

UFHC 38

Interviewee: George T. Singleton

Interviewer: Samuel Proctor

Date: December 28, 1999

P: Please state your full name.

S: George Terrell Singleton.

P: Is that a family name?

S: I am named from my father, so I was a Jr., and the Terrell was from a judge in Cooper, Texas.

P: Where were you born?

S: Wichita Falls, Texas.

P: And when?

S: December 16, 1927.

P: What is the history of your family? Where did they come from?

S: My mother's family came from South Georgia and North Florida, in the Bainbridge/Faceville/Havana/north-of-Tallahassee area. Her family moved to Texas. Her father was a merchant, a businessman, [with a] fairly large family, [and] brothers in oil business, ranching, merchants.

P: What was your mother's full name?

S: Mary Lillian Fain. She was born in Faceville, Georgia.

P: The family came over, originally, from the British Isles, from the United Kingdom?

S: I do not know hers. Hers is mixed French-English, and I am not sure exactly when her family came. I am on the Singleton side, but I am not sure of mother's side. Mother's side, the Fain part of that family, is the old Fain Drugstore in Tallahassee family, and the **Dixon** side of the family was her mother's side. They were all shade tobacco farmers.

P: What about your father?

S: My father's family came to Cooper as farmers. They are descendants of two brothers who had a land grant in the Carolinas. One had children we know of.

One, as far we know, had no children. They had land grants for slaves and what have you. Probably most of the blacks in this country are descendants of people who were on those plantations.

P: So, they started in South Carolina and, then, what brought about the move to Texas?

S: I do not really know.

P: Where is Cooper?

S: It is in east Texas. Not too far from Tyler.

P: So, your father grew up there?

S: Yes. It was about ninety-something miles east of Dallas.

P: And you were born there in Wichita Falls, Texas. Tell me about that.

S: It is a town on the Red River, about thirteen miles from Red River. It was an oil town. My father went there to practice. He went to medical school in Dallas, at Baylor.

P: Your father was a doctor also, then?

S: Yes. He did family practice, and he had an extra year of general surgery and an extra year of ob/gyn [obstetrics/gynecology]. Then, later in life, he went back and took a double residency in eye, ear, nose and throat. In those years, it was a one-year residency for people who already had a year of surgery. He came back home and basically practiced what he had to start with. His patient population really did not want him to be anything other than their general surgeon and their general obstetrician and gynecologist. He did some eye work and some ENT [ear, nose and throat] work when he came back.

P: So, you came by your interest in medicine, honestly, from your dad and your special area of interest also?

S: To some extent, and he got interested in otolaryngology and eye from his brother, an otolaryngologist who practiced in Dallas.

P: So, there were two physicians in your father's generation in the family.

S: That is correct.

P: So, your grandfather must have had a pretty good business to fund that kind of educational development of two of his [sons].

S: He was a farmer, and the brothers supported one another. The oldest brother never was married, and he helped support daddy through medical school. Then, daddy supported Uncle **Dud** through medical school. [We had] an interesting sort of a family. One of the brothers had no children, and he and his wife, each, were poet laureates of the state way back when.

P: But, it was a close family relationship, was it not?

S: Yes.

P: So, that is the kind of family you grew up in?

S: Yes, and I have a brother who is an otolaryngologist in Wichita Falls.

P: Are there just the two of you?

S: I have a sister.

P: Where is she?

S: She is in Wichita Falls on a ranch. They live outside more than they live inside down there.

P: What is your brother's name?

S: Earl.

P: And your sister's?

S: Mary Elizabeth Cullum.

P: Her husband is not a physician?

S: No, he is an entrepreneur-type person, a pilot, a shooter, a businessman. A rancher. He has done a little of everything.

P: George, where did you go to school [for] your early education?

S: I went to high school and grade schools in Wichita Falls. Then, I went to Hardin Junior College the first year, which was in Wichita Falls. My father had just died. Then, I went to SMU [Southern Methodist University] for, I think, two years.

P: What kind of a student were you in high school?

S: I was a good student. I was not an outstanding student. I do not know that, in those days, we really ranked people. I was a timid guy. I was a bit of a wallflower. I was the second youngest in my graduating class.

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

S: Not in high school, no. I worked during the summers, but I did not work during the school year.

P: So, your father took care of you.

S: Yes.

P: What kind of a social animal were you?

S: I was not a big social animal in high school. I was in college, but not in high school.

P: Were you an athlete?

S: In high school, I did not play any of the school athletics. I played in a city league in baseball, with the Demolay, and we won the city championship two years. I played first base and left field.

P: What kind of a family life did you have? Was it a religiously-oriented family?

S: We started out as Southern Presbyterians. My father had been a Methodist. He persuaded mother, finally, after we were, probably, in late grade school to join the Methodist church. So, we stayed in the Methodist church, active enough in the church that I considered ministry at one time.

P: Church on Sunday kind of thing?

S: Every Sunday. I could not go out and dance on Saturday night. I had to be home by midnight because I would be sleeping in Sunday school the next morning. Really, I was supposed to be home by eleven, twelve for a special evening.

P: You graduated high school when?

S: 1944.

P: And then?

S: I went to Hardin Junior College, there in my home town.

P: Any special reason why you did not go to the university immediately?

S: My father had died, and I was needed around home, to help look after home.

P: What was the cause of your father's death?

S: He died of a bezoar, like cats get hairballs. People can get hairballs from chewing on their hair. He did not have a hair one. He had a phyto one which comes from eating persimmons. He grew up in persimmon country and loved persimmons. We had two persimmon trees at the front door and he, every fall, loved to eat persimmons. They have a pith in them, and it literally made a ball in his stomach. He was having troubles with vomiting periodically, and he went in to have a barium swallow. The physician mixed the barium with formaldehyde instead of water. With all of the wrenching and vomiting that took place from the effect of that formaldehyde in his stomach, he passed the bezoar into his small intestine, and it obstructed him. He wound up being, actually, inadvertently killed by his own friends and physicians. When I went back and looked at his medical record, any good junior medical student could have kept him alive today. Every physician in town, practically, wrote orders on him. It was a horrible tragedy. It was a totally preventable thing.

P: I have never heard of that illness and then to have it end up so tragically, so sadly. So, you stayed at home and went to school in Wichita Falls?

S: For the first year and a half.

P: Did you major in anything? Are you beginning to be oriented toward medicine, or are you still interested in the ministry?

S: No. By that time, I was not interested in the ministry anymore. I was more interested in medicine and science and the outdoors. I was considering, if I did well enough in school, going to medical school and, if I did not, something like limnology, ecology, the study of lakes and things of that sort.

P: You say you were good in the sciences? All of them? Chemistry, physics, everything?

S: Yes.

P: How about the others, history, literature?

S: I did well, but there was not that much interest there for me. In history, I could remember what I had to remember to make grades, and I never pursued history beyond what I had to. In English, I went a little bit further, but not terribly far.

P: You were in junior college, then, community college, for two years?

S: A year and a half to two years.

P: Then, you went from there to Southern Methodist? Why that?

S: Because of the strong Methodist ties. One of the big members of our church was a large benefactor to SMU, and I am sure Mr. Perkins influenced my going there.

P: Did you come in as a junior?

S: I came in as a mid-level sophomore and stayed there about a year and a half. I was signed up for the V-12 program in the Navy to go straight into medical school after two years. Actually, I went there after a year. It was just a little over a year that I went there. I had gone off with friends to join the Marine Corps, and I was not old enough. I did not go down with a letter in my pocket that I could be joining. So, my two friends joined the Marine Corps, and I did not. I came back home. They came home on V-J Day and were stuck with four years of military service.

P: I have the information of when you went to service later on, but you were not caught during World War II?

S: No, I was just barely young enough.

P: I want to go back and ask you, was your family hurt at all during the Great Depression of the 1930s? You were a young boy, then. Do you recall any problems?

S: I remember that daddy was paid in services a lot. We had chickens. We built a chicken pen in the backyard to house the chickens that patients paid their bills with. We had a cow that I milked that stayed in the vacant lot behind our house. We had a goat that I hated that we milked. The little devil would buck me all the time. We had ducks. We had tires for the car.

P: It sounds to me that the Singletons got along pretty well.

S: Yes, we had lots to eat. No, we had home-canned foods and vegetables. We had a big garden in the back that somebody would come plant for us, usually.

We lived about two blocks from the railroad track, which was right behind the grade school I went to. During that period of time, we had hoboos come to our door almost daily for lunch. And the interesting thing is, we were not afraid of them.

P: You mother fed them?

S: Different from today.

P: I do not know of anybody who would welcome hoboos coming up to their house today?

S: No, you would not, but they were obviously hungry and they needed food. You asked me, then, about the war years. Really, I basically missed everything. It was pretty well over with. I went into the Army later on, but I was not in World War II.

P: What about your family? Your brother?

S: My brother is ten years younger than I. I am the oldest. My father had been in the First War and applied to go in and then was made the physician in charge of recruitment of physicians in our community. They would not take him back.

P: Was an Army camp or anything near Wichita Falls?

S: An Air Force base.

P: So, you had service people coming in on weekends?

S: Every weekend.

