

Interview with Dr. Richard Meiling by Robert Sutton
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SUTTON: When I've been talking with President Fawcett of course I have the advantage that when a President takes office, he delivers an inaugural address and says what it is he has in mind he's going to be able to do if he can, or at least he's going to try to do. The Medical Dean, and certainly the Vice-President of Medical Affairs doesn't give an inaugural address so I'm going to have to ask you directly what's really I think and awkward question because you came in as a professor soon after service in Washington. You became an Associate Dean, and you must have begun to see possibilities even there so when you became Dean a few years later you already knew some things you needed to do. Certainly by the time you became Vice President you knew an awful lot of things you needed to do. Can we go back to the one where you became Dean? What did you see were the things a Dean of the College of Medicine here at Ohio State really needed to do in the next few years?

MEILING: Well let's go back a little bit more. I was in Washington as an Assistant to the Secretary of Defense and Senator Bricker and General Dargusch, who was then Chairman of the Board, were personal friends and they came to see me saying that with the advent of the new University Hospital, Dr. Doan was looking for an associate, and was I interested? I said, "No." The reason I was leaving Washington was I wanted to get back into clinical medicine. But they say they didn't think I'd have any trouble getting into clinical medicine. So about a week later Dr. Doan came to Washington. He and I spent about a day together talking about what possibilities there were, and he said, "You know, I'd like to get back into research. If you come to Ohio State there's no reason why you wouldn't succeed me." Well, Ohio State was in a situation where quite honestly the only place it could go was up. It has been on probation as a medical school from 1937 on, and this was 1951. So Dr. Doan and I talked about this and he said, "If you decide to come back, I think the first thing you should take on is how to get off probation." I said, "Well, how many patients can I see or have." And he said, "How many do you think you should? I have no limitation on the number that I have in the hospital." I said, "Well I'd like to have Monday morning for the operating room and I'd like to have a minimum and maximum between six and ten in the hospital at one time. I want private patients. I don't want to come on at salary and have to turn down all my fees into the university." Well there were no problems, so I came in July, the first of July in 1951. The second day I was here Dr. Doan came to me and said, "I have cancer of the throat and I'm going to St. Louis to be operated on. You, as Associate Dean, are going to be in charge and if you want me here's my telephone number in St. Louis." So the third day he left and I was in charge of the university college of Medicine...

SUTTON: Having been here for 4 days.

MEILING: Yes. Remember I had been here as a...

SUTTON: Two years before.

Meiling: Yes, and I was somewhat shocked to find out some of things that were going on at that time, having been an administrator in the government I was accustomed to rather rigid administration. I didn't quite understand how the university functioned without rigid rules and regulations, particularly fiscal matters. We had no budget and there were two secretaries in the office. A Mrs. Frame was Dr. Doan's private secretary and Mrs. Colburn, Margaret Colburn, was in charge of the office. These two ladies made most of the decisions. When I came in, I didn't even have a desk, let alone an office. The Junior Dean was supposed to move upstairs to his department in Pharmacology and I was to have his office but he refused to move. So after about a week of this, of getting my mail on Dr. Doan's desk every morning, on a corner of it because I wasn't allowed to use his desk, his secretary preserved that for him, I told that Junior Dean that if he wasn't out of that office by 3:00 I was going to move him out into the hall with everything he had. Well, he moved and I got my office. I learned Jake Taylor was Vice President for Business Affairs. He told me that I couldn't order furniture. I had to go down to the penitentiary workshop and get furniture from there. I told him that the furniture they had wasn't what I had visualized as being the furniture in my office and I had ordered a local company to send out a desk and some chairs and a davenport and if he didn't want to pay it we'd take it up with the Board. I felt that I could go to General Dargusch and explain what was going on. Dr. Bevis was President at this time and he was on vacation for the summer, so Jake and I had a confrontation and we became very good friends. I got my furniture and I promised I wouldn't send any vouchers through without his approval in the future, and didn't. He explained to me that you couldn't run a university with the rigidity with which we had administered billions of dollars in Washington. So the challenge was there. How were you going to take Ohio State and its college of Medicine, put it back on full accreditation, and see it grow? Dr. Doan left in July and he came back in early October. By that time we had put together a tentative budget and we had begun some administrative programs in the hospital and I had reached an agreement with the combined Council on Medical Education of the AMA and the Association of American Medical Schools that they would come and visit the college in January of 1952. They hadn't been here since the time they had put us on probation in 1937. They had never come back. So we had to get all the department chairmen organized for specific programs that they were to present to the site visitors. We had quite a bit of time trying to get the finances together and by this time Jake Taylor was being very helpful in understanding what we had to have in the way of financial statements. In due course the site visitors came and the head of the site visit was Dean of another school, which was also on probation. He wasn't very favorably impressed with us unless his school was going to be favorably considered too. So I reminded him at that time that I was in the House of Delegates of the AMA which would approve or disapprove whatever he recommended his site visitors and that I didn't expect anything but a fair evaluation. They approved us for three years. The usual term was seven. They said that we had to do something about the Department of Bacteriology, which we didn't have. It was over on campus and they had one professor assigned for the medical students and the dental students, which meant that at that time we had a class of 125 entering and the dental school had 100. Also they recommended that we have an improved library and with these two conditions they said that we were back in full standing for three years. Well we had quite a celebration. Then it became apparent to all of us that the other medical

