advanced, but not anything more than that.

P: Let me ask you about something I am curious about. There were both black and white patients here. They were not segregated as far as wards and so on were concerned.

R: Nothing was segregated about medical care. Every patient, bank presidents, faculty, or indigent patients that were seen here, were all seen in exactly the same manner.

P: And the black patients were in beds next to the white patients?

R: Absolutely, yes.

P: So the only segregation was with the bathrooms and the drinking fountains?

R: Yes, that was all I saw. It was right downstairs in the eye clinic. I was shocked each time I saw that, but we accepted it as part of the local culture. We managed to change it as soon as we could. When I moved down here, I was very surprised to see it.

P: You did not see any blacks included in the medical staff?

R: I think there may have been some black staff members.

P: Not that early, I do not think.

R: I just do not recall seeing them, no.

P: Do you remember any black residents? I am talking about the early days now.

R: No. Ophthalmology's first black resident was brought in six or seven years after we started.

P: We did not even integrate football.

R: For ophthalmology, it was not a matter of discrimination. It was simply the fact

that not many blacks who went through medical school were interested in ophthalmology. There were very few medical schools that trained black students, so the black pool for resident selection was very small.

P: So the blacks who were employed here were once again in the traditional jobs of cleaning up and in the kitchens.

R: Yes, I think so.

P: One of the earliest black students on campus was a woman who was in medical school. She was among the first two or three black students on this campus, in 1959.

R: There were not very many women in medical school either back then.

P: The first black student here was [enrolled] in 1958, over in the law school [George H. Starke, Jr. from Orlando]. In 1959, there were two black women students. One [Daphne Duval of Gainesville] was in English, and the other [Ester M. Langstan] was in medicine. So that process began very early here, even before you arrived on the scene. It really did not develop until the end of the 1960s and on into the 1970s. So your first office in the building was up on the fifth floor, you said?

R: Yes. I had an office around the corner from Dr. Kaufman's. He had his labs on that floor. We had very few offices upstairs plus [we had] a small eye clinic downstairs that consisted of five rooms.

P: Were you happy with the lab facilities, since you were always interested in research?

R: Though I was interested in the lab, my research was really clinical research. I had a lab down here that was in a corner on the first floor. I shared it with [Richard] Copenhaver. He was developing an electronic instrument for mapping visual fields automatically.

P: Now you began adding staff here, and among the ones you added was Barbara Cassin.

R: Interestingly, she was here as a wife of a faculty member [Sidney Cassin, Assistant Professor of Physiology] who came when the medical school was opened. Barbara Cassin was gone the year I came. I think they were on sabbatical that year. After that, the first year she came back and worked part time for the department was 1964.

P: So in what area of Shands was Sidney?

R: Sidney was a physiologist in the Department of Physiology. I think he was a faculty member when the medical school opened. Barbara was here, obviously, at the same time but she did not work in ophthalmology.

P: She came with [Thomas H.] Maren [professor of pharmacology and therapeutics] at the same time, in 1956. Barbara was not a doctor though.

R: She was an orthoptist.

P: What does that mean?

R: That deals with children whose eyes do not work together, such as when they are cross-eyed. Opthoptics also deals with children who have poor eyesight due to childhood strabismus.

P: So that was a new area she was moving into?

R: It was similar to a physician's assistant in ophthalmology but dealing specifically with children with poorly coordinated eye movements.

P: Now, who was Norman Ballin?

R: Norm Ballin had finished a residency in Miami and was trained in glaucoma and retinal diseases. Herb and I hired him to start helping me with retina because I was the only retina person here. I was living in the operating room. As you know, retinal detachments or that field of eye tend to occur acutely, suddenly. When a problem happens, you have to take care of it. That means being available to operate day, night, weekends, or whenever you can get into the operating room, to take care of things as quickly as possible.

P: Is he still on the staff?

R: No. He left after two years. I think he took part of his training on the West Coast, on his fellowship, and loved it out there. [He] decided to devote himself and pursue his career in the Palo Alto clinic, in the Stanford [California] area.

P: What about William [W.] Dawson [associate professor of surgery and psychology]?

R: Bill Dawson was hired as a physiologist to work with [Nathan W.] Nate Perry [assistant professor of clinical psychology, College of Health Related Services] and Copenhaver dealing with the area of electrophysiology of vision. That

deals with electrical tests, comparable to electrocardiograms, where you do electrical tests of the function of the heart. He was an electrophysiologist who worked on the structure and development of the electrical responses of the eye. In general, all of them were working together. Bill Dawson was hired as a psychologist; his training was in experimental psychology.

P: Where is he?

R: He is still here. He is a professor on the staff as a non-physician. He is a research scientist.

P: You mentioned Nate Perry. I do not have that name down here. Who was he?

R: Nate Perry was hired as a clinical psychologist, working with Copenhaver on a job in the department developing this test that I described as an automated visual field, which they mapped objectively using electrical tests. He was hired, I think, back in 1963 or 1964, and worked with Copenhaver for the year or two that he was here. He then went on into clinical psychology. He is now chairman of clinical psychology at the College of Medicine and the Department of Health Related Professions.

P: I do not understand the relationship between psychology and ophthalmology.

R: This is the psychology of perception. There is more than just clinical psychology. It is not so much just dealing with clinical and mental problems. It is dealing with the experimental end of nerve tissue functions and perceptual psychology. A lot of people who do superb vision work in the scientific field have Ph.D's in physiological optics, physiology, or psychological optics, namely psychology.

P: But they would not come under the Department of Psychology at the College of Liberal Arts and Sciences?

R: It is strange. The ones who are more aligned with the clinical application of things will come through the College of Health Related Professions. That was Nate Perry. Bill Dawson's background was really in physiology. He was interested in the physiology of workings of tissue and nerve tissue, and the electrical responses of nerve tissue. He was spending more time in our department. Actually, when he first came, he had a joint appointment in physiology and ophthalmology.

P: What did Louis [David] Cohen [professor of psychology and chairman, Department of Clinical Psychology] do, when he came here from Duke? I thought he was a clinical psychologist?

R: Yes, I think he was in clinical psychology.

P: He was.

R: I think Nate Perry was also in Louis Cohen's department, working with him. Anyway, Lou incorporated Nate into his department.

P: I have never heard of this relationship.

R: A lot of departments have people with joint appointments.

P: I understand that. I did not understand the relationship between ophthalmology and psychology.

R: That has to do with vision and perception. That is the relationship as far as I understand. I am not sure how it is between clinical psychology and the Department of Psychology. One requires a graduate degree, but I think there were graduate degrees in both. I do not know why clinical psychologists are here as part of the health-related professions and others are part of psychology, up on campus. I guess I am just as confused as you are.

P: Now [Sid] Cassin, [Norm] Ballin, and [Bill] Dawson were not medical doctors, were they?

R: Norm Ballin was; he was a physician and an ophthalmologist.

P: Was this the first expansion of ophthalmology after you arrived on the scene?

R: When Copenhaver left, we hired somebody who was supposed to replace him. [We hired] Jorge Ferrer, a pediatric ophthalmologist.

P: Barbara Cassin stayed on for a long time, did she not?

R: She stayed until last year, when she retired, but she was not a physician.

P: I understand that.

R: She could not do the surgery. She could not do the medical clinical evaluations. However, she was extremely valuable. She helped in the education process. She helped with training programs that she developed parallel to the ophthalmologists. Those were the Orthoptic Training Program and the Ophthalmic Technologist Program, to train assistants to the physicians in ophthalmology. She developed both training programs and has, in fact, been

the mother of those programs, if you will, parallel with the development of our residency training program. She trained expert helpers for the ophthalmologists.

P: This may be jumping a little ahead in terms of time, but ophthalmology, as I understand it, was the first part of the medical school program set up outside of Gainesville, and this one was in Jacksonville?

R: That is correct.

P: With Ron Fishman?

R: Ronald Fishman was our first resident to go through that.

P: Tell me what was going on there. Explain that. Do you have a date on this?

R: Roughly I do. It was within two or three years of my starting at UF. Let me say there was already a hospital in Jacksonville called the University Hospital that at the time had no relationship with the University of Florida. It was an independent hospital. It was a county hospital. It took care of the many indigent patients in the Jacksonville area, and had contracts to care for the city employees. There was a staff [which consisted of] internists, cardiologists, and cancer specialists.

P: Its original name was the County Hospital. It actually had that name, but to make it more genteel, they changed it to University Hospital.

R: I did not know that. When I came, it was called University Hospital. They had training programs in surgery, anesthesia, and pediatrics. Whoever was in charge hired their own residents and faculty. It was totally independent from here. They had no programs or residents in ophthalmology. When Herb and I we went there as consultants, we learned that they needed to have continuity in their eye care. There was nobody doing eye care there except some of the eye doctors in town. We had Dr. Casey to send UF patients to at Shands. They had no staff ophthalmologist at the hospital. Then they hired a local Jacksonville ophthalmologist, Tom Edwards, to do the ophthalmology there--but he dropped off, and went into practice. Again, they had no ophthalmologist as part of their program, yet there was a lot of ophthalmologic work that needed to be done. So we sent one of our senior eye residents, who was already well trained, to go over there, stationed in Jacksonville.

P: This was Ronald?

R: This was Ron Fishman, who was to open up that program and take care of it. He was the first one who actually rotated through there, and he spent a year

there. He started the pattern. He set it up for the next resident to come up. Pretty soon we started having residents rotate through there and hired our own faculty to run the program there. The first one was one of our own finishing residents, Dr. David Brown, who is now in practice in Fort Myers. He was followed by Dr. Yechiel Wind.

P: Where is he now?

R: He is now in practice in Jacksonville.

P: I am going to get to Shaler Richardson [clinical associate in surgery], but we are not there yet.

R: Richardson actually preceded all this.

P: Of course, I am from Jacksonville, so Shaler Richardson's name was well known to me.

R: There were Shaler Richardson, Charles McCrory, and Charles Boyd.

P: I guess Shaler Richardson was the best?

R: He was great. Incidentally, I think that either Shaler or [Charles W.] Charlie Boyd [clinical associate in ophthalmology] was the first ophthalmologist in the state. Back to Jacksonville's University Hospital, as I explained, we started the rotations there.

P: Did you go up at all? Did you visit?

R: We occasionally had rounds there and we sometimes went up to review the program. But not on a regular basis.

P: Was it on the same site the University Hospital is on now?

R: It was the same site, but they have built other buildings around it.

P: University Hospital was right next door to what was St. Luke's Hospital, where I was born. The start of life was there.

R: Our residents started going there. We recruited faculty to monitor them, to watch them, and go over patients with them. That was part of their training. We started a regular rotation of our residents through that program. One of the senior residents would go up there, and now two go up there. They share part of their third year training.

P: The patients are not just indigents any more?

R: No. It is still primarily an indigent hospital, but private patients of the faculty are seen there, in their own building next door.

P: Do they do eye surgery there?

R: Oh sure.

P: So they no longer send patients to Gainesville?

R: No, they do not any more. We used to get all the spillover of complex eye problems from Jacksonville, but there are so many good ophthalmologists in Jacksonville now. We have a faculty at the hospital there, so nobody is sent this way now unless there is something very unusual.

P: Do the people over there consult with you?

R: Yes, the faculty there do [consult us] on the phone or if they want to send a patient over. It is not a regular thing. We do not go up there regularly to take care of their patients and they do not come down to visit us, except to our grand rounds, or for some joint function. About ten years ago, the University Hospital program became part of the University of Florida System. All of the resident rotations there are no longer done independently. Our rotations continue up there. But now, the University of Florida residents in surgery, medicine, and pediatrics are also appointed here but assigned there. No longer do the Jacksonville departments do their own selecting and appointing of residents. The quality level of the residents who now working there has been upgraded tremendously, because of the attractiveness of the University of Florida programs.

P: So all of this comes under the jurisdiction of [David R.] Challoner [vice president of Health Affairs, J. Hillis Miller Health Center]?

R: Yes.

P: I did not realize that.

R: When we started, we were the first UF departments to go there and rotate our residents through there.

P: Who initiated that? You and Herb [Kaufman]?

R: Yes.

P: How did you know there was a need for it?

R: As I said, they did not have any full-time ophthalmologists there on the staff.

P: But how did you become aware of that? You were here in Gainesville.

R: We talked; there were telephones; they were anxious to actually have a presence of ophthalmology there. Again, our level of residents was of really high quality. Let me describe to you the pool we have--right now we have 300 to 400 applications a year from the best medical students in the country. We only appoint five a year. We have a big pool to choose from. On their own, Jacksonville University Hospital did not.

P: The others have to go to Miami or some place else.

R: Miami is probably one of the top two or three in the country. UF is in the top five or ten. Now it is getting more difficult, because there is a problem in funding the training programs. Aside from that, we still have a very large applicant pool.

P: Where is [Ronald] Fishman now?

R: He is in practice in Washington.

P: Does he still stay in touch?

R: Oh yes. He is a good friend. In fact, that was how he came down here, because he knew me. He came down as a second year resident. He already had his first year of residency, which was at the University of Illinois, but his boss [Peter Kronfeld] left or retired. Ron then decided to go into service. He went into the Public Health Service, and he was one of the administrative people in neurology. Recall that back then, neurology was in the same institute as ophthalmology, that is, it was part of NINDB, the Neurologic Diseases of Blindness. His desk was next to mine. He had not finished his residency yet, having had only one year. He wanted to finish his residency after his NINDB tour, and we needed a second-year resident at UF. When I came down here, I invited him to come and finish his residency with us. I knew the superb quality of the individual. He was first-rate. After he finished his residency here, he stayed on as a fellow with Dr. Copenhaver, and then went to Jacksonville to help form the program there.

P: Now when you arrive here Mel, once again, tell me the relationship of the department. You were not a separate department.

- R: No, we were part of Surgery. Our faculty went to all the surgery meetings when they had their staff meetings every week. I was very close to [Edward R.] Woodward [professor of surgery and chair]. Woodward actually was my boss. Herb was my intermediary boss, though obviously he was my everyday boss. Woodward was my paper boss. Anyway, I got very close to him. He was a very good friend. In fact, he and I held a men's pair bridge championship for Gainesville for the first three years we played together.
- P: So when you came all of this was part of surgery.
- R: Yes.
- P: Tell me again Herb's title?
- R: He came as an associate professor. He skipped the rank of assistant professor when he was hired, since he was still a resident then. They just could not make him a full professor.
- P: Was the department in surgery at the time?
- R: We were a division of surgery, on paper. All of our University administrative functions were through the chairman of surgery. It was the chairman of surgery had to argue for us with the dean for space, dollars, or equipment. Everything had to go through him, rather than directly from Herb to the Dean.
- P: So that structure stayed in place until 1965.
- R: Yes. Then we composed as many arguments as we could, to let my people go, to let us break free, and become a separate department.
- P: Was that a big battle?
- R: It could have been but, it was not a battle with [Ed] Woodward. Woodward was supportive. The battle was with the Dean Harrell, who did not want to deal with yet another department on the executive committee. He had to deal with enough chairmen of departments and did not want to start the splintering process because the same argument that might hold for departmental status for us could hold for orthopedics, which it did; for anesthesia, which it did; and for neurology, which it did; for neurosurgery, which it did, for ENT, too. They all eventually became separate departments.
- P: With the growth of the institution, it was bound to happen.

R: It was, except that there were arguments for keeping us in.

P: For keeping ophthalmology within surgery?

R: Yes, keeping it under surgery. It was interesting, you see, ophthalmology was a general specialty that included some surgery, but it was not really a surgical [discipline]. Though we used the operating room, 90 percent of an ophthalmologist's time was not in an operating room. It was in seeing patients in an out-patient setting. In surgery, it was the other way around. Most of a surgeon's time was spent in the operating room, with only minimal time spent in clinics. It was so with the basic surgical specialties. Ophthalmology did surgery, had surgical tools, but also did a tremendous amount of medicine, just general outpatient medicine.

