

Interview with Dr. Richard Meiling by Robert Sutton
November 30, 1983

MEILING: What to do with two thousand buns on Monday morning? I couldn't think of anything and I got Jim and he couldn't think of anything. I said, "Let's hand them out in the school cafeteria. We can't sell them. They're not exactly today's bake." So we handed out the buns and we took the loss. But I still think we broke even on that one. It was the same thing with the dances. We always ran the risk that nobody could come and we'd have to pay for the hall and the orchestra. So I guess there was a little entrepreneur in both of us in those days. I first came to Ohio State in 1938 on my return from Europe where I'd spent almost six years in the university and earned my degree Doctor of Medicine. Here at Ohio State I filled in a vacancy that occurred on the surgical service. I was an intern under Dr. Vernon Dodd. In those days an intern got six dollars a quarter plus room and board and laundry. The six dollars was to put us on Industrial Compensation if anything happened. Of course it didn't go very far.

SUTTON: Not even in 1937.

MEILING: I left then at the end of July and went to Western Reserve. I came back to Ohio State in July in 1947 as a clinical assistant professor in obstetrics and gynecology and as an instructor in pathology. I took a leave of absence in 1949 to become Assistant to the Secretary of Defense in Washington. I was there during 1949, 1950, and 1951. I returned July 1st of 1951 as Associate Dean of the College of Medicine, Associate Director of the University Hospital, Associate Professor of OB-GYN, and instructor in Pathology. This time I was paid a salary of \$14,000 a year and allowed private practice as long as it didn't interfere with my administrative work. In 1953 I was promoted to Professor of Obstetrics and Gynecology. In 1957 I was appointed professor of Aviation and Space Medicine in the Division of Preventative Medicine. In 1960 I was selected to become Dean which I did the first of January 1961, and at the same time, Director of University Hospitals. This time my salary was \$25,000 a year and the privilege of private practice. In 1967 I was appointed Professor of Hospital Administration in the School of Allied Medical Professions. In 1970, about September 14th or 15th, I was appointed Vice President for Medical Affairs, continued as Director of University Hospital. I continued my professorship in Obstetrics and Gynecology and in Hospital Administration and in Aviation-Space Medicine as I was the only one who was on our faculty at that time who was Board-certified in Aviation-Space Medicine. We had to have a Board-certified professor to maintain our residency program in Aviation and Space Medicine. Dr. Fawcett and Dr. Garrett, who was the Vice President for Research Affairs asked me to take over the administration of all research animal programs on the entire campus and likewise, to take over all the radiation safety programs of the entire campus while I was Vice President. I retired on June 30, 1974. I was given an Emeritus Vice Presidency and an Emeritus Professor of Obstetrics and Gynecology, which I return to this date.

SUTTON: That doesn't say what all you did. That just says the labels you bore.

MEILING: That's right. You have to have a title even on a university campus.

SUTTON: Oh yes, it is not official unless you have a title. One thing caught me here and I want to ask about it. It was a little off the track of what we've been talking about. The fact that you were asked to take over animal research programs on the campus implies collaboration between the College of Medicine and the College of Veterinary Medicine, which would be implicit in such a thing. Somehow this strikes me as unusual on American campuses.

MEILING: It isn't just exactly as you propose it. What happened was the professors and the faculty had had research projects that did not provide what we call an overhead in their applications for grants. So Vice President Garrett was about a half million dollars or more in debt for the animal research. The only place where animal research paid its way was in the College of Medicine. We would not allow a grant to be submitted unless it covered the procurement of the animal, the medical inoculations, the housings, the feeding, and all activity such as the use of an operating room, surgical supplies, intravenous fluids and things like that. Before the research began, we actually had the overhead money to pay for it. This also included making medical cages that the animals could be held in such a manner that we could retain all their waste products which was necessary in endocrinology and many others. The College of Veterinary Medicine at that time, was laboring under a national edict of their association. They could not participate in research animal work. They could only participate in the therapy of animal disease or surgery. So they couldn't take over this for Vice President Garrett. He asked me what I could do. I said, "I won't assume that \$500,000 debt but I will, from the day I take over, maintain an absolute breakeven on campus. But, they have to meet the Department of Agriculture requirements for research animals as to their purchase, inoculations, housing and all the things that they might use...computer time, radiation, operating room, so forth. This was not met with great favor on the campus by many of the research people until we showed them that where they purchased maybe ten animals to get six through an experiment, we purchased ten animals and we got nine through to the end of the experiment because of the sound methods and the rules we observed which had been established as guidelines by the U.S. Department of Agriculture. Shortly thereafter, Dr. Garrett came to me and he said, "You know, we've got radiation experimental labs all over the campus and you're the only one that the Atomic Energy people have approved. We're in danger of losing these experiments. How do you do it?" I said, "Well, we have two physicists who are specialists in radiation and they inspect our area at least twice a week, wherever we have radiation material or radiation work. We also do this in our clinical studies wherever we're using x-ray or a betatron or cobalt bombs or the radiation therapy in which we inject radioactive material. In every building we have painted our waste pipes with a brilliant paint where there might be radiation from waste products. Nobody from campus maintenance will touch one of those painted pipes in the plumbing until we've run a Geiger counter over it to make sure it doesn't have any active material. If it does, then we take the proper safety measures." He said, "That's fine. I'll ask the President to appoint you Head of Radiation Safety for the campus." So, as long as I was here, until 1974, I handled all the radiation safety and all the animal research and all the procurement of animals. I went to the Research Foundation and insisted that they see to

it that there were overhead funds in any proposed project that was submitted before we accepted it, to take care of the needs of that experiment. Later, the federal government put in overhead in all their grants so that you automatically got 20-40% overhead in any project. That was taken up by the Research Foundation. It was great because every college and department shared in that overhead. A college such as Law which didn't have research projects did get some extra money out of the overhead which was not only to pay for the actual experiment but also wear and tear on the building, heat, etc. That's how I got into the campus-wide authority. Then OSU received federal money and built a University animal holding facility on the Don Scott field. When completed, this facility could handle anything from a horse to a gorilla. Dr. Stillson, D.V.M., was in charge of the planning and operation of this facility. The National Space Agency and the Air Force contracted with the College of Medicine to do the instrumentation of the first animals that were sent on space flights.

SUTTON: A very interesting project.

MEILING: It was fascinating, believe me, very fascinating. We were able to put platinum indicators in the base of the brain of our experimental animals and then imbed an antenna under the skin so the animal couldn't scratch it out. To go to one of the areas where they were recording the flight and actually hear the heart beat and the blood pressure and other things coming in from that imbedded antenna out there 150 miles in space was as fascinating an experience as you could have. In 1947 a group of us, after the annual meeting of the Aviation Medical Association, holed up for two days at the hotel (there were ten of us) and discussed Space Medicine. Nobody had talked about it. We were convinced that one day we were going to have somebody out there in space and what did we know about it? What were the problems of altitude, of the environment, of getting rid of waste material, of supplying oxygen? How did you go through the so-called "magnetic belt?" We organized that day a society called Space Medicine Society. I came home and told my wife why I was two days late. She said, "Well, I suppose you're going to the moon next." I said, "No, I don't think I am but I think a man will go to the moon." She said, "Dick, of all the crazy things you could get into, why do you want to get into that?" I said, "It's fascinating. It's exploring the unknown." Dr. Strughold, who was Professor of Physiology at Wurtzberg used to come down and lecture on aviation medicine when I was a medical student at Erlengon University in Germany. I was an equivalent of a sophomore in medicine and I started taking those courses and have been interested ever since. Now Strughold is in the U.S. as a special assistant in Aviation Space medicine to the Air Force. He's got some ideas that are certainly to take us to the moon though we may not go as he says we are. Today he is recognized as the "Father of Space Medicine." Although he's very ill, I visited him six weeks ago in Texas. We sat in his library and chuckled about the organization of Space Medicine in San Antonio back in 1947. People say, "How do you get involved in this?" Well, be curious.

SUTTON: That's the way you get involved in most anything in learning. The other day when we were talking you were telling me something about the expansion of the buildings of the College of Medicine and I think you talked about the regaining of accreditation. Can you tell me again about the way in which you planned the expansion

of the buildings and what it took to get this done? It took quite a few things to get it done?

MEILING: Well when Dr. Doan was Dean, we had gotten a grant to build what is now known as Wiseman Hall as the animal research facility for the College of Medicine research laboratories, which were matched with the facilities of the north wing of the hospital. That was my first experience with bending the federal architect and construction guidelines, which said that the research animal facility had to be a part of the north wing laboratory building. We went to Washington and showed them that because of a huge storm sewer that goes down 12th Avenue, there was no way that we could put a foundation in to connect a proposed building (which later became Wiseman Hall) with the north wing of what's now known as Doan Hall around that sewer. This was really only half the reason. We didn't want research animals in the clinical building with patients. We couldn't use that as an argument in Washington, but the storm sewer was a big one, and you have to stay 4 and a half feet away from its walls with construction. You can't construct near the sewer. It was just too expensive to connect it. We almost lost when they wanted to put a bridge across 12th Avenue at the level of the third floor. We showed them that this was almost impossible structurally. We got our money and we built the first part of Wiseman Hall. Dr. Wattman, who was in surgery, and I went around and we must have visited 20 animal research facilities that belonged to the government or universities or private foundations and we worked with Dan Carmichael, the architect, in putting it together. Dr. Doan was busy with other things so this fell entirely on my shoulders as the Assistant Dean. We found that there was money in Washington that the other medical schools in the country were getting and that we weren't. I told you about how we got into the proposed expansion of the College of Medicine through the Ohio Commission for Education Past the High School, of which Dr. Fawcett and I were members. Dr. Fawcett appointed a university committee of three Vice Presidents and myself as an Associate Dean to decide what we could do Medical School-wise and what we could do Nursing School-wise for enlargement, which was accepted by the Board providing we had the funds for the new buildings and the new staff. This was 1960. That August I was selected to be the new Dean, effective the first of January. Dr. Doan turned a great deal of the actual operations the last six months over to me. I went to Washington about once every two weeks to look for money. Campus Planning under Dr. Herrick foresaw two million dollars over ten years spent in what is now Hamilton Hall, and maybe some in Starling-Loving, but they didn't visualize the big growth in medicine. Campus Planning proposed at 12th and then at 10th and 9th and then 8th an outer belt, which was to be a 4-lane highway. That didn't set very well with us because it went right through the proposed medical campus. There were some campus planners that thought we should move the whole medical setup over to what's now the University College campus. At that time we were trying to negotiate with the Veteran's Administration to bring in a big thousand-bed hospital and build it on campus to be run for the veterans by University medical faculty. It stopped itself when the veterans decided they wouldn't come to Columbus. There were various reasons for that going back to World War II. In 1941, when Pearl Harbor was hit, the University Hospital had a U.S. Army reserve general hospital. They were called to active duty, as were 25 other medical school reserve hospitals. Lack of planning here at Ohio State resulted in the

