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John Lyman Interview for the Boonshoft School of Medicine 50th Anniversary Oral History Project

John Lyman

Kristen Dilger

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WRIGHT STATE UNIVERSITY
Boonshoft School of Medicine 50th Anniversary Oral History Project
Interview with John Lyman

Interview Date: March 11, 2022

Interviewed by: Kirsten Dilger

TRANSCRIPT

Kirsten Dilger: Ready to talk about your whole experience of medical school?

John Lyman: Well, maybe, what I can remember. It's been a long time.

KD: Yeah.

JL: Actually um, interestingly, do you know Rick Pearl? Do you know the name or have you spoken with Rick Pearl?

KD: I know the name.

JL: Okay, well, he was a classmate and he was doing an autobiography, and so he was doing it in conjunction with a friend of his, but he was in Peoria at the time. So, they contacted me and asked me if I'd participate.

KD: Yeah.

JL: And I did, but I recall so little. I... honest to goodness, too. But I do have some kind of interesting stuff that I think you'll find interesting. I have some stuff that I think would probably... that I know is unique to me and to the medical school, and that's kind of fun, you know. But I don't remember a lot of the classes and that kind of stuff, so, and I think it's a combination of age and not having to visit it or revisit it for so long that I've forgotten about it. But there are some things that certainly stick out.

KD: For sure. We can work with that.

JL: Okay, good. I also- let me begin by saying I have some old pictures that may be of some value. I have some pictures of the medical school actually being constructed.

KD: That would be great.

JL: Yeah, okay. Well, I'll put a file together and send those to you.

KD: Absolutely. Okay, so first just say your name, your graduating class and what you are doing right now.

JL: My name is John Lyman, L-y-m-a-n. I was in the charter class, so I graduated in 1980. I went into emergency medicine, which at the time was just kind of an emerging specialty that was just developing, so I felt like people that entered that specialty back then were really at the beginning of the specialty. I have subsequently retired, although I still work occasionally. I'm doing occupational health and the skill sets overlap a little bit, so what I've learned in emergency medicine is very applicable to occupational medicine, although I have had to get a few additional certifications to practice. But I'm just part time at this point, I truly consider myself retired and just joke that I'm retired but haven't done a very good job of retiring, so I still dabble a little bit.

KD: Seems like the general theme of doctors, they never seem to retire.

JL: Yeah.

KD: So, why did you choose Wright State?

JL: Well, I have a fairly complicated history, so let me tell you. I'm originally a California boy, I came from California, and when I finished I was doing research. I had an interest in medicine but I was not a real stellar student, and I knew I wasn't very competitive. I wasn't quite sure what I was going to do and ended up doing research. Well, the person that I was doing research for was a name that you'll recognize, which was Dr. John Beljan. So, Dr. Beljan had some grants- we were at the University of California-Davis, he had two really significant NASA grants, and when he got appointed the dean of the new medical school in Ohio, the grants are basically- I think there are two options: either the grants belong to the principal investigator, the one that asked for the grant; or to the school where the grant was awarded. Well, these were grants awarded to Dr. Beljan, meaning he could take them with him, and he wanted very much to take both of these projects with him, because he was going to this new school and here he'd walk in with two grants in the millions of dollars to start with. So, it was important to him to take them with him. So, he asked- as I said, I headed of the divisions, one of the projects, and a friend headed the other project. So, he asked both of us. The other gentleman was named Ben, and Ben's project was working with chicken bones and broken legs and how to repair those, because NASA was very concerned about what happens with astronauts if they were to have a traumatic injury and how would they, you know- they were thinking far ahead for long term flights to Mars or whatever, and what would they do if they had a broken bone. So, how would it heal in that environment, and could they speed the healing. The division I was in was looking at biorhythm, circadian rhythms, and how that affected astronaut performance, efficiency, a variety of things, and, you know, sleep-wake patterns. So, we ran a number of studies at Davis with human subjects in varying light capacities. So, he asked the two of us if we wanted come back to Ohio. So, I was- Ben was married at the time, I was single and kind of not really sure what I was going to do with the rest of my life. Although at that point I was liking research and I was thinking I would go into research, that I would go back- I had a degree, a bachelor's degree, and

