

OSCAR SYME

1919 born in Rock Springs, Wyoming

1932-1936 high school in Westminster (Denver), Colorado

1936-1940 premedical education, University of New Mexico (B.A., 1940)

1940-1941 Instructor in Chemistry, University of New Mexico

1941-1944 medical education, Columbia University College of Physicians and Surgeons
(M.D., 1944)

1944-1945 intern, Bellevue Hospital (New York City)

1945-1947 United States Army Medical Corps

1947-1949 residency in Pediatrics, Babies Hospital (New York City)

1949-1987 private practice in pediatrics in Albuquerque, New Mexico

1951 board certification in Pediatrics

1987 retirement in Albuquerque

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Interview with Oscar Syme, M.D.
March 2, 1990
Albuquerque, New Mexico

The following is an interview with Dr. Oscar Syme of Albuquerque, New Mexico. Dr. Syme is a pediatrician who practiced here since his arrival in 1949 until he retired in 1987, approximately three years ago. This interview was held on Friday, March 2, 1990 in Dr. Syme's Northeast Heights home. I, the interviewer, am Professor Jake Spidle of the University of New Mexico Department of History and the New Mexico Medical History Project.

SPIDLE: As indicated in my letter, Dr. Syme, this is an informal interview and I hope we can just chat. I would like to start by getting some background information about you. I didn't realize you were a westerner until I began compiling your biography. You were born in Rock Springs, Wyoming?

SYME: Yes.

SPIDLE: Was yours a ranching family?

SYME: No. My father was storekeeper in Superior, Wyoming, which at that time was a coal mining town. We actually lived in Superior but the hospital was in Rock Springs and I was born there.

SPIDLE: Do you come from any medical background?

SYME: Not at all. There are no doctors in my family that I know of.

SPIDLE: What made you decide to go that route?

SYME: I think my mother put the idea in my mind. I can't remember when I wasn't going to be a doctor. And working in that direction made my choice of places and things easier.

SPIDLE: Homer Musgrave, the last physician I interviewed before you, kind of backed into medicine.

SYME: Some do, but for me there was no question because I had the wherewithal and the intellect for it.

SPIDLE: Did you grow up there in Wyoming?

SYME: Well, my grandfather had a ranch at Laramie, Wyoming, but I hardly remember Rock Springs because we left there when I was five. After my father left the coal mining town he became a traveling salesman, so we moved from place to place, mostly in Colorado. I lived in Montrose, Trinidad. Actually we lived here in Albuquerque for about six months but that was 'way back in 1926, before I was even a first grader in school. We finally ended up in Westminster, Colorado, a small suburb about ten miles north of Denver. It's now actually engulfed by Denver but at that time it was a village and that's where I went to grade school much of the time because we returned there off and on, and I graduated high school there as well, in 1936.

The Depression played a large part in our coming to Albuquerque. The hardware store for which my father worked as a traveling salesman went broke during that time and my father was then employed by the government. He was in the Soil Conservation Service and they sent him to Albuquerque. So he was here and we stayed in Westminster until I finished high school. I had two choices at that time. When I graduated from high school I won a scholarship to the University of Colorado, so I could go and live there paying board and room or, because my family lived here, I could live at home free and pay tuition at the university. That was the easier choice and we moved here in the summer of 1936 and I entered the university that fall.

SPIDLE: That's interesting. I knew you were a Columbia M.D. graduate so I just assumed you were some east coast guy who, after getting his degree, decided to come west. But you have good western roots.

SYME: Yes. As a matter of fact, I had never been east of Colorado or New Mexico. Well, I did, too. The girl I dated while in college planned to spend the summer at her home in Kansas, so I once drove her back. She planned to go to summer school there and I thought I would do that also. But I changed my mind when I woke one morning to a thunderstorm, which often happens in Kansas. We have thunderstorms in Albuquerque too, but they're always in the afternoon, so I hit the road hitch-hiking. But I didn't go back home. As I said, my grandfather lived in Wyoming and I had aunts who lived in those parts, so I spent the summer there. Up to that moment that was as far as I had gone east. Later I rode a Greyhound bus to New York City.

SPIDLE: You came to New Mexico in the summer of 1936 and even then you planned for pre-med. Was that a regular three, or four years?

SYME: I went four years and graduated in 1940. I then made application to three or four schools, intending to go to Columbia if I could get in. The reply I received from them said they thought perhaps I should wait a year and apply again. So that year I started working for Standard Oil Company in a bottom-of-the-ladder job but was only there a month when the university contacted me. At that time there were three professors in their chemistry department and one of them planned to leave on sabbatical to finish his doctorate. So, since I had graduated with a major in chemistry, they asked whether I would teach chemistry or at least be in the department for a year. I only had a BA degree but I could supervise the laboratories, and I worked for the university that year, which provided me with tuition money there. So when I applied to Columbia the second time my application came back with an acceptance along with a scholarship, so I spent my money on room and board in Bard Hall.

SPIDLE: How did you know Columbia was a premier university?

SYME: I really don't remember. Albert Simms and I were friends and he was a year behind me. The school here was small; there were only 2,000 people and I knew everybody, especially those who were in the same situation I was. He applied to Columbia at the same time I did and was accepted, so although he was a year behind me in college, he went at the end of his third year so was a year ahead of me there. That was one thing. We probably talked about it together and he made it, and I made it. My wife attended college at the University of Chicago for one year, then came back to the university and that's where we met. I was accepted everywhere, including the University of Chicago, but having worked and won a scholarship at Columbia made it an easy choice.

SPIDLE: I interviewed Al Simms three or four years ago; he told me about his Columbia days. It was a good experience for him and I assume it was for you, too.