Dean, the professor of Medicine, the professor of surgery and the head of the operating room nurses and so forth all being in that hospital. Here, from one day to the next, the entire senior staff of University Hospital in Columbus was ordered to active duty in 1942 and on the 2nd of January. They appealed through Governor Bricker to the White House and the White House rescinded the mobilization order for OSU. It was the only university hospital with orders rescinded. For year that rankled people in both the Veterans Administration and the Army, especially after the war when it came time to try and get a Veterans Hospital here. Really, other campuses provided them. The Veterans would pay as much as 90% of the faculty salary, for the services of faculty to serve as teaching consultants in the Veteran's Hospital. Take Wisconsin, Western Reserve, Cincinnati – they all got these big, new Veterans Hospitals with this faculty payroll with which they were able to hold their faculty positions and reported to VA as chiefs of their services. Then the Veterans paid all their residents. SO they could have 100-200 residents but it didn't cost the college anything. They were all paid for by the Veteran's Administration. Ohio State suffered because they didn't go to war in 1942 now. All of the young men did go but the senior staff did not go.

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MEILING: The money in the bill that had the appropriations went for the acquisition of property and then the building of buildings on a three for one matching scheme with the federal government. I remember distinctly, it was about 4:00 in the morning when the Governor called and said if I wanted some money for me to get down to the office. I said, "Well I'll be there right after breakfast." He said, "No, I mean right now." So I went down and they had the people like Stan Kraybaugh, who was the Director of the Bureau of Budget and Mr. Rhodes who was the Governor. In that was a grant for 20 or 21 million dollars, of which 3 million would be made available immediately for the purchase of property along what is now 9th Avenue, which were all houses. That bill was passed and signed on that same day and they asked the President and the Vice President what they were going to build. It came out that they had never asked for it. The Board of Trustees hadn't asked for it. So I got a telephone call from Dick Kraybaugh and he said, "You better go to Springfield or someplace for the next 24 hours so the newspapers can't get to you, because Dr. Doan has said that he recalled from his days as Dean that there had been some plans made but they are in the hands of Dr. Meiling." I got out of town and by the time I came back the newspapers had quieted down. We still had the problem on campus and that's when rumors developed that I owned property on 9th, 10th, and 8th and I was going to make a fabulous fortune off this real estate. Well it was true that 5 members of our faculty did own houses on those streets. I did not have anything business-wise or socially to do with them. It never occurred to me that people would seriously question the fact that 5 members of the faculty would own property and we would suddenly decided that that was the property we needed to acquire. Without having the finger pointing at me as a great real estate entrepreneur, but finally we got everything accomplished and we got the houses torn down and we got a grant to build what is now the building we're in, the College Administration Building (now Meiling Hall). Then the militant students on campus came over and got down in front and in back of the bulldozer that was to make the cut through the ground where we were going to build. The operator

of the bulldozer wanted to run over them. If they were stupid enough to get in front of his bulldozer, why... We had quite a little affair there. We finally got them out of the road of the bulldozer, but they spoiled our groundbreaking ceremony as only they could. The next one we heard about was that there was money for a nursing school. We sent Dr. Newton, who was the Director of Nurses, down to Washington, and she called me and said I should come down, which I did. We found out that they had no requests for a building grant for any nursing school in the United States. So within the week we had put together a request, and it should be noted that the money appropriated by the legislature was to the College of Medicine, not to the university. I'm sure if you've gone to law – being part of the university – the university would have gotten the money but the language of the appropriation said the College of Medicine. There was a definite reason for that. Prior to this time, all monies appropriated were for a specific building for a specific use. There's no history up until this time in the legislative records of money being appropriated for "a concept"...namely what that we were going to expand the Medical Center of the College of Medicine on the basis of state monies matched by federal grants. We were able to get the first federal grant money for any Nursing School in the United States. Then we found out about money for what we call our Allied Medical Profession building. That's the only money that was ever appropriated by the federal government for such a school. The only one that was ever built was here at Ohio State. Everybody kept saying, "Well Dick when are you going for the hospital?" I said, "The hospital has an emotional appeal. We can always go for that. But we need a big library. We need a basic science library. We'll never get money per se for those buildings because they have no appeal to the Legislature. The Legislature can respond to an emotional appeal but you don't get much emotion from basic science or a library. They say that we can't read all the books we have up here." They ask why 200 subscriptions are needed. Why wouldn't 20 be enough? We went for a basic science building and that was the next one approved. By this time, all medical schools in the country were coming in for their requirements. I happened to have a meeting with the Director of the National Medical Library. He was an Ohio State graduate. I told him, "You know, we've still got that little library in the basement of Hamilton Hall. We need a modern library." He said, "Well Dick, if you can come up with something new in libraries, there are funds that you could probably get for building." So we went to a corporation and they were building a computerized library in a factory warehouse up near Buffalo, between Buffalo and Niagara, in which their principle client was to be the big insurance companies. They were figuring out how they could, form a terminal, get the brochures or the folders on insurance off the shelves. They had a computerized instrument that ran up and down a ten-foot pole. It was about the size of a big hog's head of beer or wine. They were making it work but it didn't look like what we were interested in. They came down here and planned a computerized library that would not have space where you could wander through and look for books. The university library didn't think much of that idea no stacks, but a true research information source.

SUTTON: I was going to ask how you were proceeding around the University Library.

MEILING: The Director of the University Library thought it would be great if we had a library on campus that was different than any other place in the world. He went up to

Niagara with us. John Prior was Associate Dean and he really ramrodded this thing. We finally came to the decision, would we tell the architect we would build a library without stacks. I said, "Well, how would we handle it?" Inscoc said, "Well, you know 80% of the time in the stacks is used making love." I laughed and said, "It may have been in your time but it wasn't in mine." He said, "No, seriously Dick, I just built this library for Ohio Wesleyan and I've been studies with a stopwatch up there of what people do in the stacks. It's terribly expensive to build stacks. If you could put this in...we'd put a great big window in front of it where the students could watch the mechanical equipment go up and get the books and bring them back, take them back and file them, like watching an electrical train." I told him it was a great idea but it would never fly. Kurt Inscoc replied, "Let's try it." So Inscoc, the architect, designed this roughly, and he put this lobby in front of the window where you could sit and watch. We all got enthusiastic. We had something that was going to be different. In the meantime, Sperry-Rand had reduced the size of the original computer, which had run up and down to about a one-gallon size. Then they got it down to about a two-quart size, which they then built. This was the first one that they'd ever built for a library. Up until this time they had been built primarily for insurance companies. This was the first library they'd built. They got a similar contract with the Board of Education; I think it was out in Iowa, to put one in for a big high school. But the big thing was that we could build stacks for 265,000 volumes at the cost of 25,000 volumes, because we didn't have any space in there for campus romance. The Director of Libraries became very enthused. I remember the last day we had to make the decision whether we were going to the common program of stacks. It went around and nobody would say yes or no. Finally I said, "I've got a seriously ill patient that I have to get over to the hospital to see. The decision is we're going with the new computer, so let's go and let's quit talking." I was asked if this would carry on to campus. I said, "The campus doesn't have anything to do with it because it's our money. If they don't use it the way we want then we don't sing on and they don't get a library. So that's how we got the big library.

SUTTON: But now you're describing a man who is mighty freewheeling and doesn't really bother with the University Planning Office or anything else. What kind of trouble did this cause you?