my goal was I would go back to school to get a graduate degree, probably a PHD, although I really hadn't progressed that far along, but that's what I was thinking about was that if I was going to do research, a PHD would be appropriate. So, when he asked if I would go to Ohio there was nothing to make me say no, so I agreed to go to Ohio. I mean, I was excited about it, but quite honestly the closer I got to actually leaving I remember being quite nervous, because I had never traveled very far, never lived any place other than the Bay area and where I went to college. So, now I was going to be all the way across the country in a foreign state, so I was a little bit anxious about it, but I'd agreed to do it so I did it. I came out here, settled in, I lived with Ben initially, and then struck on my own and settled in. So, I was enjoying it, we continued the research, we actually conducted the research down at another place you may know of, called Cox Heart Institute, which is next to Kettering Medical Center. So, we ran our studies, we did more human studies up on the second floor of that building. The emphasis that changed a little bit, at that point NASA was very concerned about all the medications the astronauts were using, and so then our studies went from looking at light and dark cycles to the different medications they were on, and so we had studies where some of the subjects got placebos and others got, you know, the real drug, and then we would look at some different measures- performance and a variety of things they would do. Fascinating stuff. So, that's kind of a long story leading up to the school. So, they were starting the school and they had the foresight- and I've always kind of credited them, it was obviously very beneficial to me- but they had the foresight, whoever was putting this together, to realize maybe a whole class full of students, kids just out of college, that have gone through four years of college, to start a school. Somebody thought, well, maybe we should have some other people with different life experiences. So, we had, as I recollect there were five of us that had had other life experiences. I just told you mine, Rick Pearl, who I mentioned earlier, was a Vietnam helicopter pilot, Sherry Stanley Wheaton was a housewife raising a family, we had a fella that had been a mailman for many years, and we had another that was a poet. I don't know what else Tom did, but I remember him being the poet of the class. So, there were five of us that were kind of the adults in the room. Dr. Beljan knew I had an interest in medicine, and so we talked, and I said, 'Yeah, I would love to go to medical school'. So, I applied, and I was accepted. So, I was one of those adults in the room, if you would.

KD: So, how was your first impression of not just Ohio, but of the school that was just in a cornfield? What was that like coming from California?

JL: You know, there is kind of a funny story to go with this, and that is that is that I already told you I was a little bit nervous. What I didn't tell you was I was a young, hippy kid. I grew up in Berkley, adjacent to Berkley, but I spent a lot of time in Berkley and Davis and the college environment. I had long hair and that was just kind of who I was at the time, and that was part of I guess the fear of coming to Ohio was I considered Ohio a pretty straight state, and here I was a California kid coming into a new land, and so the funny part of this is, as I said, I lived with Ben. Ben came out here earlier, and he was going to find a house for us. So, he did, and he told me the address, so I'm driving across country nervous about moving to a new country and being the new kid on the block, and guess where Ben found a house? Yellow Springs, Ohio. So, I pull into Yellow Springs, Ohio, and I'm there a little while and I'm thinking, 'Hmm, this is not bad. This is more Berkley-ish than the Berkley I left a little while ago'. So, anyway, it turned out. It

was what I call a soft landing, you know, in Yellow Springs. I was there for a while. I do recall, especially driving across country, all the corn and the cornfields. I never really thought of Wright State as being in the cornfields. I guess it was at the time. I didn't think... my recollection of Wright State was a place to work at that time, it was not because I had been there for a few years working, and didn't really think of it as a school. Then eventually, obviously, I spent a lot of time there as a- in the medical school. But I don't remember being struck too much by kind of the location. I do remember being struck that it was new, and it was all bricks, and quite different from what I was used to in terms of schools and environments, and even the building structure was different here in Ohio. But I didn't have any- I certainly didn't have any negative... I don't remember thinking that I had been plucked and put down in the middle of Kansas or anything.

13:08

KD: For sure. And so, you say you don't remember much about your classes, but how were let's say, like, the rotations? Since Wright State doesn't have a hospital attached to it, what was it like to work out with the community?