P: So, at least, you saw that aspect of the military.

S: Right, and I was in high school and flying. In junior college, I was flying out there at that air base.

P: Why? How did that happen?

S: My dad had told me that if I could do well enough in the pre-flight training program they had and pass it and pass my licensure, the written part, that, that would be my graduation present.

P: Well, that was a pretty fine one.

S: Yes. Actually, he died before he saw me settled up on that sort of thing.

P: So, you went down to SMU. In 1949, you got a B.A and a B.S.

S: I had been at SMU before that and then came back. I was in that V-12 program at SMU. I do not remember the exact time period. It was in 1945 that I was at SMU, and it was probably in 1945 that I was in that V-12 program and got sick with some sort of an influenza thing and had to be hospitalized. I was in the hospital a week and missed finals. My professor in organic chemistry would not give me a make-up. He said, I could have cheated. Everybody else gave me a make-up, but he would not, which meant that I flunked out of the V-12 program. I knew I would get drafted, so I just piddled in the next semester. I made terrible grades. It is a wonder I ever got in medical school. So, after that semester, when the war was over, then I went back [to] Hardin College, [which] had become Hardin University.

P: How large of a school was it?

S: Not very big.

P: It just took care of the area?

S: Yes. It was not unlike Santa Fe [Community] College here [in Gainesville].

P: It was a four-year liberal arts school?

S: In the end, when I went back there, yes.

P: And you got a B.A. and a B.S.? You got a double degree?

S: Yes.

P: How did that happen?

S: I basically had taken everything they had in science, and I needed to pick my grade levels up. I had taken some psychology along the way so, when I finished up, I had enough hours to do that.

P: So, you got the joint degrees in 1949?

S: Yes.

P: Now, in college, did you have to work, with your father gone?

S: Yes.

P: What kind of work did you do?

S: I worked in the oil field. I worked all the way in the oil field from the time I graduated high school.

P: What did you do?

S: I was a swamper on the truck. I loaded and unloaded oilfield trucks with cement and _____. [The swamper] is the lowest guy in the field. He is the grunt.

P: Doing the hardest work and getting the least pay?

S: Yes. We had time and a half and double time, and I usually worked eighty hours a week.

P: Did you work only in the summer?

S: Only in the summers, but I could do quite well then. By working the hours I worked, I could make enough to pay for my college and so on. I worked until I was a freshman in medical school.

P: What about your scholastic life in college before you get to medical school?

S: Good and then terrible that one semester and then quite good after that.

P: And what kind of an athlete had you become now?

S: I played basketball on the team. I went out at SMU, but the guys were coming back from the service who had played semi-pro ball, and I was not in their league at all. I had played basketball in junior college, and I swam on the swimming team at SMU.

P: Does the social George Singleton emerge now, in college?

S: Yes, very much so. That was part of my problem.

P: Were you in a fraternity?

S: Yes, I was [in]Kappa Sigma.

P: That was a partying fraternity?

S: To some extent. I lived in the fraternity house. I was an officer in the fraternity.

P: Were these happy years, growing up and going to school and going to college?

S: Very much, yes.

P: Now, you go from there to medical school. Why Baylor?

S: Well, of the three schools I applied to, it was the first one to accept me, and my father had gone to Baylor. I knew some of the people who had interviewed me. I had known the professor of anatomy before. He had been a classmate of my dad's, and I had met him. So, that and the fact that I was accepted there first.

P: Did you get any kind of scholarship help or anything?

S: No.

P: So, the money you earned during the summer working in the oil fields supported you in the winter when you were going to medical school?

S: I quit work after the first year. I hurt my hand and scared myself. I thought I had cut my fingers off on a winch line, so I quit work at that point. By that time, I was driving the trucks. I was no longer the swamper. I was at the next level. For a kid then, that was one of the best paying jobs I could get. It paid very well. Then, I went to work and worked all through medical school.

P: Your years in medical school are from 1949 to 1954.

S: That is correct.

P: You get your degree in 1954.

S: Yes.

P: First of all, let me go back and just make sure we get this on the tape. Why medicine? Why was that your desire, your goal?

S: Well, I had seen medicine. I had seen the life my father led. I had seen the gratification he had, in terms of dealing with patients and in terms of the sense the patients had towards him. It seemed like a very fulfilling sort of thing, that you could do something for somebody. It fit with my liking sciences.

P: What about your special interests?

- S: Okay. Before we get to that, I had an opportunity. I could have gone into the oil business. I had an uncle who was very wealthy, and I could have stayed in the oil business. His intent was that I would work my way up through that company and become a member of that oil firm. I did not. I decided not to.
- P: You selected medicine rather than becoming a rich entrepreneur and a philanthropist?
- S: Yes.
- P: You could have had a medical school, the Singleton College of Medicine. Missed opportunities, right?
- S: No, I did not consider it. I do not think I would redo what I did.
- P: I was going to say, you probably have never regretted the choice that you made.
- S: Not at all.
- P: Let me go back again to the question I was asking before. Why your special interest? What motivated that?
- S: I knew by the time I finished medical school that I was going into something surgical, and I thought I would go into plastic surgery. I looked at places for internship that had plastic surgery. One of my early rotations was in ear, nose, and throat at Henry Ford Hospital with one of the men who proved to be one of our major leaders in otolaryngology, Hal Schuknecht, and I really got excited about otolaryngology. By that time, I had been accepted as a plastic surgery resident over in New York, at Buffalo, and I dropped out of that and took the position at Henry Ford.
- P: I am a little surprised that plastic surgery was already in vogue that early? What was it being used for?
- S: Reconstruction, and some rhinoplasties and facelifts but that was not the part I was interested in. It was the reconstructive aspects of it.
- P: Was this as a result of war wounds and that sort of thing? We are still pretty close to the end of World War II.
- S: Right. Otolaryngology and plastic surgery both did a lot of that sort of thing. Otolaryngology sort of did this part up for some of them, and plastic surgeons did a lot of the rest of it. It was being able to reconstruct something that I liked.

- P: But the use of plastic surgery to enhance the looks of people was not yet that much in vogue, was it?
- S: Not near what it is today. Today, there are more cosmetic surgeons in Florida than there are family practitioners. I mean, it is ridiculous.
- P: I did not know that.
- S: Now, some of them are family practitioners who take out veins and inject veins and inject collagen in lips.
- P: I always thought of people who reconstructed their noses as an early development but, now, they do everything.
- S: That is right.
- P: Ears, eyes, but mainly just the head part of it. They have not tried reconstructing other parts of the body yet.
- S: Oh yes, they have.
- P: Have they?
- S: Oh yes. That is a story in and of itself. When I operated on Steve O'Connell [UF president, 1967-1973], on his broken nose that he had gotten from all his boxing and he could not breathe, we put him in a room after his surgery with a young man who was having a transsexual operation, one of our college students. His sons were very intrigued. His wife was ready to kill everybody.
- P: I did not know they did that over at Shands.
- S: That was the first one done in Florida.
- P: It had to be Steve O'Connell's good luck to be...
- S: This was a girl who was being transformed to a male. It was not the reverse.
- P: Oh, I see.
- S: But she had been given a male name by that time.
- P: In the meantime, your job is from the neck up rather than from the neck down, right?

- S: That is correct, and inside the lungs, not from the outside of the lungs but from the inside.
- P: George, going through medical school, were there any special professors that you took to that became mentors and role models for you?
- S: I am [drawing a] blank on his name. He was an internist, a cardiologist who was part-time at the University and part-time in town. Goodness gracious, I am just totally blanking on his name.
- P: Where did you live as a medical student in Houston?
- S: I lived in the fraternity house, the Phi Chi fraternity house, the first year. Then, I got married the second, that summer before my second year, and I lived in a garage apartment right across the street, across from the corner [from] Rice [University]. So, I was very near the medical school.
- P: Did you work as a medical student?
- S: Yes, I worked every third night and every third weekend.
- P: Doing what?
- S: I worked at M.D. Anderson when it was in its developmental stage. I was an X-ray tech, lab tech, did all the blood draws, all the IV starts and chemistries.
- P: That is a lot of practical knowledge that most medical students get, is it not?
- S: Yes, it was not bad because M.D. Anderson was not that big, so it was rare that you stayed up too terribly late. There were three of us who needed that funds who were fraternity brothers, so we took the job and split it between the three of us.
- P: And if you were a married man, you needed the money.
- S: I needed the money, yes.
- P: You had no real financial problems though, did you?
- S: Not really. Mother supported us to some extent in medical school, and she supported us in internship because I only made something like \$25 a month.
- P: Yes. They did not pay interns much or residents much in those early years.

S: I either made \$25 or \$50. I cannot remember.

P: So you had a successful medical school education.

S: Yes.

P: Any special events or things that you can remember that impacted your career goals?

S: Not really. Anatomy was one of my favorites, and I did well in it. Actually, I was the next person below taken into **AOA** in my class. There were sixty-four of us in a class, and I graduated number six.

P: Do you want to comment on that?

S: No. I outdid everybody but one of them.

P: It is just a fact of life, then.

S: That is right. It did not mean that much to me. It is far more important now with trying to get residency training and so on.

P: What is this Henry Ford Hospital? Where is it?