MEILING: Every day. I didn't think that they had a very wide vision, and I didn't think that they were looking down the field very far. AS you know from your own experience in university affairs, they're very rigid when you try to put a new idea in. Although they're being used as consultants in various industries, when it comes to what actually is going on on campus, for the most part they are two decades behind. Anytime you start to change it, you run into bureaucracy not of the faculty or some special project of the faculty, you then have all the problems of going through committee meetings and council meetings, etc. You finally get to the President and he has ten people opposed and one in favor. He has a very difficult time putting new concepts in. I found the most enlightening thing I got into was when I decided that we should have a computer at the hospital. I couldn't get it through the college because all computers at that time were research projects and they came under Gordon Carson. I said, "Well Gordon, we're not going to do research. We're going to put our research and personnel on the computer of

the hospital. We've got a deal with IBM and they will train us." Well he objected and we finally went to President Fawcett and he said that he thought that we were responsible for running the hospital and we'd taken it from a 49% loss every year to zero and we should have helped. So, we got our first computer. We put our accounts receivable on it. We put our payroll on it and then we started putting our personnel. When you put hospital personnel on you are actually putting University College personnel on. Next, Lloyd Evans, who was Associate Dean, came to me and said, "You know, they will accept a request for computer-assisted instruction if we have at least three departments that will subscribe to it." I said, "How much?" and he said, "That'd give us 5 million dollars." I said, "We're in. We'll find 3 chairmen that will cooperate and we'll put this whole thing under the Dean's office." So with the money coming from Washington, we put computer-assisted instruction in the College of Medicine. It took three years to get all the departments in it. The last one in was Pathology. The first one was Anatomy. You wouldn't expect either one to participate, but we had seen at Harvard when they tried to change their curriculum, Anatomy for two years taught no students. They wouldn't participate in the new curriculum. Pathology then had to teach both Anatomy and Pathology so that the students would know enough Anatomy so they could understand Pathology. So Pathology was leading their faculty up there. If you look and see what's going on you see where the obstacles are. Finally we got a young lady who had just finished her residency and gotten her Boards in Pathology, and she said she could write a program, which she did in three months, for the Pathology department. Reluctantly they accepted it. We had everyone in the college on computer-assisted instruction. Quite honestly, I was a maverick. I never went to the President and asked him to get money for our department. Whenever I asked him for money for my salary he would tell me that I'd have to increase my private practice. So the effort that we put together was to raise the salaries of the chairman, and then to get a second level in and a third level. Over a period of six years, we were successful in doing this. If you have facilities, and you have competitive salaries with your other medical colleges in the United States, you can begin to build. We had an environment where we encouraged the faculty to go after grants. We finally got to the point where we had one professor left who would not submit a grant, and he demanded that that money be provided because it always had. He had been here since before World War II began. I finally said to him, "If you'd just take this yellow sheet of paper, and put down what you want and how you want it and what the overhead would be and sign your name, I'll accept it as your application for a grant." Well he didn't believe in that. I said, "The simple thing is that if you don't, we don't have any money for you, your salary or your research program. Now make up your own mind what it's going to be." He handwritten grant to carry on one of his projects, and we had the whole school then on the subject that you didn't get research money from the Dean's office unless you had a grant in just the same, and you didn't get it three years in succession unless you failed completely on any of the national levels to get grants. So over the period of time the faculty went from \$200,000 in 1960 in research and training grants to \$11.9 million in 1972. They had to put the thing together. We provided technical help of how to word it, and what particular area you went into and what you stressed and what you could do. We committed space and we committed equipment from the Dean. The growth of the Medical College, really the hardcore, was the faculty and their interest in having research programs and teaching grants that they went after. We

went after the big money for the bills, and we went after the big money for their salaries. We were able to get several foundations to commit all their medical research money to the College of Medicine. One was here in Columbus and one was in Youngstown. I sat on the Board of the one in Youngstown, and 50% of their income was to go the medical research. I saw to it that Ohio State was granted the entire 50% each year. Now it's divided among all 7 Medical Schools in Ohio. I can only say that the last meeting I attended as a visitor, they had only about 1/10 of the research projects that we had when we sent all of it to Ohio.

SUTTON: When you disperse it that way it doesn't have near the impact.

MEILING: Members of an entire Foundation Board would spend a day and talked with researchers on their projects. I never had a single adverse vote on giving Ohio State the money. The other foundation here in Columbus is administered by the Huntington Bank. (This is described earlier in the tape.) It supports young professors in new projects and students who want to do research. So when I was still Dean, we were in a position that no medical student who had a project approved by a member of the faculty was deprived funds. Now we would not give him a scholarship, they had to put out some effort, and the effort was in research projects. We were able to meet every student request at that time for money. The student's thought they should be given money for rent of their home and we did. But then they came in and showed that they'd be good businessmen and said, "Well, we want the money for a down-payment on a house, and that's not different than the rent." I said, "No, I'm not going to be involved with that. If you want that you get it someplace else." So then I stopped paying the rent as part of the grant, and they had to pay their own living expenses, but we financed them for their animals, for the computer, for the cages, the trips to medical meetings, for publication of their papers and so forth all out of the Dean's office. We didn't farm it out to the departments. I think rightly. Looking back, many times I heard by the rumors that I was a director and not exactly a benevolent one.

SUTTON: It does sound to me as if this was an important devise in upgrading the kinds of applications you got from your medical students, because if there is this kind of support available, and the word gets around, then you'll have very good applications.

MEILING: Well we did something else. We financially strengthened and put research advisors in each of the two student organizations – The Landacres Society and the Alpha Omega Alpha Society – and those societies brought in several instances Nobel Prize winners here for two days to meet with the students who were doing research and listen to their papers. That really excited both the students and the faculty. I know several of the faculty at that time are now chairmen, one of them is Dean, and he's put a similar program in where they are. This is a problem, as I mentioned early on, when I decided to come to Ohio State, it wasn't because I wasn't offered positions or appointments at other schools. To me Ohio State had a great possibility of going forward. If you go to a well-established school, it's hard to break out. But if you got to one that has a future and really a critical situation both financially and academically, there's a place for somebody who wants to move forward. If you go to a well-established school, it's hard to break

out. But if you go to one that has a future and really a critical situation both financially and academically, there's a place for somebody who wants to move forward.

SUTTON: I don't want to amend what I was saying a while ago about this matter of your moving outside of channels. It appears to me that...

----End of Tape 1----

SUTTON: (In talking to Fawcett) This was not a man who normally would look favorably on people who moved out of channels. He expected a team concept and got it, and here you were operating all by yourself a large degree. You always came through. At least you broke even. Sometime you got a profit or you got money or buildings. This insulated you.

MEILING: Very definitely. I think I told you that one time the Dean's Council voted that the College of Medicine should not be permitted to present any further expansion programs unless it had been approved by the Dean's Council. There were two votes against that, from the Dean of Agriculture and the Dean of Medicine. The others all voted to shackle me if you will or bring me used the bridle. I don't recall that I ever took a project to the Dean's Council. I went to all the Dean's Council meetings. My predecessor wouldn't go. He wouldn't go on campus unless he was specifically requested by the President. The only time he went on campus was with is budget, and his idea of a budget was whatever the Chairmen asked for together and take it over and have it turned down and then he could determine, "Well I approved it but the President disapproved it." My attitude was to go over there and fight for what I thought we should have and I did. That's my concept of administration against his. I attended everything that they appointed me to. I was for my many years on the Patent Committee of the university. At that time, under a ruling, I guess it was a legislative act; all profits from patents at the university went to the College of Engineering. Well, many had patents at this time and we were able to get that changed so that the patent royalties were divided in the manner in which they were earned. The thing that really disturbed me the most was that the Research Foundation, the Development Fund, the University Treasurer, the legislative appropriations, their books were never up to date. Sometime we'd get a statement on a grant that was 2 to 2 and a half years old. Well, if you left money in a federal grant, at the end of the time it was taken back by the treasurer. I went to the State Auditor, who at that time was Mr. Rhodes, and said, "You know, there's something wrong with the fact that we don't get a yearly annual audit within 30 days of the end of the year." I explained my problem and they came up with a solution. Actually, they gave me the university audit to take to the President. So I had access to all of this and I'd take it and look it over and then I'd take it to the President and he'd give it to the proper Vice President. But I had all the facts and figures I needed for the next go around for what we were supposed to have and should have gotten. When Nov came here, he followed a very difficult presidential regime that was run by two women, Mrs. Bevis and the President's secretary. There was almost a year that Bevis had suffered a heart attack and he wouldn't come to the hospital. They kept him at home and Wiseman came over twice a day to see him. All the mail was delivered to the Bevis home, and Kitty and Mrs. Bevis would then

distribute it after they'd opened it and decided what was going on. It was a very, very difficult administrative period. So when Nov came in he had some difficult problems and I think when you talk about loyalty, I don't know what Nov would say but I hope he would say that I was loyal. Now loyalty to his programs, but not adverse to developing programs for the College of Medicine. I thought the campus planning and a few others were missing. The idea that University Hospital should contribute to University resources was contrary to sound medical programming. For example, we were being charged \$60,000 a year for warehouse space. I took the position that we didn't need any warehouse space. We would write our contracts so that every ten days the company would send a new ten-day supply. We could handle that at University Hospital. We didn't need to put six months or a year supply in the warehouse. Then, they said we had to buy our meat from the meat-processing lab in the College of Agriculture. We had to buy our butter and milk and ice cream and eggs. I said, "Well, the law says that anything over \$900 has to be open for bid. We're going for bid." Well, the entire meat-processing lab was supported by the prices they made the hospital and the faculty club pay. The same thing with the dairy. Kottman and I had a long afternoon over the fact that we were going for bids. I said, "Roy, we've already been out there, and on a four month contract we can save \$40,000 on your milk bill. You're making the hospital pay for running a teaching program. That isn't what my patients pay for. They pay for their health here, not for running a teaching program. I even agree with you that we shouldn't charge them for interns and residents, or student nurses. That should be education. It shouldn't go on the patients' bills." He said, "How long can you give me?" I said, "One four month period. You have to bid the same as everyone else." They came in and they were still way, way overboard. I think it came to something like \$37,000 for a 4-month period. Their meat bid was just impossible because they had all their faculty and help in the operation on the cost of meat. So the law was the law and we used it. Now I don't think in my opinion that I was being disloyal to Nov because I was saving money. After I became Dean, we never went back to the Emergency Board to supplement the hospital operation, which they had done for years and years. Every three months they got an additional appropriation from the Emergency Board to run the hospital. When I came in, they were only collecting about 48% of their accounts receivable and we took some very definite action immediately to start collecting our debts. We ever hired an assistant attorney general for the sole purpose of collecting our accounts receivable. One day, out on the parking lot, we had 3 Cadillacs and 2 recreation vehicles that we'd had the sheriff bring in against the claims from the hospital. From then on, we had really no problems in collecting our debts. We weren't bleeding the poor people but we were making county commissioners and so forth pay up. The county owed us about two and a half million dollars. They owed St. Francis Hospital about 8 million dollars, and they owed every other hospital in town. Now they paid the real estate grant, they paid coal, they paid food, they paid the drug stores, but they didn't pay the hospitals. So I talked it over with the editors of both newspapers and the managers of the radio stations and showed them the actual facts and I said, "As of the 1st of the month, we're not going to accept any county patient unless they give us a voucher, except in emergency cases. But it isn't the emergency case that's killing us. It's the routine. The residents haven't done this kind of an operation so they find in the clinic a patient who needs it and they bring it in and nobody ever pays for that patient's care. The money's there. The law says the County