JL: Yeah. I mean, we knew that. I don't remember how much attention I paid to it. Certainly, as I was there and spent time at Wright State I realized what a community-based school, what that meant. I always loved it. First of all, it was all I really kind of knew in terms of medical school was a community based from the get go, you know, we spent time out in the community. That was one of the things that Wright State kind of prided itself on being innovative, so we early on had patient contact. That was fairly new at the time, was my understanding, now it's pretty ho-hum. You know, the students get out and are interacting with patients very early on. So, while we had somewhat traditional in terms of, you know, the standard book learning, the lectures and the rotations, you know, the embryology and the biochemistry and all of that stuff as typical medical school rotations. The fact that we were getting out and doing selective projects and meeting with patients, I think our understanding was different from the majority of the other medical schools. I've always thought Wright State was innovative in their educational approaches. And then to go out to the different hospitals, I didn't know anything different, so it didn't mean too much to me. I subsequently, later in my career, I ended up down at the University of Alabama, and that was where I really could contrast, because it was just the opposite. University of Alabama at that time was everything took place in this one monolithic hospital setting. You were there and that's where you did your training. Subsequently they have also broken out, now they go out into the rural areas. But the medical students at that time, the joke was once you enter the doors you were there for four years, and it's kind of this very closed environment, so it was just diametrically opposed to Wright State. I've always appreciated Wright State's approach, and in my specialty, it really helped. Because I saw emergency medicine practiced in different forms, and it does change from hospital to hospital, so I didn't learn just one approach to emergency medicine, I learned a whole series of how departments could be set up and how the practice of medicine could be conducted.

KD: And so, going into your medical school career, were you always interested in emergency medicine, or how did you stumble upon that specialty?

JL: No. No, that was never even a consideration. I didn't even know it existed until my third year. We had a little bit of exposure because then you're on clinical rotations and often times you'd pick up patients in the emergency department, you know, that you were then going to follow. So, I had a little bit of exposure but it really wasn't until my fourth year and did some elective rotations in emergency medicine that I really realized, 'wow'. This met so much of what I wanted to do in medicine. I think the reason it took me awhile because I had entered medical school with kind of a Dr. Welby notation of medicine. I was going to be a family practice person, I was going to treat families and, you know, know them and deliver their kids and just watch them all the way through. So, emergency medicine, again, it's just the opposite, you know? Emergency medicine is an encounter, and then once the encounter is done, your time with that patient is done. So, just the opposite of what I entered medical school thinking I was going to do, and I think that was kind of- I don't remember there being a reluctance, but I think that's why it took me awhile to really kind of embrace it. But then I spent time in my senior year in the emergency department, both on elective rotations as well as spending more time picking up patients for my services. You know, at some point- I don't remember an epiphany- but at some point, I realized, "Holy mackerel, I love this, this is what I would really like to do". I realized the trade-off is I will not be the Dr. Welby that I anticipated I was going to be. I'm not going to be that person that watches families all the way through. But by that time- and what happened was that was later in the year that I really decided that's what I wanted to do, but by that time I was already committed. You commit earlier than that, and I was committed to internal medicine. So, I went into an internal medicine program, so that's what I did my first year. I can go on and tell you how I ended up in emergency medicine.

KD: Yeah, let's keep going.

JL: Okay. Well, what happened was they had a new department of emergency medicine here at Wright State. Wright State was one of the first schools to have a specialty in emergency medicine. Now, right down the road they did have one in Cincinnati, so that was- and in fact they were the first emergency medicine residency. The first emergency medicine resident is still practicing, I still serve on a national organization with him, Bruce Janiak. So, he was the first emergency resident, and that was right down the road in Cincinnati. So, we had- there was a residency put together at Wright State, and we had one of the founding fathers of emergency medicine was the first chairman of that department. Um, Jarellus, I think. What was his name? Anyway, I forget, but it was somewhere along the lines of- it wasn't Jarellus, but it was something like that. So, he was the chairman. Well, he did not get along with Miami Valley Hospital, and at that time there was no Premier, it was just Miami Valley, Good Sam, you know. So, he didn't get along with Miami Valley Hospital, so the consequence was Miami Valley Hospital was not a part of the residency program early on. People don't know that and it's strange, because even back then, Miami Valley hospital was the trauma center, saw a high volume of trauma. They didn't have designated trauma centers, but still, Wright State was- excuse me, Miami Valley- saw the majority of trauma and it would be a natural to be a part of a residency program, you would expect it to be in this community, but because there was this conflict- Jalenko was his name, Carl Jalenko- did not get along with Miami Valley. Well, unfortunately, Carl Jalenko had a stroke. He was being operated on, he had a medical