S: In Detroit, a large private hospital with a big teaching arm.

P: Endowed by the Ford family?

S: Yes. I went and toured various places where I thought I wanted to go, and that was one of the places I wanted to go. Part of the reason was that it paid more than some of the others. Like in St. Louis, Barnes, I could have gotten in there, but it was like \$10 a month and no maintenance.

P: How much did Ford pay?

S: I think it was \$50 a month, and they fed us and gave us uniforms. They fed us one meal a day.

P: That is not bad, by comparison to other schools at that time.

S: That is right.

P: So, you become an intern, then, from 1954-1955.

S: Right.

P: As an intern, what did you do?

S: I rotated on the various surgical services. I was a surgical specialty intern, so I spent less time on medicine. I spent a month on pathology.

P: Now, you are not doing any surgery yet, are you, as an intern?

S: Yes, I did some surgery. I got to do some hernias, gall bladders. The chief of neurosurgery got upset with this fellow, and I did a **lamenectomy** on a patient.

P: Did they do gall bladders out through the belly button in those years?

S: Oh no, no. It was hither to thither, a big incision under the rib cage.

P: Now, that is one of the scientific advances, is it not?

S: Right. I did tonsillectomies. I did part of a **parotidectomy**. Doing some of the ear work and the tubes and tonsils and, particularly, doing the parotid were the things that turned me on to ear, nose, and throat.

P: So, you are Dr. Singleton now, and you are working in your own special area of interest?

S: Not until the next year. During internship, I was rotating in surgical specialties.

P: What were the hours in those years for an intern?

S: Anywhere from sixteen to, sometimes, twenty.

P: You did not get home that often, then?

S: No. We lived seven miles away from the hospital for about two months, and it became apparent that I was never home. I mean, it took too long to get in, so we sublet that apartment and moved down right across the street from the hospital. I could walk to work.

P: You become an assistant resident when? 1955-1957. Now, what were your responsibilities there?

S: I rotated on services, I would be the resident to a physician on the faculty.

P: Was Ford a teaching hospital?

S: Yes.

P: In the way that Shands [University of Florida hospital] is?

S: It did not have a medical school, but it had a residency program then equivalent, not quite as big as what we have now but close.

P: Did interns and residents walk around with the physician?

S: Oh yes.

P: So, you learned as a result. The physician became your mentor then?

S: That is correct. We did a lot of work-ups and things at night. We did the exams on everybody. We did a lot of the lab work ourselves, as interns. They had one indigent ward, and you had one rotation on that thing. That was usually medicine-related.

P: You then become a senior resident for one year, from 1957 to 1958.

S: Correct.

P: Now, what changes occurred from being an assistant to a senior?

S: When I became a senior, it was the first time they allowed a resident to run his own service; in that day, there were no hers. But I had my own service. I could schedule with any faculty member, and I had my own patient load.

P: So, when patients wanted to see you, they could call up the office and make an appointment?

S: That is correct, or if they were overfilled in the other practices, then I got the overflow.

P: Did you just service that hospital? There were no adjuncts? No other facilities? No VAs or anything like that?

S: No. It was a very large hospital. The training varied from resident to resident depending on his or her skills and his ability to get along with the patients. I had superb training.

P: Can you remember, once again, any particular individuals who influenced you, who made an impact on your career?

S: Schuknecht was the biggest impact of all. He was the reason I went into ear, nose, and throat. He went on to become chief of Massachusetts Eye and Ear Infirmary, until his death. I did a lot research with him, basic research, on weekends and nights. I had the first big-time operating microscope in my lab. I can never forget when he came over to watch me do some surgery on cats. I was doing experimental surgery, and I was having a little trouble. He looked in the scope and said, my God, this is going to the operating room. And I lost my microscope.

P: Has he continued to be a force in your life?

S: Oh yes.

P: Still living?

S: No, he is dead. He was one of the premier otolaryngologists in the world.

P: So, you maintained a friendship with him over the years?

S: Very close. When he went to Mass Eye and Ear, I went from my residency to the Army to a fellowship. When I was in my fellowship, he had not yet left Ford Hospital, and I took my month of vacation and went back over and did two papers with him, research papers of the things I needed to get done to finish some things. The agreement was that I would do every third one of his ear cases if I would teach his then-budding chief resident to do head and neck surgery, parotidectomies and so on, so that was a very, very busy month. I went over by myself, and my family stayed in Chicago.

P: Now, eyes do not enter into your area of activity or interest, do they?

S: Not at all. One of the other people who had an interest who played a role in my going more into otology was Julius Lempert. He was the father of the one-stage fenestration operation for deafness. A tiny little Jewish man from New York City who was a very brilliant innovator in everything he did. He was an immigrant to this country. He was thrown off of the staff at Columbia because he was doing things that the chair thought you should not do. He was doing this operation in one stage, and he was doing other things that nobody else could do. So, they decided he was a charlatan, and he became one of the real fathers of modern otology. He opened his practice out on Fifth Avenue in a large home. I have forgotten its cross-street. I was fortunate enough to be the only resident that he ever invited to come spend six weeks with him one year, and that was before I finished my residency. It was a super time because I did nothing but work on ear surgery and techniques. Then, I came back home to Detroit, and I taught a

- course for the residents at Wayne State and the residents at Henry Ford.
- P: He had become a very successful practitioner?
- S: He was probably the premier otologist in the country at that time.
- P: So, you leave New York and go back where?
- S: To Henry Ford, to finish my residency training.
- P: That takes you up, then, through what year?
- S: 1958. That was the fall of 1957 when I went there.
- P: And then what?
- S: Then, I went to the Army, Fort Sill.
- P: They called you?
- S: Yes.
- P: You went in with what rank?
- S: Lieutenant, acting captain.
- P: You went where?
- S: I had been recruited to go to Washington to work part-time in research and part-time in otology because the Army had no one training anybody in modern otology at that time. So, I went down to Fort Sam Houston in San Antonio, paying no attention to anything because knowing, in Washington, I was not going to command anything. I was going to be a lowly captain. I had already rented a house in Washington, as a matter of fact, thinking that is where I was going to be assigned. I already had orders. Two days before I was due to report, I got a notice that I had a change of orders. I was going to Fort Sill, Oklahoma. It turned out that the commanding general there, his wife, had a serious problem, and the deputy commander of that post had a problem himself, and they had outranked the people at the hospital in Washington at **Forest Glen**, where the research was done. So, they plucked me out.
- P: And there went your lease in Washington.
- S: That is right. Well, they had to relieve me of it.

P: So, you go to Fort Sill, Oklahoma.

S: I spent two years there.

P: As a captain?

S: As a captain.

P: Why did you have to go into the military at all?

S: Because I was deferred for my residency, so I had a two-year obligation. I was chief of eye, ear, nose, and throat and chief of emergency medicine at Fort Sill.

P: What did that mean, chief of emergency? You took care of all kinds of patients, all kinds of problems?

S: Everything, and all of the doctors on the post were under me for the emergency room service. I was the ranking captain on post.

P: And you were doing surgery?

S: Oh yes.

P: In your special area or on all parts of the body?

S: Only in my area except when I was on emergency call. When I pulled my rotation, I would do whatever had to be done.

P: Now, you were responsible, obviously, for the soldiers on the base. How about their families?

S: We had 25,000 soldiers and nearly 50,000 personnel.

P: That meant women and children?

S: That is correct.

P: You did pediatrics?

S: Yes. I sent most of that to town, unless they were the children of the helicopter pilots. I looked after them because they would take me out for rides during the hunting season to locate what area I wanted to hunt.

P: I can see that you were a real entrepreneur also.

- S: And the wounded sergeants who ran the hunt club on post, I took care of their children and families.
- P: Was this a happy time in the life of the Singletons?
- S: Oh yes, very. I was in a lieutenant colonel's position. About six months into the thing, we were renting a house in town, and I got a call to come to the G-2's office, that he needed to see me and would I please read post regulations, number so and so and number so and so. I had the sergeant of the clinic pull it—I did not know what I had done—and he came in and grinned and said, he obviously likes you; you are moving to Colonel Row. The job I filled was a lieutenant colonel's job, so I moved out from the post.
- P: So, in the military, you are chief of eye, ear, nose, and throat section.
- S: Yes.
- P: So, eyes do come in under your jurisdiction there.
- S: I had an ophthalmologist working under me, and I had the emergency room service so that all the captains on the post took a rotation in that emergency service. I was responsible for that. They had what were called reductions in force of senior non-commissioned officers and of captains who had not made major or majors who had been in grade too long. So, there were a lot of people we had to evaluate and do physicals on.
- P: The Cold War had not yet heated up enough to build up forces?
- S: No. At that time, we had the Lebanese crisis.
- P: So, you are in the military for two years walking around in a captain's uniform, living in a lieutenant colonel's house, and enjoying all of the hunt activities and all of those other things that a general would have enjoyed.
- S: Well, you see, when you look after the general's wife and he did not like to hunt, I got his duckblind every week.
- P: It sounds to me like George Singleton was living off the fat of the land.
- S: Having a ball.
- P: So, you left reluctantly after two years?
- S: No, I was ready to leave.