Commissioners are responsible for the health and the welfare of the indigent.” So then I told the County Commissioner, “Next week is the end. Either have a voucher or the patients doesn’t come in.” They said, “Dick, we’ll give you out of town.” I said, “Well, try it.” So we closed the doors to everybody that didn’t have a voucher and the newspapers and the radio stations and television all had our story before the County Commissioners got in with their stories. Everybody got paid. The rest of the hospitals got paid in good time. But from then on the County Commissioners kept their bill up to date and we had no more troubles with the hospitals carrying part of county welfare. When Rhodes came in as governor he was sworn in at 12:00 and at 12:30 he sent a telegraph to everybody that anybody who has been hired since the 1st of October past was hereby fired. Well, I didn’t know who was on the night shift and it took us a little time to figure out who was hired since October, so I called all the other hospitals and asked if they would take all the emergency cases in the next 24 hours. Well, first television and newspaper cameras were up there to see us throwing patients out, which didn’t happen. I said they couldn’t go about the first floor. They could do anything in the emergency room or the lobby. That was public. But above the first floor you couldn’t. Well about 3:00 in the morning, Jim Rhodes called me and said, “There’s something wrong with Helen. She can’t breathe.” So I got over there and Helen had pneumonia. We loaded her in the car and brought her to the hospital and I put her on my service and set her up. Of course the newspapers said how come we could bring Mrs. Rhodes in while the other patients were being sent to another hospital.

SUTTON: Now don’t play innocent. You knew what you were doing.

MEILING: Why sure. We had it well planned. But it’s that sort of thing that you take advantage of when it occurs. It isn’t long-range planning but you have to be, as they say, you have to decide whether you have to run or pass or swallow the ball. These were experiences with the politicians that I’d had when I was the Assistant Secretary of the Defense in Washington where I had the Air Force Hospital, the Navy Hospital, and the Army Hospital and all Congressmen and their wives and Senators were using, by law, it was legal as their private hospital. I made it a point that when I was in Washington I got every hour on the hour a report on the Congressional admission in any of those three hospitals. I made it a point to be there sometime during the day to see that they were comfortable. I didn’t interfere with their care, but I just let them know that the Secretary’s office was interested in what was going on. I did the same thing here. Anytime a member of a House, a member of the Senate, or the Governor’s Cabinet came into the hospital I was there. I remember Stan Michum came in for a hernia operation and Stan chewed tobacco. Well he’d been president pro tem of the Senate, and he was also Chairman of the county committee and chairman of the Finance Committee. So I went up to him and I said, “Stan, is there anything we can get for you?” He said, “Yeah, a spittoon. I hate spitting tobacco into a paper cup.” So we found a spittoon, brought it up and put it in his room. The nurses and housekeepers objected. They said, “All that disease.” But it’s these little things that resulted in, as long as I was in office we never were turned down by the state legislature. We had one chap from north of here who always voted against us, and we could always figure it. We always went to him and helped him with whatever he wanted, but he said he thought it was unhealthy for us to

have unanimous decisions and he always voted against us. We just counted on the fact that that was going to happen but we didn't ignore him. If he wanted information, we got it for him. We didn't try to blackmail him into a decision where he had to play our game or we wouldn't play his. In committee hearings he was sometimes the best person. He'd ask the best questions to bring out what we wanted. Well now we're not talking about the university, we're talking...

SUTTON: You are indeed. You're describing exactly how a university works, especially the College of Medicine and nobody records this kind of conversation.

MEILING: I don't think anybody else had the experience I had.

SUTTON: I expect in some ways Kottman parallels the things you...

MEILING: Quite a bit, but he was dealing with a different situation. I had the emotional appeal of the hospital. He had the economic appeal of farming. After all, 66 of the 88 counties are rural. They don't have a city of 10,000 in them. When you're dealing with votes, you better understand what's going on, because Cleveland, Toledo, etc. will vote on certain things. If there's 66 counties that vote as a unit when it affects agriculture, you need to understand this. When Mr. Rhodes decided he was going to run for Governor, he asked me to introduce him at the Rippon Society in Cleveland. I said, "Sure, I could do that." He said he wanted me to tell about our boyhood and what I knew of his family. He didn't want me to give them anything about his politics. Just give them the pitch about being a family man and there's never been any scandal. It's a fact that of all the politicians I know he was probably the truest to his family of any that I ever met. He and Harry Truman. Jim would often drive 6 hours at night to get home rather than stay at a motel or hotel. Frequently we were in Washington together and we stayed at the Army-Navy club where I was a member. In those days they didn't allow female guests. They do now. Jim was just real particular that there was no scandal affecting his family. He was very, very loyal to his wife and his three daughters. I went up to the Rippon Club and he was introducing me and several of the Cleveland politicians came up and called me by name. He turned and he said, "Hey, how do you know these people up here. I told him I was a resident in Metropolitan Hospital and University Hospital. We had a contact the ward healers of each ward when we sent a patient home. If they wanted the patient to go home in a police ambulance, it was up to the doctor to provide it. I got to know each of these people real well. Well I made my speech and it was in the newspapers the next day. I was back here on campus and I got a telephone call from the President saying, "Are you sure you know what you're doing?" I said, "Yeah, Nov. I realize I've committed myself politically, but everybody knew it anyway." "Yeah," he said, "But you've committed the university by you being there. Whether you talked or whether you didn't you've committed us. You didn't ask me and you didn't ask the Board. We've got a couple of strong Democrats on the Board." I said, "I guess I'll sweat it out." We did. It came out all right. I think at times maybe I did something that had I thought it out a little bit farther, I might not have done because of my position involving the University. It's a different life. If you don't do anything, it isn't difficult. But if you get in and try to lead, then you have to do a little long-range thinking of what this is going to do to the university and

other things. For example, Nov called me one day and he said, "There's a member of your faculty who jeopardizing the University budget. I thought you told me that you'd had him lined up." I said, "I did. I had him in here and we talked it over. The professor promised me that he wouldn't continue his activities." He was lobbying. First he wanted to get the School of Optometry to close and he wanted to make optometrists merchants and not professional people. He had a very powerful group behind him in the form of the eye doctors and the Society for the Blind and so forth. Nov said, "Well, the Chairman of the House and the Senate say that if he isn't removed, there isn't going to be anymore budget. Do I have to go over and remove him or do you?" I said, "I'll take care of it." I called the department in. There were 27 members in the department, and this gentleman was the Chairman. I said, "As of the 1st of July, I'm not recommending that Doctor X be continued as Chairman. He knows why, and if he thinks you should know why I'll tell you. But as I stated, there's no debate about it. He is not to be reappointed as Chairman on the 1st of July. As far as his practice and the hospital is concerned, whatever teaching the new Chairman may give him is appropriate. Furthermore, there won't be a selection committee. I've already picked someone and recommended his appointment and it will be approved tomorrow by the Board of Trustees. We will have a new Chairman. He's had three warnings. He knew that he was in trouble, but he continued and believes in what he's doing. We can't have him speaking administratively for campus and jeopardizing the entire University budget. One of the senior professors said, "I've never been to a department meeting like this before. If it's all done it's done, so let's go home." I was chuckling the other day about the impossibility of doing anything like that today. At that time, there weren't any rules about this, that and the other thing. We solved the problem. As I say, loyalty to Nov for Nov's programs, but loyalty to ourselves for what we thought the College of Medicine needed. I realized that we grew very rapidly, had a lot of money spent over the years. It couldn't have been spent anywhere else on campus because you couldn't get it anyplace else. Many people, including the present Chancellor of the Board of Regents (Moulton) said that all we were interested in doing was building more buildings. I would rather take Corbally's remarks that we were leading in educational evolution on the campus in computer-assisted instruction and individual studies and things like that, and we were trying to establish on an American campus what I had lived on a European campus – namely that you were responsible for your own learning. The faculty wasn't responsible for teaching; they were responsible for helping you learn. This was a key that I find even today very difficult. On the average American campus, they still, not all of them have a primary school attitude about how learning experiences should be presented. I think we did break that here in our College. I meet physicians who have graduated while I was here who tell me that they feel that when they have a problem, they know how to start to find a solution. To me that is graduate education.

SUTTON: I want to change you to something else. In order to do the things you did, you had to...you had a real opportunity to recruit practically a whole generation of professors. There must have been some basic principles underlying it. I can't image you doing this "catch as catch can." You had in mind certain things you wanted to do as you replaced this professor or as you augmented the faculty at various times. Can you start from there and tell me what you did, and how you went about it?

MEILING: I think I was quite impressed...I was at an impressionable age when I studied in Europe, in three large universities that I attended over there, at Erlangen and Munich and Berne. The role that the faculty...