procedure they were doing. I think I'm telling- I think this is public knowledge, so if not make sure this doesn't go beyond you and me. So, anyway, he was out of... it became apparent very quickly that he would not be able to practice medicine anymore, he was paralyzed on one side and I don't think he could speak, so he was out of the picture. They appointed an interim chairman of the department, a fellow named Jim Agna, I don't know if you know that name or not. But Dr. Agna was, guess what, the original chairman of the department in Cincinnati. He was the founding chairman of emergency medicine, the first chairman of an emergency medicine residency. He had then transferred to Wright State in family practice. When Carl Jalenko could no longer practice, they got in contact with Dr. Agna and asked him if he'd chair the department until they were able to find a new chairman. So, he agreed to do it. Well, subsequently to that at Miami Valley, with one position out of the way, Miami Valley wanted to join the program, and the residency of course wanted Miami Valley to join the program. So, I'm at Miami Valley as an intern in internal medicine, and a friend phoned me and kind of told me the story I'm telling you now, that Miami Valley was going to join the program and that they were going to add a new resident who would be assigned to Miami Valley. So, as I said, I fell in love with emergency medicine and wasn't sure how I was going to get into it, but at that time you could actually practice emergency medicine and not do a residency. You could do a residency in something else and then do emergency medicine, so I was kind of thinking that's eventually what I'd do. I got wind of this, and so I phoned Dr. Agna, I said, "Dr. Agna, my name is John Lyman", blah blah blah, and I said, "I understand you may be adding a medical student"- excuse me, a resident- "to the Emergency Medicine program, and they'd be assigned to Miami Valley, Well, I'm at Miami Valley, I know Miami Valley, I'd love to switch over to Emergency Medicine". I actually- there was someone else in family practice that wanted to switch into internal medicine, which is what I was doing, so I said, "I think I have someone to fill my spot, you know, and I'd like to apply for the position and you wouldn't even have to go out and look, you wouldn't have to do a search if you'd accept me". I didn't say that, I wasn't that bold, but I think I probably hinted at it, and guess what, they accepted me into the program. So, subsequently, Dr. Jim Agna and his wife, Mary Agna- who was one of the first female physicians to graduate from the University of Cincinnati- became friends of mine, I went to dinner with them, they were just wonderful people. So, I've always thanked him because he was the one that gave me the opening, and just I'll follow up, I'll end now, but I'll tell you that he was the interim chairman, so, I finished my first year in internal medicine and then was going to switch into emergency medicine, and they hired a new chairman of emergency medicine. So, he and I arrived at the same time, he as the chairman and I as a second-year resident, and we became friends and to this day are friends. That's Glenn Hamilton, I don't know if you've spoken to him, he was the chair of Emergency Medicine for 30 years, so he and I have maintained a friendship, and my wife and his wife were also very good friends. So, it's been an interesting journey, and that's how I ended up in emergency medicine, I never really looked back. I always kind of loved the... and felt extremely fortunate that I got into that specialty, and never looked back or thought I made a mistake at all. I was delighted that I found kind of what met my passion and I was able to practice for 30 plus years.

KD: And so, did you like having a smaller class, and like being one of the first classes? How was that for you?

JL: Yeah, I mean, well, I didn't have a whole lot to compare it to. I did like the smallness, everybody knew everybody, there was a real sense of 'we're all in this together', and that went beyond the students, and I really felt that. I may be making this up and romanticizing it, but I think even back when I was in it, I had this feeling of, you know, the students and the faculty- because they were new and they were in a new school- and the administration- they were new and they were in a new school- I really had a feeling that everybody was working together and kind of had each other's back, if you would. Everybody needed us to succeed. You know, if the students didn't succeed, well, then the faculty and the administration failed. If the faculty was lousy and they didn't teach what needed to be taught, then they failed and we would fail, too, because we wouldn't pass the boards. If the administration didn't jump through all the hoops and do what needed to be done, that could have disastrous effects as well. So, it was really a sense of 'we're in this together'. Let's all, you know, put our hand on the oar and row at the same time. So, and I really do feel that- I don't think I'm making that up, I think I had that feeling way back during my time at Wright State.

KD: So, what are some, like, extracurricular activities that you did with your classmates, if you recall?