SYME: It was indeed. It was in a new part of the country and as far as education is concerned at that time I don't believe it could be surpassed by any school anywhere--matched maybe, but not surpassed. It was A-one and we felt most fortunate to be able to partake of our education there.

SPIDLE: You were there in 1941 and that's the period when they were telescoping the curriculum.

SYME: Yes, after my first year in school that summer was the only one we got off. My closest friend and classmate, Ken Calder, was from Flint, Michigan. He is now a psychiatrist in New York City. We planned to go to New Mexico, but we didn't have any money so we hitch-hiked from New York City to Flint, Michigan and planned to go on to Albuquerque. But he decided he needed to work through the summer and would stand a better chance of doing that at home, so I got on a bus to Albuquerque and came home. My wife and I had been engaged before I left to go to medical school. We were married that summer just a couple of days before we had to return to school. So, as you say, it was a short period. We got off, but rather than a whole summer it was only a month because, as you know, that was war time. I still remember studying anatomy on December 7 and one of my friends had a radio--I didn't even own a radio because, as I said, times were bad. We had adequate food, clothing and shelter but we didn't have extras and at school I got along as best I could on what I had. And I still remember one of my friends came tearing down the hall shouting "The Japs have bombed Pearl Harbor!" so we all gathered around whoever had a radio and spent the next couple of days listening to news of the war. That changed medical school because ASTP, the Army Service Training Program, came along and we had a choice of going into the Navy or the Army. My brother was a Navy pilot who was killed in the war, lost in the Pacific. But my eyes weren't good enough to get into the Navy, so I joined the Army. As a matter of fact, most of us went into the Army. That made medical school a whole lot different in that we didn't have to worry about money--it was all paid for--and it's a lot different now. My own kids graduated recently and the prospect of being deeply in debt when you come out of medical school is really serious, and was so even in those days, although today tuition has gone up a thousand per cent, or ten times what it was when I was in school. Anyway, with me in the Army and my wife working we had enough to live on. I was a private first class in ASTP. It occurred during my second year in medical school and continued through my third and fourth years.

SPIDLE: The idea of that program was to cut out summer vacations and therefore finish more quickly. What was your commitment?

SYME: You were in the service and as soon as you graduated, you were given a commission and that was it.

SPIDLE: Was that for an unlimited period, for two years? Or was that for the duration of the war?

SYME: For the duration, yes. But the war was just about over by the time we came out in 1944. Starting in 1941 I would ordinarily have graduated with the class of '45, but with only a week or so at Christmas and in the summer, we kept right on attending school.

SPIDLE: Was the pace difficult? Medical school, of course, is a stressful demanding thing.

SYME: It became a job. You were there to do it and you did it. I don't think it was any more stressful knowing there were no vacations than it would have been otherwise.

SPIDLE: I talked to one of your peers a long time ago who told me about telescoping and the rapid program. And I wondered whether that had a negative impact in terms of a lack of time to relax and let things digest. Did you ever worry you were trying to cram too much into too brief a time?

SYME: I can't say I did because I was able to do it. I made an A rating and all the other things that indicated I was in that area of the class structure. As a matter of fact, it worked out well for me when it came time to choose a specialty because as soon as they were ready the class ahead of us was taken away. It so happened that there was room for more interns and residents at Babies Hospital, and I spent almost my entire fourth year there. Ordinarily I would have taken medicine, surgery, OB/GYN and so on. But I took my surgery quarter on the surgical floor in Babies Hospital. My medicine quarter was spent there on one of the "age" floors--I think it was the three to five age group--because they divided patients into age groups, one floor infants, one floor three to five, one six to ten or something like that.

SPIDLE: So you were funneled toward pediatrics right then. Was that accidental?

SYME: No. That's what I felt I wanted to do and this was an opportunity that just fell into place. Then of course, we graduated and immediately went into an internship. My favorite hospital in New York City at the time was Bellevue so I made application there. Bellevue then had four divisions--one each related and associated with Columbia, New York University, Cornell, and a fourth one that wasn't associated with any medical school. I first applied to the Columbia division, and didn't hear from them so I applied to the fourth division because I wanted to be at Bellevue, and it came through at almost exactly the same time as my acceptance on the Columbia division, so I interned on the Columbia division at Bellevue Hospital.

SPIDLE: Was this a rotating internship?

SYME: Well, not as you think of rotating. There were four quarters: medicine, surgery, chest and the fourth one could be laboratory, psychiatry or something like that. But when I arrived they had cut out one because the war was still on, so we were given a year's credit but only nine months of activity. So I spent mine in medicine, surgery and chest. And that's another thing that projected me toward pediatrics. The medicine unit was in the old part of the hospital which was built in the early 1900s, so it was at least forty years old and perhaps older than that. As an intern I was assigned to take care of a woman's ward with sixty beds--three beds wide, twenty beds down the hallway. Some of those ladies hadn't been out of those beds in fifteen years--stroke or some problem kept them bedridden, and Bellevue Hospital being a city hospital, was the only place where that kind of service was available to them. We provided that service but it cured me of wanting to be a geriatrician. I had all the old people I could ever take care of as an intern on that medical ward at Bellevue. It was an interesting experience because we saw the drunks and the homeless. Many of our patients were of that nature. They had to get medical care somewhere and because Bellevue was handy, that's where they came.

SPIDLE: It's odd, because in a sense your last year in medical school was already kind of special. And then in your internship you backed out.