----End of Side 3----

MEILING: I knew that the Chairman was the absolute dictator in the European faculty; well he was not what we'd be able to produce in the United States. On the other hand, I found it extremely discouraging to find that department chairman did not want to change curriculum. It had been the way they learned; it had been the way they taught; why did we have to have something new? They refused to look at the problem that the environment in which they were teaching had changed almost daily in the last period after World War II. I think this is true in any academic endeavor, but particularly in medicine, where we were really breaking out. Instead of the great emphasis in diagnosis, we were now beginning diagnosis and therapy. There were new drugs that were coming into usage, some of them without any research. For example, cortisone had no research at all. The Mayo Clinic just started using it. This meant to me that it wasn't important if the medical student knew every facet of everything bone in the body. I remember when I went to school we had 28 weeks of osteology. It was the study of the skeleton and we had to recite by memory everything about every bone. I think there are some of those things that you need to know, but we cut that finally to two weeks here. I think that students got along pretty well with it. They passed their National Boards and things like that. So when it came to recruiting, I still left the actual recommendations up to the Chairman, but I required a concept of what this individual is going to do in a new curriculum and how much of his time would be spent in research and what are his research interests. It is true that I frequently would send a Chairman a list of 5 or 6 people in various other schools that were doing things that I thought might be of interest in his department. I told you that we never established a department of Research and Medical Education. We had that as a division in the Dean's office. Whoever headed that was given the opportunity to interview anybody brought on campus for a new position. They couldn't veto it, but I was getting a feed-in from that as to how they evaluate this person, as to whether he was susceptible to new concepts and new ideas and what his reaction was to new students. Did he look down on them or did he appreciate them as adults and did he understand adult education? When it came to research, I had abolished the first year the office of Research Director in each department. I thought that if the Chairman was going to run the department and the funds, he should be the boss. There shouldn't be a second person there called a Research Director. I also abolished the position Assistant Dean for Research in my office. I had an Assistant Dean who monitored research grants from the application stage on and that we weren't committed as a school to something we couldn't produce, that the overhead was there and things like that. There wasn't a master plan that we were going out and recruiting this, that and the other. It was a plan, as far as I was concerned, to strengthen each department. My predecessor and his predecessor had spent a total of 30 years on the Department of Medicine. It was a period of time when this was important because American medicine was devoted to diagnosis. After World War II it was a program of therapy and corrective

surgery. The better the diagnostician, the better person you were in the department. The other departments had to shift for themselves, particularly in the Clinical area, and that meant that they had to survive on their private practice. Basic Science survived, but not with any great administrative help from either the university or the college. They kept loading the basic science with students from dentistry, from nursing, from optometry, from pharmacy and from the Arts College, but rarely giving them more money for this. It all came out of the College of Medicine budget. If you questioned this, they'd say, "Well, if you didn't have this load, we wouldn't give you this money." We were trying to get one department Chairman in anatomy to recruit a younger man to take over some of the things. We'd have good candidates come, and they'd all turn us down. Finally I got hold of one of them and I said, "Well" he said, "Your chairman said he came 25 years ago at \$3,000 a year, and nobody was going to start in his department at anything more than what he had gotten." These were some of the obstacles that weren't in the printed book, or the diagram of what you have as problems when you try to rejuvenate a curriculum with departments that have fixed ideas. You can't move them. We then developed a program that the salary offered would be presented by the Chairman in the presence of the Dean who could enrich it if possible. Then the big thing was to recruit people in key positions. For example, we brought Dr. Cramblett here from Bowman-Grey. Henry (Cramblett) at that time was the leading research worker in nasal infections. In talking to him about coming up here, he said the salary wasn't very enticing. I said, "We'll move all your research." He said, "You can't. I'll have to start over." I said, "If I get an airplane and put all your test tubes out of your incubators into warming ovens that are warm, you'll be up here in 1 hour and 30 minutes and you can hook them up again." A great idea. How could we do it? We moved his entire laboratory one afternoon up here and hooked it up, and he didn't lose a single experiment. That was really how we got him here. Henry was ambitious and I made him Assistant Dean. He didn't like the paperwork and every time I would go looking for him he was off on some research project. He did teach in pediatrics and did a very good job. He was very thorough. He was a typical man who we brought because we could do for him what his research demanded, and which the other school couldn't produce. Earlier, I spoke about our seminars from faculty where they got together and spent 5 nights and 4 days discussing the College of Medicine academic problem. Of course they always came back saying that if they had more money they could solve everything. I said, "You have the problem, present it to me. I'll give you 4 months and you see what you can do." I would not give them to the department money for curriculum changes. That had to come through the division of Medical Research Education in the Dean's office. I'm not sure that you can be that rigid today in handling money, but it was in such short supply at the time that they fall in, but not without objections. I can remember one of my very dear friends came up to me one night and said, "Dick, why are you for curriculum changes just for curriculum change. We've taught this one since Beardshaw. Why should we change?" I said, "Well, you've got different types of student and a new environment." He happened to be a graduate of the University of Vienna, and when we built the new building for basic science, he was upset. He wanted an institute of Pathology and an Institute of Anatomy and an Institute of Physiology. I said, "You know, that's over with. They were great, but..." He said, "You're not true to your European heritage. You grew up in that institute program, and that's what we need here in the United States. There's nobody that

has it.” I said, “Ohio State isn’t going to have it. You chaps have said that this is the minimum that you need. There’s six of you. If I built what you want, it would be ten times the amount of money that I have, and then time the floor space. We’re going to put you all in the same building, and there’s going to be a lot of cooperation. You’re not going to have your own glassware washer. There’s going to be one for the building. You’re not going to have a supply room. There’ll be one for the building. You’re not going to have animals up in your department. They’re going to be in the basement. We’re going to have an operating room and x-ray and everything else down there, but one for all six of you.” Well I was through there a couple days ago, and I found six electron microscopes, which meant you had six people operating with electron microscopes so that students and the faculty could do their work correctly. You have the technicians. I found three small cat scanners for x-rays. Now I think that this is the sort of thing that if they continue to cut appropriations, somebody from the top of administration will go through and say we can’t afford this. I also found that two departments had hired their own vets as a consultant to tell them how to run the animals when there was a single vet that ran the whole floor. I found that one department was trying to put in its own glassware washer. This is the sort of thing that, whether you like it or not, you have to have somebody that’s pretty hard-fisted about where you spent money. I had a terminal in my office. If anybody came in that wanted money from their grant or something, I’d just hit the terminal and I could tell them how much they had, how much they spent, how much they were obligated and what their budget was by just pressing the keys. It sure stopped the spending sprees. They knew that the Dean’s office had it right there. After two or three experiences, they didn’t come in with fictitious numbers. They came in with the same numbers that I had. This, to me, is sound administration. I don’t care whether it’s the bank or the university or where it is. We in academia have a tendency to exploit academic freedom to mean what we want it to mean at the time we express ourselves. In recruiting faculty, I wanted people that would contribute three-fold to the Medical School. The Chairman picked people that many times I wasn’t enthusiastic about, but they picked them. If the person they picked couldn’t produce in any one of these fields, then I exercised the veto. After the first two years, very seldom did I have to go over anybody’s head on faculty appointments. Faculty promotions got to be very much, “You pat my back and I’ll pat yours.” We established a committee of review for promotions and tenure in which there were no Chairman. The committee was senior people who had their professorship or their tenure, so you couldn’t pat their back as if were. They were as close to being fair as I think you can achieve in the environment in which “you don’t vote for my man, I don’t vote for your man” sort of thing. They were only appointed for one year so that there weren’t carryovers. But you still had problems. The most difficult thing I think in personnel work in the university is academic promotions and academic tenure. I did not allow that committee to have any say over monetary promotions. That was entirely between the Chairman of the department and the Dean’s office. The Associate Dean for the most part took care of that, and when they came in for the budget hearings we already had an agenda worked out on what he was going to do that year and in the following years. We had difficulty with the graduate school wanting to review our promotions of faculty who weren’t on the graduate school faculty for comparison. This I would not submit to. They had no jurisdiction over our faculty who were not on the graduate school faculty. We had

grown from an occasional Master to where we had 8 departments that were teaching Master's programs, and 7 departments that had Ph.D. programs. We did have a great deal of contact with the graduate school. As far as it concerned the graduate school, we reviewed with them, but when it came to what we were doing in the clinical faculty, faculty who have to be recognized as experts in their clinical activities, whether it was cardiology or radiology or surgery, etc. We did have difficulty at times with the graduate faculty because they didn't feel at times that these people had advanced in the academic as well as they had in their clinical work. We had to make the decision and we usually took them off of graduate studies, but we could get them promoted and continue their activities in the research and the clinical services. It's a difficult problem of administration of a hospital on a campus. Such things as maintenance people. Are they yours or are they the campus? With four commencements a year, we lost all our maintenance people to the campus to put up the commencement stadium platforms and paint them and things like that. They continued to be paid by us, but they were 10 days over on campus. Campus objected to our paying our dieticians more than they could dieticians in the governmentory cafeterias. They didn't think that we should pay nurses more than they paid nurses in the Student Health program. We also got in trouble with them about the union. They maintained that they were the only ones that could negotiate with unions, whereas we had the problem of the hospital oriented unions working in Youngstown and Cleveland, but we didn't have any Columbus, and we didn't want any. The eleven big hospitals in Columbus saw eye-to-eye on the problem of unionizing health services. We had very difficult time when a group of residents from New York decided they were going to unionize all the residents and interns on campus. They promised a 50% increase in the resident's salaries if you belonged to the union. I fought this against the advice of the university. I finally got a labor lawyer to come down from Cleveland to represent us in the negotiations. I took the position that I should never be in on negotiations. I should always be able to accept or reject. It wasn't difficult. I didn't know any President of any firm or any chairman who ever went into labor negotiations. They always used their lawyer. We were successful in our negotiations and the ten organizers left for other hospitals. I got a bill for \$4,000 from this labor board. I talked with Nov about it. I said, "We're prepared to pay it, but I think that in as much as 2 members of the Board recommended him, they ought to know what he charged us." Well they thought we shouldn't pay it. I pointed out to them that we had a contract and it would cost us more to go to court. We should pay it. We learned our lesson, and we achieved what we wanted. Nov said, "We can't have the other Dean's doing their own labor negotiations. This isn't going to be a precedent." I said, "I don't think that you have any other Dean that negotiations with the type of people that I have to negotiate with, with the result of human health services involved." I think that as I look back, we had excellent communications. I could go talk to him. He could come over and talk to me, which he did frequently. We didn't see eye-to-eye on lots of things, but we could communicate. Even with Harold Enarson...I remember the last banquet the Board had for him he came over and he was table-hopping, and he sat down next to me and said, "You know before I leave Dick, I just want to say that I never at any time while I've been here felt that I couldn't talk to you. I don't think I ever changed your mind, and I don't recall that you ever changed mine, but we talked. You always had a cheery hello, and I just wanted to tell you that I appreciate that." I said, "Harold, I think that your concept