P: So you and Herb carried the fight for a separate department, with the support of Ed Woodward?

R: Yes. We had to have his support or it would not go through.

P: But dean Harrell is no longer on the scene?

R: He was still on the scene in 1965.

P: I thought he had left the year before.

R: He was here for a couple of years when I was here. Maybe he was in transition. The arguments for a separate department were, firstly, that none of the great eye departments in the country are divisions of surgery. Number two, the staffing, functions, size, and productivity of the departments were geared to their being separate departments. But unless you control your own finances, you cannot actually be in the league of the greats.

P: Now the area you had on the fifth floor, when you arrived, was obviously too small for this expansion of staff.

R: When we became a separate department, there was no tremendous spirit of immediate growth. No, it was a gradual increase of faculty as we needed them. There were no flashes that occurred, with everything happening at once. Jorge Ferrer was the first faculty person hired to replace Copenhaver when he left in 1965 or 1966.

P: Where is he now?

R: He was from Uruguay and he now is in Barcelona, Spain, I think.

P: Now what was his specialty?

R: Pediatric ophthalmology. He was here only for a few years. Following him we had Norm Levy who came on the faculty for a couple of years, and then left. Matthew Rabinowicz, followed him, and then Paul [E.] Romano [professor of ophthalmology] came on board. These were the pediatric ophthalmologists. Now [we have] Latif Hammed, a brilliant man, who does our pediatric ophthalmology and is trained in both pediatric ophthalmology and neurology.

P: How large is the faculty now?

R: I believe there are ten clinical physicians. There are at least six basic scientists in the department.

P: And residents?

R: There are five each year, for three years, so there are fifteen residents. There are seven or eight ophthalmic technologists. Then there are all the nurses, technicians, secretaries, and health personnel. The department includes about eighty-five people.

P: So the department has grown immensely since you first arrived on the scene.

R: Yes, since the four or five people who were here when I came.

P: Did you have a secretary back then?

R: I did not have a secretary. I dealt with Herb's secretary, and one of the people, who is still here, served partially as my secretary.

P: Who is that?

R: Her name is Mabel Wilson now. It was Mabel Durden then.

P: Maybe I ought to interview her. I would get more behind the scenes information.

R: Oh you would get a lot.

P: So you, Lorna, and two of your children arrived in Gainesville, in 1963.

R: Yes. Michael was born in September.

P: Lorna was pregnant when she came to Gainesville.

R: Yes.

P: How did you get here? By train? By car?

R: I am trying to remember. I think we actually drove down from Washington.

P: Did you come down to visit ahead of time? I know you were on the site visit, but after you decided to accept the job?

R: We came down once. It was a delightful place.

P: You and Lorna?

R: Yes. Ellie was very helpful in our search for a rental.

P: Ellie is who?

R: Eleanor Kaufman, Herb's first wife.

P: They were already established in their house?

R: No, they were still living in a rented house in the Littlewood area. They were building their house, the one she still lives in right now.

P: Now you had seen Gainesville once before?

R: Yes, and once in between. I came down to look for a place.

P: The first time you came on the site visit.

R: Then we came down when I was an interviewee.

P: And Lorna came with you then?

R: Lorna came with me at the time. In fact, we brought the children too. One of the first things we were shown was Lake Wauburg. This was in February 1963. This was after our site visit. This time we came down to be interviewed. We looked at the facility. We looked at Wauburg and could not understand why no one was in the water, since it was seventy-two or seventy-three degrees, wonderful weather outside. We had left in a snowstorm in Washington. Herb said, you have to understand, for us this is winter.

P: [Laughter]. We do not go swimming until Flag Day, June 14.

R: So that was our introduction to the town.

P: Did Lorna like it?

R: Yes.

P: Seeing Florida in February was a nice time to see it.

R: It was a nice time to see it although we had seen it before.

P: She did not see it before. This was the first time for her?

R: This was her first time, yes.

P: It was my understanding from Dean Harrell that potential candidates they were trying to lure to Gainesville were always taken to Cedar Key.

R: We were, too. We were taken to Cedar Key as part of the tour.

P: You saw Cedar Key?

R: They took us to the hotel there and put out a nicely spread meal. I remember the peanut butter dressing on the salad and the fish plates. It was delightful. That was a good recruiting tool.

P: He said it worked every time. He said if anybody was reluctant, one would just be left at Cedar Key. So they used that on you too.

R: Of course!

P: Now what did you expect to find and do here in Gainesville? You were leaving Washington. You had not planned to stay there permanently of course, but you could have gone to other places in the United States.

R: Yes.

P: Why was this something that you were interested in?

R: As I explained, the primary motivation was that I could contribute something here. I thought there was something missing in the very area where I could make a significant contribution, rather than just add on to what was already here. There was nobody who could do what I could do, so I felt needed. That was a very great driving force. Plus, I honestly felt I would probably stay here for

maybe five years or so and then go back to San Francisco. I did not know if I really liked living in a small town, as I did when I was a resident in Iowa City. I thought I would like it, but I was not really sure. I did not know if I would like the South, and Gainesville was deep South. I was more cosmopolitan, at least in environment, and the deep South might not have suited me. I did not know whether it would be a place where I wanted to raise my children. I just did not know. Once we got here, we hesitated before we decided to build a house. We were not here for very long before I realized that this was a very nice place. Again, I was only planning to try it temporarily. I had one foot on the running board, but I would keep my options open. [I thought] maybe I could contribute here for a while and then move somewhere else.

P: How old were you when you came?

R: Thirty-one.

P: Harrell told me, and Sam Martin told me this too, that he was anxious to bring young people to the campus, not people who were already preeminent, but those who were at the cutting edge of preeminence and who, as a result of the research that they would do here, would bring luster to themselves and also to the University.

R: Although that was not stated to me, I think that was pretty obvious by what they tried to do with other faculty that they were recruiting. I did not know what they saw in me, except the fact that I could fill a need in an area, and I was interested in training residents. They needed help in that. Herb was not interested in the areas that I was interested in clinically. I felt that I could contribute something and be, as I said, in a nice area to live.

P: Harrell also told me that his intention was for students and faculty in the Health Center to play a real role, as far as the whole University was concerned. The medical students would take classes in history, English, and all of those things, and the faculty would serve on University-wide committees. They would be on the Library Committee or the Discipline Committee. Now, by the time you arrived, in the 1960s, much of that had disappeared, had it not?

R: Yes, it had. There was *no time* for students to take anything else. Harrell incorporated some of those concepts into a human development idea he had. He wanted a breadth of humanity in the medical school, so he brought in this humanist psychiatrist or psychologist, Pattishal I think his name was, into the College of Medicine, to help educate medical students in the humane and human aspects of medical care, sickness, and illness.

P: So he had already backed away.

R: He backed away from us going up on campus. There was no time to do that. It might have been ideal, even wonderful, had it happened.

P: For the first couple of years, I think it did happen.

R: It was before my time, and I was not among them. The opportunity was never given to us, although it was a tease. As a faculty member on campus you could always take something up there.

P: Have you ever served on any University-wide committees?

R: Yes. I was in the senate. I was also on some search-committees, for example, the vice president for research search. We have almost a hundred committees here in the College of Medicine alone, and it would be impossible to participate in everything. Also it was hard to park, even back then. If you had to drive on campus, you could not park there. You could not park when you came back. Parking has always been a great nuisance.

P: So medicine and the rest of the University are almost two separate institutions now.

R: It really is that way. We have an allegiance to the University, and we are part of the University of Florida, certainly on paper. But it is hard for us to do a lot on campus. At a small college you can do that, because it is physically easy to go back and forth. Here, even though the other part is right up there on the hill, you have to walk there and sometimes further than just up the hill. When you consider the heat in the summertime and that I might have to go to Tigert [Hall], it turns into a long, hot and steamy walk. I am not afraid of the walk, but it could be so oppressively hot that if I go, I wind up being drenched and soaking wet; it is that hot most of the year. Still, there were a number of things, such as advisory committees we served on. Although I must say, I did not serve on main campus things very often.

P: One of the arguments made when they located the medical school here was that there would be this relationship between the two. It was more than a thought. It was one of the arguments made, when the other areas wanted the institution located in their midst, that this would be part of an integrated campus. But after the first couple of years, that did not happen.

R: It is probably more true in the basic sciences. I just remembered, there used to be a Department of Biochemistry up on campus and one down here so that people would circulate back and forth into the various areas. I feel that the integrated campus idea worked pretty well in the sciences, yes; but in the clinical

end, I think the only thing we were called on to do, aside from occasional committees and searches, was to give lectures to students. We tried to give a course on what was going on here to college students, some by from the Eminent Scholars on campus. It was very hard to get students interested, though the lectures were wonderful. You do not hit people on the head with such a program when there is no true demand for it from the student side.

P: Of course, pharmacy was completely located on the main campus, before they built the operation down here. Now, it too is part of a separated situation. Socially, was there much mingling between the faculty?

R: Usually, only if you see people that have common interests outside, such as in the arts or music.

P: Religion or church?

R: Religion. Exactly. You have another bond, not necessarily through the University.

P: But not much mingling on University matters?

R: No, not much. That is unfortunate, that is missing on the medical side.

P: When you came here, was the library adequate?

R: We had our own medical library here. We could use the library on campus, of course.

P: I am talking about the medical library. Was it adequate for your needs?

R: No. In ophthalmology, we typically had to buy for ourselves every book we needed. We developed a pretty good medical library for ophthalmology. Gradually, it has become in general a very good medical library.

P: When it first started, there was adequate money for [Fred David] Bryant, the first librarian. I do not know whether he was still aboard when you came here or not, but he had money to travel around, to go to Europe, and to buy up all the periodicals he wanted.

R: That happened before my time. When I came, the medical books were down at the end of the big building, down here. But I remember going to the library on campus to look for books and journals.

P: That were not there?

- R: Many were not there. No, they did not have enough subscriptions. They could always get journals on loan, because the National Library of Medicine was just being created. When I left the NIH, they were just starting to build it. The National Library of Medicine is on the NIH campus reservation.
- P: Did you know Peter Ulch, the librarian [director of the National Library of Medicine in Washington D.C.]?
- R: No, I knew the name, but I did not know him.
- P: He was a good friend of mine, because we worked together in the Oral History Program. He is now dead but he was one of the pioneers in that operation. What about the physical operations of the building. You had cramped headquarters, but I know this whole architectural plan was drawn up by Harrell. Were your students adequately taken care of? Did they have enough study space?
- R: Part of Harrell's idea was to have study carrels for all the medical students. For each to have a place. You are now sitting where the study carrels were, where medical students once used to study. In other words, this whole area here has now been remodeled, used for a different purpose. They found that the study-carrel concept was, I will not say wasted space, but space not as efficiently used as it might have been. Space needs were so heavy for the College of Medicine and for its growth that they just responded to a higher priority and study-carrels were made into office space and lab space and given to different departments. With Herb's maneuvering, we inherited this space for the expansion of ophthalmology and as a reward for the productivity of the faculty. That was how this area became ophthalmology's.
- P: So several of Dean Harrell's early concepts have gone by the wayside?
- R: They have, but they were right at the time. A concept that was good at one time may not be good ten years down the line.
- P: How large was the medical school when you came?
- R: There were eighty faculty members.
- P: How large is it today?
- R: I think there are something like 500 or 600 [faculty members].
- P: So it has grown to giant size, looking at percentage of growth?

R: It is almost ten times as large as it was then.

P: Talk about your settlement in Gainesville now, your family's settlement. You came to Gainesville. Where did you live?

R: We lived in a rental house on Seventh Avenue near Eighteenth Street, near [Louis] Hubener [clinical associate in medicine]. He was a dermatologist. We lived there for a year and one-half. Michael was born. We decided then that we were probably going to stay in Gainesville and made the commitment to build a house. We liked the area around J. J. Finley, in the Florida Park area. We looked for a lot. We looked for a house first of all, but all the houses were fairly old. I wanted a more modern home. We found a nice building-lot, bought it, and built a house there.

P: What was your salary when you came to the University?

R: \$16,000 per year.

P: That was a big boost from what you had before.

R: It was. My salary before was \$6,000. So I moved from NIH, at \$6,000 to the University, at \$16,000. Even then, though, that was pretty hard to live on. It was a big boost for me, but it was not a munificent salary.

P: You were not living in the lap of luxury yet?

R: We wanted to see if it would work. I was certainly better off than I was. None of the salaries were really very high at the time.

P: Although by comparison with the campus, they were considered high.

R: I guess they were. I do not know what an assistant professor, a starting faculty position, would have been worth on campus.

P: Not \$16,000.

R: It may have been less.

P: I was going to say, it was not many years earlier than that, when we paid that to the football coach and to the president of the University.

R: All of the funds that came in were funds generated from grants and patients. You know how that works. I was billing and bringing in hundreds of thousands

of dollars, even at that time, doing a lot of surgery with residents. That was going to support of the department, to the growth, to the college, and to the dean's office. I did not resent that, I received such a small percentage of what I brought in, but that was fine with me.

P: One of the things that has always been part of your existence has been your religious life. How did it fare in Gainesville?

R: Because the kids were growing up and we wanted them to partake of it, we started attending services. There was not much of a Jewish atmosphere here in Gainesville. There was a small synagogue on Southeast Second Avenue. They had just built or were about to build the Community Center just off N.W. Sixteenth Avenue, near 34th Street. There was not enough money for a synagogue there, but the new building would serve well and was much larger than the other site. The kids would go to Sunday school there and have part-time school during the week. When we came, there was no rabbi, no center-leader or teacher. But Jack Zucker was here. If you remember he was sort of a hired cantor, ran services and taught most of the people how to prepare for and conduct bar mitzvahs and things. He was a nice young man, but he was not a leader of the community. Still, we enjoyed going to services. At that time, I helped out by performing some of the services for holidays and with some Saturday services, but I did not help regularly. I do not know why that popped into my head. I have not thought about Jack for thirty years. I wonder whatever happened to him. This was thirty-three years ago.

P: You had left a community in Washington, D.C., where you lived next door to a synagogue.

R: Yes, but we did not do much with that. We sort of became distant. My own orthodox background actually caused a rebellion after high school, a desire to escape to the freedom that was offered in terms of time. When I was growing up, my time allocation to religion was so enormous. The freedom to do other things was so limited and misplaced, that I built up an amount of--I will not say resentment--but an escape, a release. Religion did not seem to occupy that much of a role afterwards in my life. I am sorry that it did not. As a result, my kids did not grow up with a strong religious background. My wife did not have it. Most of the religious training in a family comes from the mother, at least I have always felt that. Since Lorna was not reared with that type of background, it was not a great loss for her. We went to the services for holidays. We went to assorted celebrations with our Jewish friends who were in Gainesville, but formal religion never played a huge role in our lives here.

P: And you did not have a family close by.

R: That is correct. My sister was still in California, and then moved to New York. The kids were just growing up with us. We had no other relatives in this area.

P: What about your social life? How did that go?

R: Much social life revolved around the people in the college and the departments, but we worked on meeting people outside [the College of Medicine]. We socialized with many non-medical people in the other colleges, people we met through outside educational and cultural interests. I wanted to know and meet and be friendly with other families of the faculty who had kids the age of our children. Most people that we knew were faculty, people in English, mathematics, and law. We developed some close friends. Again, it was an evanescent society. They were here for a while, and then they went off. You lost touch and then you made new friendships. It was not the same as having a few friends you really were close to all the time. There were a few we had that way, but not many. We socialized mostly with college people. There were many occasions to get together socially with people in our college, because I was recruiting, somebody was departing, or there were birthdays of children of people who worked with me--in every department as well as my own department. In surgery, for example, when they hired a new plastic surgeon or did new things, everybody was involved. [With] things changing constantly, with the growth of medical school, and with celebrations in the medical school itself, there was a lot going on here.