SYME: Well, there was no choice. That's the way internships were determined in those days. We also knew we weren't going to be anywhere but in the service after that and that's actually what did happen. As soon as our nine month internship was over I went to Carlisle, Pennsylvania where the Medical Officer's Training School was located. That was interesting and worthwhile in that we became more or less acquainted with the ways of the Army. The war in

Europe was over at that time, and part of the reason why the internship was shortened was because they needed medical officers in the discharge centers where soldiers were coming home. The European part of the war had just about ended then, in the spring of 1945. I faced the prospect of going into a discharge center, and they more or less gave us a choice of where we could do that, so I chose Bruns Hospital in Santa Fe.

SPIDLE: To me that's a tantalizing story. It was a giant, more than two thousand bed hospital, wasn't it?

SYME: Well, I didn't get to Bruns, (both laugh) so I can't help you in that respect. My wife, who was pregnant at that time here in Albuquerque, had our first child, a daughter, then went to stay with her sister in California. But before she left I came home on a ten-day leave and then was assigned to William Beaumont Hospital in El Paso, only to have that order immediately rescinded and my status changed from the Army Medical Corps to the Army Air Force and assigned to a camp in California. So I probably spent half a day at William Beaumont before I was transferred.

From there I went to a camp in the eastern part of Washington State where I got orders to attend the Air Force medical training school in Texas, which was extremely valuable because we learned things insofar as medicine is concerned that you don't learn in medical school. While at Brooks Field in San Antonio we learned how to examine men in the Air Force, especially those who would become pilots. I learned a lot more about examining eyes, ears and special senses pilots would use in their activities there at Brooks Hospital in San Antonio than I did in medical school. At that time, too, my wife and I were able to spend time together and I got acquainted with my daughter, whereas I was by myself in those other places. This was perhaps the best time I had as far as my experience in the service is concerned. It was interesting as far as medical work because I was learning new things. My family was with me and that made it worthwhile.

When that came to an end, it didn't take long before I was shipped overseas. I was a first lieutenant while at Carlisle and went into active duty with that rank. I received my captain's rating while at Brooks General and went to Clark Field in the Philippines as a captain in the Army Air Force. Jimmy Kieran, a classmate of mine, also was assigned there at the same time. Do you recall a radio program called 'Information Please'? Well, the sportswriter on that show was Jimmy Kieran's father, and we listened to it back in the old days. We knew each other fairly well while we were students and now here we were, away from home, so at least that association made my overseas period more acceptable.

The war was over and we were discharging people home but some officers had families and children as well, so I got to do some pediatrics, too. The rule was if you had an immediate relative who was killed in the war you didn't have to serve overseas. So while the duty was interesting and a new experience, after I had seen all I wanted and lived through one of their rainy seasons, I entered my claim for duty stateside. That got me home but it didn't get me out of the service because I didn't want out; I was making money.

One day while still at Clark Field I wrote to one my pediatrics professors telling him I was in the service and wanted a residency in pediatrics. He wrote back saying there was no problem, no question about it at all, and it was mine whenever I wanted to take it. My residency was to start in July, 1947, so I did some Christmas shopping in Honolulu on the way home to my family from the Philippines. Shortly after that we were assigned to Hill Field in Ogden, Utah, so we spent about six months there, again doing pretty much what I had been doing as a flight surgeon, which was what the Texas school was designed to do--make us into flight surgeons. And once

more we made friends with people that have been everlasting. During these periods we came to know people from different parts of the country and have maintained lasting relationships with them. We still correspond and send Christmas cards.

In any event, the same excuse that got me home from overseas could at any time get me out of the service altogether, so at that time I chose to do just that. I brought my family together and we went to New York, where I became a resident in pediatrics at Babies Hospital. We lived in Shank's Village, which was the last camp for gathering soldiers for overseas duty before being shipped out. They remodeled all those old barrack type buildings and made them into apartments. That was the most unique habitat we ever lived in because everyone there was required to have an advanced degree, and they considered a residency as an advanced degree. These were people like myself who had come out of service to complete their education and get on with their lives. So this was a unique village in that everyone was more or less an intellectual and all of us had kids about the same age. We already had our daughter and our first son was born there.

In those days a residency consisted of thirty-six hours on, twelve hours off, and we organized a car pool for people going back and forth. Camp Shanks was in New York, just above New Jersey on the west side of the Hudson River, so we had to cross the George Washington Bridge which was about six to eight blocks from the Columbia Medical School and Hospital complex. We made that trip day after day, week after week through the whole two year residency period.

SPIDLE: You knew early on that you wanted to be a doctor and a pediatrician. Did you also already know where you wanted to set up your practice?

SYME: Well, during the last weeks of your residency you begin to ask 'what am I going to do now?' I felt I wanted to come back west, but wasn't sure about where in the west. One of the older previous residents said he had corresponded with Rustin MacIntosh, the professor of pediatrics at Columbia College of Physicians and Surgeons and the Chief at Babies Hospital. He lived in Tucson, Arizona. He wrote that he needed someone to replace his associate who was leaving. I corresponded with him and he told me to come on out. I brought my family to Albuquerque and afterward I received a letter from him telling me the man who planned to move had changed his mind.

So there I was in Albuquerque but with no definite prospect about where I would practice. I liked Albuquerque, my family liked it, this was home, our families were here. We came back after my residency ended the first of July, and I arranged to take the basic science examination. I didn't have to worry about the medical examination because I had taken national boards which, as a matter of fact, was the way Columbia University structured their final exams in those days. We took the first part of our national boards at the end of the second year and took the second part at the end of the fourth year. We took the third part at the end of our residency and internship, and New Mexico accepted that in place of the medical examination. I had no problem with basic science but it took about a month before I was notified I had passed and could obtain my license. So because I knew there would be no problem about it, I applied for my license and actually set up my practice about the last ten days of September of 1949 and that was the start of my practice.

SPIDLE: Was that with anybody's patronage?

SYME: No. There were six pediatricians in Albuquerque when I came.

SPIDLE: Stuart Adler was one?