and my philosophy are so diametrically opposed that we never could agree on anything.” Harold Enarson believed in equality, and I believed in excellence, and I told him, “You’re talking bout equality in primary and secondary education. I agree with you to a certain extent. After you get into high school I think excellence takes over. When you get in education past the high school, I think excellence is the only thing. You can’t have an outstanding faculty in everything, but if you try to have equality of the faculty in all your 16 or 18 schools, you won’t have anything. The only way that you achieve in international reputation as a university is with excellence.” He said, “Every time we meet, I’m sure we’ll talk about the same subject and be on the same side.” I just couldn’t support the concept that equality is the equivalent of excellence, or the growth of the university. I don’t today.

SUTTON: You told me a little story that once when President Enarson called you and wanted to have lunch with you. I’d like to record that.

MEILING: I had known President Enarson in Washington. He was a White House intern on the staff of Dr. Steelman, who was Chief of Staff to President Truman. I was over in the Department of Defense as assistant to General Marshal. I knew his concepts because at one time Steelman came up with the idea that we put all federal hospitals together – Army, Navy, Air Force, the Veteran’s and the prison hospital, which was under the Department of Justice. In the Department of Defense there was nobody who agreed that that was a good idea. When he came down to Ohio State from Cleveland, I think he’d been on campus maybe two or three weeks, and he called me up and said he’d like to talk to me. He said, “You know I’ve never been on a campus where you have agriculture, football and medicine.” I said to him, “In what order?” He laughed and I said, “I don’t want to go to the Faculty Club to have a conference with you. I belong to the Columbus Club and I could get a private dining room there, we can have our lunch and we can talk.” Which we did. I thought we were developing this difference of philosophy. We finally decided we would get together again.

----End of Tape 2----

MEILING: President Enarson, when we finished our discussion, said, “Dick, there’s one thing I want to make very clear to you. That is don’t invite me to a private club again because I don’t believe in them and I won’t come.” I assured him that I was sorry that he felt that way about it, that I thought they were very enjoyable institutions and a source where we could have many discussions. I said, “While we’re sitting here, Harold, let me explain that for many, many years, the Democratic leadership met in there and the Republicans met in this room on Monday night. I always had dinner downstairs. I usually had my hospital administrator, Mr. Lackner with me, and sometimes one or two of the other Deans. The two groups would come out in the hallway here that leads into the main dining room, and they would be discussing what they put on the calendar. We sat in the dining room so we could look in. Many and many times, one or the other would call me over and tell me which one of our legislative acts they had put on the calendar, so we knew which committee we were going to appear before that week, and we respond within the hour. That has now ceased. Those committees don’t have dinner

here anymore, but there was a period of fifteen years that it was a wonderful place to be at the right time.” He said, “I don’t believe in that kind of legislative activities. We’ll handle all legislative matters through my office.” I said, “That’s fine. When they call me I’ll tell you.” He said, “No, you tell them that you can’t come.” “Harold, you can’t do that. If they invited you and you don’t come, they issue a directive.” He said, “I don’t want you down there without me.” I said, “Harold, anyway you want it.” Well, four or five times we were invited down and they would ask me the questions instead of the President. One day going home he said, “That’s it. You go your own way. If they call you, you go down there. But I’m not going to sit like a dope while you give the testimony.” That was the last time that the two of us ever went to the state legislature. I wouldn’t want to imply that he and I were particularly friendly, but we never were in the position that we couldn’t sit down and talk. He became quite upset after I retired when the law firm of Porter, Wright, and Holleran employed me as a consultant on university affairs. They were representing the medical staff of the University Hospital and they had a case in State court and a case in Federal court. The university had one in State and one in Federal against them. President Enarson was trying to get all the professional fees of the faculty and Enarson told them that he was going to reduce their salaries to the level of the academic groups on campus. So the Medical Society of the University Hospital went to court to prevent this. Mr. Porter, who I’d known for years and years, asked me if I would sever as a consultant and advise them about the university matters, primarily country-wide, not what Ohio State had. They had the constitution of that. President Enarson thought I was “a traitor to the university” because I accepted this position as a consultant. There were a lot of things that were done as spite, if you will. I served three years with Porter, Wright, and Holleran. The last day that we had pre-trial testimony, I was on the hot seat from 9:00 in the morning until 6:00 in the evening, with an hour after lunch. Mr. Eiland, who represented the university as Assistant Attorney General, came up to me as we were leaving the building and he said, “Dick, I wish that there was some way that I could get you to testify for us instead of against us.” I said, “John, that’s one of the nice compliments I’ve ever had, but I’m a consultant to Sam Porter, and I tried today to say it as it was. I regret that I had to embarrass you at one time.” He said, “No, that was poor staff work. My staff had forgotten to tell me that I represented this particular professor for several years. I asked you a question that only I could answer because I was his attorney, and you turned it on me.” I said (in court), “Mr. Eiland, I believe that as the attorney of that individual, you’re the only one that can give us that answer.” He said, “I’ve never been so chagrined.” I said, “Well, if that’s the only reason you want me as a consultant, it’ll cost you money.” I look back, prejudiced as I am, and both President Enarson and Dean Cramblett hurt the Medical School in the years that they were in office, and now President Jennings and Vice President Tzagournis are in the process of starting it back up. There are four of the professors that left here during that very unpleasant six years that have come back. The younger men are staying there instead of going to other schools when they finish. Not all of them, but some. As I meander through the hallways and up into the locker rooms of various places, I talk to the residents, and particularly the residents that have come from other schools because at the end of the six-year period we were having a very, very difficult time filling the vacancies, let alone a surplus of young people who have wanted to take up residency. One department had 2 vacancies and they had 40 applications. They had several from our

schools but the 40 were from other schools. So I talked to with them and I said, "How do you feel about it?" They said, "Well, our faculty adviser said Ohio State was on the way up again, and some of the research work that you're doing here is not being duplicated any place else in the United States. We knew that if we could have a year of two here, we could probably transfer anyplace else in the United States. All the senior men last year had more than two, sometimes as many as four, offers of places to go, so we feel that coming to Ohio State is well worth it today." That makes one feel good. You see, the Cardiology, Texas Instruments built a new, very sophisticated cardio graphic recording system for them here. It cost almost a million dollars. It's the only one of its kind. It's hand-made, as it were. They can do things in Cardiology that you can't do anyplace else right now. Eventually they'll be other machines like it. Surgery had now reached an agreement with Pittsburgh, Northwestern and Minnesota on organ transplants that each one of the senior residents gets to spend two months in each of these other schools while he's still getting credit here. For a young surgeon coming on, this is fantastic. Their immunology is right up there in the top. They're one of three schools that have invitro fertilization, and it's successful. They've introduced some new programs in that that nobody else has in this country or overseas, with very excellent results. They have a program that's now in its third year of the care of the mother who has chronic disease or something that would prevent her from carrying her pregnancy to term. They've had very excellent results with that. It's well funded and the patient comes in and spends almost three months before the delivery. The big thing was to keep the patients from becoming bored, give them something to do. They have a new man in x-ray who was here and went to Toledo. He's come back and he has in three years changed their program from 100% foreign medical graduates to less than 20% foreign medical graduates in their program of residencies. Dr. Lynn has done the original work on the internal ear that has international acclaim. Dr. Burke in the same department is the leading man on surgical operations under the microscope for the inner ear on children. These are things where they're coming out. People say, "Well they haven't done any heart transplants. There're lots of places where they're doing heart transplants." But when you try to pick out things that they're doing that nobody else is doing, that's what till bring the school back up to its forefront leadership that it has in the early 1970's. I really feel that I don't care whether the school is John Hopkins or Harvard; they have a tendency to follow a curve. They're up, and then they go down, then they come up. This has been true for the last 100 years. The Medical School doesn't stay on top all the time, and this is probably true because of academic leadership, administrative leadership, and personal professional jealousies. I know that other faculties besides the College of Medicine have that problem, but I don't think they have it as much as you find in medicine and in some of the basic sciences. The jealousy for the claim of the patient is something that prevails all medical faculties in every country I've ever been in, and you have to deal with that as a Dean to keep both sides happy. It's impossible, so you reach a compromise. As my old friend Congressman Carl Vincent, who was 37 years on the Armed Forces Committee. (He was great. He was from Georgia.) He said, "Now doctor, you don't understand compromise. Let me explain compromise. When you have an idea and I have an idea, we accept my idea. That's compromise." I said to him, "Mr. Vincent, that's a new definition." He said, "When you come before my committee, remember that's the definition." So a lot of these things went into the background that