schools were receiving grants from the federal government. WE had not requested grants and hadn't received any. So that was our next problem, to get in on the so-called Washington gravy train. I had the advantage that I knew a great number of second level and third level executives in the other departments in Washington besides the Department of Defense. I would go to Washington and go around asking these friends if they knew of any grants that we might achieve that we could apply for. They would tell me what they had in their department and what somebody else over here had. They I would come back to Columbus and get a Chairman or Vice Chairman in a department to make an application. So we were rolling along and I never knew exactly what happened but Dr. Doan told me that Dr. Bevis did not want him to go back to research; he wanted him to stay on as Dean. So instead of having the Deanship available in a year as I had been lead to believe, it was nine years before Dr. Doan retired and I was selected by the Dean Search Committee. Dr. Fawcett had then become President and he recommended that I become Dean. That's how I got there.

SUTTON: Well I don't think those nine years you sat around and did nothing. I think there were a number of things you must have done that had to do with building the College so that when you came into it in 1961 it was a good deal better college than it was when you arrived back there in 1950.

MEILING: Well, we had just begun to get the first of the now buildings which is now called Wiseman Hall, which is a research building. We'd also gotten the eleven stories of the north wing of the hospital. Now in both those instances the matching funds were about one dollar of OSU money against two or three dollars of federal money. Our research programs were beginning to increase. We needed more facilities. About 1959, there was a committee appointed to study the needs of education past the high school in Ohio. Dr. Fawcett and I were both on that committee. One of the recommendations that committee made was that Ohio State should explore its possibilities of enlarging, both student body-wise and otherwise. They should also consider enlarging the student body of the School of Nursing. We came back to campus and Dr. Fawcett appointed a committee. I was still Associate Dean. We recommended that if facilities were made available, particularly clinical facilities as well as laboratory facilities, then Ohio State could move up to maybe 200 entering freshman in Medicine and the same number in Nursing. Fawcett accepted the report on the condition that these buildings be built. The Board then accepted the report in principle, likewise stipulating that there would be no increase until there were facilities. When the facilities came, they also stipulated there should be an increase in the size of the faculty. So officially in August of 1960, when I was told to be the new Dean, I was presented with a program that I didn't need any inaugural address to speak to. It was there. Now how were we going to do it? That was the next thing and that's what we set about doing in 1960. I didn't take office until the first of January 1961, but Dr. Doan turned everything over to me in late August. He spent a very enjoyable month up in Canada. He returned to attend several meetings that he wanted to go to. So by the time I took over I had control of the Dean's office and I also was Director of the University Hospital.

SUTTON: This is interesting. Your definition of your job turns out to be a planner for buildings, a planner for getting the funds for buildings. But you must also have had a really important campaign to get the kinds of professors you needed to have to fill those buildings.