SYME: Yes, and Meldrum Wylder, Bob Trombley, Ly Werner, and two at the Lovelace Clinic, Charlie Fishback and Brian Moynahan. Guy Eugene Rader came at the same time I did. He had gone to high school here, but his family lived in Ohio so he went there to attend college and got his M.D. degree from Ohio State. He interned and did his residency in California. I did mine in New York and we both came here at the same time. But he was smart enough to have come earlier and make application to get his basic science exam out of the way, so he already had his license by the time he got here in July and started his practice in the late summer of 1949. He rented space from Dr. Stuart Adler so Dr. Stuart, Dr. Eleanor Adler, and Gene Rader were in that office on Central Avenue, which actually was somebody's house across the street from what then was Memorial Hospital and which is now some psychiatric hospital. Anyway, that was the way he got set up.

(end tape one, side one)
(begin tape one, side two)

SYME: (continuing) Many of the people coming back from the service had no place to practice. Most doctors with established practices were in the First National Bank Building. The Lovelace Clinic had a whole floor in that building but they were getting ready to move to their site out on the mesa. I, of course, had become acquainted with all those doctors, including Bob Trombley, who planned to move into the Medical Arts Square after it was built. So I made arrangements to rent his space and move in on the first of the year. But because the square wasn't finished by then Bob made it plain that he wasn't going to get out and I made it plain that I wasn't going to push him out.

Larry Miller was the first neurosurgeon in the state and an old friend of mine who did his residency at Columbia's Neurological Institute while I did mine at Babies, which was all part of the same medical complex. Actually, he came here as a result of my recommendation because we were all in the same situation; we didn't have any roots to speak of. He had grown up in the Chicago area and didn't want to work in a big city, so he came here. Anyway, since he had rented space in the Joe E. Browne Pharmacy Building, he let me and one of the new internists rent space there, so my first office was a single room in that building. I had free time from the middle of August to the end of September so, being handy, I built my own examining table and got ready to set up practice. I didn't have any help while I was renting but, of course, I didn't need any. I think I saw five or six patients during my first month of practice and that was the best month I ever had because I made 100% collections. (both laugh) It was the first and only month in my life when that happened. At any rate, that was a start.

After Bob Trombley moved into the Medical Arts Square the next spring, I moved into his office. I modified it a bit to accommodate two examining tables along with a room for an office helper as well as another room for myself, so that was my complex. Marian Daly was my first nurse and helper in all respects. Not only did she perform nursing duties but she did bookkeeping, sent out statements and everything. She had time for it because, again, we weren't all that busy although things gradually did pick up. That was in the spring of 1950 and in those days the Lovelace Clinic had a restrictive clause in their contract that doctors who left couldn't practice in Albuquerque for two years. As a matter of fact, Stuart Adler was here under those circumstances. As I say, when we came to Albuquerque in 1936 I was the oldest of four children. The first week we were here my brother, who was nine years younger than I, was climbing in a tree, fell out and broke his arm. Not knowing anybody, we called the Lovelace Clinic and Dr. Stuart came to our house and took care of Dave's arm.

SPIDLE: He was such a special man.

SYME: Yes, a prime mover as far as the pediatric situation here in Albuquerque was concerned. At that time he was with Lovelace Clinic and when he left he spent two years in Santa Fe working for the State Health Department and ultimately returned to Albuquerque. Bob Trombley also came here as a member of the Lovelace Clinic, but he was there only a short time before he was taken into the service. So that's how he spent his two years away from Albuquerque, because he didn't go back to the Clinic when he returned.

SPIDLE: Don Kilgore told me, with tongue in cheek, that the Lovelace Clinic did a marvelous job of salting the small towns in New Mexico with specialists.

SYME: Yes. Lou Levin went to Belen, for example, and there were many others. Well, that's how they did it. I thought about going to Lovelace Clinic myself during that time. As a matter of fact, I went to Randy Lovelace's office twice and we talked about it. But during both conversations money was never mentioned and this bothered me. Then Charles Thompson who, I think, was the first radiologist at Presbyterian Hospital, told me I shouldn't go to work there, and that's the reason I went into practice by myself. And the Lovelace Clinic was really responsible for getting my practice going. Brian Moynahan left there in the spring of 1950. At the same time, we had a serious flu epidemic. Since Brian was mad at the Clinic and was preparing to leave, he referred all his patients to Gene Rader and me because we were the new pediatricians in town. So besides my own reputation and a few other referrals, that's what got my practice off the ground.

As pediatricians we were all pretty close. We were all above board and there was no cut throat feeling among us. All of us had all we could do and then some. And of course, Gene Rader was a friend. We were golfing buddies and so forth so we decided to become partners, associates, and that's when we built the building he and I practiced in during all the time he lived. It was a very satisfying association to me and I think it was for him, too. The thing that affected my life more than anything else was when he died. Ours was a general pediatric practice in those days but we did a lot more than pediatricians do in this day and age. During part of my residency at Babies Hospital I was in the ear, nose and throat service and, although it wasn't part of my residency training I learned how to take out tonsils and adenoids. As a result, I had tonsil and adenoid patients here in the hospitals from the time I started my practice. And Gene and I planned our building to accommodate handling surgery and we did our own T and A's right up to the time he died. One of us gave anesthesia, the other did the surgery. Indications for doing tonsillectomies have changed since those days --

SPIDLE: -- several times. (both chuckle)

SYME: Yes. But back then if you had a recurrent ear infection that was a good reason for doing a T and A. We had room for three recovery beds and we did three T and A's perhaps two mornings a week.

SPIDLE: What kind of anesthesia did you use?

SYME: Ether.

SPIDLE: I think my tonsils were taken out in 1950 and I remember the ether.