JL: Um, well, I told you that... these weren't really extracurriculars, so... I mean, the selective things I did, those are kind of memorable, because you work with your classmates in settings outside of the typical clinical setting. One of my most vivid memories, and part of the reason it's so vivid is because I was just telling somebody else this the other day... [pauses] you know, it's snowing outside right now, I'm just looking out my window and seeing snowflakes coming down. Is it snowing out there? I'm in Kettering, so, it's not heavy. So, Virginia Kettering Kampf, I know you know that name. Yeah, she was very instrumental in the medical school, supporting it financially, and just... what's the word? Spiritually. She was just behind us. Well, we got invited to the Racquet Club by her, so our class went, I think it was in our first year. So, we went down to the Kettering Tower and went up to the Racquet Club and got off, and it was like- I mean, you've got to understand, this was amazing, and here was Virginia Kettering Kampf, who kind of owned the city of Dayton, in a sense. I don't mean- not the city of Dayton, but she was just a very rich lady, you knew that. A very elegant lady, and very important to all of us because she was so supportive of the medical school, and here we were at the Racquet Club, which was above all of our class, and she greeted us when we got off the elevator, and I'll never forget that. You really thought, 'Wow, am I really in the Racquet Club?' It sounds a little silly right now, but I just remember thinking that was pretty striking. So, that's a recollection. We had some good sports teams. So, we played baseball, we had some intramural teams, but we also had... some of the teams we played against, we had a faculty/staff picnic, I think we called it the Big John Picnic, we had a trophy at one point for that, for the faculty/staff baseball game. You certainly... the class, as small as it was, we still- as any group of people- we had little cliques, and there were some of us that were close friends and did a lot of other activities together, we'd go boating down at Caesar Creek or just going out. I had one of my best friends- who has passed so you won't be able to interview him- but we used to ride motorcycles together, so Peter and I would... I brought my motorcycle out from California, so we rode a little bit, and

Peter was a great fellow, Peter Imber. So, he was...we've lost a number of people in the class, Peter being one of them.

KD: Yeah, that sounds like fun.

JL: Well, it was, and I think it was small enough that there was nobody that didn't get along in the class, that I'm aware of. I mean, there may have been friction, but nothing overt. But like I said, there were certain of us that really drawn to one another so there were little groups, but I don't think- we might have had a couple of what you'd call as loners that really liked to do things on their own and didn't want to socialize too much, but most of us got together as groups on a regular basis, either swimming parties or different things to do, and consumed a little alcohol along the way, so it was good. So, overall, I liked the fact that it was a small class because we could do things as a class. At some point it's just too big. You go to a function of 75 people and maybe 70 will show up, and even then, you don't even see all 70. But I think with 32, and if 25 or 30 of us would show up, we were all there with a small enough group that everybody was a group, you know, there wasn't just- it was a small enough to allow that to happen, so I think we were fortunate in that regard. Everybody was looking out for us, as I said, everyone wanted us to be a success, and of course the community had a different approach. I'm sure it's if you asked them, eventually they'd say, 'yeah, we want it to be a success', but they were just proud to have a medical school in the Dayton community. I think it meant a lot to the community, to the school, to Wright State, so the community was very supportive of us, always felt that. Positive newspaper articles. As a side, I don't feel that kind of same feeling right now about some of the media and Wright State, but back then you really felt the media was on your side. Lots of positive articles, they were interviewing us on a pretty regular basis. So, that was part of the advantage, and we were the first class. I'm told- I was never really aware of this- but classes after us didn't like us because we got all the attention, and so once- you know, we were the first born, and once the second born came along it was like, 'Yeah, big deal, who cares, we were more concerned with the first one'. I was not aware of that, but you talk to some people now, they still have a little bit of a chip on their shoulder about how we got all the attention, all the media attention, all the monies, all the freebies that would come to us.

KD: I mean, it's always like, 'Well, we weren't the first class', but even so, the classes I'm interviewing, the three classes after the 1980 class-

JL: Oh, are you really?

KD: Mm hmm, and so they have all mentioned community as being a big part of their experience, like you said, and for your class I recently talked to Bob Brandt, the class president, and he was talking, he says the same thing about the faculty being on your side and the administration, and everyone just trying to work it out, so I don't think your making it up.

JL: Yeah. Well, it was important. Obviously, the school was a success, they did things a little differently then some of the other schools. I joke that they were ahead of their times in ways, some of their teaching methodologies are now used by many others, if not most schools. The

fact that we got out and saw patients early on, I think there's probably not a medical school that doesn't have their students out with patients early on. I'd like to think we were a driving force in that regard. We can talk at some point- and you just reminding me on how much time we have- but about the admissions process as well, which I think Wright State has done a marvelous job of.