P: Where is Fort Sill near?

S: It is in Oklahoma. It is about fifty miles north of Wichita Falls, Texas.

P: You never strayed very far from home.

S: Not very far.

P: You could go home for Christmas and see your mother and do a lot of pleasant things like that.

S: That is right. It was the last place I wanted to be. I had asked for that Washington post. I had asked for a post in France or a post in Germany or a post in Alaska, if I did not get the other one. So, I had none of my choices.

P: So, you leave Fort Sill, Oklahoma in 1960, and you get a special fellowship. Describe that.

S: NIH (the National Institute of Health) was training people to be young academicians in otolaryngology. We did not have enough otolaryngologists in the country at that point. [It was] the era of antibiotics--they thought that mastoid disease and ear disease would be a thing of the past, not realizing that we could learn to rebuild ears and make people hear again and all of that and not realizing that the antibiotics were not going to take care of all of sinusitis and all of mastoiditis and that cancer of the larynx was increasing, and cancer of the mouth and tongue. So, the field was underpopulated tremendously, and they had special fellowships where you could get special research training and clinical training. So, I had a nine-month basic research training and a three-month clinical training. By that time, I had decided to come here [to the University of Florida]. I accepted the job here shortly after I started that.

P: While you were doing this fellowship, you already knew about Florida?

S: By the time I was about two or three months into it, yes.

P: You did this fellowship at the University of Chicago. Why there?

S: Because that was the premier place in the country for people to do basic research, and they had a good clinical service as well. The only clinical part that I felt I needed anything in was the head and neck cancer part because I had done none for two years while I was in the Army.

P: George, by this time, had smoking become a factor? I mean, did people

- recognize that it was causing cancer of the mouth and so on?
- S: Some, but not very much. I still smoked a little bit. I am trying think of when I quit. I would start and stop until I came here, and then I quit.
- P: You moved the family to Chicago? Where did you live?
- S: One block inside the city limits on the south side of Chicago, one block away from the Calumet River.
- P: Was this a pleasant experience?
- S: Yes and no. As a Fellow, if it cost money, you were a faculty member; if it was a privilege, you were a resident. So, you were in, sort of [a], Never-Never Land. I ran the head and neck cancer service for three months. The chief took off, and I did, essentially, all of the major head and neck cancer at the University of Chicago for three months, so I had a wonderful experience. But, when I was a Fellow and working in the research lab and would go up to eat in the cafeteria, I was really treated like dirt by the guys who were Fellows in medicine and the faculty in medicine and so on.
- P: Why were they so arrogant?
- S: Because they were The University of Chicago, and I was simply a researcher. When I ran the head and neck service, it was all turned around [because] they were under me.
- P: It was revenge?
- S: No. I made it a point to invite them to eat with me. I loved it. I never have been a vengeful person. But that was the only part that was uncomfortable about that.
- P: Once again, was the funding good? I mean, financial support.
- S: I made around \$7,000 a year, and \$3,600 of it was non-taxable. It was paid by the NIH.
- P: So, you were not living in luxury then?
- S: No, but I was living fairly decently, and I had lived decently when I was in the Army.
- P: Now, the big move is, of course, to Florida. Talk about how all of this came about. Had you ever heard of the University of Florida or of the J. Hillis Miller

Health Center?

- S: Not really. Ed[ward R.] Woodward [professor of surgery, UF, 1957-1985] recruited me because he was a product of the University of Chicago, and he knew **John Lindsay** and others there.
- P: He knew of you?
- S: Yes, he knew of me. He recruited me. He came directly to me.
- P: How did he know of you?
- S: Through the chief of surgery, **Lester Dreigstad**, who had become a friend of mine when I was a fellow and through John Lindsay, who was chief of otolaryngology and through the chief of GI medicine--I cannot remember his name.
- P: Had your research, by this time, begun to give you a name, a reputation?
- S: Yes. I had won one big national honor when I finished my residency.
- P: What was that?
- S: That was the Outstanding Resident Award. Then, the research work I did at Chicago, I finished when I came here. That one made our top research award in our field, the Mosher Award.
- P: So, Ed Woodward knocks on your door one day and says, I want you to come to Florida?
- S: Literally. He came by the lab in Chicago.
- P: What did you know about Florida? What did you know about the program here?
- S: I knew that it was a new program. I knew that I would be able to start it from scratch.
- P: And that turned out to be true?
- S: There was nothing here until I arrived. I knew that with that special fellowship, I was going to have funding to be able to start something because I would have training grant money, and I knew I was good enough that I would have research money. I knew I was a good enough clinician, and I knew what the number of specialists was in Florida. There were only about five people who belonged to

- the national honor society that I just won the award in, or that I won in the next year. So, I knew it was going to be a wide open area for me to work.
- P: So, that intrigued you?
- S: Oh, it did, yes. I had already looked at the University of Oklahoma, and I had looked at Baylor in Houston, and I had looked at a mixed private practice setting in Dallas, all on one trip. Then, he called on me right after that. Then, I came down here for a visit and met George Harrell [dean of the College of Medicine, UF, 1954-1965] and met the various and sundry people. At that time, you knew everybody.
- P: It was small enough.
- S: Oh yes. I knew every intern and resident in the place.
- P: Was the building already completed when you arrived?
- S: Yes.
- P: Shands was open?
- S: Yes. It had been open, I guess, two years because they graduated the first medical school class just as I arrived.
- P: Right. **Mark Barrow** graduated at that time.
- S: That is right.
- P: Now, the isolation of Gainesville from the North and the Midwest and all of those things, did that raise questions in your mind?
- S: No. I knew I would be too busy. I would work my fanny off because I had to build something.
- P: How did it happen that Ed Woodward was promoting this?
- S: He was chairman of surgery.
- P: And this came under his jurisdiction?
- S: Otolaryngology was a division of surgery.
- P: I see. I knew he was chairman of surgery, but I did not know whether this came under him or if he was just a special emissary from the dean.

- S: No. All of the surgical specialties and anesthesia were under surgery.
- P: When you came down for your visit, what did you see?
- S: I do not remember. I saw the community. I saw the town. I saw it as a small community where I knew I could fit in fairly easily.
- P: Well, you had grown up in a small community, so that was not a strange situation.
- S: No. I had grown up in a college town that was about the same size. The college was not. There was more business where I grew up and, probably, more prosperity.
- P: Was this your first visit to the South?
- S: Oh no. I had come to Florida when I was nine, I guess, to spend a summer, on a visit. [I was] introduced to my first whorehouse on the way.
- P: You were nine years old, you say?
- S: Yes. We stopped with these two lady cousins and one of their sons in New Orleans. They were exhausted and it was Navy Day, and there was not a place to stay. This police station then told us to go to this place above this bar, that they would rent us a room. He called and made arrangements but said, do not go out of your room and do not allow those two little blondes out of the room. It was something.
- P: No wonder you became so educated so early, George Singleton.
- S: It was a noisy place.
- P: It sounds like it was an interesting place.
- S: Whew, it was. We were locked in with the doors closed. I remember that clearly. I spent that summer visiting relatives from my mother's family in the Tallahassee, Havana, Florida, and Bainbridge, Georgia area.
- P: Did a segregated society turn you off, or was that something you were not really surprised at very much?
- S: I had grown up in one. We had a maid who worked for us all of our lives and a yard man who worked for us all of our lives. We had a garage apartment where Mary lived, and Mary partially raised us.

- P: So, nothing really had changed as far as your philosophy of life was concerned.
- S: No. When I visited the plantations in Havana and in Quincy, the life of the blacks on those was different than anything I had ever seen. I mean, they lived in little shack-like affairs. They were brought to the big house and fed at noon. They did their own breakfast and supper, I think, but the big meal was at noon at the big house. There were porches all the way around the house. I cannot remember whether we ate first or second, quite frankly.
- P: Where were your facilities in Shands? Were they where they are now, your labs and offices?
- S: No. My lab was up on the fifth or sixth floor.
- P: Shands was much smaller, obviously, then.
- S: Shands was much smaller, and I was in the medical school. I shared an office with neurosurgery for a long time, with [Henry] Lamar Roberts [professor of neurosurgery, UF, 1958-1974]. So, I had a shared office space.
- P: We will get back to this. I want to get some personal information here. You are coming here, now, with a wife and three children.
- S: That is correct.
- P: Who is your wife?
- S: **Jacqueline Marie** Green.
- P: When were you married?
- S: We were married in the summer of 1951.
- P: You said you were in school one year, and then you got married.
- S: That is correct. It was the summer of 1951, and I do not remember the date. It was in July.
- P: Where was Jackie from?
- S: Her father worked in the oilfield, and she lived in Houston. They had lived in west Texas. Her father had scleroderma, one of the collagen diseases, that he died of while we were dating. Actually, I had been dating her roommate, and she asked me to be one of the pallbearers in her father's funeral. But I had

- known her through dating her roommate, and I had known her father; I used to, periodically, go read to him or something. Then, we got married that summer.
- P: Now, she is deceased.
- S: Yes.
- P: When did she die?
- S: She died two and a half years ago.
- P: What is the date?
- S: I do not remember dates. It was in June of 1997.
- P: All right. Give me the names and birthdates of your children.
- S: I cannot give you the birthdates because I do not remember them. The first is Marsha Lynn Singleton. She is now married, and her name is Wallace.
- P: Who is her husband?
- S: He is Tom Wallace. She is just recently married, and he works for GRU [Gainesville Regional Utilities].
- P: Where does she live?
- S: She lives here in town.
- P: Where does she work?
- S: She is a gastroenterology nurse at the VA.
- P: Did she go to school here?
- S: She went to nursing school at FSU. She went to high school here.
- P: Are there any children from that marriage?
- S: She has two children, one who is a freshman at the University of Florida and one who is a sophomore in high school.
- P: I understood you to say that she had just recently gotten married.
- S: Remarried. She was divorced. She was married about twenty years and then

divorced.