We tried to involve ourselves with the community in other ways. It started out with the public school system. The fall we came to Gainesville, there was a bond issue on the ballot to support building new schools in Gainesville. This was in 1963. The bond issue failed by fifty-eight votes. I could not understand that. There was a \$16,000,000 bond issue to build ten or eleven schools, and it failed by a meager number of fewer than sixty votes apparently people were so sure it would pass, they just did not go to vote. So we formed a city-wide group called Citizens for Public Schools [CPS]. This included several people, including me, from the medical center, who are still here: Parker Small, [William] Jape Taylor [distinguished service professor of medicine], an others--Ben Samuels [local dentist], Sidney Knight, Beth Cluff, Henry Barber, and local businessman, Bob Saunders. We formed this group and obtained the interest of many others who would support the public schools, push for a school board that was really interested in the schools, and get an appointed school superintendent instead of an elected one. Tiny Talbot was the elected school superintendent at the time. He was a former football coach from GHS. He was not a real educator. I am sure he had interest in education, but his responsibility was to the voters who elected him and would get him elected again.

We felt that the best governance system for public education would be one that

had a good schoolboard which appointed the school superintendent; they would search for him and have him stay beholden to the schoolboard, not simply up for public vote. The superintendent would answer indirectly to the public, but directly to the school board, which was primarily responsible for education. Then we should elect a good school board. We got Ben Samuels to agree to run. We had Bill Enneking also to join the race. We received excellent support and finally got our slate through, and we actually were successful in passing the bond issue for the same schools that went down to defeat three years earlier. It took that long. Inflation had boosted the cost to \$22,000,000 instead of \$16,000,000. We could have gotten away with so much less, so much easier, had the people all voted originally.

[We were] involved in that and involved in starting other community activities. Lorna and I helped initiate the Pro Arte Musica [a program held in the College of Medicine Auditorium].

P: Hold that. I want to get to that as a separate item. What kind of a role have you played in raising money for your department and for the college?

R: I considered that to be my main responsibility, especially when I became chairman.

P: In the college, you have an endowed professorship and three eminent scholars. Did you raise all the money to support these positions? Who is the endowed professor? Is that you?

R: No. Let me give you the background. I took care of a patient back in 1972, who had been examined in several other prominent places. I guess I told him what he wanted to hear. I took care of him, but I could not treat his specific problem--heredomacular degeneration. He wanted to understand what it was, and wanted to understand the principles of what was going on. I explained it all to him. He actually looked like an impoverished patient, not indigent, but he was not someone who appeared affluent.

P: He was not driving a Porsche?

R: I did not know what he was driving because I did not see him outside. I just saw him when he came into the office. I took care of him, and I think I saw him one more time afterwards, just to follow up and see how things were going. This was about 1972.

P: What was his name?

R: You should not have asked that. I will tell you in a moment [Francis Bullard]. In

1982 he died and left me most of his money, \$2,800,000--he left the money to me and the College of Medicine.

P: You had no contact with him since 1972?

R: None. Zero. I had to look up his chart to find out who he was.

P: Where was he from?

R: Jacksonville.

P: That came as a surprise?

R: Yes it did.

P: So the chair is in his name?

R: He left \$2,800,000 with the stipulation that it be used to support ophthalmology. So I talked to [William] Bill Deal [dean of the College of Medicine] and to [David R.] Challoner [vice president for Health Affairs] to learn the options I had and found out how I could best maximize the use of this money. I said, I would like to keep it secure so that it would be available for the department forever. They suggested I could break it up and use some to endow a chair. Just that year, our legislature had set up an eminent scholar program in which one needed \$600,000 donation to name an endowed eminent scholar chair. I said, ghee, I have enough for three chairs, still keeping \$1,000,000. Thus, I could have three eminent scholar chairs. I would take \$600,000 from the bequest, get \$400,000 matching money from the state and have a \$1,000,000 chair. That way one could create three \$1,000,000 chairs using only \$1,800,000 out of the \$2,800,000 bequest. My bosses jumped at the chance. They said, that is wonderful. I said, in trade for doing that, I want to be given space for the super scientists I would recruit to these chairs. These were eminent scholars. We were talking about people well-known all over the world, top quality individuals--space for them was absolutely necessary. Drs. Deal and Challoner promised that space for us in the new research building being planned. That would not be a problem, I was told. It later turned out it was a major problem.

Anyway, we went through the arduous national search process because that process was mandated. That was then, this is now. Now a donor needs to specify that he is donating Eminent Scholar money, and that he wants it matched with his bequest coming at the beginning of the new state matching program. The rules were not yet rigid. I was permitted to designate the allocation to chairs and the naming of them. I recruited the first basic scientist, Paul [A.] Hargrave [professor and Eminent Scholar], to the first chair.

P: What was his area?

R: His area was biochemistry of the retina. We are skipping a little bit. We are skipping all of my career until the time I became chairman.

P: I know. We are going to pick that up.

R: At the time I had the choice to recruit for the department, I wanted to build concentrating in the area of retinal diseases. That was my area of interest. I thought that the level of knowledge in the world at this date was now sufficient to know that we could work with genes, and that genetic diseases could now be attacked. We could fragment genes and learn about the genetic diseases and try to cure various genetic diseases by replacing pieces of the gene that were abnormal. I knew enough about it that I felt that molecular biology was the coming field. I wanted to build the department in that area, so I recruited people who filled that particular need. Paul Hargrave was then chairman of biochemistry at the Southern Illinois University [at Carbondale, Illinois]. I recruited him with his entourage of associates. He brought five scientists with him. Some have since become independently known and all were really solid people. Last year, Hargrave won the faculty award for the most significant basic science research, an annual award given to faculty. He is a terrific man.

P: So he was your first recruit?

R: My first Eminent Scholar. I was chairman for four years when I got this money. While we were recruiting, the money was compounding. Earnings that were not spent were plowed back into the principal. So the next one became a \$1,200,000 chair and the following a \$1,300,000 chair.

P: Is Hargrave still here?

R: Oh yes. As I said, he won the faculty award last year. He is still here and doing outstanding work and holds the Francis Bullard Chair.

P: And who was your second Eminent Scholar?

R: My second chair went to [William W.] Bill Hauswirth [professor and Rybaczki-Bullard Chair of ophthalmic molecular genetics], who was already a faculty member here.

P: William Hauswirth?

R: Yes, William Hauswirth, another basic scientist--let me tell you how I learned

about Bill. I was sitting on a college executive committee discussing a faculty member in immunology who was being actively recruited to go up to Cornell, by one of our former colleagues, Ken Berns who was previously chairman of immunology here. He had gone up to be chairman there [at Cornell] and he wanted to take some of his strong faculty people with him. Bill was one of the faculty persons he chose, but our executive committee wanted to try to keep him here. The discussion elucidated that this guy was of Nobel Prize caliber. I heard that and I wondered if I could help keep him here. One way I might do so was to recruit him for an Eminent Scholar chair.

His research was already in an area that dealt with molecular biology and genetics of the eye. So what if it happened to be cow eyes. It was still very much related to the eye and perhaps retina. I felt his work was close enough to ophthalmology. If I could help keep a basic scientist here, the whole college would be helped. We could begin to build our nucleus of individuals who were very much on the cutting-edge, high-powered, and yet closely related to ophthalmology and vision research. We were successful in awarding Hauswirth, our second chair, a couple of years after Hargrave.

P: Is he still here?

R: Yes. He is still here in the department. I want to tell you a side story that deals with the Hauswirth chair, but I will get to that in a minute. The third Eminent Scholar chair went unfilled because we could not find an individual that matched our needs and resources. We found other scientists but some were awfully expensive for the department. You see, even though we had eminent scholar chairs to support the person's salary, we only had income from the chair's endowment to spend--on the order of about \$60,000 a year. That was not enough to recruit a basic scientist whose caliber was the level we were talking about. The rest of the money, the remainder of that scientist's salary had to be subsidized by the department or by personal research grants. So every basic scientist we got would actually wind up costing the department a hefty subsidy, at least initially.

In terms of science, we were doing really well. But financially, we were having to subsidize much of the research work and basic science salaries and we were starting to feel the pinch, we did not have enough dollars. Every time we added a basic scientist, we had to worry about how to support the position. Even though the chair would support much of the salary between \$60,000 and \$80,000, that was just the salary. Then there were fringe benefits, which amounted to an additional 25 percent more. The scientist needed help in the laboratory, needed an assistant. So, it was quite expensive to support a basic scientist in a clinical department. Some of them of course were partially supported by their grants. We needed to be very careful about adding too much

to our costs.

We thought that maybe we should search for an Eminent Scholar Chair to be filled by a clinician, who is able to supplement his own salary. Yes, he would get some salary from the Eminent Scholar Chair, but he would also be able to earn the rest of his keep and would not cost the department. We went on the lookout for a clinician in retina. We found we could not attract such an individual since the salary demand of a retinal specialist at this time was extraordinary. We just could not afford it. A retina person in an academic position was not like one in a private practice where one can spend all of one's time doing retina and generating income. One can generate a tremendous number of dollars. In an academic department like ours, one is limited--limited in operating room time, limited in how much time one spends in clinic. One was limited by the fact he just spend time for the demands of residents and student education. One was limited to how much time he could spend in the laboratory. In an academic position, one just cannot spend his time earning income like one can on the outside in private full-time practice. The dollars available from the Eminent Scholar Chair, including any amounts generated by seeing patients, still could not support the demands of a nationally known retina person.

Out of the clear blue, Lee [J.] Dockery [professor of obstetrics and gynecology and executive associate dean] called me one day and said the search committee asked if I would agree to accept the third eminent scholar chair. They felt I was worthy. Also, it would permit us to use the money already allocated, instead of just letting it pile up in our Foundation account. Now the income would be an additional source of support for me. I thought it was a wonderful honor. I said, do you really want to do this? He said he and [Robert] Bryan wanted to do that. So I got appointed to the Eminent Scholar Chair.

P: So you are the third recipient?

R: I am the third Eminent Scholar Chair.

P: Was it named the Melvin Rubin Chair?

R: No. That was totally another story. Do you want to get into the naming of the chairs? The first was named for the individual who donated it, Francis Bullard. That was Paul Hargrave's chair. You cannot have all three chairs named for the same individual. Since I actually created the chairs by subdividing the bequest, I was entitled to name the chairs. I wanted the second chair named for my parents. I said, I am not naming it for me. The public is not going to recognize that it was for my parents. But I will know who it is for. I named it the Rybaczki Chair. You may recall that was my father's Polish name.

- P: You did not give it any first name, you just called it the Rybaczki Chair?
- R: No. It was the Maida and Morris Rybaczki Chair.
- P: In what?
- R: In ophthalmic sciences. No one knew that was my parents' name except Challoner.
- P: Francis Bullard was the guy who came in as the patient in the early 1970s? Let me get this straight, you had no knowledge of his wealth or of a potential gift? Suddenly out of the blue, you learn from his lawyers that the money had been left to you and the ophthalmology department.
- R: Yes.
- P: Not a personal gift to you but to the ophthalmology department.
- R: For support of ophthalmology, research of ophthalmology, and training.
- P: Then you decided to create three Eminent Scholar Chairs.
- R: That was an agreement between [David] Challoner, [William] Deal, and me. I would create the chairs and trade for space. The names would go on forever.
- P: With the matching gifts from the state you would have three \$1,000,000 Eminent Scholar Chairs.
- R: Yes. The first one I recruited was Paul Hargrave. As I explained, he was a biochemist with a basic interest in retinal diseases, the genetic structure and function of the retina, and the molecular biology of the retina. [He was] well known throughout the world and at that time was chairman of biochemistry at Southern Illinois University. I recruited him here. That was the first chair.
- P: Where was Mr. Bullard's name going?
- R: It was called the Bullard Chair in Ophthalmic Research.
- P: So Hargrave has that number one chair? He occupied the Francis Bullard Chair in Ophthalmic Research.
- R: Yes. Since the chair was created by me, I was privileged to name it for the individual.

P: Let us go to the number two chair.

R: The second one was occupied by Bill Hauswirth. He was a professor of molecular biology in the immunology department here at the College of Medicine. He was doing some exceedingly fine work in the genetics of retinal functioning and mitochondrial genetics. We went through the search process. We looked for people. The search committee helped me to appoint him. I felt he was an ideal candidate who would meet our needs. It was a national search, but he happened to be here and fulfilled the requirements of what I was looking for. He was appointed to the second chair.

P: You made the decision to name the second chair for your parents.

R: Yes. It was the Maida and Morris Rybaczki Chair.

P: So your mother's name is first and your father's name is second.

R: Yes. If you recall, my son named his new daughter Maida, after his grandmother.

P: Now are these chairs identified with plaques or anything anywhere?

R: Yes. There are plaques, in the corridor of the Academic Research Building, that have a list of all the chairs in the College of Medicine.

P: Are the chairs identified? For instance, if I came along and saw that name, would I know who the Rybaczkis were?

R: No you would not.

P: I would not know they were from San Francisco?

R: No.

P: Just the name is there.

R: Yes.

P: It is a good thing we have the history added now, in this interview.

R: My father changed his name from Rybaczki to Rubin when he first came to this country in 1928. So no one would know that the chair is listed for him.

P: And how did you name the third chair, the one you occupy?

R: For a period of time the third chair went unnamed. Back in 1965 the college had made an obligation to name our clinic for Shaler Richardson, who was the first ophthalmologist in Florida. He was not only a very prominent ophthalmologist, he encouraged the formation of the Department of Ophthalmology here.

P: So he played a role in it.

R: It was not a financial role, but he played a role in helping the department get started. When he died, there was a commitment made, that we would name the eye clinic the Shaler Richardson Clinic with the *quid pro quo* promise that there would be some funds from the family later on, that would help support the clinic. Many years later, the dean's office found that did not happen, so the clinic was not actually named after him. On the other hand, I felt a strong commitment to the Richardson family to honor a man we all felt strongly about, who was very good for Florida, for Florida ophthalmology, and for the College of Medicine. I decided to name the third Eminent Scholar Chair for Shaler Richardson. It now goes by that name. That was at the time it was still an empty chair, not yet awarded. The search process was going on. As I explained, later, the president of the University, through Dockery, called me and asked if I would agree to accept the chair as an honor. I certainly did. It felt great to occupy the Shaler Richardson chair. This came about in the summer of 1988.

P: And since that time, you deservedly occupied the Richardson Chair of ophthalmology. That finishes that. What happened to the rest of the money?

R: The rest of the money is sitting there generating interest. It is in the UF Foundation's consolidated account for Ophthalmology. Interest is coming from that. We used some of it to help build and remodel the Eye Center. We used some of it for support of research in various ways. It is not consumed at this point.

P: Are there any scholarships made available to students who come in to ophthalmology?

R: No, not through these funds or not from any funds that we have. There are no scholarships that we have. People have to apply through national organizations and win fellowships to support their training here, if they wish.

P: I noticed Dr. Richardson's portrait is up on the first floor.

R: Yes, it is. That was another part of the agreement we had with the family, we would put his portrait in the clinic along with several other individuals who were helpful in forming and contributing to the department and the college. There is

one more chair though.

P: Oh is there?

R: Yes. It is not an Eminent Scholar Chair; it is an endowed professorship. That came from another bequest to the Department of Ophthalmology that was received from a well-wisher, in the order of \$2,500,000.

P: Who was that well-wisher?

R: Her name was Dorothy Daniels. I do not think she was even a patient here. I could not track her down. That money came to us as an unsolicited donation.

P: I do not understand why we cannot attract any such donors to the history department.

R: All of the good samaritans are no longer alive.

P: We are saving history. You are just saving eyes.

R: I cannot take any credit for this one except that we decided again to use the same principle of getting matching funds from the state and making this a large endowed professorship. It is now the Stuart and Dorothy Daniels Professorship.