KD: Yep, let's talk about it.

JL: Well, I've had kind of the unique experience and opportunity to be on the admissions committee wearing a variety of hats. I was on the admissions committee as a student, so I was a full-time member, interviewed and then sat on the committee to accept people, and then I came back to Wright State and was on the faculty in Emergency Medicine, and in that capacity, you were assigned to different committees, and I actually asked to be on the admissions committee, so now I'm back on the admissions committee as a faculty member. Then Gail and I left, we actually left the academic setting, went down into private practice, I was down in Panama City, Florida for a number of years, and then I mentioned Birmingham and the University of Alabama, so then went to University of Alabama for a couple of years as the medical director of the emergency department. It was a difficult, very difficult two years. At times I will say it was a mistake, on the other hand it was just part of us growing, you know, to help me develop who I was, to help Gail develop who she was. We ended up then coming back to Dayton. So, now I'm back in Dayton, still in private practice working for a group, and then went back on the committee, the admissions committee, now as an adjunct faculty member, because the committee is comprised of a whole... it's got admissions committee people on it, you know, in the department, it's got faculty members on it, it's got laypeople on it, it's got clinical faculty members on it, it's a real eclectic group of people on the committee. So, I have sat on the committee as a student, as a faculty member, and as a- I'd call it a layperson, just a community person. So, I started back in '79 on the committee, and the committee has really not really changed. They still do things very similar, and it's... I mean, the operations have changed a little bit, but the point of how Wright State looks to accept students is really very similar to my recollection back in the '70s, and that is they look at the whole student. Now, the numbers are important, you can't ignore the numbers, so the MCAT scores and the grade point average, those do make a difference. And the school you come from does resonate. But Wright State has always prided itself on looking at what else did the students do, what kind of service commitment do they have, what kind of person are they, how committed are they to medicine. Are they simply a very smart person that does good with high numbers, but they can't relate to people, they have no commitment to medicine, etc. I'm not going to say other schools don't do that. But I will tell you at Wright State that has been a focus from the get-go to look at the whole person, and I've been proud to be apart of that, you know, that kind of committee that that's what they look at. I think it takes more time, I think Wright State puts an extraordinary amount of time into the selection process, but it's a process that I think is workable for them. They bring in students that are, you know, maybe in some regards different then other medical students. They bring in other experiences, and maybe Wright State set the tone way back in the beginning when they brought in the five of us that had other life experiences. So, I continue to support what Wright State does, they have good people at the top, Gary Leroy, as you know, now heads

it and continues in that tradition of bringing in a diverse and somewhat eclectic class of people. But the proof is in the putting, you know. When the students get out, they do well in the community, they do well in the boards- you've got to pass the boards, so no matter how organic, and looking at medicine is a whole body process, you still have to pass the boards to get out to and practice, so that's one of the accomplishments of the school, and I think rightfully proud of their- of the students that pass the board and move on to practice medicine.

KD: Alright, and so wrapping up, do you have any final things to say?

JL: Well, I think you can tell I'm a proud graduate of the medical school. I also have remained involved with Wright State in general, the school in general, so it's been a.... I just... I love that association and will continue to do it. Like I said, I served on the faculty for a while, served in different capacities with the school, I was on the foundation board for many, many years, and so that was a great thrill for me. I will- there was one thing I did want to tell you early on and I'm going to send you some pictures, but one of the stories I'll tell you that is quite unique to me, and so I joked one time that if it were not for me there may not be a medical school. And why I say that is, as I told you, I was here working, I was doing research, and Dr. Beljan one time back in probably 1975 asked me to do him a favor which was to fly to Chicago with the final application for the medical school with all the signatures. So, I carried it, and it was not handcuffed to my arm, but I promise you it was never out of my sight, a briefcase with all the final papering for the medical school. So, I delivered it, I remember getting off the plane and taking a taxi down to the AMA building, and getting up and going and delivering, and making sure it went to the right person, and delivering the final credentials for the medical school. So, I joke that if the plane would have crashed or if I had a breakdown and just decided head on into Canada, the medical school would not be here. So, I take partial credit for its competition.

KD: It's all you.

JL: Yeah, well, there were some other people that had a hand in it, I don't want to say it was all me.

KD: Yeah, a couple of them.

JL: So, anyway, that's kind of... that's my story. I love my association and will continue to support it in variety of ways, the school.