you pulled out of me today, and it's there for anybody to look at, of coming up with idea, not always your own but of your staff, and giving them the support to push it through. I always felt, and I do to this day, that's very difficult for a university in administration and the faculty to accept the medical faculty. I don't care about whether we're talking about the College of Medicine at Harvard or at Stanford or at Michigan; the little things irritate the medical faculty. For example, our Ph.D.'s all are robed. The others stand up and are given degrees and cords. The calendar is arranged for the rest of the university and then when it comes out it conflicts with the requirements that we have that we have to have medical students coverage on holidays, Saturdays and Sundays and we have to get the calendar every year amended. But it didn't put us out of business. The concept that we cannot have any of the proceeds from 24 hour parking in our facilities here, but the athletic department gets 100% of the parking rights on football and baseball nights. They made us pay out of University Hospital earnings for a heloport and for our tunnels. I thought that if you took the heloport on top of the garage to the hospital could be paid for out of garage; the garage should pay for it. I thought the tunnel from the garage to the hospital could be paid for out of garage fees, but the university didn't. So we had to load it on to patient care to pay for it. For example when they built Doan Hall, they ranked the outside mortar between the bricks. Eventually it leaked, if you get enough ice in there to replace all that mortar. We had to pay for that out of the University Hospital earnings, whereas any other building on campus that was built with the state money. When we got inside the hospital, to save money, they didn't anchor the doors with the doorjams. The result was that after slamming the doors for a year or so, it broke the plaster around the door jam, and we would find bacteria in the dust and plastic. We have to go through and replace every doorjam, but we had to pay for it out of hospital operations, because we were operating at 99% collection of our debts. Another thing, we put television in, and we wanted television in the operating rooms. You have to train a new set of operating room nurses, and it take you about 15 hours. With television we didn't have to take down the operating room. We could produce that for that class and 25 minutes of actual operating room times was all they needed. They objected to having curtains in the windows, so we bought curtain material as mattress covers, and had our own linen room make curtains for the hospital, because they ruled that the hospital was a laboratory and you didn't put curtains in a laboratory.

SUTTON: This is the Vice President's office in charge of finance?

MEILING: Yes. They also ruled that we couldn't have any color except gray for paint, because it was a laboratory. Well we had to prove, with the Psychologists, that gray is a depressing color for a sick patient, in fact of anybody. Even the Navy has found out that portholes on a ship shouldn't be painted gray. That took a lot of time that they could have accepted our word for it. We now have different colors on different floors, and it doesn't cost anymore to paint it because we buy the paint in a big block.

SUTTON: Well now, I'm going to ask rather bluntly, was this one man's idea or was this a flex of ideas?

MEILING: More of a flex. The head of maintenance, the Vice President, the financial office, the campus electrician, the campus architect. These were not academic problems, there were pure management problems, and when certain people in the legislature propose that we separate University Hospital from the campus, it would have its own Board and so forth, it was a very tempting idea. But what we would have lost would have been much more than when we would have gained in administrative bureaucracy, if you will. They couldn't understand why I wouldn't go along with this proposed legislature. They had it all drafted up at one time that would have separated both the College of Medicine and the University Hospital, and even gone in to the development fund and taken our money out for a new fund. We would not have been responsible for the legislation.

SUTTON: Who moved to do that kind of thing? I don't know if this is out of my range or not.

MEILING: It was members of the legislature who know about our problem...

SUTTON: And were trying to make things easier for you.

MEILING: And it was their idea that you couldn't change the university so change the charter.

SUTTON: What years were that?

MEILING: In the late 1960's, when we were having all that trouble on campus, when the militants were...the law and order boys down in the Senate and the House were very much in favor of disciplining the university.

SUTTON: And when we've disciplined the university then we cut off the Medical School.

MEILING: That's right. I'm glad they didn't get to the point of having committee hearings because it would not have been nice. It would have been name-calling and so forth.

SUTTON: I suspect by your tone of voice you told them not to do that.

MEILING: Well I told them very definitely that I thought it was wrong, that the strength of the university, even with all its hardships, was as important to the development of the College of Medicine and University Hospital as anything else, and I still believe that. I can take non-profit teaching hospitals, like Hartford, Connecticut, which has recently associated itself with Brown, but for years and years it was independent. It has plenty of money and it was well endowed. I could take Children's Hospital down in Cincinnati, which was heavily endowed, and when I retired they wanted me to come down and become head of Christ Hospital. Christ Hospital owns more of Proctor and Gamble's stock than any other single owner. The Proctor's and the Gamble's kept giving them

stock. The University of Cincinnati wants them to support all their research in the College of Medicine. The hospital was endowed to them. They built an 8 million dollar research building, and then the Dean wouldn't appoint to the faculty the people that they hired as researchers, so they came to me and wanted to know if I would come down there as head of Christ Hospital and they'd set up a Christ Hospital Medical Education complex. All they were going to do was go into a bloody fight because Cincinnati is very parochial in many ways, but you have strong elements that play very important roles in all social activities down there, whether it's the opera or the symphony or the baseball or football or basketball team, or the hospital or the College of Medicine. I spent several weeks down there looking it over and a friend of mine was chairman in their hospital Board at the time, and he was just adamant that I was coming down there. I told him no, and he said, "Well, we'll make you a consultant. You don't have to live here, you don't have all the problems of administration, you'd just be the consultant." I said, "Yeah I can see my picture and a noose around my neck in the newspaper at least once a month. I don't want that kind of activity right now. I'm very happy." I went over to the West Virginia Board of Regents as a consultant and spent a year with them. I'd spend maybe 3 days every two weeks down there. Then I went up to Bowling Green and was a consultant to their Board on their medical and health problems. You just wouldn't believe what can happen. When they were teaching a school, a normal school, there was no medical facility in the town, so they had a little clinic. First they decided that everybody who worked for the university, the normal school, could go to a clinic. In due time they got more people in there, doctors, and they built Wood County Hospital. It was quite a nice place and quite a bit coincidence I was there at dedication as a principle speaker. I'd forgotten all about this and the Board of Trustees came to me and said the President needed help.

----End of Side 5----

MEILING: ...They rarely used four of the ten beds. One or two times they had more. They had six ambulances and they had a medical service for the ice hockey team, and medical service for the football and basketball team, medical service for women's sports, and this clinic. They had a dietician and three cooks, three maids, and everybody on campus dropped in for a free meal, the police, the maintenance people. This was all charged to this clinic. They had two doctors that were not acceptable to Wood County Hospital. So they were doing all sorts of procedures that they weren't qualified to do, and it was extremely dangerous, and we pointed out to them that they couldn't get insurance coverage for some of the things they were doing. Somebody got sick and instead of taking them into Wood County Hospital they'd take them in to Toledo with one of these ambulances. The ambulances were run by students. They violated state law and everything else. So I went up there to help them straighten this out, close down the clinic and consolidate all our medical services into one. The first time that I had to deal with females in men's locker rooms. The physical therapy department demanded that they have their last year of graduate work in the training offices of the athletic department. These young ladies were in there with big barrel athletes with a jock strap on. I spent maybe a week just observing what went on. Could you continue this? Was the university going to be held for rape? Or whatever. You have to realize that maybe

40% of the student body is transit. They live within a driving range. So you have a different kind of student body than maybe you have here or down at Athens. The coaches didn't object to it; they'd gotten used to it. They said, "To get a physical therapist to work on sore muscles, right now you didn't have to make an appointment." You went down and told her what was bothering you and you got on the rubbing table and she took care of you. They thought it was great. I tried to find out who was causing the trouble, because all these girls had taken Judo and they weren't afraid of any of the big athletes at all. If one of them pinched their behind, why they hauled off and let them have it right then. But always in the chest, they didn't hit their heads. The discipline was phenomenal, to me. The hockey team wouldn't let any of these females in. Well the hockey team was 100% recruited in Canada, and they were on full tuition, board and room and travel back and forth to their home state in Canada. No way were they going to have any females in their locker room. They were unto themselves. The coach didn't have very much to do with the director of athletics. He did have a championship hockey team, so everybody supported him. I had a great time solving some of their problems. That very modern building with 125 beds and all this medical equipment that wasn't used, the kitchen, the dining room, is now research laboratories for the University of Bowling Green. It took a lot of doing to get around to it, and the faculty and the dependents of students and faculty who were using that as an outpatient facility, they fought terribly. All I was doing was forcing them to go down there. I said, "Well you ought to have insurance that pays for you going down to Wood County Hospital. They have 18 Board certified people at the Wood County." They needed to see a specialist, so they'd get them in the ambulance and they'd take them to the Toledo specialist and wait for them and bring them back. The boys get \$3.50 an hour for driving an ambulance. I learned the hard way that when you go into a small town, and you try to start interfering with something that has been going on for 25 years, economy has nothing to do with it. Their Board was very supportive and their President, I thought was very supportive.

SUTTON: It seems to me as if you were seasoned in practice here at Ohio State University to handle cases like that.

MEILING: Very definitely. It wasn't a hard case, it was just patience. That was the same thing with the universities down in West Virginia. They politically put their medical school up in Morgantown. They had no patients, so they got 12 big ambulances, and they would fan out 50 miles around Morgantown. That was into Ohio, Pennsylvania, and Maryland. Everyday they'd go out and get patients and bring them in to the University Hospital at Morgantown. This was being charged out to the university education. They could not get enough deliveries in that town to run a good obstetrical service, so they moved the obstetrical service down to Charleston, and pretty soon the hospital in Charleston wanted its own Medical School, so that was red hot potato that got thrown into my lap. They had built a research building and they built a library with endowment funds, and this family, who incidentally had made their money in real estate here in central Ohio, gave them the money to get the Medical School going in Charleston. Morgantown was just up in arms about it. They still wouldn't send their seniors down to surgery and obstetrics. They wanted the Charleston Hospital to provide apartments for these students when they were in Charleston. They were doing this, but Blue Cross was

objecting to this as a legitimate charge against patient fees. It isn't just here in Columbus, Ohio that you have problems associated with Medical Schools. You're going to have it wherever you are, but I do repeat what I just said. Some of the things that the university does that are almost minor, that my predecessor would ignore because he would not go to cabinet meetings, he would not go to the campus unless the President called him up. He just didn't want anything to do, and I think that I can honestly say that he looked down on the administration at that time, not the President but the rest of them, as being beneath his academic level. He was a Hopkins man, and I know I've talked with him since he said, "Dick, I just don't understand how you can waste the time over there with those boring people." I said, "Well you can't educate them unless you go to them." We did pretty well even if we did have the tail that wagged the dog with building and so forth.