P: Who occupies that?

R: There is no individual occupying it at this moment. The funds can be used to support any ophthalmology faculty member. The stipulations were not discrete. We created the chair and obtained the agreement of the estate, that when it was given to us by the estate, the money would be combined with matching state funds.

P: Now I want to get back to Melvin Rubin who came here in July 1963 as the assistant professor of surgery in the division of ophthalmology. There was no department yet. You occupied that rank for three years?

R: Yes, until July 1966.

P: Then you were promoted to associate professor?

R: Correct.

P: You held that rank for one year?

- R: Yes, one year. I do not think that could possibly happen anymore, the kind of circumstance where one held the rank of associate professor for one year and then got promoted to full professor.
- P: What happened?
- R: I do not know. Something fortuitous.
- P: They had a slot and said, "Let us give this to Mel?"
- R: I do not know. I am one of those lucky people. Someone thought I should be a full professor at that stage.
- P: So that happened in July 1967?
- R: Yes, at that time I was being recruited to the directorship of a new institute at the National Institutes of Health. They were splitting the National Institute of Neurological Diseases and Blindness and one part became the new National Eye Institute. The National Institute for Neurological Diseases stayed the same, but the Eye Institute was formed by Congress. They needed a director. The person who was doing the recruiting and the person who offered me the job was none other than Robert [Q] Marston [later president, University of Florida, 1974-1984]. Robert Marston was the director of the National Institute of Health (NIH) at the time, and as such the director of all the institutes. He offered me the job.
- P: How did he know you?
- R: I had worked there for two years, remember? I guess I left some sort of trail that was not just blood.
- P: But he had not been there with you, had he?
- R: No, that is true, but when they looked for nominees, I guess the people I had worked with were still there and remembered how I performed when I was there. He thought enough of their opinion I guess to at least look at me. In any case, I looked at the offer. It was a very flattering experience, to be looked at by congressional people and NIH director as a potential candidate. I am positive that I was not their first choice, but we knew that some of the other prominent people they considered did not want to become full time administrators. I was offered the job and I had to wrestle with it over a few months, [to decide] whether I really wanted to move there and become a full-time administrator. I had worked as an administrator when I was executive secretary there, but this was a far cry from the job of a full-time director of the Eye Institute. The job meant an

involvement in the politics of appealing to Congress for funds. It was a wonderful opportunity to direct the country's research in ophthalmology, but I did not think that was what I wanted to do for the rest of my life.

P: Research would have gone by the board there?

R: Research, patient care, and everything else would have gone by the [board]. They tried to convince me that I had more control over research in the country than I could ever have in my whole lifetime as a practitioner here. They were right. I just could not conceive of myself waking up in the morning and being excited about going to a desk with piles of paper on it. I had been there already, and I knew what it was like.

P: Although when you came here, you thought you might stay only about five years and move on.

R: I did, but I liked very much what I was doing here. I really enjoyed the kind of professional lifestyle I had in terms of acquisition of knowledge and in terms of having a large group of very nice patients, and also my educational role. In the meantime, I had also created another project, a national exam. We can get to that later. That was probably one of my largest accomplishments in ophthalmology. That was already on the way when the offer from NIH came. Although it was a lofty job, it was still the job of an administrator.

P: Was the full professorship that came your way part of the effort to keep you here?

R: It could have been. I honestly do not know. I had just recently been promoted to associate professor and at that time, there were only a few full professor slots open. I know I must have received that professorial slot over someone else. I felt maybe another person deserved it more. Some people had been around longer and done more. But it happened, and I just accepted it.

P: When Marston arrived here, in 1973, did he remember you?

R: Oh yes. I told you about his sixtieth birthday, but I guess this was before the tape started. He spotted me at a large university gathering. We were at a game or something. He told me and Lorna to come on over to his house. I did not know what for. I thought it was to sit and talk. He later said, I wanted some friends to help me celebrate my sixtieth birthday.

P: Do you stay in touch with Marston?

R: Not much. I saw him as a patient a couple of times. I did not operate in his

high circles. He was president of the University and I had no contact, really, with the president of the University.

P: I want to get back to your coming here. Would you say that it was Herb who recruited you?

R: Sure. If he did not want me, I would not have come here. I did not come on my own; somebody had to ask me to come down here.

P: Can you talk about him at all?

R: Yes, I can talk about him. He is a hard, driving, brilliant, and very goal-directed individual. He is not given to any self-doubts. He knows what he wants. He may be fickle, in terms of changing his mind very quickly on things. He has little allegiance to people who have worked with him for a long time. I find, as I get older, that too many treat allegiances as tenuous at best. People you think are close to you and are current friends may no longer feel that way when you are no longer in a position to help them. I am not bitter or cynical, but I find such people tend to drop away. Herb is somewhat like that. He went on to do other things and curry favor with other people.

This often goes for institutional memory too, whether it is an academic institution or a private company. You hear of people on the outside who have built major companies. [They] have wonderful, productive ideas. They build a company, and then move on. Who knows them anymore? It is the same here. I think once you have done your thing, the collective memory grows short. Perhaps that is life and that is just the way it is. It is not that I harbor any resentment. I think that Herb was my first real example of how short a memory could be. We did not become enemies. I have my path and he goes along his [path]. His attitude was if you did not do exactly what he wanted, your allegiance was elsewhere and you were no longer his friend. That did not make sense to me.

P: Now, did you have any problems while he was here?

R: When he was here, things were wonderful. We got along well. I had no problems with him. I just had to turn the other cheek sometime when I saw some of the things he did to others. My feeling was that he was very productive and also very aggressive at getting things done.

P: Getting things done for the department?

R: Yes, for the department.

P: As well as for himself?

R: Yes, that was true, but the fact was he was truly productive. He would make things happen. He was almost cruel sometimes, but I do not think that was part of his [nature]. He was just so goal-directed that if things got in his way, they just got pushed aside. I liked him. I liked the fact that he did accomplish things. I could not stand the way he did some of the things, but I think he paved the way for me. I call him a snow plow. He made things easier for me. I could not have done most of the things I did unless I had his support to do them. I probably could have done more, if I had more support from him, but the fact was that he let me do my thing, which was education, retina, teaching, and working in national organizations. He did not overburden me with things to do. That made it easier for me to do the things I thought were important. He taught me that.

I learned one other lesson too. He taught me facilitation. You try to help the faculty to do things, but do not get in their way. Let them do things and make things easier for them to do. You do not have to do it for them. I called myself a facilitator instead of a scientist. That was what I was, as a chairman. Back in 1967 or 1968, he let me do the one thing I felt strongest about, which was creating a national examination for ophthalmology.

P: In the 1960s and 1970s, did you lose out at all as far as your research interests were concerned?

R: I lost out on the ability to promote one of my laboratory projects because I did not have the facilities to do it. I did not have control of dollars to be able to support a technician, or [to support] an extra laboratory. I needed it for the project we were working with. My small team won a major award (the Fight for Sight Research Award) for the greatest contribution to visual science in the year 1970, for this particular project. But I could not expand it because we had no assigned space to grow. Any extra departmental space Herb absorbed for his own work. He was the chairman and he was entitled to it. Unfortunately, I could not go on with our project without having additional help. There was no space to carve out for me, and other the space did not exist. It would have been robbing Peter to pay Paul. You could only get space if you took it from somebody else.

P: Has this stymied your reputation as a research scientist?

R: No, not really. I was never really a research scientist. I recognized when something was good, and I could teach somebody else. I recognized what I could do best, which was to teach my area of interest to other people. I consider myself best known, in this country, for improving the educational process, for examination assessment, for education, and for writing. I am not best known for producing basic, cutting edge research.

- P: I notice you are the author of several books and over 100 articles and you have given myriads of lectures everywhere.
- R: Those were all connected to education with a little science thrown in. There was always an idea to teach somebody something, rather than to create my own new things. I strongly facilitated those new things. I could report new things when they were done by my team, but I did not sit personally in a laboratory and create a bunch of new things.
- P: Was Herb a creative laboratory person?
- R: Yes, he was. His ideas were almost always research-oriented. His ideas produced new things and he was much more of a laboratory person than I was. He was able to direct his laboratory and he told the people what to do; he had the wherewithal to be able to do that. As chairman, he could commandeer space and he could tell people, you do this, this is the project. In addition, he was gifted in being able to write proposals to obtain grants. So he did not need to be able to do the work himself, though he could have, and he was good at directing academic thought.
- P: If you were evaluating him, at the end of his career, and I know that he is not at the end of his career, is this how you would talk about him as a teacher, an educator, that he was good at directing academic thought?
- R: Not only that. He did teach too.
- P: But teaching and educating were not his strong part?
- R: It was not primarily his field. He was also a superb clinician. He was an innovative thinker who was able to see the clinical potential of a new research thing, to which others may have missed the connection. He could project a connection between that new thing and the clinical application. Many times, he was interested in promotion for Kaufman, but he saw the good idea, he saw its potential and then he promoted it.
- P: Were your family and Herb's family close socially?
- R: Oh, not socially.
- P: I mean, you saw each other?
- R: Oh yes, of course. It was a small town. We saw each other at various functions.

P: But it was not the kind of friendship where you called him up and went out to dinner together.

R: No. I do not think I have ever gone out to dinner with him unless it was an official function. But there was no effort at avoidance there.

P: It was not like you went to Morrison's with them, like we go with the Lowensteins to Morrison's or Shoney's?

R: No. There were a lot of other people we did that with, but not with Herb.

P: He was rather an aloof person, if I remember correctly.

R: He did not do things for the community that I felt were important to do for the community. I felt there was a lot more to do here and we tried to help Gainesville be a better place to live rather than just striving to build a name for myself or anyone else.

P: So he left here in the 1970s?

R: He wanted me to go with him. That was 1977. He left to assume the chairmanship at Louisiana State University.

P: Before we get to that, what were you doing between 1967 and the time you took over as chairman here?

R: I did lots of things. I mentioned the exam that I created.

P: Tell me about that.

R: I wanted to find out, among my own residents, what they knew. These were very clever, bright people that we had accepted to train in our program. However, I felt it was very difficult to find out just what they were learning. If you were sitting in grand rounds and you asked residents a question, which was part of our tutorial and Socratic method of teaching-- you asked questions and heard what the answers were--they could really baffle you with bull-dung. They could cover up a tremendous lack of knowledge and they could get away with circuitous answers even if they really did not know the specific answers to questions asked. I thought, maybe we ought to create an exam I could give to them, but not in any way penalize them, grade them, put it on a record, or to judge them for promotion. I wanted just to give them an idea of what they knew as compared to other residents in their position.

P: And what they did or did not know?

R: That would become very obvious and could serve as an educational prod. So I created an exam to give our own residents, and then I decided this was such a good idea and would be even better if we knew what other people in the country did at the same level. Our residents could compare their knowledge with somebody else's knowledge, at the same level, and say ghee, the people in this program were below or above the ranking of those in other programs, where they stood percentile-wise.

P: Did your group here resent it, at the beginning?

R: No, not at all. Well, I guess that residents always resent any kind of exam. They do not want to be examined any more than students. The fact was there was no penalty attached to this exam. I created the exam and gave it to the residents here. Then, later, I decided to try it on a national audience.

P: If you had a lot of resentment, you probably would not have carried it to the next audience?

R: I had to overlook some resentment to start with. What they liked was that it was not public information. Nobody knew who they were. They knew, but nobody else knew how they did, aside from themselves and their program faculty.

P: And they trusted you.

R: They trusted me with respect to the idea. But I had to find some national program that would accept it and sponsor it. I needed a national sponsor of some sort. You cannot just go nationwide and say, we are going to give an exam, do you want to take it? I had to sell it, sell the idea of how it would work. I struggled to identify the right organization. The correct organization was probably the American Board of Ophthalmology, the certifying board, which already was giving an exam to all the candidates. I suggested to them, why not go countrywide and give their exam to the residents too. They would not agree to do that. I wrote a whole paper on this called The OKAP Exam, [OKAP = the Ophthalmic Knowledge Assessment Program] which gave its whole history.

I did find a sponsoring organization, the Association of University Professors of Ophthalmology [AUPO], which consisted of the chairmen of all the departments for the country. They were just forming a national organization, to hammer out the commonalities of training programs in ophthalmology. I went to the organizational meeting and proposed my project. I had people from Harvard saying, Who the hell are you wanting to examine my residents? I finally sold them on my skill and ability to create good questions. I studied the ways examinations were constructed. Our department was willing to offer the exam

free as a trial--no cost to them. They said, okay, but we want to only make it voluntary to the individuals residents. Those who want to take it can, others do not need to take the exam. That sounded reasonable, but I felt, that would not give us fair comparisons. The whole idea was to give the residents who took it a chance to compare their knowledge with the level across the whole country, not just the level of only those who wanted to take the exam. Do you understand? The statistics would then be biased in favor of those who want to and are likely to do well on exams would likely be the ones who would want to take this exam. Others more fearful, would not be included to register. I finally agreed to make it voluntary, but for program directors only. A program director could decide whether the residents in his program would participate or not participate. But if the director wanted them to participate, all residents in the program had to do it. The first exam was given in 1968, and 90 percent of all training programs agreed to take it the first year. It worked so well, that just about 100 percent agreed to partake in the exam the second year. Since then, it has been going 100 percent for all of the programs.

P: And these exams take place all over the country?

R: All over the country. We shifted from the AUPO sponsorship, because they did not have the dollars to support it and we could not continue giving it free to all programs in the country anymore. I talked Herb into covering the cost for the first year. The first year the exam was administered, it cost \$13,000. It was not a great sum of money but it meant a lot in those days. I got the American Academy of Ophthalmology to sponsor the exam after that and to administer it under their auspices as part of their new educational ventures with me in charge. The American Academy, whose members (10,000 board-certified ophthalmologists practice all across the country), were always interested in education.

P: So it is a continuing thing?

R: It has been going on continuously, yes. Further, I asked, why should we continue to have two national exams in ophthalmology? The American Board of Ophthalmology is the certifying board. When you finish your residency, you take your board exams. It is like the bar exam for lawyers, except the bar exam is administered to license lawyers to practice. But our board certification says, if you pass the board exam, you are certified to have passed the minimum level of knowledge in your specialty and can advertise that fact. But that certification is voluntary--not a requirement for practice.

P: Will you continue to update this examination?

R: Of course. It is updated every year. But another thing, I wanted the Board to

give the same exam as the residents had. It was stupid to go through the effort of creating two fully separate exams, separately administered and constructed. It was crazy--labor intensive and expensive. My whole mission from the beginning concentrated on getting the board to give the same exam to everyone who wanted to be in ophthalmology. I was eventually given an opportunity to try this amalgamation, because in 1978 I became a member, a director of the American Board of Ophthalmology. That was how I got a chance to meld the two exams. This was an eight-year term for me. During the first two years on the American Board of Ophthalmology, the national certifying board, I molded the OKAP and ABO into one national exam across the country. My dream was fulfilled. I later became chairman of the American Board of Ophthalmology.

P: You were in the driver's seat then.

R: I was in the driver's seat. But I had really accomplished my mission earlier, back when I was a member of the Board's written exam committee, when I sold them on the idea that it was better to do it this way.

P: They did not call it the Rubin Test?

R: No, they did not. It was the OKAP--the Ophthalmic Knowledge Assessment Program. I became chairman of the Board later, in 1984.

P: How many colleges or programs are a part of this now?

R: One-hundred-sixty-seven in all.

P: One-hundred-sixty-seven from all fifty states?

R: And Canada.

P: Is it likely to expand beyond that?

R: No. Let me go into that because there is now a wind-down--a back step. After the exams had been combined, given on the same date every year to both groups, about five years ago, the Board decided that they wanted the questions for the residents' OKAP to be different from the Board questions. They wanted the questions for residents to be more basic and demanding. The questions for those who had finished residency and were now in clinical practice were to be more practically oriented. I had always felt the questions to both groups should be the same.