P: What is the name of the grandchildren, her children?

S: Kelly and Lauren Brochu.

P: What about your second child?

S: Thomas Lamar Singleton, and he is in Tallahassee. He also is on a second marriage. He had two children by his first wife, who lives here in town, and she is remarried. Those children are Hayle and Grey Singleton.

P: What does your son do?

S: He works for environmental protection in water management, surface water, in Tallahassee.

P: And your third child?

S: Robert "Bob" Singleton. He has Subway stores here in town and the Oh, To Be Kids.

P: The Subway stores are his?

S: Not all of them, but most of them.

P: Is he married?

S: He is married to **Zoe Henderly**, and they have one daughter.

P: So, you have five grandchildren?

S: No. Tom remarried, and so there are two children with that second marriage, and he had parented two from the first. The two from the second were her children.

P: So, you have grandchildren and step-grandchildren.

S: That is correct.

P: It sounds to me like you need, kind of, a score card on all of this first marriage and second marriage and all of those wonderful things.

S: Practically, and now that I have remarried, I have three more children with three

more grandchildren.

P: Who is your present wife?

S: Linda Lewis Lewallen.

P: Is she from Gainesville?

S: Yes. She was married to an attorney here. They divorced twenty-five or twenty-six years ago. I first knew her—I took care of her middle child—thirty years ago. Two weeks before Jackie died, her grandchild was going to be in town for the day, and she and Jackie had been friends. They had worked on city beautification or something, City Safety Council I guess it was. She called to ask Jackie if she could prevail on me to see her grandchild. It was not a clinic day of mine. I had not seen her in, probably, twelve years. So, shortly after Jackie's death, we started dating.

P: Give me the marriage date, for the records?

S: August 30, 1997.

P: And she has three children. Give me the names of those.

S: **Steven** Lewallen is the oldest. He is a major in the Marine Corps in Hawaii. He is married and has one child and one on the way. Then, there is **Hayes** Lewallen, who lives in Baltimore and works for Black & Decker. He is married to **Laurie**. Her father is the Henley Flooring here in town. Then, there is **Amy**, who is married to **Brian Hartley**. She has two little boys. Brian's father—I cannot remember his name—was on the faculty here for a while. I do not know whether he headed engineering here or not, at one time. At his last job, he was in Washington doing something on leave from Florida Atlantic University where he is chairman of the **[engineering department]**?

P: Where did you live when you came to Gainesville?

S: We rented a house over on 23rd for the first year, and then we bought the Bob Black house out in Black Acres the next year.

P: Where is that? I know where Black Acres is.

S: It is at the very back of it. It is a big rambling one-story red brick house with a big red brick fence around the front of it.

P: Where did your kids go to school?

S: They went here in town. They went to public schools. I do not remember which ones. We moved around several times, so I am not sure. With my wife [being] a realtor, we periodically sold my house out from under me.

P: I had forgotten that Jackie was a realtor. My wife knew Jackie well. I guess almost everybody in town knew Jackie.

S: I was known as Jackie's husband.

P: She was a very visible person in many very nice ways.

S: Very much so.

P: So, you come to Gainesville. You adjust to this little town without any problems whatsoever. You like your work and your facilities at the J. Hillis Miller Health Center. Where were you located? On the fifth floor?

S: The teaching office was on the second floor. The research lab was on the fifth floor, if I remember correctly. Then, ultimately, using clinical monies and matching monies, I joined with the neurologist, **Wright**, and with **Moreland**, who was the head of animal labs at the medical school, and I cannot remember who the other one was, in building a small animal facility out on 34th Street.

P: I guess that is still there, is it not?

S: It is being destroyed, or it may have been destroyed by now.

P: Of course, with the building of that new conference center and hotel there.

S: It is not on that property. There was a big gate, and there was a burn pit around it. It is just to the north of that property. I had two labs out there, one balance lab and one hearing lab. Then, we had the animal rooms that went with them, and we had a large histology suite at the other end of it.

P: Did you work with animals at all in your area of specialty?

S: Yes, with cats. They were an easy animal to handle and to work on their balance system. Their ear was fairly easy to get into. They were a relatively inexpensive animal. You could train them. They were fairly docile, usually. You could train them [so that] when they hear a tone, to take a step in the turning cage. You could feed them and have them go back and forth to a little feed thing that would give them food or milk. Or, you could have them in a cage and

teach them, when they heard a tone, to take a step forward; if they did not, you would shock their feet. They would not make a lot of noise. Dogs would get excited and bark and things of this sort. So, trying to test hearing on a dog...and dogs are too variable in size.

P: How did cats come to you? That does not have much to do with your interview, but I am just curious.

S: We got them from the pound.

P: From here?

S: Yes. If we wanted a special cat, we could get them from colonies that were raised around the country.

P: What was your relationship with the VA hospital?

S: When they first opened, I was chief of ear, nose, and throat over there, you know, as chief of the medical school.

P: How much time did you have to spend there?

S: I did not spend a lot of time. I would go over and supervise surgery from time to time.

P: You walked through the tunnel.

S: Yes. Before that, I had worked at the VA in Lake City. I used to go up there once a month, I think it was. I would run a small clinic and do a few operative procedures on patients, before we had a VA here.

P: So, you worked closely then with the VA?

S: Yes.

P: Were you paid for that, or was that just part of your responsibilities here as the member of the University of Florida faculty?

S: I am paid there now. I cannot remember whether I was then or not.

P: So, that is a supplement to your University income?

S: That is my principal income now. I spend more time there than I do at the University. I am officially retired from the University and hired back as an OPS

[other personnel services], and I am chief for the ear, nose, and throat service at the VA.

P: I want to get back into the time that you start out as a fledgling at the University of Florida. What were your titles when you first came?

S: I was assistant professor of otolaryngology and chief of otolaryngology in the department of surgery.

P: You were the first professor, then, on the faculty.

S: Yes, that is correct.

P: Where did your students come from?

S: I had rotating interns, who were surgical interns, who rotated on my service.

P: Did you help select them?

S: No, not that first year. The next year, I had residents. I had a training grant approved, and there is a bit of a story there if you want it.

P: I do.

S: I was the very first young person who had been specially trained to be an academician by NIH, and I had the first training grant to one of these new people. I applied for the residency to begin here and was turned down by the fellow who was secretary to the board of otolaryngology because he and Woodward had a falling-out at Iowa earlier, and he did not think that any otolaryngologist would be able to train people at the University of Chicago. We had our site visit from the AMA and from the board and had been approved, and then he vetoed it and came down. I told him, sir, you represent a big power, but I can tell you that there is a senator in Florida who will remove you. I said, you do not get the federal government to support special NIH trainees and special traineeships and have those people approved, the first one approved, and then you block it; I can guarantee you the University of Iowa is going to be up to its behind in trouble if you do not figure out some way that you are going to accept this program. He said, you would not threaten me. I said, no, I am going to do it. He said, you are approved then.

P: Did he do it?

S: Yes. He approved it right then.

P: What senator were you referring to?

- S: Our elderly senator from South Florida. Claude Pepper.
P: He had been in the Senate and lost to George Smathers in 1950.
- S: But, he was very powerful, still.
- P: Oh yes, of course. He was a friend of the seniors.
- S: That is right, and he was a friend of [the] NIH. He was active in the special trainee-ships to get physicians trained in fields, and I knew that.
- P: So, you were able, then, to convince this guy to see the true light.
- S: That is right. He was going to look like a fool.
- P: George, you come in and you are the founding person of nose and throat activities here at the University of Florida, right?
- S: Yes.
- P: And you are an assistant professor, so you are both an administrator in charge of a program and you are also a teaching member of the faculty.
- S: Yes.
- P: Both responsibilities were a heavy load for you, were they not?
- S: I was busy.
- P: Did they give you a clear ride? I mean, was the money available to do what you wanted to do in setting up the program?
- S: I had a state salary of \$10,000, and the department underwrote \$6,000 additional money that I had to pay back with patient-care dollars before I could get any sort of raise. I brought my research assistant down, and the department paid for that. I had to pay them back when I got my grant funded. The grant was already approved before she came, but it had not been funded yet. So, they loaned me the money to bring her down. Then, my research grant paid for all of my laboratory stuff. Then, my training grant paid for additional faculty, paid for teaching materials for the students, projectors, slides, and things of that sort.
- P: You were pleased, then, with the compensation and your ability to equip your lab the way you wanted it equipped and offices the way you wanted them set up.