SYME: I think we started ethyl chloride, switched to ether and then had a machine that pumped ether. But we actually dropped open ether into a mask. And I did a lot of my own orthopedic

work as well. If a kid came in with a Colles' fracture I set it for him because again, we did a lot of that at Bellevue Hospital. Patients came in and, as interns, we were allowed to fix them. We were supervised by an orthopedic resident but we did it all ourselves. I felt we had adequate training and I did them in those days.

SPIDLE: I'm not sure where that building is on Silver.

SYME: It's at Sierra and Silver, right behind the bar that burned down. Silver is the next block south of Central so we were right behind that. As a matter of fact we objected to that location because a lot of times the next-door patrons would use our parking lot for their personal needs.

MRS. SYME: In those days some doctors had certain times when they were on call but he was on call all the time--middle of the night--all the time.

SPIDLE: That reminds me, what about hospital privileges?

SYME: I had hospital privileges the first day I asked for them at Presbyterian, St. Joseph and Bataan.

SPIDLE: At Bataan, too?

SYME: Well, I think I only had newborn privileges at Bataan because at that time Bataan was part of the Lovelace organization and still is. The only reason I went out there was because one of my patients or someone else who wanted me as their pediatrician also wanted their Lovelace obstetrician to deliver their baby, So, as their pediatrician, I went out to do the newborn care.

SPIDLE: I ask because it was Ed Parnall who first alerted me to what he saw as the control of beds at Presbyterian Hospital by an old guard. As an orthopedist he had a lot of trouble getting beds there.

SYME: That was the situation at Presbyterian, but getting privileges was no problem.

SPIDLE: I'd like to back up a ways and ask you about those five old guard pediatricians. Was there no resistance to young folks coming in?

SYME: I think they felt they were busy enough and actually were happy to see us come. As I said, the only problem was that Trombley didn't want me to take over his office when my lease was to start on a certain date. But since he wasn't ready to move on that date I paid the rent, he paid me the rent and that's the way it went. Gene was in the office with Dr. Stuart, who was doing T and A's in those days, and Gene helped him with anesthesia and things like that. I think Eleanor was happy to see him because she would have to do it otherwise. She's an old easterner. She started her practice in New England, Connecticut. In those days there was a real schism between the Lovelace Clinic and the town doctors and we've talked about that. Ly Werner was an older lady, too, and I don't think she wanted to practice very hard.

SPIDLE: I don't have much information on her. Did you have any dealings with her? I think she was German trained.

SYME: Yes, a very sweet old lady. We knew her as a friend and compatriot, but I can't tell you about how she did her medicine. I'm sure we got each others' patients every now and then either because they were unhappy with the way they were being treated or because people simply

moved around in those days. Even geography had something to do with it and it was just easier to go to somebody else. I expect you know about Dr. Wylder. He wasn't a pediatrician but he did obstetrics and pediatrics.

SPIDLE: A virtual monopoly.

SYME: Yes. He was an old, old man and I think senility got to him. As a matter of fact, the only malpractice problem I ever had was related to Dr. Wylder. If he had a problem he would ask a pediatrician to see them. And it turned out that a newborn he had delivered in the hospital was jaundiced so he told the hospital staff to have the first pediatrician who came in the next morning look at the patient, and it turned out to be me. He didn't actually call and ask me to see the patient, but that was the system he used.

I looked at the kid, who was jaundiced to a rather marked degree, and it ended up with kernicterus, a brain problem neonatal jaundiced kids had. I wrote the consultation down and ordered a serum bilirubin. That in those days wasn't an easy test to get. But they did and it was extraordinarily high, to the point where we were doing exchange transfusions in those days as a treatment for hyperbilirubinemia, and it was my recommendation after we got this back that we do an exchange transfusion. Dr. Wylder told me to go ahead and do it, so I made the arrangements, and I remember it because most of the time we could get a catheter in an artery in the leg but for some reason or other I couldn't get it in. So I called Lawrence Wilkinson who came down and we did a cut-down and I went ahead and did the transfusion. It saved the baby but the baby had kernicterus.

Well, twenty years later this baby who was now a lady was in some kind of home in New York City where a lawyer saw that she was retarded. He asked why and they gave him the medical history, so he brought a suit. This was twenty years later and in those days the statute of limitations was twenty-one years here in New Mexico. In other words, you were responsible for anything that happened until the patient was twenty-one years old and, of course, this happened at birth twenty years before. So the suit was brought, but instead of bringing it against Dr. Wylder, who was then dead, they brought it against me. It's a debilitating experience, and it doesn't teach you anything because even without my permission my insurance company settled out of court. I think they felt that was easier, perhaps less expensive, or whatever it was. My total malpractice insurance coverage was \$50,000 and they settled for that, but perhaps by that time it was worth it--worth more than it is now.

We covered for Wylder all the time because he had problems. His training was only fair but his experience was tremendous. Even today he probably holds the record for number of babies delivered in this state. So his experience in that regard is extraordinary but so far as training is concerned I think he came from another generation prior to ourselves.

SPIDLE: His medical degree was in 1899.

SYME: Yes, and mine was in 1940 so he was forty years behind the times. That's the kind of thing we had to deal with as far as early associations with people in our own specialty. I can't remember feeling badly. Dr. Trombley might have been the only one but he was busy; I guess that at one time he was the busiest pediatrician in Albuquerque.

SPIDLE: Did you, maybe against your will, get pulled into that Lovelace-downtown doc split? You indicated you were out to Bataan Hospital.