But my program had now passed into new hands. When you give up responsibility, you transfer the program to somebody else, and you are governed

by a new boss or a new committee which decides all over on what they want to do. Their philosophy was what should count, not what mine was when I first began the project, because the needs may now well be different. The needs perceived at this point indeed were different than when I made the decisions. I made some decisions when I created the thing. Other decisions were made when I combined the exam for both groups. Now there are different motivations and thought processes in play. So now the exams are being split again. Last year was the first year they actually went back. They again have two exams, but they are different for each group, for the residents and for the practitioners, though they are still well coordinated.

P: You considered it a successful activity?

R: I considered it one of the greatest things, because what happened was that the residents continue to find out how they do in every area, topic by topic, compared with other residents in the country. They do not learn what the specifics result are of any given program, but only the national averages.

P: Do they know the names of the other schools?

R: No. There might be a way they could find out, I suppose, but that is not the point. The OKAP still has only an educational mission, an assessment as part of an educational process, an educational prod.

P: I suppose knowing the results program by individual program would add nothing to the real value of the exam.

R: Correct. It would do nothing except embarrass somebody. Somebody has to be at the bottom. Why should there be any embarrassment? The exam should help, not embarrass. If a program finds out that it is in the five (lowest) percentile level, then that should tell that program that it should do something to boost or train its residents better. Its residents' knowledge is lacking compared to other departments. But that should not be public information.

P: No institution has gotten mad and said, we shall not participate in this program if we find ourselves at the bottom?

R: No, you cannot identify those at the bottom because only they themselves know.

P: They might think, however, that you have that power?

R: That is correct. You cannot stop the people from [thinking that].

P: Right.

R: It has led to a wonderful experience for me, which I did not plan ahead of time, but my origination of the OKAP exam got me involved in the educational system of the American Academy of Ophthalmology, which has been the greatest educational role in my life. When I was president in 1988, that had to be the prime glory in my life. Fifteen thousand ophthalmologists, and I ran the national meeting. This happened to be one of the largest scientific meetings in the world.

P: It meets at various places around the country?

R: It meets only in cities which can absorb the size of such a meeting. The meetings usually vary between Chicago or San Francisco.

P: New York?

R: New York is not one of the places selected. It is too expensive to meet there. But there are also New Orleans and Atlanta to choose from.

P: How about Washington?

R: No. But we met in Las Vegas once or twice.

P: I did not think there was anything more expensive than San Francisco.

R: It is not as expensive for them, because the main academy offices are in San Francisco.

P: The cheapest must be in Las Vegas?

R: The cheapest is Las Vegas, except that you do not get as big a turnout there. [Laughter] People do not like to go to Las Vegas. It is not a good scientific meeting [city].

P: I know it is not. The atmosphere is different, even if the big hotels are set up with meeting rooms and so on.

R: It does have wonderful facilities. It really does. In any case, they rotate it around. This fall is the 100th anniversary of the American Academy of Ophthalmology.

P: And where will the Academy meet this year?

R: In Chicago, which was where it started. I look forward to that.

P: Oh sure, unless it is too cold.

R: They do honor the past presidents each year.

P: What do you get when you are honored? A crown, a cloak, or something like that?

R: Not quite. I wish that were so. I moved on to the Board of the Foundation of the American Academy of Ophthalmology, which is for raising funds for education. That was where I ran into a conflict with the University of Florida, because I told the Academy, I did not want to be president of the Foundation for two years just to raise funds for them, when I felt it was my obligation to raise any funds for my department here. That is still my job. The University is paying my salary; the Academy is not. The Academy is an honorary thing, wonderful for academic honors, and it is a wonderful thing for the profession, but it is not my job. I have to devote my job to raising funds for us here.

This all started when you were asking about raising funds, and I told you I said I would do my best in raising funds for the department. The Academy said, contact all the people you know to help the Academy. I said, I cannot. I try to get to the people I know, especially the ones who are associated with Florida and the college, to donate to [the University of] Florida, so it would benefit our school.

P: Now you have talked about some of the things you are doing on the national level. I want to finish your national activities and then we are going to focus in on Florida.

R: Aside from the OKAP Exam, the Ophthalmic Knowledge Assessment Program which I just described, the American Academy of Ophthalmology, which has occupied more of my outside time than anything else, and the American Board of Ophthalmology, the certifying board, there is also a research organization. It is called the Association for Research in Ophthalmology. I think it was chartered in the 1930s. Every year they have an annual meeting. It is a national meeting for the purpose of science, not clinical practice. Their intent is to develop interest in science and creation of new knowledge. It is the foremost research organization in the world for vision. They have changed their name. Instead of ARO [Association for Research in Ophthalmology], it is now the Association for Research in Vision and Ophthalmology (ARVO). They changed the name in the 1960s. I became a trustee for that organization, a member of the board for five years, then rose to become president.

P: Are you president now?

R: No. I became president in 1979, the year of the great tornado that destroyed my house in Gainesville.

P: It almost destroyed ours.

R: It hit ours though.

P: Fortunately the tree was cradled by the screen over the pool so it did not hit the house.

R: Ours destroyed the whole back end of the house. Those were the main activities [nationally]. The annual book that comes out of that meeting is a compendium of 2,000 or 3,000 papers in science. We just had the meeting this spring.

P: It meets annually?

R: It meets annually. Herb and I brought the meeting to Florida back in 1963 because it was a nice place to meet in the spring. ARVO has become an international organization with 7,000 or 8,000 attendees, but [it is] pure science. It was a great pride being elected to that kind of organization for science. I did not know why I got elected, because as I said, I do not consider myself a basic scientist.

P: What about on the international level? Is Melvin Rubin known?

R: Through my books. I was elected to an international organization in retinal diseases called the Jules Gonin Club.

P: I saw that. It had a limited membership.

R: It has exactly 200 members. The original fellow or doctor who discovered the relationship between retinal tears and retinal detachment was Jules Gonin. All retinal detachments are caused by retinal tears; if you have a retinal tear, you can develop a retinal detachment. Gonin was from Lausanne, Switzerland. He died in the 1950s. His disciples formed a club to honor him and to also study the science of retinal detachment.

P: This is in Switzerland?

R: Yes, it is a Swiss club. I was invited to join back in 1964. I went to my first meeting in 1965. They meet every other year. They rotate the meetings around Europe. They have only met in the United States once or twice I think. The next biennial meeting is coming up in September.

P: Where is it going to be?

R: In Bern, Switzerland.

P: So you have Bern and Chicago on your list right now for this year.

R: That is correct.

P: So far.

R: I have got a lot of other places. Those are the two major ones. Internationally, individuals know me and know what I have done through the writing that I do, especially through the educational writing for optics. Ophthalmic educators have not typically been able to bring the level of what one needs to know about optics and refraction to the resident level, as I have. I will brag. That is my contribution.

P: You are not bragging. You are stating a fact.

R: Some people would call it bragging. I know that I developed a major textbook teaching optics to clinicians, and called it appropriately, *Optics for Clinicians*, because I learned about residents and their knowledge of optics through their performance on the optics portion of the OKAP Exam. I found out that they did not know very much. I thought, well, they might not register a good score in optics for two reasons. One, they really do not know very much, or two, the questions are too hard. I would not know the difference merely from looking at relative scores. I reread every question and decided that they were so basic and relatively simple that the reason residents did not do well in that area is that they just did not understand optics. That was what prompted me to write the book. Actually, that was my third book. I wrote it and went around looking for a publisher. My first two books were published by Charles Thomas Publishers, who do medical publishing. But they did very little in the way of promotion. They just published the books and made them available. With this third book, *Optics for Clinicians*, I decided to go to Mosby, a large medical publisher in St. Louis, and asked if they were interested. They looked at it and thought it was wonderful. But they said they wanted to change it because it was not written in their editorial style. It was too humorous and too light. They wanted it to read like a doctor's book. I said, that is how I write. This is how I talk. I wanted it simple enough so that residents could understand it. They said if they were to publish it, they had to the right of editorial refusal. I said I did not want that. I went back to Thomas Publishers. They said the same thing. They would not let me use the informal style I wanted. That was when I asked Lorna if she wanted to do it. She said she did not know anything about publishing. I said,

let us try. She learned. My wife published it, my third book.

P: And did a very good job.

R: She did a good job, but not too good because in the first edition the pages fell out.

P: They were supposed to.

R: They were not supposed to. She learned not to use that particular book binder again and she learned where to go and that how not to cut too many corners, She learned which corners you could cut, and which ones you could not. I did all the drawings, too. The topic area is fairly static so in twenty-five years, I have not had to change much. I revised a few little things which were minor. It is still an ongoing project. Even with what I now recognize as too flippant and corny, it is still the textbook for teaching optics all over the world.

P: It is the *Gone With the Wind* of the optics.

R: I suppose for teaching basic optics, yes. The interesting thing was that it started Lorna in publishing.

P: That was a good spinoff.

R: It was a good spinoff, and then she started doing health books, cookbooks, products, and everything else. She does all that and now the ophthalmic books are just byproducts.

P: They turn out a good product now. I have not seen that many of them, but the ones I have seen have been very good.

R: They have been very good. Another book, I talked a friend of mine into my helping him with, was on prescribing glasses. He had a wealth of clinical experience and I wanted to introduce with him a certain style and humor. It does not sound as if I am humorous; I am being so factual here, but it came out as a wonderful book. In fact, it won the best medical book of the year award, of all the published books in the United States in 1979. It won the American Medical Writer's Association Best Medical Book of the Year [award]. It was called *The Fine Art of Prescribing Glasses Without Making a Spectacle of Yourself*.

P: Did you not also do a dictionary?

R: Yes, that was the fifth book. It was done with Barbara Cassin, and I did the

editing. We are doing a third edition of that right now. The sixth book is Triad's *Eye Care Notes*.

P: The one that has done the best has been the third book.

R: That book is the most continuous one.

P: I am talking about the prescription [book].

R: No, the prescription was the fourth book.

P: I mean the funny book that your wife [published].

R: Yes, the one on how to prescribe glasses.

P: That sounds like the book I might be able to read and understand.

R: It is not a humorous book; it is really a technical book, but it is written in humorous style. It is very well done, if I do say so myself. It has poetry in each chapter. It is a well done book. The title was Danny's [idea].

P: I was going to say, it fits right in.

R: Danny, my son, the creator. I said, "The Fine Art of Prescribing Glasses," and he added, "Without Making a Spectacle of Yourself," at the dinner table. What a wonderful title.

P: That is right. I love it.

R: The last book is not really a book. It is a series of notes called *Eye Care Notes*, which are patient education materials. Materials that educate patients as to precisely what they have are hard to come by. You can find pamphlets or books on cataracts and glaucoma, but not on most of the diseases that occur with the eye. It is difficult for patients to find information out there. The only place they can find it is by reading textbooks or medical books.

P: If they are like me, they cannot understand them.

R: Right, [that is why] I wrote these notes in a language that had words with no more than a few syllables. [It tells] patients about their disease, what the disease is, what the symptoms are, what the prognosis is, and how the treatment works, all in two to three pages, very simplified. Collectively, there are now about 150 different eye diseases. I keep adding new ones every year. The notes are sold to training programs or to offices where they can be copied and handed to

patients. Lorna is now working on a computerized version. Lorna does all this. I do not do anything except write occasionally.

P: You are the godfather of the whole thing then. You have also done about 100 articles.

R: Yes. Those are what you do to exist in academic medicine.

P: They come out of your research?

R: They come out of my research or things that I did that will help others. The information will help somebody else. Some of the writings are reports of cases, teaching points that were made, an unusual presentation of something to educate doctors what to look for, as well as basic research too.

P: Are you working on a book now?

R: I am working on a project, but that project has to do with educating non-ophthalmologists in what is important to know about ophthalmology.

P: Well, it may turn into a book before it is all over.

R: I was trying to do this as a compact disk [CD], to use it as an interactive CD. It was awfully hard to do. I am not sure it is that valuable. Some of the things that you look for on a patient, you have to actually know, to ask the questions and everything. I am trying to decide whether CDs are the best route. Books are still a very good way to teach.

P: Of course, with a hardback, they do not get destroyed too easily.

R: One of the things I thought about for a long time, because I got involved early on, was called programmed instruction. I found it too stiff.

P: Can you do something with CD-ROM?

R: I am talking about that. One has to anticipate what physicians will ask and show them things, including those where they are wrong. Visualization of clinical pictures can be applied when they know how to use the tools. I can show them pictures of an eye, but if they cannot use the tools to obtain those views for themselves to see that patient's eye, with the proper magnification, or with a slit-lamp, what good is my giving them my view of that visualization? I can show it to them, but they will not see it unless they know how to find it on a patient. It would be much better to teach them how to use the tools. Anyway, that was the idea. I am continuing my interest in education, and that is what I am here for.

- P: What about your activities on the state level? Have you been working with a lot of programs?
- R: I worked on a number of programs. One of them was with the Florida Society of Ophthalmology, the Society has been very generous in their rewards to me.
- P: I would like you to talk about the State of Florida Division of Blind Services. What do you do there?
- R: First of all, we on the faculty have been consultants for the Division of Blind Services since we came here. This means we are available to the Division of Blind Services to send us patients for evaluation and for telling them what to do and how to manage. Most are individual patient referrals. Then there is the Low Vision Committee that has to do with setting up low vision evaluations around the state. Patients who are legally blind, which means they have vision below 20/200 or worse. They are still functional visually but they cannot see well enough to get past certain tests. For example, they cannot drive.
- P: What does it mean to have vision below 20/200?
- R: That means their vision is uncorrectable to better than seeing the big E at the top of an eye chart from a distance of 20 feet away, whereas someone with normal vision can see it from a 200 foot distance. I am easily worse than 20/200 when I take off my glasses.
- P: I must be below 20/400 without my glasses!
- R: That does not count, since your vision is still correctable to better than that. If their vision is only 20/200 and is not correctable, then they are termed legally blind. They are allowed an extra tax exemption and certain social services.
- P: They are in worse condition than I am. So what do you do?
- R: I believe I am still on the committee.
- P: You are the chairman.
- R: So I am. I have been for many years. We meet once or twice a year. We review training programs. We review people who want to get on a panel to be able to deliver low vision care. If they want to prescribe a certain amount of high cost instrumentation, we have to decide whether or not it is really warranted. The Low Vision Committee is composed of optometrists and ophthalmologists.

P: And you meet at various places in Florida?

R: We usually meet in Orlando, at a place where we can get in, have a meeting, and leave. We have not met for a year, or maybe I have been pushed out and do not realize it.

P: They would never do that to a chair.

R: They might. I am not sure I am still the chair.

P: I thought you were still listed as chairman of the committee.

R: For that organization, I may be or I may not be. Sometimes people just let you know that you are no longer a chairman.

P: My notes read: chairman 1993 to the present.

R: Yes, it is true I was chairman since that time. We have not had a meeting for a year, so I do not know the committee's thoughts on whether they were not even having meetings, or whether they met without telling me, and that was their way of letting me know they are not interested in my being the chair. That happens.

P: What do you do with the Veteran's Administration? I think that is another one of your activities, is it not? Are you a consultant?

R: I am a consultant. The fact is that we have rounds weekly and include discussions of the veteran patients. When I was chairman, I was responsible for the entire VA medical care for our faculty, who are responsible for the patients care over there.

P: Do you have regular patients over there? Do you go over there?

R: Not anymore. I used to when I was chair. I do not see patients anymore.

P: I know, since 1994, until that time, you were over there.

R: We went over there to see patients.

P: You had a clinic?

R: No, not me. But we had grand rounds over there, where they would bring their patients down if they wanted to discuss them, or they had an unusual patient and we went up to see them on their floor, just as I do here.