S: I brought that part with me. I got the grants myself. I was given freedom to do what I had to do. I had to develop a clinical practice. I had to get 360 cases done that first year, which I did by myself.

P: Was that a problem?

S: No.

P: Who were your patients? Were they all indigents?

S: At least half of them or better were private patients.

P: I mean, in those years, you had to be referred to come into the medical center.

S: That is correct, but there was only one really advanced board certified otolaryngologist in Jacksonville. That was **Deke O'Taylor**, and he had all he could [handle]. There were a couple in Orlando. There was one in St. Augustine.

P: So, it was almost as though people were lining up waiting for you to show up.

S: That is correct. There was nobody in Tallahassee.

P: People came from long distances?

S: My average patient came from about 100 miles.

P: Of course, that would substantiate the argument that they made when they located the school here, the medical school, rather than Jacksonville or Orlando, that they had all of these surrounding counties, sixteen was the magic number that they used at the time, which were all poor and rural and that there would be plenty of patients coming in, and that has proved to be true.

S: Very much so.

P: You have freedom, then, pretty much, to do what you wanted to do, in terms of setting up your lab. You had the obligation of getting a specific number of patients in the first year, and you had to pay back some of this money that was extended to you.

S: That is correct.

P: But, none of those were insurmountable problems, obviously.

S: Not at all, no. I had the money paid back before the year was out.

P: Did the situation here fulfill your dreams, your ambitions?

S: Yes. There were a few bumps along the way, one that was almost insurmountable but turned out not to be.

P: What was that?

S: A huge hassle with plastic surgery. We had worked together. He had no Fellows, and I had residents. We worked together as a team on major reconstruction stuff. Then, after he got Fellows, he decided that ear, nose, and throat should not do any head and neck cancer work, and he became chief of surgery at the VA.

P: Who is this?

S: **Yashir Kavitz.** He talked to me about it, would I support him, and I said, yes, if you will support otolaryngology as an equal division to plastic surgery, certainly, I will support you. I went down and talked to the dean and told him that I supported this, that we had an understanding, and he got appointed. The first thing he did was announce that otolaryngologists would do no head and neck cancer work except laryngectomies. We could do no other head and neck cancer work. We could not even do the radical necks on the patients that had laryngectomies. I said, Yosh, you are a good Christian boy, and you gave me your word. [He said,] well, I do not think you are qualified. At that point, I had been offered the chief of staff job at Shands, so I took it. Plastic surgery had all the emergency room facial trauma, so I just simply inserted otolaryngology and oral surgery into the program every other week.

P: As chief of staff, you had the authority to do so?

S: Yes, and we took all the head and neck cancer at Shands.

P: You rode over that bump, then?

S: Yes, successfully, and he left. He was a good man, but he just... Well, the next bump with it [was] he said I should not do parotid surgery, that I was incompetent, and filed a grievance with Woodward. Ed said, well, as far as I know, you both have been trained; we will get an outside pathologist and an outside surgeon to review both of your cases. After about a month review, Woodward called us in and said, Yashir, you will not do any more parotids; you are not in the same league with George. That is when he left here. He went to Emory. It was one of those stupid fights that should never have happened

because it hurt both of us.

P: Who was dean when you came?

S: George Harrell.

P: Was **Ed Martin** already in power in the operations?

S: No. A businessman, a professor of business, or something or other, Russell Poor [provost, JHMHC, 1952-1963]. He was the provost.

P: How did you and Dean Harrell click?

S: Fine. He was a patient of mine, and so was his wife. We did well.

P: George, one of the things that Dean Harrell told me when I was interviewing him and in subsequent conversations [was] that when he became dean, he wanted to make sure that his medical school faculty integrated itself onto the campus, that the medical school students would become university students and take courses on the main campus, and that the faculty would also be involved in campus activities along with the other faculty. That did not work out.

S: To some limited degree, it did. I was on the graduate faculty of communicative disorders on campus. I periodically would have a graduate student do their master's degree thesis with me.

P: You served in the University of Florida Senate, I noticed.

S: Briefly.

P: And you have also been a member of the Graduate Council.

S: Yes.

P: You have been more involved than most of the medical school faculty have.

S: Probably, yes.

P: I mean, you have carried to a greater degree some of the ideas that Dean Harrell had in the 1950s.

S: Well, in my research, I needed help in statistics, so I had **Dr. Mendenhall** help me some of my research activities. The kind of odd fellow who rode a bicycle and ran the computer services when there was that big computer, he was a big

help to me--I'm blanking on his name. And I cannot remember the chairman of nuclear engineering, but he was a huge help to me in trying to work out a technique for evaluating balance, using random noise theory.

P: But, the Health Center and the University are like two different worlds, almost like two different communities now. Of course, both of them have become so immense in size.

S: There are still opportunities for people to intermix, I think, but it is on a need-to-know, need-to-do, basis more than it was then. I needed those people.

P: When Harrell projected these concepts, everything was much smaller than it is today. I do not think anybody in the 1950s would have dreamed that the Health Center would emerge into the colossus that it is, and nobody would have dreamed that the University would have nearly 44,000 students.

S: That is right.

P: Tell me about your research activities.

S: I worked with balance mostly and the central nervous system control of balance, the cerebellum and its effects on balance. The research activities that I supported, I brought a Japanese Fellow down, Koni Shi, who went on to become head of one of the NIH sections when he left me. [He] did the otology part, or the audiology part, the hearing part in animals, the basic research in hearing. He had been a Fellow with me in Chicago. He had to go back to Japan for two years, and then I sponsored him to come over. He and I worked together for a number of years. Then, I recruited another basic scientist who left here to head the program at Hopkins. He did not have the administrative skills and is now a senior investigator at Baylor. We turned out a bunch of Ph.Ds out of our [post-doctoral program] with these people all over the country.

P: Have they mainly gone into the academic world?

S: All of those Ph.Ds have, except one who is in a major private practice, otologic group in California. We turned out a bunch of academicians, too, in our junior faculty. Then, our residents who went on, we had two Fellows from Canada who went back. One is now chairman at Nova Scotia. One is partially retired and lived and was at McGill [University], headed their research program and was number two in the department. **Bob Cohut** left here and went to Irvine [California] as chief and then from there to **Bowman Gray** [Winston-Salem, North Carolina]. **Warren Atkins** left here and became chief at South Carolina. We had a chief at Washington, in Seattle, for a while. We had the chief at Louisville for a while before he went into private practice and part-time practice. We had

the chief of otology at Cincinnati for a number of years, who is still on their adjunct faculty. We had the chairman at Oklahoma for a while, who was one of my junior faculty. We were pretty successful in those early days in reproducing ourselves as academicians.

P: Have you been a publishing scholar over the years?

S: Somewhat.

P: I noticed your bibliography list looks rather extensive.

S: Yes and no. I mean, I have not pushed the numbers like some have. A lot of people have four different titles on the same thing, basically. I do not. I have done fairly well with what I have produced.

P: Books?

S: I have not written a book. I am not very good with language. I can talk better than I can write.

P: What kind of administrative activities have you been involved with? When you were chief of staff, was that an administrative post?

S: I was in charge of, basically, all the clinical affairs under **Manny Sewter**. Manny was a basic scientist dean, and so I chaired all the clinical departments.

P: Did this mean you had budget and faculty appointments and all of those kinds of responsibilities, too?

S: I had the responsibility for all of the residents in the institution, the positions. I had the go-ahead or veto power over new programs that went into the hospital. I was responsible for setting up our malpractice program under **Ed Akals'** guidance, and dealing with the bodies [like] the Joint Commission on Accreditation of Hospitals who would come to evaluate us.

P: Did you enjoy doing administrative work?

S: Yes.

P: But you have not pursued that, necessarily.

S: No. I went on to become director of the hospital for about two or three years, as acting director.

P: Did that sour you?

S: I had enough administration.

P: Too many problems?

S: I wore myself out. Too many hours. I mean, I was still practicing two days a week. I was back and forth to Tallahassee, getting us freed up so that we could have our own purchasing so we could have our own personnel so we could begin the move to break free from the state. I was really quite busy with that.

P: Have you been utilized as a lobbyist by the medical school?

S: Officially, no.

P: You have not had to take anybody fishing or hunting?

S: I did a lot of that when I was chief of staff and when I was director. **E. C. Rowl**, who was Speaker of the House, was extremely influential in helping me through all of this stuff.

P: But, you got that administrative streak out of your system fairly early.

S: Yes. I could not stay as chief of ear, nose, and throat and be director of the hospital. I just could not. I had too much power, and I was accused of doing things for ENT when I really was not. I realized that Ed Woodward was not going to let me have the freedom to become a department. I figured I had done as much as I could do. I had gone as far as I could go.

P: You really loved what you were doing though, did you not?

S: Yes. I liked what I was doing, and I liked clinical practice. I got looked at as director of a hospital and chief of staff at one of the big hospitals, as dean of two schools, and I decided that that really was not what I wanted to do because I could not practice medicine.

P: So, you turned those down?

S: Yes.

P: Where were they?

S: One was a special sort of an adjunct college in Dallas that was a research type setting on speech and hearing.