SUTTON: Let me go back to a question that I let get by a while ago. When I came here to the campus, my own department was extremely inbred. They'd kept a lot of their own people. I found out this was true in some of the engineering departments. I think it was true in some of the departments of Arts and Sciences. This university as a whole, I think, had been simply hiring in the 30's and the 40's the people who came along here and were good people. Some of there are really good people. I recall when I heard my own promotion and tenure came up, I was deep aggrieved because I found out I was the first foreigner they'd dealt with for years and years, maybe the second one in twenty years. They hadn't dealt with it. Was that also a problem in the College of Medicine?

MEILING: Oh, very definitely. We came from Starling Medical and it came from Starling and Columbus Medical. It's very interesting here in central Ohio, I had occasion recently to look up how many families had two or more people in medicine. As they came through, son followed father and nephew followed uncle. Until we got past World War II, we didn't really break up that heritage that prevailed throughout the medical faculty. It's really difficult to bring people in from outside. Dr. Doan, Dr. Wiseman, and Dr. Curtis were the first ones that were brought in 1930 to 1932. They were "research people". Curtis came from Chicago, Wiseman came from Indiana, and Doan came from Rockefeller. He'd been at Harvard and then from Rockefeller. This was his problem when he became Dean. Everything went back, even the ladies, the wives have a Starling, Ohio Medical Wives group, and they took in the Dentist's wives and themselves. It's still active today. You have to be the wife of an Associate Professor before you can become a member. I used to tell my wife that they expected the Dean's wife to be the honorary chairman. I said, "Why don't you get a mission? All you do is go there and bitch, drink coffee and tea and have cake. Why don't you have a mission?" She said, "Well I'm not going anymore." I said, "Why not?" She said, "All they do is tell me the problems that their husbands are having with you. I've got enough problems with you. I don't need theirs." So the in breeding in the College of Medicine was very, very strong, and it took the normal retirement and death and so forth to get rid of it. We had the Mean's, we had the Hamilton's. There were 5 generations of the Hamilton's and there's still two of them on the faculty now. We had the Harding's. Now we have the Zollinger's and the Copeland's, the Allison's that have sons and nephews coming up. I would say in every case they're really quite qualified, but you know when you come in as a young chap and you see his nephew/uncle or father/son thing, or grandson, you think

what chance have I got here? You have to take steps to break it up. You have the other side of it, that you bring people in, and this is particularly true in some of the basic science departments that have no loyalty to the College of Medicine, and that begins right with they don't eat in the cafeteria or the Doctor's dining room, they eat right over at the Faculty Club. They orient entirely with the faculty of the university and I think that's healthy. I think you'd have to understand this when you find what they're doing in the recommendations for promotions and tenure there. They aren't always based on research, because the basic science had this heavy load of close to 9,000 students from the campus other than medicine. You have to have a considerable number of professors who have no contract with the medical teaching or research. They're entirely an isolated group, and it's that group that sometime ran the American Association of University Professors. They ran it out of the department of Physiology. We had some real "weirdos". We had one professor of Physiology who literally kicked a student through the screen door and down the steps in Hamilton Hall. He gathered tenure at Stanford and demanded that he be given tenure here. I said, "Well you're not teaching here. You're on a leave of absence and you're out at Stanford." So he slapped a 4 million dollar lawsuit on me with preventing him from having his tenure at Ohio State and this was purely a racial issue with me and I was a Nazi from Germany and this carried over. Well he committed suicide in Stanford when he got there and that ended the lawsuit, but that hung over me for maybe 18 months. I had another department chairman and I had to recommend that he not be reappointed. His lawyer came to me and said that he was going to sue me for 4 million dollars and he's still living. The suit has never been filed but I get a word every once in a while – "Don't worry, we're going to file against you." It's that sort of think that you get into in these departments that have either family interrelationships with people that are not exactly the norm, and this one in Physiology was a typical case of it. We had another in Psychiatry who continually went to the Iron Curtain countries every year two or three times, and Russia. He said that when he came he was hired by the director of research in this department, and the chairman had no jurisdiction over him. We had to provide the money for him as long as he lived. He would not file a grant; he just expected the Dean's office to pay for his dogs and his experiments and his technicians. He hired his wife as the Chief Technician. He went to the Governor, the Supreme Court Judges, he went to the President and the Board, and he continually told everybody he was going to sue the Dean for depriving him of this work. He would try to get family groups that were either on campus who were in the medical faculty. When you're dealing with this mixture, and the more rarified your recruitment becomes, the more problems you have, which is healthy. After all, administration isn't supposed to be a bowl of cherries. You have to have your goals that you want, and then you have to find the finances to achieve it, and then you have to find a pathway, which you can hope that your faculty will pursue so that the family problem within the College of Medicine was really what kept the College of Medicine going. It also prevented it from attaining any problems.

SUTTON: A few minutes ago you were remarking about letting the Chairman of the department choose the man that he wanted. At the same time you must have had some reservations about their judgment. How did you deal with that one?

MEILING: Well I think first you have to appreciate the pressure that the Chairman may be under from his colleagues and peers, and that if he can avoid a decision, he almost invariably will by shoving it up to the Dean's office. Chairmen as a rule are not eager to make controversial decisions. If emotions get involved, or personal relations, then they'll make decisions that frequently are very biased, but anytime they can get out of a controversial decision by pushing it off on the Dean's office, or some committee, that's what they gain. When you're dealing with clinical chairmen, they'd much rather spend it in the operating room than they would on a committee. I used to have our executive committee on Monday morning at 7:00 in this big conference room next door. We'd serve breakfast. Not an elaborate breakfast, but bacon and eggs, rolls, coffee, tea, and milk. If they paid attention to the business, they could be in the operating room by 8:30. Well that was much better to them having it at noon or in the evening. The basic science and the nurses objected to getting up that early for a meeting, but they learned that it wasn't too hard. One Monday we had the College of Medicine, the other Monday we'd have the hospital. We'd have all the Chairmen so that many times they were overlapping meetings. We didn't vote on anything. The Dean made the decisions in my time. They were free to say anything they wanted and it was sort of a psychological cleansing. They could call me names and they did, in front of their peers. As long as they didn't get downright insulting, I would let them sound off. Then when it came time to make the decision, I'd make the decision. I remember one department chairman was always wanting to call for a vote. I said, "But we aren't organized by parliamentary rules. We just get together here to discuss our problems, not to solve them." I was talking to him a couple of weeks ago, and he said, "You know Dick, I used to hate your guts, but I sure respected how you got things through." I said, "Well Jim, you cause more difficulty in the Executive Committee than anybody else." He said, "I used to stay up nights figuring out what I was going to ask you." We got along and I think the school got along and I think the university can be proud of us.

SUTTON: Did you ever have a Chairman who submitted a name to you where you felt it was a really serious mistake to bring that person new to the faculty? Did you ever really have to veto one?

MEILING: Yes, several times.

SUTTON: Give me a for instance.

MEILING: it was about the time that his other individual was in Physiology and was visiting the Communist countries, and we had pretty good evidence that he wanted to bring young lady from Warsaw, Poland. She couldn't speak English, but she was a good, recognized Physiologist. I don't know how, but he put pressure on the chairman to appoint her, and I vetoed it. I said that she couldn't speak English so she wouldn't be able to teach our students. They both said, "We'll give her a course." I said that she had to speak English before she could be appointed. She couldn't come to the United States unless she had an appointment, and she couldn't get a teaching visa. That was one case that I vetoed and she never did get here to Ohio State. She got to Stanford. As far as I know she's still there. Another one was a classmate of the chairman, and he was making

the appointment just to ingratiate himself. I said we wouldn't support it, and If I didn't support it he wouldn't be appointed. That chairman went to the individual involved and told him that it was purely personal on my part. So I had him in, and I said, "Now look, you've been out of Medical School almost 15 years. You're Board certified, you belong to the American College of Surgeons, you belong to the American College of OB/GYN, but you haven't published a paper, you haven't given a paper before any national organization, in fact you haven't given a paper locally. You just don't quality to be a professor. You don't even qualify to be an instructor. This is a personal appointment. I don't know why but you'll have to agree that you don't have the qualifications," which he did. That's two cases that I can recall I vetoed. I vetoed the one in the School of Nursing that was a personality clash that would cause us great trouble, and didn't bring anything special. After I had vetoed it, the Director of Nursing told me, "I had so much pressure put upon me by her friends, I couldn't say no. I felt you would say no." I said, "What would you have done if I had said yes?" She said, "I'm inclined to think I would have told you what the problem was." I said, "I hope you would because we can't have that in a school that we're trying to build up." Another thing, the nurses were very inbred. They had very little outside academic structure in their school. They either graduated from Ohio State or they didn't become members of the faculty. That has since changed, but you do have lots of problems with a university that has been as great a community installation or facility as Ohio State has, in letting non-OSU alumni and non-Columbus people into the faculty. I think we're passed that now. I don't think that will come up anymore. But there was a period from 1920 to 1950 when the families still controlled...

----End of Tape 3----