P: I wondered, if it was done exactly the same way. What else can we talk about from the ophthalmology point of view of your state activities?

R: Part of the state activities includes [my affiliation with] the Florida Society of Ophthalmology, which is the professional organization responsible for the practicing ophthalmologists in the state.

P: Practicing both in institutions like this and in private practice?

R: Mostly private practitioners, 90 percent of them are private practitioners. They have an annual meeting, where there is a scientific speaker, and scientific papers are presented.

P: It is an academic and also a scientific conference then?

R: It is a scientific conference which is clinically oriented. They invite guest speakers and the program has to be planned every year. It is a wonderful organization of people who want to contribute to each other's knowledge; to promote ophthalmology in the state; to take care of blindness that exists here; and to help share some of the patients. There are a lot of other projects that they are involved with, [such as] trauma care and the Diabetes 2000 Project of the American Academy, which is an attempt to stamp out diabetes-caused blindness by the year 2000. All of those programs are taken care of locally around the state by local groups--like processing members into the society, to make sure that they are qualified and have credentials to practice in the state. It is a voluntary organization, but it promotes science and ophthalmology. I am a member of it, and was an executive committee member because I was from one of the academic programs. They chose to honor me during the past few years in various ways, which I just could not believe. The Society's annual speaker of the year has been named the Melvin L. Rubin Lecturer. There have now been three such lectures and the fourth one is coming up. These lectures are given in my name. The Society has endowed funds for the lectureship so that the income from the endowment pays for the lecture each year.

P: Where is the meeting going to be this year?

R: This coming one is in Key Biscayne. The meetings are always held in Florida.

P: And they have a distinguished main speaker who does the Rubin Lecture?

R: Each of those lecturers have been really distinguished. The last one, Dr. Stuart Fine, is chairman of the eye clinic at the University of Pennsylvania. He was previously a professor at Johns Hopkins and, incidentally, was one of our past residents. He has risen to the level of being internationally distinguished. After

the last Rubin Lecture was given by Dr. Fine, the Society gave me yet another award, called the Shaler Richardson Award for Medicine. That was out of the clear blue sky. They awarded it to me for contributions to medical care in the State of Florida. It was wonderful. It was merely a coincidence and had nothing to do with the fact that I occupy the Shaler Richardson Eminent Scholar Chair.

P: I wondered about that because I saw the name and I saw both of these entities marked in here. Let me go back to this American Academy of Ophthalmology. You were president in 1988?

R: Yes.

P: What is the Senior Honor Award that you got the year before? Is this an award given annually?

R: It is given annually and, again is a coincidence with the Presidency. They give it to different people each year, whenever you do enough things for the Academy. You are allowed to collect a couple of honor points every year. It is just a matter of slow accumulation.

P: Sort of like frequent flyer points?

R: I guess so, but you are only allowed to add two points a year. No matter how much you do, you are allowed only two. If you give a major lecture or a contribution to a course, not dollars, you get points at the academy. I got some points too because I was secretary for instruction for over five years.

P: If you only do a few things, you get one point?

R: No. You get one point for each thing you do. If you do two or more, you only get two per year. In order to get the Senior Honor Award you have to have forty points. You have to be making contributions and working on them for at least twenty years, doing two-point things each year, to collect that many points.

P: This is how you got to be guest of honor in 1992?

R: No. That's another separate, unique honor bestowed by the Board of Directors and President. They shot at me.

P: I wonder what that was all about [laughter]?

R: They threw tomatoes, you know. It was an honor.

P: It was an honor, I am sure, yes. I have seen a lot of honors that have come to you and a lot of names, but I do not see the Kaufman name anywhere.

R: The Kaufman name for what?

P: I do not know. A clinic, chair, or something here. The Herbert Kaufman name is not recognized. I do not see it in Florida.

R: He is pictured somewhere in there.

P: All right. That was just an off the record comment. Talk about how he left here and wanted to take you with him. Go into that a little bit. We did not finish that before. I believe he had the offer to go to LSU [Louisiana State University].

R: He had the offer to go to LSU, and he actually expected I would go with him. It was typical Herb, he did not ask me, he just expected it. When he offered me the chance to go with him, I said, I really like it in Gainesville, and I think I would like to stay here and offer my name for the chairmanship. Hopefully, they would consider me for chairman here. He did not like that. Somehow he felt that was an affront to him. I did not do what he wanted. He really stopped communicating with me after that.

P: Now he left at the end of the divorce proceedings, did he not?

R: Yes, he did. He left at that time. The divorce was final. He moved with his new wife.

P: Was going to LSU a big jump for him?

R: Yes, because he thought he would become an even bigger guy in a big pod. It was a big opportunity. First of all, New Orleans was a huge city compared to Gainesville. He was hoping to meld the three training programs there. Here we had only one training program. In New Orleans, there was Tulane, LSU, and the Ochner Clinic. There were three major training programs. Each had its own residents. He was going to become king of everything, organize all the training programs, and organize all the ophthalmology for the State of Louisiana and for New Orleans. He found it was not so easy to do.

P: Did it all happen?

R: No. There has been a lot of faculty revolvment, faculty was coming and going, but that happened everywhere.

P: What is his position now?

R: He is still chairman of the Department of Ophthalmology there. He is raising money for an endowed chair, the Kaufman Chair.

P: Oh, I see.

R: You were asking me where were his honors here. Actually, his allegiance is there. He is trying to raise money there.

P: I was looking around to see if maybe there is something in this room.

R: He has an awful lot of faithful friends, people he trained, and supporters who are going to give him enough money to make an endowed chair. I am sure it is warranted. He has done a lot for ophthalmology.

P: He leaves here in 1978, and you throw your hat in the ring?

R: Yes.

P: And then what happens? Were there others?

R: There was a national search. People kept coming through. People told me there was primarily one other influential faculty member here in the department who felt I should not be chairman because I was not interested enough in research. I felt he was wrong, but that was his opinion. He apparently stirred the pot enough so that they chose one of the other candidates, from Hopkins, and offered him the job. He turned it down, so they opened up the search again. They set up a new search committee. It eventually turned out that I was the best candidate.

P: So you took over as chair?

R: Yes, at the end of 1978.

P: So the vacancy was not really of long duration?

R: About one year from the time Herb Kaufman left. He left at the beginning of the year. I was selected as chairman at the end of the year.

P: When you came in as the new chair, did you see things that needed changing to be in accord with your own philosophy or point of view?

R: Yes. The first thing was that Herb's people disappeared. People Herb had recruited and kept here decided to go off and practice themselves. They all

chose their own routes. I did not take it all personally, to think they left because I was here. They left because they found good opportunities. There was going to be a change. They knew what was going to happen. [Constance] Connie Fitzgerald [associate professor of ophthalmology] and Frank [M.] Polack [professor of ophthalmology] went to a practice in town. Tony Gasset went to practice in Miami. Jay Enoch left to go to be dean at my alma mater, the College of Optometry at the University of California.

P: I had forgotten about Jay.

R: He was the one who felt I would not make a good chairman because I was not interested enough in research. Again, that was his [opinion].

P: Oh yes, of course, that is what makes the world go around.

R: Matthew Rabinowicz went to practice in Detroit. He was given a whole kingdom of a whole pediatric hospital up there.

P: Well, of course, it was fine for you because then you could bring in a whole new staff.

R: I could, but it was hard because I needed to run the program continuously while this was happening.

P: Everybody did not walk out the same day.

R: They did not walk out on the same day, but all did over one year or so. They had to make arrangements for what they wanted to do. They did not know when the appointment of the chair would come. Once the search committee, actually the Dean, made the decision who was going to be the chair, things moved quickly. It was an opportunity for me. I did not know whether it would be good or bad. I really did not know whether I could do it.

P: I can see you were able to mold the department.

R: I could, and that was the opportunity. I could build it in the area of retina because all of the scientists who were in cornea were going with Herb. He took a number of people with him. So essentially the department was dismantled. It gave me the chance to build the department with people I liked and people who worked with me and had an allegiance to me instead of to Herb.

P: Where is the department today?

R: Let us go back a bit, since I do not know where the department is today. Things

are a bit different right now. But I can tell you up to the point where I left the chairmanship, eighteen months ago.

P: Go back to 1994 then. That was when you left the chairmanship, right?

R: Yes, at that time the department was extremely well known. The caliber of the residents who had come through the program and the caliber of applicants we had accepted had been wonderful. The faculty I was able to recruit and maintain was first class. All of them were good clinicians. They all had their quirks. Everybody does. But they were super clinicians and super scientists. In their field of expertise, I would trust them relative to anybody in the country. Some trouble started after 1988 and 1989 because things started hurting fiscally. I could not recruit as easily as before, since I could not pay people what we would normally pay and what they could get at a very productive [rate] outside the University.

P: The University was not competitive.

R: Not competitive and that made it very difficult.

P: Was this because of a decline of income from the state?

R: The state has always been a problem. We got about 10 percent of our departmental income from the state. The rest of it we generated ourselves or got new grants. That was not enough. It was not enough if we were going to continue training. At that point I had served here ten years as chairman. People started leaving. One faculty member left disgruntled, primarily due to his own inadequacies, but the financial problems were reflected [by him] saying it is your fault not mine. I do not want to go through the details because it is not critically important. That happens constantly.

P: Oh yes.

R: We had one resident whom we had to fire.

P: We do not need names.

R: The resident left, and then decided to sue the department. I had a very difficult time with that, although we were totally right on our side, with the faculty all agreeing that this was not a personality conflict. He just was not doing what the public has a right to expect of an ophthalmologist. Another faculty member was hired. I asked him to do things that were important to the department, but he did not want to do them. He wanted to do what he wanted to do. He was not tenured. At the end of the year, I said, your contract will only run for one more

year. I gave him one whole year to find a new situation. He was so incensed, he practically tried to blow up the place; it was extremely difficult, the way he dealt with the department, the dean, and everyone else. Several of the malcontents from the department got together afterwards and hired the same lawyer to attack me and the department. That made it difficult, to operate in an environment where there were camps, where one tried to be lenient to the individual and give him a fair shot even when that individual was totally unreasonable. I cannot go into all the details about these individuals. But all of this was coming at a time when the cutbacks in federal health care were hitting medicine across the country, but particularly ophthalmology. Under Medicare, ophthalmology happens to be the specialty that does a surgical procedure that consumes a large proportion of Medicare dollars. That is cataract extraction. The government was saying look at the billions of dollars [paid for] cataract extraction. If we can cut that down, we can save all this money. So they decided to cut back on fees reimbursed for four high volume surgical procedures. One was cataracts, the others (non-ophthalmological) were coronary bypass surgery, hip replacement, and the urologic procedure prostatectomy. They hit hard on cutting reimbursement for those procedures which made a tremendous impact on dollars coming into the department, not just this department, but all surgical departments across the county. This cutback in funds made it very hard for the college to function. We used those funds to support education, teaching, research, and running the programs, for which we did not have sufficient state dollars. All of those cutbacks started to hurt the department financially. We could exist for a while. But the state civil service did not let us cut people. So, if a technician was not doing a proper job or had a job that was no longer necessary, we could not get rid of that technician. Technicians and other state employees have longevity in the state system, and one cannot just let them go. One could not reduce the cost even if one did not need their service any longer. That was one cause of bleeding, that was a hemorrhage of funds.

P: Sort of like the union?

R: It was very similar in that way. I am not saying it was wrong to keep them. We owed them some allegiance. The fact was there had to be a way to cut costs. Now there are new ways one can do this, but those did not exist seven or eight years ago. I saw that the administrative aspects were getting so onerous. There is one additional thing that I guess I can say now that I did want to [say] before. Right after I became chairman, in 1978, I developed a cancer. I have not advertised it. I did not talk to many about it. It was a death-dealing cancer. It was not a little ole thing. I thought I was going to die. I prayed a lot. I promised Lorna if I lived through it, by the age sixty-two, I would step down from the chair, if I ever got that far. I lived through it and luckily, it did not recur. It can recur later. It is an amazing kind of cancer.

P: Where was it?

R: It was on my leg. It was a melanoma.

P: On your leg?

R: Yes. It was a melanoma which is a treacherous tumor that can come up. Did you know John Adams, the chairman of psychiatry? He died of melanoma. Melanoma has become a more common tumor now. Its prognosis is not good. In any case, I lived through it.

P: The cancer then was treatable?

R: The cancer was excised and a skin graft was put in. At that time, I promised Lorna that if I lived long enough, I would submit my resignation from the chair sometime before age sixty-two.

P: And have time to see the world?

R: That was a reasonable period of time. At age sixty-two, I submitted my resignation. When I got to be sixty-one and one-half, I said, Lorna, do you really want me to do this? It is a tough time now in the department, but I would like to stay on. She said, no, you promised.

P: Have you missed it?

R: No. Stepping down was one of the best things I have done for myself. I realized the pressure I was under in the department. The amount of paperwork in a very much changing time was just extraordinary. I do not mind getting into a battle, but it was such a new battle to get into. Battle meant new players, new constraints, a tremendous amount of reportage, and all of this happening at one time. It was a great strain. I did not realize how much of that [strain] was relieved by just not being chairman. Now, I am not even kept informed, so it is difficult to know exactly what is going on. I have a good idea, but I am not really in the information loop.

P: When I asked you the question about the department, I was really asking you to compare it with other departments around the United States or around the world. You know they make that comparison with the College of Engineering, the College of Journalism, and so on.

R: It was a very high quality training program. I would say it is still in the top ten or fifteen in the country for training. [We have] super faculty, as I said before, and a good quality of research that comes out of it, and the caliber of the residents,

which is what makes the clinical program known around the world, still has very high visibility. There is no Consumer's Union ranking of who is [number] one and who is [number] two and so on. There are 167 training programs. So where do we fit? I am sure we are in the top ten or so.

P: So this is considered one of the eminent programs in the United States?

R: Yes, it is a wonderful program. Now there is a change--a transition. Whenever there is a change, there is always the wonder of what is it going to be like after the change. I cannot tell you. I assume it is going to be good. There is not a lot of radical change in the department at this point, except there is a lot of impact on training across the country that is going to make all training programs more difficult. It is going to be difficult to train, whether the residents are at [Johns] Hopkins, Washington University, or here.

P: Who succeeded you as chair?

R: Mark [B.] Sherwood [professor of ophthalmology].

P: Who is he?

R: I recruited him as a faculty member in the mid-1980s. He has been here about ten years.

P: Where did he come from?

R: He trained in England, and got his training--all the way through--and certification in England.

P: He is British?

R: He is British, yes.

P: Or he was. He is a U.S. citizen as of last week.

R: That is right, he was. He came to take some training in the United States at the Wills Eye Hospital in Philadelphia. It is a very formidable training program in glaucoma. He trained there, and I recruited him to join the faculty here about ten years ago.

P: What is his special area?

R: Glaucoma. He is a wonderful young man with good intentions. He has trained other of our faculty in glaucoma. He is a good scientist and clinical researcher.

P: A good administrator?

R: I cannot tell you. He has been on board as chairman for only a year.

P: He is your boss.

R: That is right. I am sure that he will do fine in the position, considering what is going on.

P: I think I know him.

R: As you just mentioned, he just became an American citizen. He and his wife both went up and he passed the certification.

P: Is she an MD?

R: No.

P: Is she a professional person or a homemaker?

R: She is a homemaker. They have two children.

P: Maybe she will become a publisher.

R: Maybe she will, and complement the homemaking situation.

P: I have a lot of other questions to ask you about your life away from this building and ophthalmology, but what else should we say about your professional life?

R: In summary, it has been extremely rewarding and satisfying. Academically, I could not have planned a better career even if I could have laid it all out originally. Opportunities that were offered to me were just fantastic. Luckily, good things happened to the department and to me; I will not say because of me. They just happened; they may have happened no matter who was sitting in my position. I would not be surprised if I could see it mirrored elsewhere by other individuals.