MEILING: Well the first think I did when I became Dean was to go to President Fawcett and say, "We're the lowest paid clinical faculty in the Big Ten. We're also the lowest paid basic science faculty. It isn't just the Chairman that we have to worry about. We have to have a second line. Unless we can have a second line, we can't recruit younger people to come here." Well he said, "That's fine. You find the money and we'll approve the appointment." This became then our role. If we could get certain types of research or teaching grants, we could take a percentage of a faculty salary out of that grant. If you put that together with what the university could give me, why we then slowly got in to a competitive field to building a faculty. We tried to do this in every one of the departments. We established four new departments. We were successful in picking faculty members who were also eminently qualified for teaching grants and research grants from not only the federal government but such organizations as the American Heart Association, American Cancer Association and other philanthropic groups. We were very fortunate in making an arrangement with the Bremmer Foundation in Youngstown, which had been left by a steel magnate. In his will he'd establish this foundation in which a Dean of an accredited medical school was to be on the Board. Fifty percent of the dividends from the estate were to go to medical research. So we were getting at that time about \$55,000 unrestricted to support medical research in medical education and research. Then we had another fund left by a farmer south of here, a Mr. Ressler and his wife. They had no children and they left all their estate, both of them, to Ohio State College of Medicine to support both young faculty, young researchers and qualified student research assistants. That amounted to approximately \$200,000 a year. So right at this period when we needed to strengthen our faculty, we did come up with two very nice philanthropic programs for the College of Medicine.

SUTTON: I want to ask you directly. Did this farmer and his wife think of that on their own or were you able to help them think about it?

MEILING: They both had leukemia and they both were treated by Dr. Wiseman and Dr. Doan. I would assume there was quite a little bit of suggestion along with the treatment because the Huntington National Bank as the trustee of their estate and still is today, has never told the University how much money there is in the estate but it was quite noticeable to me over the years that regardless of how much I asked, the trust officer and a friend of Mr. Ressler always approved whatever we asked for. So every year we asked for a little bit more. To date I know of no time that they ever turned down what the College of Medical asked for, but they've never said whether they took any out of the capital funds or whether it was all revenue. We had others that contributed very generously to various activities. One of the things that, not modestly but with great pride that I point to is that in 1964 we inherited (we the College of Medicine) some money and instead of using it for current operating expenses, I proposed that we have a Chair in Medicine and a Chair in Surgery, each one to be endowed with a half a million dollars.

The income from that was then to pay the salary of the individual who was appointed to that Chair. At that time, there were no other chairs on the campus. Dr. Fawcett was very hesitant to approve this because he felt that if we had this kind of money, the legislators would renege on full support of the University. So with the help of four lawyers, each with different ideas, we were able to write into the grants for the Chairs a proviso that this money could not be used to replace normal appropriations. We have continued that. Today there are ten active Chairs and an eleventh is before the Board right now out of 19 on the campus so that the College of Medicine is still leading in the endowed Chairs.

SUTTON: This must mean you carefully planned some kind of movement. These things don't just keep falling in your lap.

MEILING: No you have to go out and work. This past August the Board activated a chair in my name, which had been established in 1971 by the Board in the Department of OB and Gynecology. To me it is the highest academic accolade that one can receive and I feel that way about it. The present President, Dr. Jennings, is very enthusiastic about raising money for Chris. We've talked several times and when I told him what I knew about several estates that will provide additional Chairs, he said to me, "You know Dick, I think I'd rather have a Chair named for me than a building named after me." I said, "Well that's the way I feel about it. The Chair lasts forever and does something specific. The building is like a monument. It may or may not be torn down." So the Chairs, I think personally, were a contribution to the University and they certainly have made it possible for the College of Medicine to support its motto, "Excellence in Medicine" because this has given each of the departments that have a chair now a degree of excellence that they might not have been able to obtain from appropriated funds.

SUTTON: Have you spread the chairs rather carefully into various departments? Have you done that on purpose?

MEILING: We've tried. We had hoped right in the beginning that we would not have a second chair in a department until each of the departments had a chair. It's much more difficult to sell a Chair in the basic science than it is to sell a Chair in clinical medicine or research. In addition to Chairs we have Professorships and we have Lectureships. I think there are nine endowed Professorships and there are eleven endowed Lectureships. Then there are Lectureships that are endowed for one year in addition to this. They always bring a noted medical scientist from the outside. We've had on several occasions' Noble prizewinners. We've had people from Europe; we've had people from Japan. This along with what Dr. Trzebiatowski is doing in research in Medical Education, that's his particular field. He came over from the College of Education to medicine as a specialist in adult education. I told him the first time he came, and he still laughs about it, I said, "Greg, I don't want to hear of you trying to explain to anybody how to do an appendectomy or how to teach how to present a procedure. I don't want you to accept the concept that because a man is a superb cardiologist, he knows anything about education. You're coming in here as a specialist in adult education. You're going to be free to teach our faculty how to present the learning experience.