SYME: No. That was when they were still in the Bank Building. I went to the hospital to see newborns because that's where they were born. When I first started practice--and you may have heard this--Presbyterian had no obstetric service. As a matter of fact, almost all babies were born in St. Joseph Hospital at that time. Presbyterian did have a few but they had no area specifically assigned to obstetrics. The newborn nursery was a tiny little room that perhaps held eight cribs or not even that. Mothers were scattered through the hospital in various places wherever there was a bed and most were in a special hallway that served as a kind of area for short-termers and I guess mothers who were in four or five days were considered short-termers.

When I came, the Armed Services was a means for actually supplying doctors here in Albuquerque. People from all over were stationed in this part of the country and they discovered how nice it was. All they had known was Michigan or the crowded streets of Brooklyn or something like that. So when they discovered wide open country and friendly people, this was a place they came back to willingly or were enticed here by their confreres. And we all came more or less at the same time. We were a group of physicians who had trained a little bit over a period of time but due to circumstances of the war we were released to go into practice at the same time. As I said, I met Jim Wiggins, Lorry Delambre, Larry Miller in neurosurgery and others, all who came here then and who, for the first time, made practice in Albuquerque specialty-oriented; up to that time it had been simply general practice. Before that people would do things they liked doing like Doc Wylder, who liked to do OB and mostly did that. He also took care of kids, but that was by custom rather than training.

SPIDLE: I make that argument in my book about doctors of medicine in New Mexico, that Albuquerque was obviously a general practice community, with the exception of genuine, honest-to-God chest specialists here.

SYME: Yes. When we first came Central Avenue was a line of TB units. Presbyterian had theirs where Galles on Central now is. People came here for that reason and that's how Albuquerque grew. A great number of early families were TBers who came for care.

SPIDLE: You came from some pretty high class medical training areas. What was your evaluation of the caliber of practice here? Your peers here were well trained, but what about the old guard?

SYME: Well, in part, we didn't know them that well or at least we didn't associate with them in a way that we would learn how they handled cases unless they wanted you as a consultant, and that happened every now and then. We were friends but we didn't intrude on them any more than that. We talked among ourselves about how they handled cases but that's about as much as we did. And they maintained a schism, too, because they were one group and Lovelace was another. On our part we didn't have the same feeling about Lovelace Clinic as the old doctors did. But other than not sending them cases because they weren't well trained, we did maintain such friendships.

SPIDLE: So there were two tracks here--the old guard and the new wave.

SYME: Yes, we were part of the new wave and consequently had our own associates. We didn't enter the old guard's domain in any way, other than to help them out now and then when they asked us, especially in areas where they weren't adequately trained, like neurosurgery. I'm sure Larry Miller flew all over the state because of that.

SPIDLE: So at least so far as your own generation you didn't feel you were stepping back into the country?

SYME: Oh, no. From that time on we were well trained.

SPIDLE: What about facilities?

SYME: I was about to talk about that. Like me, Omar Legant, a superior radiologist, came from Presbyterian Hospital in New York at about the same time I did. I've already mentioned Charles Thompson, another radiologist, so we had radiology at both hospitals. They started their own laboratories and then took over the hospital laboratories, or maybe it was the other way around, where they were part of the hospital labs and then moved out, or at least in addition provided outpatient service in those areas. There weren't too many doctors around and the town wasn't that big yet, so it wasn't like we had to have facilities 'way out. The hospital was almost near enough to send patients to their laboratory. Of course, we had a lab in my office where I did most all the work. We had a well-trained lady who did at least what we needed to do--counts, urines and some blood chemistries. We included that when Gene and I established our office and we used a fluoroscope rather than X-ray so when kids came in with a crooked arm we could look at it, so we didn't need a lab in that sense.

But men were available in the event of doing a GI series or something like that, along with others who joined them and set up various groups. So I don't think we ever went wanting as far as facilities were concerned, and I think it became so right at that time. Before that if you had an X-ray you went down and read it yourself. As you say, the chest people probably did their part, but it wasn't generally available until this group came to provide it.

SPIDLE: We've heard your evaluation of the medical community and facilities. But here you are, isolated in the desert. How did you keep up with what was going on in the greater world of pediatrics?

SYME: We were our own instructors for a while. If you had a problem you talked it over with your confrere and if he didn't know, you spoke with someone else. But I returned two or three times to attend clinics for brief periods of training, once in New Orleans. Actually, we took training on our own even before it was required by CME. If we were going to do the work, we knew we needed that knowledge so we found the means to acquire it, reading a lot of course, and meetings.

SPIDLE: What kind of meetings? The State Medical Society?

SYME: Yes, and the American Pediatric Society held two meetings a year that we attended whenever we possibly could. One was a business meeting with educational activities and the other was a purely educational meeting held at a fancy place in the spring of the year--down in New Orleans, Florida, southern California, Hawaii, some place that would be fun to go to that offered other facilities as well, because we usually brought our families, so it became a kind of brief or semi-vacation as well as a learning experience. And of course, the medical school helped a great deal.

But before that we did it, and I'm sure Bob Tully has talked to you about this. When it was Bernalillo County Indian Hospital, we did it. I remember very well a little Indian kid coming in from the reservation with diarrhea who needed an IV and my having to leave my office practice to go down there to put that IV in him because nurses didn't do it in those days;

we did it. And that's another thing. Some of the activities we expect other people to do today, we did ourselves back then. IVs. Searching for foreign bodies in the ear, throat, nose or elsewhere, we did it. Our group ran at least the pediatric service at Bernalillo County Indian Hospital. Bob Tully was a prime mover in that effort, but all of us had our regular period of service and during that month, or however long it was, you were responsible. You went there to make rounds every day, examined children, made a diagnosis, asked for necessary laboratory and other data and prescribed treatment.

SPIDLE: The coming of the medical school must have been just plain welcomed by physicians who had to sacrifice their own time in that effort.