P: So you think you made right decisions at the right times?

R: I think some of them were made for me, as I described. They turned out very well. Luckily, I took advantage of what was available at the time it happened, and I just did not let opportunities slip by. The branches and pathways I have chosen turned out well. Luckily, [I have] a wonderful wife and three great kids.

P: So you have no regrets about things professionally?

R: My entire career has been spent here at the University of Florida. It has been a wonderful existence. The opportunities that opened to me nationally came about because I had support from the faculty, the chairmen, and the dean, who let me take them. If I were obligated to sit in the corner and do certain things, I could not have done other things.

P: Now that you have been relieved of all of this administrative detail, have you moved more actively into your research?

R: No. I feel I am in the phasing-down stage. I am no longer on the cutting edge of research. I can continue to teach because I feel I still know more than some other people in the field. As long as that continues, I will teach. I could even teach on a part-time basis. As far as contributing brand new knowledge in science, it means relearning an awful lot that I have not kept up with, since my research time was replaced by administrative responsibilities. I just cannot keep up with everything.

P: Are you thinking of retiring?

R: Probably a phased retirement, perhaps a year or so from now. You are a model for someone to look at and say, gee, maybe I can contribute something after my official retirement.

P: I am retired. As of June 30, I am even off the payroll.

R: I love Florida. I love the opportunities here, and I like the people here. I have met an awful lot of wonderful people who have been supportive all along.

P: I have a lot of questions to ask you about your life off campus. You have been interested in a number of things with respect to the community. Firstly, what has been your relationship to the medical programs in the city of Gainesville? You are a member of a medical association?

R: I am a member of the official medical organizations, the Florida Medical Association, and the Alachua County Medical Society.

P: Did you serve as a consultant?

R: I served with them for a few years on the Ethics Committee and on a few committees with the Alachua County Medical Society. I have already described my role with the Florida Society of Ophthalmology, but I have not contributed to

medicine locally. I am not proud of this. My direction of activities, aside from the national scene, have been community activities I worked on outside of medicine. I felt there were other people who would want to work and do a wonderful job dealing with medicine in the community. I cannot do everything.

P: Before I get into talking about music and the Hippodrome and those kinds of activities, which I know also interest you, I would like you to comment about the growth of Shands [Hospital] and the Alachua County Hospital.

R: I am out of the loop.

P: You read about it in the paper.

R: I read about it in the paper just like you do. I know growth is happening. I am not sure of the actual motivations. I am sure they know how things will be melded.

P: So they are not coming to you, asking you questions, like what do you think about this Dr. Rubin?

R: No, they do not and I do not think that they should.

P: I just asked you whether they do.

R: No, they have not asked for my opinion to date.

P: So you have not been involved in any of these activities. You have known about them, as I have known about them, as a bystander.

R: Maybe a little closer, because I hear about them in the lunchroom and places like that. But I have not been involved in an active way.

P: You would have to know much more about the activities than I do. I read the *Gainesville Sun*, period. Let us talk about the Citizens for Public Schools. This was what you were talking about earlier. You have always been interested in the schools. You even served on the PTA.

R: Yes, I did. I was president of the PTA at [J. J.] Finley [Elementary School]. That was another great pride. When we first came here, aside from the first year and one-half when I was not really sure what I wanted to do or whether we were going to stay here or not, I decided that we would be part of the community, not just part of the medical school and the University, but of the wider community. We would try to do things that would be helpful to everybody. We were part of the town. One of the great advantages of living in a small town is that you can

become involved. You can make a difference, more than you can in the big city.

In the big city, there is a hierarchy at every kind of organization. They already exist and they already have people who have been waiting in line for years to serve on various boards and groups. It is hard to make an impact. Here it was easy because people welcome you. People are looking for volunteers for various things, and so much should be done in a community that needs things. Not everything is already available. When my kids went to J. J. Finley, a public grammar school in our neighborhood, I became involved with the PTA. My second year, they asked me to serve as an officer, and later I was elected as president. I decided I did not just want to be a president. That was a nice honor, but I wanted to do something. I had an agenda. I presented it as a program. These were the three things I wanted to accomplish as president.

The presidency lasted for only one year. The first item on my agenda was health-related. They did not have a school nurse. Parents volunteered. Parents would come and spend an afternoon, but they never could be fully depended on to be there. If someone was out for an afternoon, ill, or had something else to do, they simply did not show up. It was very hard to make sure someone who would be available all the time and would know what to do--not to treat anybody, but just to make sure that if a child was ill, he or she got farmed to the right place, someone able to make decisions on a medical level, not just as a parent but as a professional. That was one project. We had to have a nurse, even part time. We had to have a nurse to help with volunteers from the community. Secondly, they needed physical education. There was no gym. There were no physical activities. I enlisted one of the parents, Bill Donovan; he did not have to do it himself, but he took on the responsibility for building an obstacle course for the kids, so they would have physical activity during recess. The third item involved mining a natural resource of the J.J. Finley School, organizing a regular way of getting dollars for parking for football games. The natural resource was its proximity to the football field on football game days. They have always had parking there, but to actually have a group of people who would go and organize the parking, fence it off, park the cars, make sure you could get the right number of cars in, and maximize the layout for generating income, that in turn could help support the school nurse. Those were the three things I completed, and that was my platform. I was elected or appointed on that platform.

P: Were you involved in the school at the time of the teacher walkout? That took place in 1968 or 1969.

R: I was not involved then. I was still part of the Citizens for the Public Schools group. We were already finished with that because by that time the bond issue had already passed, but I was not involved in the walkout.

P: You were not involved in that at all?

R: I was on to other activities then. I was with PTA only while the kids were in grammar school.

P: This happened right after you served as president.

R: Are you tying it together?

P: No. You served as president in 1967, I think.

R: I do not remember what year it was.

P: The walkout was in 1968. Some of the people from the medical school, along with other members of the community, actually went into the classrooms to teach classes at Finley and other schools.

R: I remember that, but I was not involved.

P: I wondered about this operation, the Citizens for Public Schools, because the date I had on here, for the period of your involvement, was 1967 to 1970.

R: That may well be, but as I recall, the organization was one with simple missions--passing the bond issue and getting a school board elected. Those items were the primary missions.

P: Let us go back now to another major interest of yours and that is Pro Arte. How did that come about? Were you a co-founder of that?

R: Yes. Bernice Maskin was our next door neighbor. Bernice was a world renown pianist. She was a concert pianist and a teacher at Juilliard. She and two other local pianists decided it would be nice if we had groups to perform here that included international talent. The three could not organize it themselves. They enlisted the aid of several other people who were interested in music. I was her next door neighbor, and she knew I had an interest in music.

P: Bernice is the other founder of this?

R: Yes. We got together and threw some money in a hat. We got things started by getting an advisory group together, people interested in music. There was Howard [Barry] Rothman [associate professor of speech], Carlo Moscovici [professor of ophthalmology and immunology], and four or five others.

P: Who was Carlo Moscovici?

R: He was a professor here, biochemistry or immunology.

P: And Howard Rothman? Was Howard a professor in the speech department?

R: Right. He was interested in music. He gave a series of lectures on our radio station dealing with music. There were several others who met with us. Rolf [Erich] Hummel [professor of materials, Science and Engineering] was a professor of physics.

P: The group met at your house?

R: We met at various people's houses. We met at my house, Bernices's house, and made the rounds. We used a conference room when the board got together. We needed sponsorship by an organization. I think one of the people who was on it may have been [John E.] Adams [professor and chairperson, Department of Psychiatry], and he arranged for us to obtain the sponsorship of the College of Medicine's Department of Psychiatry, otherwise we could not use the medical auditorium for the concerts.

P: Who was Adams?

R: He was the chairman of psychiatry at the time.

P: Where did you come up with the name Pro Arte?

R: Pro Arte Musica? It is Latin, meaning for the art of music. We all just thought about it for a while, threw different names, and came up with it. It would have never succeeded with the public unless we invited performing artists who were well-known. That was the idea of obtaining superb talent, not just inexpensive local talent. You cannot succeed on the cheap. We wanted to get the Juilliard String Quartet. Bernice knew them. She just called and asked them to come down, and told them we were starting a group and we would pay for their travel and a small [fee].

P: Was Bernice Maskin the catalyst?

R: She was the catalyst, the spark plug, the real organizer. We also needed workmen, people who would do things, put out posters, print them, and sell tickets. Lorna was particularly helpful with much of this--involved all the way.

P: Bernice was the person who knew the artists?

R: She knew the artists, yes. We as a group decided which concerts we wanted;

we knew what was available. Bernice would gather all the information from the agents, who sent us lists of the available talent. We would try to pick a series of three concerts. We built up a nice little kitty to bring concerts to the public here. I think we started this in 1968. Is that in your notes?

P: I think my notes show 1967; yes, 1967.

R: Yo-Yo Ma was one of the early invited artists.

P: Is that when you passed the hat?

R: We passed the hat initially to get it started, then we sold tickets to the concerts. The problem was we wanted to keep the costs low. Even if sold every seat, we could not pay the performers from that. We needed donations aside from the concert sales to be able to do it. They found the same need many years later, when the Performing Arts Center was built. No organization can exist on seat sales alone, even on seat sales that include a high proportion of season tickets. You must have outside support, either by way of grants or some other way to subsidize it. Otherwise the costs for seats would be way too high. We learned a lot about business. We learned a lot about marketing. We learned a lot about how to do it, and how not to do it. We found out there were local jealousies involved that had to be contended with. Here we had a non-University activity, putting on a series that did not involve the College of Music. Although we had David Kushner [professor of music] in our group and other people from the college, the College of Music was unwilling to support it--not necessarily by dollars. They were unwilling to send faculty and students to the concerts.

I can say this now. It was long enough ago that the people who are here are not the same people involved earlier. But it seemed that they went out of their way to schedule music activities in direct conflict with the P.A.M. concerts, so the students would have to go to their events and not to ours. They questioned why we had to get the Juilliard String Quartet, why did we not use our own University string quartet? They surely had the talent. Why did we not promote them? That was not the point of P.A.M. The point was to bring something else in, to bring outside artists, to raise the music standards of the public to show how good concerts can be, and to have them here. The best auditorium for chamber groups on this campus, and in this city, was the Medical Center Auditorium, where you do not need any microphone amplification and the acoustics were perfect for small chamber groups. One could hear everywhere, in the back rows and in the far corners, one could hear what was going on the stage without a microphone. You cannot do that in any other auditorium, including the University Auditorium or the big one at the Performing Arts Center.

P: I know the University Auditorium.

- R: Acoustically, the University Auditorium is terrible. It is good only in a certain section, if you sit in front. If you sit off to the side, in the back, or in the rafters, you cannot hear nuances. You can hear an orchestra, but you cannot hear the nuances of chamber playing. P.A.M. was a wonderful addition to Gainesville that went on for fifteen or twenty years. Finally, the University started putting on chamber groups and more classical things in addition to more popular kinds of programs that they used to do earlier (the Lyceum Council), so they absorbed the P.A.M. concerts. It was no longer necessary to have a separate group. It all became absorbed into the concert series of the University.
- P: It lasted twenty years?
- R: Almost, and it was a fiscal struggle every year. We met every year. I was active for the full length of time.
- P: I know Yo-Yo Ma was one of the artists you brought.
- R: Famous guests go all the way back. We saved the posters from the concerts and the whole series. We also have a scrapbook. It was an absolutely wonderful thing for the city. Seats were very inexpensive--\$3.00 to \$4.00 per seat.
- P: I know. We went all the time. We enjoyed it. It was wonderful.
- R: It was really good, but it was very expensive to cover all the associated expenses. It then became competitive. There are very few people who are willing to support this type of music. They do not want to donate forever. They bought tickets, but they did not want to donate the extra money needed. Every year, it was hard to get support for that in the community. Then the Performing Arts Center came in. It acted like a sink. It pulled in everything.
- P: Were you not pleased with the programs of the Performing Arts Center?
- R: They were wonderful. But that is not the point. The point is that it ought to incorporate some community activities too. There was a nice editorial on this in *The Gainesville Sun*, last Sunday, dealing with this argument. All of the local groups, the Hippodrome, Dance Alive, and the Gainesville Symphony, do fine until the big one, the Performing Arts Center, comes along. We had the same story with Pro Arte. The Center drained away the donors. There are really only a limited number of people willing to provide support and most cannot do everything. The Center inadvertently siphoned away discretionary funds, which hurt the smaller groups, who are also very important to the community and to the town. I cannot imagine what this town would be like without the Hippodrome.

You may not like everything they produce. They do a wonderful job with what they put on. Pro Arte did the same thing. So you see, the PAC must stay aware of how they impact the local groups and make every effort to support them.

P: What role have you played with the Hippodrome?

R: I was on the board of directors for four or five years.

P: I notice your name is still listed as a donor.

R: Yes, Lorna and I still donate. We feel it is an important thing. We donate to a lot of things because we want to support them. We want to see them continue to exist.

P: I know. I see your names everywhere.

R: Other people should do it too.

P: You are on the board of the Center for the Performing Arts.

R: Yes.

P: What do you do there? Do you help make the selections?

R: The selection is done pretty much by the staff, by Paul Newman [former director of the Center for the Performing Arts]. It is then presented to the board for a once over, but it is essentially a fait accompli. The staff knows what the scheduling is. They know all the things that we learned when we were doing Pro Arte.

P: What did they want you all to do? Be fund raisers?

R: Be fund raisers and help design projects. We are having a meeting on Wednesday. [We meet] once a quarter. It is necessary. The board is necessary. You need a support group.

P: Were you involved with the Hippodrome from the very beginning?

R: No, not in the beginning.

P: You were not involved when the Hippodrome was out on 441?

R: No. Before that, they were on Hawthorne Road. Then they went out to 441, to

the Sears Roebuck place. Then they moved back here, to the old post office building. We have been involved in supporting them, but not to the extent of being on the board until the 1980s.

P: Are you still an active member of the Hippodrome board?

R: No. Things have to cycle. I am now involved with the Harn. There is a Harn support group, called the Harn Alliance.

P: What are you doing with the Harn?

R: That same sort of thing, looking for ways to support it, to build community support for it, and to inform the public of what is going on there and what they are doing.

P: So you have no say with Budd [Harris] Bishop [director, Samuel P. Harn Museum] on the exhibits that are coming in?

R: Not really. We contribute something in that we are interested in the exhibits.

P: Do you have anything to do with the selection of pictures or the themes of the exhibits?

R: Not really. That is all done by the curators and the individuals who work for the museum. The museum staff and historians are the ones who make decisions on what shows will be curated, when they are to be put up, and scheduled for the public.

P: You and Lorna and your family have made some art contributions to the Harn, have you not?

R: Yes, we have. We contributed a series of Czech Republic prints to the Harn to add to their permanent collection.

P: And from time to time you have loaned things that fit into exhibits they have already planned?

R: Yes. A number of photography exhibits.

P: Obviously you think the Harn is a real asset to this community.

R: I not only think it is a real asset, but it is a great asset.

P: You can evidently remember the times when we did not have a place to exhibit.

R: That is true not only in the case of the Harn. A lot of things were not here when we first moved to Gainesville. We thought it had potential, and some of that potential has now been realized.

P: My memory goes back even further; I go back to real pioneer days here with respect to places for concerts, to hang and exhibit pictures, and so on. The Harn will probably need to add to its space, before long.

R: I think they just added a section now, called the Mosaic, which is an educational section. They will add on more space. I am most assured that they will do so. It is a magnificent showplace. We had some friends who came here from out of town, both from California and Philadelphia, who are museum goers. They were extremely impressed with the presentation, the way it is set up, the care of the exhibits, and the showmanship involved. They agreed it was first class.

P: Is there room for expansion there? I have never gone around to the back.

R: I think there is room behind. The land belongs to the University. I think if they have the money to build, they could build and add on.