P: That really was not you.

S: No. I went and looked at it, and it was tied to the medical school as well. Then, I was pushed by some of the members of the Board of Regents to be considered for South Florida. I never let that even go anywhere. I went down there one weekend and walked around campus and thought, I like Gainesville, and [this] place has got too many problems and I do not want to tackle that.

P: Tell me what this laser committee over at the VA Hospital is that you were involved in. In 1995, you were chair of that. What is that?

S: Oh, just to make sure that people did not get hurt with lasers and that people were properly trained to use lasers.

P: I have heard of using lasers on eyes, but they use it for other things, too.

S: Many other things. Yes, yes, yes.

P: It can restore your hearing?

S: We use it in the ear to cut holes in the foot plate of the stapes, to control bleeding, to remove tissue that we cannot tease away. We use it in the voice box and in the airway for tumors, benign and malignant tumors. We also use it to control bleeding in people who have hereditary nose bleed problems and things of that sort. We were the first users here.

P: I noticed you were also chief of surgery at the VA Hospital.

S: For a period of years, yes.

P: How did that come about?

S: They were an interim when they needed somebody with some senior leadership ability and they were in the throes of Ed [Woodward] stepping down and what have you, and so I took over the role.

P: I want to get back to your research for just a quick second because I wanted to ask you about the library at the medical center. Is that something that you are involved in? Is it an adequate library? Were you, as a researcher, pleased with it?

S: I never went over there personally, myself, very much. I nearly always sent somebody over to get stuff for me. I would look [information] up in the index medicus. Back then, I would go there and do that and then make a list of things

that I wanted.

P: So, you are really not in a position to make a judgement of whether it was good, bad, superior or whatever.

S: I always could get what I wanted. Sometimes, it had to be sent for.

P: What about the changes that have occurred over the years at Shands, the growth, the development? I mean, good, bad?

S: I think it is good. If you look at us today, compared to when I was director at the hospital, we were deeply in debt [and] we were very busily involved in keeping the Board of Regents from knowing just how much uncollected income we had. They had followed for years a protocol of simply writing stuff off on a pro-rated basis instead of really working their accounts-receivables. They did not have the facilities to [do that]. When I took over, there was no cost-accounting. They had no idea what a cost center was, at all. So, that was one of the first things I had to do, figure out whether we made money or lost money in areas.

P: Every year was a lost year, was it not?

S: It had been until then. When I turned it back over to John Ives [director, Shands, 1979-1987], we were in black for the first time. Ever. We were nearly \$3,000,000 in black, and we have been in black ever since.

P: I remember one time in a social conversation with one of the medical persons, one of the doctors over there, and I told him I hardly ever got a bill. He said, well, never pay it. He said, wait until they threaten to sue, and then settle for half.

S: Were you talking to [Robert] "Bob" Cade [chief of renal medicine, UF, 1961-present]?

P: Yes, and I was just wondering if that was not the story of the medical center in the early years.

S: Nobody had a team who had private business exposure. The first financial person brought in was Paul Metts [chief executive officer, Shands Hospital, 1987-1998] and I hired Paul. He came from Ernst and Ernst and had come to town. My wife sold him a house and said, you ought to look at him; you do not have any financial people, and you are operating with a Big Eight firm that is helping you and filling in blanks, and you have lost a lot of people on the financial end, so, you need to take a look at him. So, I did, and I hired him just before I stepped down as director.

P: Has Shands gotten too big?

S: I do not know. If you mean in all of these acquisitions, they have some bumps in the road ahead dealing with the private physicians who are still not happy with us. I do not know how these hospitals will work out in the long run. I think we will wind up, probably, populating Alachua General Hospital with physicians from Shands with adjunct people who are hired through the clinical departments. I think some of the older hands will have to retire before we ever get the kind of unison that is needed.

P: You feel that this was a necessary step to keep the Health Center moving?

S: It is a step that was taken in a lot of places. There were some mistakes made in doing it, in my opinion. Overall, it probably was something that should have been done, yes.

P: Was it inevitable?

S: If we were going to continue to have the kind of referral base and given the kind of restrictions that were being passed by the legislature to prevent the medical schools from having HMO attachments or running HMOs and that sort of thing, I think it was something that had to be done. The piece that never has been done, yet, is really tying the physicians in these outlying hospitals to us. Somehow, we have not managed that, and I do not know whether we could have. That may be an impossibility. I do not know.

P: Does your work relate at all to the University Hospital in Jacksonville?

S: I do not go up there at all. We have one of our former residents running the program in ear, nose, and throat, and he has an associate with him.

P: So, in no way did that ever come under your jurisdiction.

S: No.

P: Did you help set it up?

S: Yes, in hiring people. It has been more under our jurisdiction since I stepped down than it is now. We rotate residents up there, about six months out of the year.

P: Other than indigents, do they do private referrals also?

S: Yes, they do.

P: I have passed by the building, but I have never been in.

S: And they are in hopes that the Methodist tie will give them more private patients. It is the place to go if you are really, really sick. For the patients that I see, most of them are older patients, [who are] dizzy, [who have] hearing problems, or they are kids.

P: Where is your office now?

S: On Park Avenue. It is that area off of 57th, when you go out University and Newberry Road and turn right on 57th. Right past Garden Gate Nursery.

P: So, you think that all of this growth, whether it was inevitable or not, is a step in the right direction if they can resolve some of the problems?

S: If they resolve the problems with the interface with the other physicians.

P: How about the financial operation? Is that more solid now than it was in the past?

S: Yes, very much so. I cannot speak to this as well as others can now, but the interface between the college and the hospital has gotten better with the new director at the hospital, the new CEO.

P: When did you retire from the University, not from the VA; you say you are still involved with that?

S: I am still with the University. I am just hired as an OPS, other personnel services. But I officially retired in January, 1998.

P: Do you carry, as a result, an emeritus title?

S: Yes, I have had that.

P: So, you have no teaching responsibilities? What are your responsibilities?

S: I work about a forty-hour week now. I come to what early morning conferences I want to. I come to the quality assurance conferences. I come to the department meetings. I do not come to all of the teaching sessions for the residents anymore. I have two half-days of private clinic and one half-day of private surgery. I spend the rest of the time at the Veterans hospital where I am chief of ear, nose, and throat. I oversee the residents and their surgery and their clinics.

P: When you come to faculty meetings, do you have voting privileges?

S: Yes.

P: So, you are recognized as a full member of the department whether you are retired or not.

S: That is correct.

P: How large is the department?

S: There are eight of us. It is a win-win for everybody. They do not have to pay me any more retirement funds.

P: But, you collect retirement?

S: I collect retirement. I had to be off for a month before I could come back to work in this kind of capacity. I am a year-to-year employee. At the VA, I am not.

P: You do not get any benefits though, do you?

S: I have a salary, yes, and I have malpractice coverage, but I have to pay my own health insurance and all that. My whole benefit package, I pay for out of my retirement.

P: Well, you work forty hours a week. What do you do the rest of the time?

S: I make a life with the new wife.

P: You have always been a hunter and a fisher, an outdoors person. Do you do a lot of that now?

S: Not as much as I used to. I went elk hunting this year with a muzzle loader in New Mexico this year and killed a nice elk.

P: Did you bring it back and put it up on the wall?

S: The horns are back at the taxidermist. I am not putting the whole head up, just the horns. I still fish. I caught a couple of 130-140 pound tarpon this last year.

P: Do you have a boat?

S: A couple of boats. We spend time with the kids from time to time. We spend some time traveling.

P: It sounds like you are living the good life?

S: I am. I am married to a very social creature. Having a wife who had been very ill for ten years, I had done nothing socially.

P: George, are you a reader?

S: Not as much as I used to be. I tend to read junk. I read a lot of How to..., in medicine. I read a lot of specialty things and sports things. I read short story type things or brief novels. Now that I am remarried, I read less. I read a good bit before when Jackie was fairly sick. You know, she was not up to visiting and what have you, so I would be home and I would read. But, I have not read anything significant except medical [material] and a few magazines in the last few years.

P: What role does religion play in your life?

S: Now that I am remarried, I am Presbyterian again, and we are active in the First Presbyterian Church.

P: Have you been a churchgoer all your life? You said you were growing up in your household.

S: Yes. When we lived in Melrose, I was chairman of the board of trustees for the church and that sort of thing. I was a member and then chair of the Pastor Parish Committee for several years at the little church in Melrose before I quit that church.

P: That does not tell me how religious you are. That tells me about your administrative religious abilities.

S: That is right. You got it. I would guess I am sort of an average religious person.

P: Live and let live.

S: I try to be helpful to others.

P: And let them go on their way, wherever it is.

S: Hopefully.

P: Do you and your wife travel much?

S: Some. We went to New Zealand when I took that month off, and we go to medical meeting. We went to New York a couple of weeks ago, to take my son and his wife. I had never taken the middle child anywhere. I had taken the others on hunting trips and what have you. So, I took Tom and his wife to New York for a couple of shows and a couple of big dinners.

P: So, you do a little traveling.

S: I go to medical meetings, mostly. Now that I am married to someone who will go with me, I go off to hunt. I do not tend to take the solitary hunts I did this last year. I get a lot of pressure not to.