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MEILING: We brought Dr. Trzebiatowski here. We already had in the Dean's office a Division of Research and Education. His predecessor was also a Ph.D. in education. He was recruited away from us and went to the University of Virginia where he still is and is very successful. There was also at this time a very successful Division of Research and Education at the University of Illinois. In looking over the other schools, I found that the problem they had was that they were co-equal (the heads of the Research and Education departments) with the Department Chairman in Basic Science and Clinical Science. So instead of establishing a department with a Chairman, I established in my office as Dean a Division of Medical Research, and I controlled all the research money for education. So if a department Chairman didn't agree with whoever was Director of Research and Education, he didn't get any money for research and education. Well they used to call me a director, and I'd have to plead guilty. But, as you know, in a university or academic environment it's very difficult to introduce some thing new. They take the position that we've been doing it this way and this is the way we were taught. I was educated in Europe. In medical school they examined you on did you know enough to be allowed to see a patient, not did I know what the research work of a given professor was. Not what they were doing at that time in research, but did I have enough knowledge to take care of a patient. Here at the College of Medicine, not only at OSU but all over the country, they talked the same way the military did. If you were a Private and promoted to Corporal, you could teach eight people and if you were promoted to Sergeant, you could then teach thirty-two people. This was very similar here. If you were promoted and you demanded that everybody use silk for their sutures, there was no chance for anybody to discuss what was the advantage of steel or catgut or synthetic sutures. It was so rigid and when we would propose something new, this rigidity would crop up. But when they couldn't get research money for education unless they coordinated with the Dean's office, then you broke down some of this rigidity. We finally got to the point that we introduced independent studies, where the student could design his own curriculum and he didn't have to go to the formal lectures but he had to pass examinations, and we televised or recorded the examinations with the permission of the professor and the student. Then the Education Division would evaluate that to see whether they were asking pertinent questions that were applicable to the program, which this student was studying. After one or two of these recorded sessions came through and showed that the personality that the examiner had was overwhelming the student and that this wasn't adult education, this was primary education almost, we began to get results. Dr. Lloyd Evans, Associate Dean, with Trzebiatowski established our first computer-assisted instruction where a professor put a given program on a computer and the students at all levels could go in there and work with that program and then decide that they were ready to be examined. The computer then gave them an examination, which was graded by the professor and turned back. Now this did several things. It told the Dean's office if the individual faculty member were up to date with their programs. If a program was not used for a period of six months, I informed the Chairman that unless it was changed it would be taken off of the computer memory. Of course that didn't set too well with some professors but when you took the program off, they realized that there was no appeal. They went over to see the Provost and he said, "But the University doesn't have computer-assisted instruction. You only have it in the College of Medicine. If you're not doing what is expected then I guess you better abide by their rules." Nobody got

demoted, but it was a social stigma that one's program had been taken off the computer memory bank. It resulted in updating the programs between four and six weeks all around the calendar. We then put this into our continuing medical education. This is what would bother me. On a snowy morning we would have maybe 20 or 25 professors absent. They had been out around the state of Ohio and neighboring states giving lectures the night before and couldn't get back to their classes. So using radio first and then telephone, and then television and then the computer, we established continuing medical education, and we piped it from the College of Medicine to hospitals around the community. At first it went to eleven hospitals. The program would begin at 12:00 noon. In a smaller community, the doctors usually eat at the hospital. That's where they get together and talk over patients. They usually stop in the cafeteria of the hospital. So it was very convenient for the next sixty minutes. By telephone they could ask the panel here at OSU questions about the subject being discussed. That has grown from 11 to 178 hospitals in 13 states and Canada. It is very effective today that a physician in any one of these over 178 hospitals can go into the terminal and he can ask back here at Ohio State what is the latest therapy, what's the latest publication? Now if we can't provide it, it's automatically switched over to the National Medical Library in Bethesda. They have approximately 2,000 accessions every 24 hours, and they can translate in 56 languages. So if you ask a question on pancreatitis, which doesn't occur very often, but you have a hard time finding what's the most recent information, it goes to Bethesda and they tell you what they have, how many papers in the last six months in English, how many in German and so forth. They give you a short summary and you decide what you want. Now if it's in English they'll give you an immediate printout. It comes through Columbus and it goes to any one of these hospitals that are hooked up to us. It is in a foreign language, they will give you a translation within 48 hours. It will come as the printout does, first to Columbus and then to these other hospitals. The result is that our students have now been using this. As they go out to these hospitals to become members of the staff, they understand how to get this information. It was noted that one problem was that the chemical therapy was so advanced that the medical literature didn't always cover it. We talked with Chemical Abstracts and they said they'd be happy to join in. So if you want to know the chemistry of the therapy that's recommended, you ask the same terminal and the same computer that's in Columbus, we hook up with Chemical Abstracts, and they'll give you what is new in that particular chemical or chemical radical. Now this provides a form of continuing education that's become very interesting. The Foreign Aid Department of the State Department asked Dr. Trzebiatowski to visit South American countries and Asiatic countries and European countries. Their immediate reaction was, "We'll take the Ohio State program and just translate it." Dr. Trzebiatowski and Dr. Evans and Dr. Prior were very astute in saying, "Oh no, if you want the program you come and spend three months seeing how we do it. Then you go back and put you own together and then well come down and evaluate whether you're achieving what you think you should." Again, unless they did it this way the State Department – Foreign Aid Division didn't provide them any money. So Dr. Trzebiatowski had made quite a few visits to foreign countries, and Dr. Evans and Dr. Prior were involved. Then Medical Indicus, which is headquartered in Amsterdam, Holland became very cooperative. Under limited provision, the terminals here can hook into the Medical Indicus, which is probably the world's greatest source of printed