P: Now they are building the new Museum of Natural History.

R: Yes, next door.

P: Parking might become a problem over in that area.

R: If they use all the buildings there at the same time, it could be. Usually that is not a problem. In the daytime, it is not overcrowded. At nighttime, the only thing that really functions is the Performing Arts Center, so that is crowded. When they have a full complement of buildings, there may not be enough room there.

P: Of course the students take advantage of that athletic complex across the road, and park on the Harn side, but I do not blame them. There is place to park, and it is convenient.

Why do some call it the Avant-garde Harn Council? Is there any special reason for that?

R: I think that was the decision of the group. I think Budd Bishop actually suggested that title. We thought just plain Council would be more fitting. Budd came up with that and convinced everybody that it was an appropriate title.

P: You know Herb and Ellie Kaufman well then?

- R: Not very well. I know Ellie has been a major contributor to the museum.
- P: Both in dollars and in other things. Of course, there is also our across the street neighbor, Caroline Richardson. Do you know her?
- R: Yes, of course. She is a member of the Avant-garde Council.
- P: Oh, of course, yes.
- R: Jim [Richardson, Caroline's husband] was very supportive of the activities. He was a very avid collector of [Edvard] Munch [1863-1944, Norwegian artist].
- P: That was his favorite.
- R: Yes. Once I ran into him in San Francisco, trying to purchase a piece.
- P: Jim had gone over to Norway the year before he died. He and I were friends going way back to the 1940s. We lived across the street from each other, and they have been good friends over the years. I know Caroline has been a strong supporter of the Harn.
- R: In fact, the current show, Ansel Adams, is Lorna's and my loaned show and is displayed in the Richardson Gallery. It is the first gallery on the right-hand side.
- P: I did not know that. I am going over there shortly to see that. We will go not this afternoon, but maybe Sunday afternoon. What role did you play in the development of the Thomas Center?
- R: None really. I was on an advisory board for exhibiting art there during the early 1980s. It was for groups of artists to display pieces and to use of that facility. We only met a few times. It is not a current activity. I played no role. We used to enjoy going there when it was a hotel. Actually, it was no longer a hotel either, but an eating facility on Sunday in the Spanish Court. We had Sunday brunch there when we first came to Gainesville. Then they converted it to a city project, to be used as a school, and to have art and music there. I have gone there several times for their concert series. They are having one on Wednesday. Just as an aside, the son, Martin Arendt, is the son of one of the faculty people in my department who came to Gainesville with Paul Hargrave. Martin is an excellent young violinist with fine potential. He is about sixteen years old now.
- P: They are going to play this week?

- R: He is going to play on Wednesday night--a free concert at 8:00 p.m.
- P: I wanted to ask you about a program that I heard about but do not know very much about. That is the Arts-in-Medicine Program. Are they actually collecting art? Go back and tell me about the origin of that.
- R: I cannot tell you a lot about it. I can tell you that perhaps about five years ago I encouraged the formation of another group, the Fine Arts Collection and Exhibition Program, or FACEP. We hired a very capable artist, a masters graduate here, who was interested in the arts and who was looking for a position. I convinced the College of Medicine to hire her on a part-time basis, to help form the organization and help organize a collection and exhibits that were to be held in the UF Cancer Center, which has a nice exhibit space. Her name is Tina Mullen. She has helped to promote that particular organization which now has a five-member board. I am the chairman of the group. The others are [Daniel] Dan Purich [chairman of biochemistry, College of Medicine], Ed Staub [chairman of radiology], John Catterall [chairman of the Department of Art], and Larry Perkins [curator of collections, Harn Museum]. We formed a group and decide what kind of art should be displayed at the [Cancer Center] gallery. Some of the art happens to be from our personal collections, which we put up for the shows.
- P: Is there a nice gallery at the Cancer Center?
- R: They have a little gallery on the first floor. They also have exhibit space upstairs that is occupied by a private collection.
- P: We have been invited to the openings and we have never participated.
- R: Well, you would have heard me give a speech then.
- P: I wish I had.
- R: This organization was to enhance collection and exhibition. So they collected things. Things were donated too, not just mine, but also art owned by others who donated things to them. All this art was to be on display somewhere in the College of Medicine--the Cancer Center is part of the College of Medicine.

Simultaneously, John Grahampole, a professor of pediatrics, was interested in fine arts as well, but more in the vocal, speech, performing arts, music, and dance, as part of a healing program, where patients would actually participate in their own art creations or benefit from looking at works of art and literary creations of other people. They call it the Arts in Medicine Program. That was set up at the same period of time or a little bit before and independent from FACEP, the Fine Art and Collection Program. The two were melded recently

because administratively it got to be too hard to have two separate but so similar activities. They are now melded into one program so that the collection part is being handled within the Arts in Medicine Program. That is where we are right now. It is funded partially with dollars from the Shands Hospital and with some funds from the College of Medicine. It all benefits the patients. One of the things they have done recently is creating an art wall. When you go into the Shands Hospital, you will see a wall built up of these little blocks, that is the art wall.

P: I have seen that, yes.

R: Patients in the Cancer Center created those ceramic blocks. They are painted, fired, and then put up on the wall. Each one is independent. It is like a patchwork quilt they put up. The work was designed and run by a combined program between Arts in Medicine, and Tina Mullen.

P: I gather from what you are saying that they are building up a permanent collection for the gallery, based upon gifts and maybe some purchases?

R: Correct.

P: Where are they storing all of this art?

R: There is a small storage facility within the Cancer Center.

P: Is that open to the public? Can people just park and come in there?

R: Sure, absolutely.

P: I do not know where one could park?

R: Park in the Cancer Center. Between the parking garage and the Cancer Center, there is a big parking lot.

P: As I say, I do not know how we got on the mailing list, but we are on it and we were invited to see the exhibits, but it just never worked out for us.

R: Lorna and I have already loaned three shows there, not large scale ones. There were about twenty-five photographs at a time. First there was the Cartier-Bresson show. Then there was one by George Tice. Another was by Michael Kenna. There were three separate shows. Others have been displayed, but those happen to be ours. These shows are not related to the Harn.

- P: We have not been over to any of the social activities of the Harn.
- R: You should be.
- P: Everybody tells me how wonderful they are, and that they serve good refreshments.
- R: They do. [They are] wonderful shows. There is a talk by Budd Bishop, usually [lasting] one-half hour, describing what each of the shows represent and a little history behind them. Then one can go back, look at them, eat, and meet one's friends.
- P: That is what we are going to do, now that I am retired. I do not have conflicts. I am looking now to see just what else you have been involved with in the community. I am sure I am missing some things.
- R: Lorna was originally involved in the Gainesville Association for the Creative Arts, creating a group to educate children into the fun of art. [It] was not only to teach them something, such as how to make painting or do crafts, it was really a creative thing like how to get involved in music without knowing anything about music. Lorna and Judy Lantos formed that group about twenty-five years ago, and it is still going.
- P: Does it operate through the schools?
- R: Yes, I believe it does, but they have their own agenda. They have their own program. They are teaching dance, music, and lots of different things.
- P: Of course, that is the beauty of living in a community like this. You have so many talented, interested people who can set up programs and direct them.
- R: Exactly. That is what I mentioned originally. A town this size offers the opportunities to do things that you could never do in a big city. Here you attract enough attention that enough people are willing to work on something. The trouble is that there are so many [causes] that need support. There is not enough support. The base of support [consists of] the same people, so you keep hitting the same people for support of more and more activities and it just cannot stretch that far.
- P: We have talked about this and a number of things that relate to religion, but I want to bring it together at this point and ask you what role your Jewish religion has played in your life. What kind of an impact has it had?
- R: I think my faith basically contributed the religious point of view of service to

others, caring for people, and living a clean life. Religion means living a life geared to helping other people, and yourself, without being selfish. It does not have to include having to say, every day, a certain number of prayers and contribute to a deity. I think I love the ritual of religion only because ritual keeps together people who do things that are similar. You know, when one celebrates a Seder at Passover, or a holiday with certain ritualistic aspects, that other people are celebrating at the same time. I love that. I also feel that all religion does is enrich you as an individual. It allows you to do things for a good purpose, to educate others, and to share the benefits of living in this country and community with other people, not just try to keep everything to yourself. There are a lot of people whom I know and you know who are wonderful. They have been very productive in their own areas, but they are selfish about their time and activities and do not contribute to the community unless it does something for them. I feel that is short-sighted.

P: Have you been able to pass this on to your kids?

R: Yes. They are all very heavily involved in community activities and doing things for their own communities socially. I do not mean just giving dollars, but involvement. I hate people to castigate others for not doing what these people think others ought to do. I really live and let live. As long as we all are contributing in certain ways to certain activities, I do not feel I personally have to contribute to every single one. There are a lot of activities I do not [contribute to], only because I just have neither the time nor the wherewithal to do everything. I have not been very involved in the synagogue or in the religious affairs of the city, but *not* because I do not respect it or the people involved. I really do [respect them]. I feel I cannot do that in addition to everything else. If I do that, I could not do something else.

P: Have you ever served on the board [of the synagogue]?

R: No, I have not, though I have been asked to.

P: I know you have been a participant in services.

R: I did participate.

P: You did, for a long time.

R: However, they wanted to have one person who does it all, as they have now. They did not like the piece-meal [approach], where I do a piece and somebody else does a piece. But that was the way I learned. My Talmud Torah in San Francisco was a junior congregation. There the congregation members did everything. They did not have outside people coming in; we did it all. We did

every single service, and everything in an Orthodox service. I learned all the liturgical tunes, the prayers in the correct order, what they are used for, how they differ from one holiday to the next, their structure. But that was then. I was able to communicate and use some of that here when I helped fill in, but when they got somebody who could do it all, which was what they wanted, I was not necessary.

P: I am not quite sure of who the they are on this?

R: Perhaps I should not say they. But I think the Rabbi decided that was what he wanted. So be it.

P: It was fine with me.

R: I enjoyed doing it. I enjoyed the effort of doing some singing. It was not related to medicine. The fact was, I loved to sing.

P: Mel, when you go home at night, and maybe less so now because you do not have the headaches of being chairman, do you carry the Health Center home with you?

R: Yes, unfortunately, I still do. I worry about things that I wish I could do something about, even if I cannot. I would like to be more helpful. I think the new chair is making his own way. It is hard when you are not involved. I feel like, ghee, it would be nice if somebody had asked what I feel about such and such. Even if they do not honor or adhere to what I suggest, even if I had a suggestion, it would be nice to be listened to. Just to hear the question, what do I think about something. I would not be hurt if my suggestions were not followed up. In many situations one presents something and the powers that be make their own decisions.

P: Do you have time to do the things you like to do? You like exercise, for instance.

R: Yes, I am doing that now. I have always had time to exercise.

P: Are you a jogger?

R: Yes, I jog. I exercise at home or on the street.

P: Are you a reader?

R: Not as much as I would really like [to be]. I read novels now and then, especially on travels. When I am on a plane I pick up something and read it. I

really have very little time to read intellectual works. Such reading takes time. I do not make time for that. I do other technical things, I listen to a lot of music and I do not mean as background. Did you see my office when you went back there? It looks the same way in my home, where I have hundreds of records and CDs, actually thousands. I listen [to music] all the time. I cannot do it to the same extent here because I cannot listen to music and do something else. I cannot do that. When the music is on, I listen to music. But I make it a point to listen at a certain time of day. Many times I wake up in the middle of the night. If I cannot sleep, I go into the living room and listen to a CD or a record.

P: Has music always played a large part in your life?

R: Yes, absolutely. I was in the grammar school orchestra. I played the violin back in grammar school, junior high school, and then in high school. I practiced a lot.

P: Have you ever played the piano?

R: No. I was part of the San Francisco Recreation Department Symphony Orchestra. We used to give concerts during the war, in the 1940s. We actually went to the Army Presidio, to old-age homes, and we gave concerts at the Civic Auditorium in San Francisco. This was a major orchestra. I was one of the youngest members, still not good enough to be a professional though.

P: What about travel?

R: I have cut down a lot since giving up the responsibilities of the chairmanship. There are still meetings of professional organizations I go to.

P: You did a lot of traveling when you were giving lectures and serving as visiting professor. Do you travel for fun?

R: Travel for fun? I do not think I have ever really done that. I have spent thirty-four years at this University. I have never taken a sabbatical. I have never even taken a full month's vacation. Occasionally, I took a couple of days around a trip, when I was there anyway. I recognize now that was stupid, that I had not taken more time off.

P: Has Lorna not wanted to go on a cruise, a trip to Europe, or whatever?

R: We have gone to Europe, but that was for one week, as part of a meeting. Then, we remained a day or so more. But I had to get back to run the department. I should not have done that. We were not compelled to rush right back.

P: You probably felt, I have to get back, the place would not operate without me.

R: Perhaps it was that feeling of self-importance--the place cannot exist without me. It is part of a type-A compulsive personality, that one has to be productive during waking time because who knows how long one will live.

P: Are you going to start traveling now or is that over with?

R: I always felt that when people retire, they do not do much more than they were doing when they were busy. They do other things when they are busy. Travel has never been a major part of our lives. I am sure we will go visit the kids more. We only see each one about once a year. That does not give us very much time to see our grandchildren.

P: No. They grow up. They were all grown yesterday.

R: I know. Joshua, our grandson in Toronto, is eight years old. I cannot believe it. I have probably seen him eight times in my whole lifetime.

P: Our grandchildren are away too, one in Atlanta and one in Pensacola. But they are a little closer than yours.

R: Yes, that is closer, much closer.

P: It still takes six hours to drive there. Are you a television watcher?

R: We watch some TV. I like to see selected programs. I like to go to movies. Lorna and I go to movies once a week, usually on a Saturday or Sunday afternoon. I still come into the office seven days a week.

P: What do you do here on the weekend?

R: Either do reports, write, or read. I cannot get any reading done when the phones are ringing all the time.

P: So you come here to read. You probably read scientific articles?

R: Exactly. I keep up with the journals. That is the only time I have to keep track and keep up with new things. I subscribe to ten journals. That gives me a lot to read every month.

P: That certainly is a lot to read every month, particularly if it is not interesting.

R: But it *is* interesting. To you it might be uninteresting.

P: Do you garden?

R: No gardening. We created our yard in such a way that if it does not survive, tough luck.

P: I am the same way. I am a believer in the Darwinian theory. If it survives on its own, wonderful. It gets a medal--the Proctor medal of survival, other than that, I leave it alone. You have had a very satisfying life, have you not?

R: Yes. If I left this earth tomorrow, I would have no regrets.

P: Except for the fact that you had to leave.

R: Yes, only regrets that I had to leave. Life is wonderful. I love the nice weather. This morning when I went out to run, it was wonderful. The air was fresh. It was not too hot.

P: Of course, you could not see anything?

R: No, it was dark. I tripped over a branch on the ground.

P: Other than that, you could smell that it was going to be a good day and you could feel around in the dark.

R: I run with earphones, so I listen to music when I am running as well. Lorna thinks I am crazy. At home, when I am exercising on a treadmill, bicycle, or on anything like that, I have a rowing machine too, as long I am exercising, I have the earphones on and the TV on. I can go back and forth. I can listen to the news and watch TV and listen to music.

P: All at the same time?

R: Yes. I can tune my brain to any specific sound I want to. If I listen to an orchestra, when I am in the audience of an orchestra, I know what to listen for and I can hear any instrument by just tuning in and focusing on it. I can hear that instrument alone and out of context [with the other instruments].

P: That is a great gift, to be able to do that.

R: It is, but I do not know that it is actually a gift, it may just be a skill. Lorna can do certain things that I cannot do.

P: Mel, what have we not said? Is there anything we should have talked about but did not?

R: I do not know. After six hours of talking, I am a little hoarse.

P: Then we shall end here. Thank you very much for your time.