P: Is there a social group in Melrose?

S: **[William] "Billy" McKeen** [professor of journalism and communications, UF, 1986-present?] and his wife. **Rod Millan** [Terence Millan, clinical assistant professor of Community Health and Family Medicine, 1994-present?] and his wife. Mark Barrow and his wife live behind us, and they are reconstructing the house next door to us, to move into the property. **Dick Jones**, the engineer. We do not see a lot of him socially, however. **Terry Marshal** and his wife, the ophthalmologist in town.

P: It sounds to me like you have a very good group.

S: We do. One of the people we see once in a while is a retired architect. His specialty was cracker architecture, and I cannot think of his name. He is just recently retired.

P: What are your plans now for the future? Doing much of the same?

S: Much about what I am doing, probably. I will continue to see the independent medical evaluations for the department, which most everybody else does not want to deal with. I will continue to see the dizzy patients. I will probably stop doing private surgery in July.

P: Your hands are still steady with the knife?

S: Very much so.

P: So, that is not the reason, then, for hanging up the knife.

S: No. It is just that there is enough pressure that I just do not need any more. It

used to be fun. It is fun when you win but, well, the other day, I took care of a patient where we had a fire in the operating room. That is pretty shaky. I mean, everything came out fine. The patient [was] not injured. It was not something that I could have prevented, but it is one of those things that you do not like.

P: And you do not want it.

S: I do not want that pressure. I quit doing little children's airways because they are a major problem. You do not know whether the kid is going to make it or not and if you do not do just right, the kid will not survive. That is a lot of pressure, and I did that for a lot of years.

P: George, we are almost at the end of this century now, just a few days away. As you look back, you have been a scientist all your life. *Time* magazine just recognized Einstein as the major figure of the 20th century. Do you see all this as good? Has science been good for mankind?

S: I think so. I am not sure how much science, in terms of things like birth control pills, like treatment of diseases, have affected the social sexual life of this country. If science is partly to blame for that, then that is a big negative on science, in my opinion. I do not like the breakdown of the family unit, at all. I do not know how much role science has had in that, probably an obtuse role.

P: At the end of this century now, we can point to things like that computers and all the advances that have been made in space and...

S: Oh yes, and what you can do to restore hearing. We can take a totally deaf person and make them hear again with a bionic ear.

P: So, science has done some wonderful things.

S: Marvelous things.

P: You stand back now, at the end of the century, and look back over it and look at it with admiration?

S: Very much so. About the only real negative that I see is whatever role, if any, science has had in the deterioration of the family unit. I really do not like that. I have two children who have gotten involved in this.

P: It sounds to me like you are opposed to birth control pills and Viagra.

S: Not necessarily opposed, but the[y are] misused. Maybe it went on before, and I

just was not that aware of it. The promiscuity that, I think, birth control pills allowed has added [to that] and, for a while, the feeling that they did not have to worry about syphilis and gonorrhea because we could treat it with penicillin, because we had a pill. Now, [we are] trying to break that habit, now that we have a malady that we cannot treat very effectively, in AIDS...

P: And we are not going to change. We are not going to go back to the pre-birth control era, or any of the other things that are associated with it.

S: No.

P: As you look around at the society in which we live, George, are you alarmed at what you are seeing? I mean, you are alarmed at the deterioration of the family. [What about] the lack of support for government and the suspicion that people have? We talked about the lack of safety, the hoboes no longer coming to the door for a handout.

S: Yes. All of that bothers me. I do not see how our society can continue with that kind of way and continue to be the leader in success that it has been. Maybe it can, but I think that moral values have played a significant role in this country and set us aside from the Third World countries and what have you.

P: If you were giving some advice to your grandchildren, what would you say?

S: It is hard to advise them when two of mine have sat through divorces and my current wife was through a divorce.

P: Now, you are talking to grandchildren, not to children.

S: I know, but they are the children's children. I am not sure how I would address that.

P: George, have you played an active role in the medical community of Gainesville, the Alachua Medical Association or...?

S: I was the first president of the society from the University.

P: I know when the medical school came here, there was a great deal of alarm and suspicion.

S: There was. I was one of the very first officers from the medical school. For several years, I was the treasurer of the society for a long time. Then, I was the first president of the society. Then, I was president of the state ear, nose, and throat society, and I was a specialty representative to the state society.

P: So many of the local practicing physicians are products of the Health Center?

S: Yes.

P: The graduates. So, I think a lot of the suspicion and hostility that was evidenced in the 1940s and 1950s, perhaps, has dissipated.

S: Yes and no. There is still a lot of animosity in certain areas between the private practitioners and University people.

P: Will that disappear, in time?

S: Hopefully. The dollar, and the acquisition of patients, is what plays that role, is what drives that, I think.

P: So, it will never disappear as long as the dollar is a factor in thinking and attitudes.

S: I think that is going to stay. The medical school is forced more and more, today, to be self-sustaining. I mean, you cannot do in today's world what I could do when I was the original chief of ENT, because you have to turn out more clinical work. You have to be almost totally self-sustaining for this medical school.

P: If you have to be self-sustaining, as you say, what is going to happen to all of the indigents?

S: They are tied into HMOs and what have you. The physicians, in general, in practice have gotten away from what they used to be. In my father's day and in the day when I first was here, they used to take care of indigents with no remuneration or compensation. I mean, they might not have gotten the best care, but they got care, gratis, by the individual physicians in the community. They had trouble getting in hospitals, but they still had hospitals they could get into in every community if they were sick enough. Nowadays, we are compensated for them to a degree, and the number of doctors in private practice who will dodge taking care of semi-indigent patients is amazing. It is no wonder we have a bad rap. We have done it to ourselves, to a degree.

P: The future is bleak, then, for indigents.

S: Well, one of the things that is going to happen is that the playing field is going to flatten out more. With the advent of HMOs and putting the indigents and semi-indigents in the HMOs, in order to make a living, most of the guys and gals are going to have to do this, are going to have to take care of them. You are

seeing a large increase in the number of females in medical school now, so the number of practitioners is going to go up. Women tend to be less driven by dollars, I think, than men [and] are probably a little more compassionate. I am not sure of that, but I suspect that. I do not think they will practice the hours that the average male practices. Most of them will not, [though] some of them will, because they are going to raise families. They are going to stay home, whereas the male raised the family and did not stay home. So, I think with the increased numbers of them and group practices and so on, we are seeing physicians who are really directing themselves to indigent care now, who have a stable of nurse clinicians and other kind of physician extenders, physicians' assistants, who will do a large indigent practice.

P: George, do we have too many doctors?

S: In some specialty areas, yes.

P: The competition is growing?

S: Yes. This business I mentioned to you earlier, about the number of people doing cosmetic surgery, that is astounding to me.

P: You started out with nobody when you arrived on the scene, in 1960, and now you are saying there are too many?

S: Probably way too many, but what society is pushing is that when people get older and have a little double chin and they want to stay working in a business, when they begin to get a little gray hair and begin to get a little thin hair and the nose begins to get a little too big, they begin to add on to these things and get these parts...

P: Maybe I ought to start making some appointments, in every way. George, what else should we talk about?

S: I think we have covered the waterfront pretty well. I think one thing that has to be mentioned, if it has not by someone else, is that Malcolm Randall [director, VA Hospital, UF, 1969-1991] was a tremendous asset to this Health Center in tying that VA to this medical school as closely as he did, which gave us a halfway house for training, particularly of surgical specialists. Jose Medina [professor of operative dentistry, UF, 1967-1998] played a pretty good role here that we did not talk about at all.

P: Tell me about him.

S: He was the dean of our dental school. I think he was the first one. He had a lot

of personal tragedy in his life. He took over to look after the assignment of space when he stepped down as dean of dentistry.

P: What was his personal tragedy? I do not remember that.

S: Wives dying.

P: Oh yes. I had forgotten that.

S: And his health has failed, pretty much, now.

P: Where is he now?

S: He is still here. I see him every now and then, but he looks rather old now. Who else did I write down who ought to be mentioned? **Al Stetson** played a very significant role. I do not know how much people have talked about Al.

P: Actually, very little. The fact that he died so young cut his career off.

S: Yes. I was director under him, of the hospital. He did a lot of things in terms of bringing the leadership of the hospital and of the College of Medicine to understand better complex organizations. We had a number of retreats where we spent time on where we were going, how we would cope, how you dealt in a complex organization. I think that was really an important thing for us.

P: I guess he and Dr. [Robert Q.] Marston [president and professor of medicine, UF, 1974-1984] were particularly close, were they not?

S: Yes. Mentioning Bob reminds me of the first time I got a chance to present to the Board of Regents what we were doing. I do not think Dr. Marston ever really fully understood what all was happening at this Health Center, in the hospital end of things. I had tried to tell him, but that was not something he was that interested in. I mentioned to you this business about their write-offs. I thought he would fall out of his chair when I first presented what the state of the hospital was and what the state of the hospital should be and where I wanted their support to get us there. I knew I was going to step on toes and if they did not give me the green lights, I was not going to be...That was interesting.

P: I really want to thank you.

S: My pleasure.