SYME: Oh, yes, it provided this automatically. As you know, we even had an internship program before there was a school and that was the biggest move we made, because although we had to go over and make daily rounds with him to see that he was getting things done as he should, we didn't have to leave our practice to do the necessary scut work depending on what problem the child presented.

SPIDLE: With regard to creation of the medical school I've been told by a number of your contemporaries that there were different opinions over whether a medical school was desirable or even possible.

SYME: My own concern was that I wondered whether there was enough clinical material here. As far as providing an education, having graduated from a similar school I felt the next step up could well be managed by the school itself. But the question was whether there would be enough necessary clinical material to make it effective. And over time it has proved to be because they have drawn from the whole state. I think people in places outside of Albuquerque felt even happier about the school because they had some place to send their problems. I had no adverse concern about whether they were going to take over our jobs or make our practice anything less. I've enjoyed the school and have participated in it to some extent.

SPIDLE: The argument could certainly be made that the medical school has helped to keep New Mexico medicine up to snuff.

SYME: Yes. Even after they quit practice many of our old boys--Fred Hanold, Randy Seligman--went back to the school even though they weren't part of it when they came here. And they have continued to be associated with it, to its advantage as far as I'm concerned, because these were some of our prime specialists.

(end tape one, side two)

(begin tape two, side one)

SPIDLE: You personally didn't feel strongly about creation of the medical school?

SYME: No, I didn't feel it was the source of any antagonism or problem as far as my case was concerned. As a matter of fact, it was another place to refer some of the more difficult problems, or cases we didn't have facilities for. Then when the neonatal service was established that was a tremendous relief to many of us. I expect that if I were starting out now, I would become a neonatologist. Looking back on my experience in Babies Hospital, there was no such thing as neonatology, even in that great big complex of a woman's hospital where babies were delivered and where kids were taken care of. While there was a neonatal service, there was no neonatologist, so we had to spend part of our resident period in neonatal service where we looked at not only newborns but took care of sick newborns. But there were no special men in neonatal

areas; they were taken care of like the rest of the infants rather than being assigned to a special area for special problems. As a result, our premature saving rate was not very good. The nearest we ever came to a neonatal service happened when one of the young attendings took over a kind of closet in Babies Hospital, put about three or four cribs in it and into those incubators he put the sickest babies that were born in the big hospital. His name was Bill Silverman, one of the prime movers in the field, who wrote one of the first books on neonatology.

SPIDLE: And you were present at the creation of that specialization.

SYME: Yes, three or four incubators in a little room that I think was a closet before he moved into it, and that was the neonatology service as far as Columbia Presbyterian Hospital was concerned.

SPIDLE: Presumably this is one of the things you would identify as a major change within the profession.

SYME: Oh, yes. As indicated in that article (indicating) at one time I delivered the smallest newborn to survive in Presbyterian Hospital, of all places, in a little room where we had an incubator and one nurse took care of the kids. Unfortunately, he subsequently had problems but of course we weren't aware that potential problems unique to that kind of preemie existed and have since become manifest. Nevertheless, I was interested and got to take care of some of the other doctors' preemies because they didn't want to, so it was a problem. None of us had any real training and it was our interest that dictated whether we would continue to explore that interest. So since I did have it, I got to take care of my share of preemies in the early stages when there really wasn't much we could do. As a matter of fact, I gave my own blood in transfusions. I'm a universal donor with an O-Negative reading, so I would slip ten cc.s of my blood to one of those babies and it worked. Being immature, part of their problem was that their blood supply or oxygenation mechanism was not too adequate so by adding a few mature cells to their system they did better. We found that was one of the better things you could do to improve the situation. So I was down taking blood from myself or having a nurse take it and slipping it into the preemies. We didn't bother to cross-match or anything; that was a fifteen minute job. We took blood out into a syringe that had an anti-coagulant in it, put it back in the preemie and that was it.

SPIDLE: What can you tell me about public health? I'm interested in New Mexico's public health efforts.

SYME: They did have public health clinics in those days. As a matter of fact, I got into that the first year I was in practice. We had a clinic down on North Broadway where people brought their kids. They brought acutely ill kids in, too, but it was mainly for use as a well baby clinic organized by interested people who weren't necessarily medically trained. So we actually did the things that were done there. I spent a day, or perhaps it was two days a month there and that's about as much as I was involved, just being a participant in the setup they provided for such health care. I don't think those facilities exist any more, what with the medical school providing that kind of care, although I don't know whether they sponsor outlying clinics. There may be some out of town.

SPIDLE: Yes, I think some rural communities still do that. But when I ask this question it's clear that back in the 1920s, '30s and '40s when the New Mexico Department of Public Health was first developing, private practitioners to some degree resented it, feeling that public health work was an intrusion into what they considered was their proper domain.

SYME: It was in a sense except that in my own instance we did provide some of the care.

Before letting you go I would like to discuss the major changes in your field of pediatrics over your forty-year practice. We've talked about one, the birth of neonatology, a new subspecialization, which had the obvious effect of saving lots of lives.

SYME: Yes, to the point now where there are pure neonatologists, as you know, people who do nothing but take care of these babies. They don't have a pediatric practice and I think, like any hospital practice, it's more impersonal than our own, which was related to a broader life span. When his patients get old enough or well enough to go home, he never sees them again.

The first thing that comes to mind, of course, is antibiotics and you must have heard this a hundred times. I started my practice in the antibiotic age but when I was in medical school the only antibacterial medication was sulfa and then penicillin was discovered and began to be used. As I tell it, penicillin at Presbyterian Hospital was given only by the chief resident who, along with an assistant resident took a little bottle of penicillin around to various areas of the hospital and administered the drug themselves, not a nurse. I also remember homeless folks coming off the Bowery into Bellevue Hospital and we could only give 100,000 units of penicillin one time, and it saved them. Before that, seventy-five to ninety percent of them would be dead within two or three days. And of course, that lasted all through the various stages of antibiotic activity.