information on medicine today. The continuing medical education, the computer-assisted education, the Chairs and Professorships and Lectureships were designs that were not foreseen but which developed during my Deanship because the faculty broke down most, not all, of their hesitancy to establish new programs and new concepts. To further this, the faculty through Dr. Prior, Dr. Evans, and Dr. Trzebiatowski decided to have symposiums. The idea was that we would pick full professors and instructors to attend off-campus curriculum seminars. The Dean decided who would share bedrooms because we always went off-campus. The Chairman would come and say, "Who's this instructor you've put into my room? I want somebody my equal." Well after the first or second night they'd come around and say, "Where'd he come from? He's smart." We mixed them in these programs. We brought in off-campus faculty. Twice we had the faculty from Illinois and once from California, each of which had Department of Medical education and research. We had an agenda and they examined the problems of the College of Medicine academically. Of course, after they put this together, they would sit around in a seminar with 5 or 6 faculty and one of the instructors. They always would come up with, "This is a good idea but the Dean should give us money." As Dean, I would always accept their recommendations and say, "At the end of 4 months I'm going to see what you've done to improve your own program. If the Division of Education finds that you are progressing, we may be able to find some funds." At one time we were able to meet all the requests to support student research. If a student worked with a faculty member on individual research, we could provide him animals, technicians, computer time, publication, and if he received an invitation, a presentation at a national organization, we paid his trip there out of research funds that were donated to us. I think that it wasn't just the buildings and I will admit that we did build quite a few but it was a strengthening of both the student body and the faculty, not only in numbers but in new concepts, and the concept that medicine should be taught as adult education, not taught as a primary educational program where "I learned this so I'll teach you what to do" without evaluation of subject matter. Then the examinations have to have recall along the same program that had been presented. This was old hat to those of you in education but it was a new concept in medical education in the United States. Vice President Corbally became very enthusiastic about it and said that he was appalled that medicine should be leading the way in this reform of adult education when it should have come from his parent faculty education. We eased it by saying, "Yes, but we stole your Associate Dean to work over here." Those are some of the things that we did. I think another thing I'm proud that we were able to do it was, at the time I became Dean, no college on the campus has a crest or a motto. So we developed a very simple college crest that could be duplicated, both as to color and figures, to be worn on the white coats of the faculty and the student body. Well immediately the question came up about was it approved by the Board? Dr. Fawcett said, "I'm not going to decide this. I think you're trying to copy English and Eastern schools. You present it to the Board and I won't say anything until they ask me." Well the Board was enthusiastic – Why didn't the other colleges have it? Then, unbeknownst to Dr. Fawcett I said, "Well, we have a second shield, a crest, and that's for University Hospital. We're going to allow all the various colored coats that we use if they're part of the staff of University Hospital non-medical to wear their own crest. This way we will have security check of who is in the hallways, in the laboratories," So they approved both of them the same day and that afternoon the nurses came and they