And one of the greatest things of all was immunization. Having had all the childhood diseases myself and living through my children's progress, most of whom had those childhood diseases before there was an opportunity to immunize them, I know what we were up against. During the epidemic of polio in 1953 I had twenty-three cases in my own practice when the town wasn't one-fifth as big as it is now. Of that twenty-three, one died; another who is a lawyer here in town is in a wheelchair and will never walk. Now pediatricians will go through their entire training without ever seeing a case of polio, a case of measles. They're seeing chicken pox symptoms simply because although the vaccine is there people doubt whether it's worthwhile giving, let them go ahead and have chicken pox because at least there are no extra complications like rubella. Rubella itself was a mild illness to the point where I didn't give boys rubella vaccine because it wasn't a problem in males. Well, other than a rash the guy who had rubella never really had much of an illness, no fever or sick at all. But of course, ladies who had rubella resulted in passing rubella syndrome on to their unborn. So I didn't bother vaccinating males who were never going to be pregnant, but every lady I took care of got a vaccine.

And we all had our own ways of doing it. Drug companies promote using their materials because that's how they make profits. And we, trying to express individualism, had our own ways of using these materials. MMR, measles-mumps-rubella combined vaccine, is the standard vaccine, but I grew up when they were all separate, and as a consequence we gave it at different times. And so much has changed as far as recommendation is concerned. When the measles vaccine first came out it was recommended to be given at nine months so we did. They then felt it wasn't adequately immunizing the nine-month-old and we ought to give it at twelve months so we did that. We then found out, as you know, that some were not adequately immunized after twelve months so we were to give it at fifteen months and that was the recommended time so we gave it at fifteen months. But the problem now is that because it's recommended at fifteen months we have kids in college that got it at twelve months because that was the recommended time then. Now, because they didn't get it at fifteen months which is the required time to get it, they're subject to another vaccine and I guess many of them are getting it on that account.

SPIDLE: Yes. My daughter starts college this year and she is one of those questionable cases.

They want to know exactly when the immunization was given. I didn't understand that then, but I do now.

SYME: It's not that it was bad, but it did allow us to express individual times to the point where because this question of developing an immunity to a vaccine at an early age, we know that's why they moved the vaccine up, if you can give it at a later age, you're better off. That's why I gave rubella vaccine at the last possible minute--at five years of age to girls only--simply because that's when they were going to have to have it to prove to the school that they had it. We all did it for mumps but, again for the same reason, I waited until they were three years of age before I gave them the mumps vaccine. And because measles is a serious illness in infants we gave it as early as was recommended. Now, in epidemics, they're giving measles at six months and again at fifteen months to be sure they're adequately immunized. I never gave kids flu vaccine unless they were exposed to a mother or someone older in the family and I usually brought the adult in for the flu shot at the same time. Sometimes it was easier for us to do that than for them to make an appointment with their own doctor. So no doubt it took care of immunizations for the most part. Our limited technology in X-ray, laboratory and so on covered a broad area. Now things I can't even pronounce are available for analysis, so I think technology is in the forefront right now, and I wouldn't want to expand on it at all because I don't have enough experience.

SPIDLE: Do you think the technological component has become so prominent as to perhaps cause an atrophy in clinical skills?

SYME: I think so and people allow that simply because it's easier to get a whole battery of tests than to sit down and get an adequate history, do an adequate physical examination and think a little bit before coming to a diagnosis. We had to do that because we didn't have any other means of doing it. It's now becoming routine to do it at least in some or maybe many instances where they depend on technology rather than on their own abilities and intuition, if you will, just general knowledge of medicine that might reveal the problem.

SPIDLE: I first thought about this when I interviewed Bob Friedenber, a man with remarkable clinical skills and the like. I know the wonderful advantages of today's invasive cardiology, but it's too bad that we can't have both--we ought to have both.

SYME: Well, hopefully they do have both in the end, and we hope the man who has both is depending on his clinical skills more than technology, but I'm not sure that's the case in every instance.

SPIDLE: I'm prepared to let those clinical skills employ technology, but I'm afraid it's sometimes vice versa.

SYME: I think so, too. It's easier to do it that way.

SPIDLE: You spoke about epidemic diseases like measles and polio and so on. When you came to New Mexico did you see anything unusual here that you might not have seen in Lima, Ohio or New York? Or was Albuquerque just another typical pediatric community?

SYME: As far as any peculiar illnesses, I would say no. Nursing and management of infants and so on is so individual that you couldn't say this was unique to Albuquerque as opposed to anywhere else. We don't have peculiar local organisms here that were of great enough import to be a specific problem that might not be noted elsewhere.

SPIDLE: I think that depends on where you are. When I asked Frank Nordstrom that question, given his proximity to the reservation, he saw some exotic things.

SYME: Yes, things we wouldn't see except as perhaps a special case. We did see some things when this was Bernalillo County Indian Hospital and people at all the reservations were sending their sick kids in to us. But again, it was limited to such things as diarrhea that needed hospitalization and couldn't be cared for otherwise, not because of peculiarities but because it was a serious illness. Diarrhea was no different here than it was in New York City.

SPIDLE: If you will agree, I would like to return here in a couple of months because I've been talking with administrators at UNM Hospital and they're interested in doing something about the history of that institution.

SYME: I have no objection at all.

SPIDLE: Would you check your notes there, because there may be areas we haven't touched on.

SYME: I've gone through most of the things I jotted down.

(end of tape)