wanted one. So we developed one for the School of Nursing and the School of Allied Medicine. If you go through the hospital today, or any of our buildings, you'll find these different crests. Now we have security officers in the hospital in civilian clothes, and it's very easy for them to pick out who is wearing a crest that shouldn't be allowed on the floors. They can tell who is doing what. You know, when I came here in 1947, right after the war, it was quite a thing to have medical students bring non-medical students into the operating room or delivery room. They would scrub up and put on operating room suits and then it would appear in the Lantern about how they had done this. I was very happy when we got approval of the crests to have them made up in cloth and in color. If you didn't have that, you couldn't get in. In addition we then developed a color symbol with the student's name that he had to wear at all times. A few objected to this – we were too military – but when you have 600 medical students you have to keep track of them. Each class had a different colored nameplate. If you add 300 nursing students to it you have a problem. By having various colors for each individual class, you could tell if the right person were in your session. The other thing we did, the operating doctors and obstetricians were supposed to meet with the students before they went into the operating room so they knew exactly who was who. This not only improved education but in this day and age of malpractice suits it protected both the university and the faculty. I feel that it is very lacking in the United States social life. You go to England or Europe and every time they build a building, a certain percentage of the money of the cost is dedicated to aesthetic enrichment. I had been a great follower of the cathedrals of Europe. I spent 6 years over there as a student, and my roommate here at Ohio State the first time I came in surgery in 1938 was a Russian, Dr. Carl Caassen. He and I used to talk about the beautiful stained glass windows that told a story. When I came back as Dean, Chauncey Leake got on me. He was an Assistant Dean. Chauncey Leake said, "There must be some way that you can teach medical history. The first day you have 40 students and the second or third day you're lucky if you had 2." We talked about it and Carl and I came up with the idea, why not put a stained glass mural in each of the new buildings. Well we went down to see Mr. Willet, who was the head of Willet studios, and he was the best stained glass man in the United States. He had a concept that he'd gotten from Holland, a third dimensional stained glass. So I went around to friends and collected some \$60,000 for aesthetic and cultural art. We have purposely not put up any explanation." Now we have them printed and if you ask the girls at the desk they'll get you one. But the big idea was to make the students look into it. I've had any number of young doctors where I visited come up to me and say, "You know, I wear my crest on my coat in the clinic in this hospital, and I know more about medical history than the students who take it at Hopkins or in California where they have formal departments." We didn't have the money for a formal department. I know that some of my critics over on campus didn't think getting stained glass put into the buildings was quite the artistic temperament that Ohio State would like to project, and we didn't have a committee to meet and decide. Mr. Willett said, "When do I meet the committee?" and I remember Dr. Evans said, "Well look at him. If he approves you'll get paid and if he doesn't you won't." Writing the protocol for each of these and then working with the artist in Philadelphia and the Venetian and Italian artists on the mural that's in the university area and the Health Center library was a great experience. They could translate this into a visual presentation

of history. So those are some of the things that didn't appear in the inaugural address but did develop.

SUTTON: They developed as you went along. It appears that you were able to seize opportunities when you saw something. I don't think anybody else seized the opportunity for the aesthetic enrichment of our buildings here. It doesn't seem to have occurred to other people.

MEILING: Well you know at one time the Dean's Council voted and sent a resolution to the President that the Dean of Medicine had to present his new concepts that involved concepts or expenditure of money to them for approval before the University would consider. That didn't get very far but it was rather interesting to me to find out the sixteen Deans...how they voted. I think there were only two that stood up for me.

SUTTON: A little jealousy involved you suppose?

MEILING: Well, they thought I was getting too much money.

SUTTON: We've always thought that about the College of Medicine.

MEILING: If you look at it couldn't have gone any place else. It was stipulated. It was the same thing when Jim Rhodes had been mayor when we first sought money to build the new hospital (now Doan Hall). He had lobbied effectively. Jim and I had grown up together over in Springfield and we'd been classmates and we'd had various business ventures together. We had the high school programs for football and basketball. We had the hot dog and soft drink stands. He and I ran the high school dances on Saturday night at the downtown hotel or the Knights of Columbus and we got the orchestra in. What we made, we kept because we were not responsible to anybody. One time Jim was playing fullback and he got hurt, and the next week they told him he couldn't dress for the game. So he came down and said, "I'll take care of getting the buns. You get the hot dogs and so forth for the game." I told him explicitly where to go to get the buns. I'd ordered them. Jim in those days was very similar to what he is now. He very seldom listened but he was always talking. So he went to the wrong bakery. He got the rolls alright but on Monday morning I was called to the principal's office and there were two thousand hot dog buns there.