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## Richard Pearl Interview for the Boonshoft School of Medicine 50th Anniversary Oral History Project

Richard Pearl

Kristen Dilger

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**WRIGHT STATE UNIVERSITY**  
**Boonshoft School of Medicine 50<sup>th</sup> Anniversary Oral History Project**  
**Interview with Richard Pearl (RP)**

**Interview Date: May 16, 2022**

**Interviewed by: Kirsten Dilger KD)**

## TRANSCRIPT

KD: So, we are just going to go over your experience at Wright State. So, we can start with why did you choose Wright State for medical school?

RP: Well, they chose me, you see. Okay, well, if you go back in time in the early to mid-70s, getting into medical school was very different than it is now in terms of inclusion and the type of people that got into medical school. I was a white guy over 30, okay? So, and there were things called catalogs back then, and there were paper applications. It was before computerization and just clicking things and sending a thousand applications. So, you actually had to write your applications and send them in and so on and so forth. So, in the catalogs, for instance, of Ohio State, it said, "Those over 30 are rarely favorably considered". Some of the medical schools had things like, "Those over 30 need not apply". I mean, it was that blunt, right? We didn't have laws that prevented that kind of thing back then. I mean, it sounds kind of silly now, doesn't it? But that's what I was facing. So, I applied to all the state schools in Ohio because- first of all, I was active duty in the Army and the Army was giving me permission to apply to medical school, and they were going to let me defer what I was doing. So, there are I think six medical schools in Ohio, five or six, and I applied to all of them, then I applied to five or six more, so I applied to 13 medical schools, and I got interviews at about half a dozen, and literally the first question out of the box at the first few places I interviewed was, "Why should we take you rather than someone 10 years younger, who is just as qualified?" Now, the first time I was asked that question I was taken aback, but the second time I was asked that question I was ready. Now, I'd been in the Army for 10 years at that point, I was a major in the Army at that point, I was a Vietnam vet, I'd flown Cobra gunships in Vietnam, I'd commanded a helicopter company in Vietnam, I'd been in Germany for three years, I'd commanded an infantry company, a brigade headquarters company, I'd been operations officer of an infantry battalion, I'd had a lot of interesting jobs, a lot of responsibility, so I said to them- this was Cincinnati, as a matter of fact- I said to them, "Let me get something straight, you've seen all the jobs I've had, all the things that I've done in my life, and you're telling me that some 21 year old kid, and all they've done is go to college and take courses, they're as qualified as I am to be a physician? Is that what your telling me?" And they didn't know how to answer that, to be honest with you. So, we just went on with the interview, and I used that answer from then on. But still, every school I got interviewed at asked me that same question in some form. And then had a second question, about how long I'd practice, and how long I'd work. And I said, "Well, my mom is in her 70s and she's still working"-

and by the way, my mom worked until she was 77- and I said, "I plan to work a long time. I don't plan retiring just because I hit a certain age", and parenthetically, I ended up working until I was 75, operating until I was 75. Didn't know that then, but that's what ended up happening. And then I switched the question around, and I said, "Do you take women?" and they said, "Of course we do", and I said, "Do you ask them if they are going to have babies, if they are going to stop working, if they are going to take time off, if they are going to drop out?" They said, "We can't ask that". "But you asked me how long I'm going to work". I said, "It seems kind of strange, doesn't it?" And then they stopped asking me that question as well. So, it was kind of odd, the ins and outs of all of that. But then when I got to Wright State, an interesting thing happened. Wright State- I was in the first class, as you know- and they were actually looking for a few people to bring into their class that were older, because they wanted someone what they thought would be stability in the first class. So, they took five of us that were over 30, with the intent that we had other world experiences, you know, this wasn't like our first rodeo, and we would bring something to the class that was a bit different, that would bring- that word "stability" was the right word- some stability, some ways of looking at life and experience that was different from someone that just went to college, came to medical school, and that was that. I think we did, and I think that's why I ended up at Wright State. I got accepted at George Washington- no, excuse me, Georgetown- and at the time I got accepted there'd been financial support for a lot of the private schools, I forget the bill, but the bill that was giving support to private schools got rescinded that year, and I got a letter from Georgetown saying, "Our tuition is going to go up from..."- I don't remember the exact number, it went from like \$8000 to \$18000 a year- "Will that effect your acceptance?" and I said, "Yes, I can't come", and I declined my acceptance from Georgetown. But, of course Wright State was like \$2500 a year for in-state students. You know, I was in the Army, but in the Army you have to have an official home of record, and my official home of record was my wife's, my ex-wife's residence, Ohio. So, I was an Ohio resident, Wright State was extraordinarily affordable, so that was the other reason I came to Wright State.

KD: So, was it hard to make that gamble having this new medical school in Dayton?

RP: No. I didn't know this then, but its far more important where you do residency then where you go to medical school. No, I wasn't savvy enough to think, 'Gee, going to a new medical school is a risk'. I was happy to get into medical school. And they sent me an acceptance and I said thank you very much.

KD: Very good, and so talk to me about what your first year was like as a medical student.

RP: It was brutal. Now, I was not a pre-medical major. I was an atypical college student. I had gone to college when I was young, screwed around, had kind of crummy grades, ended up getting drafted because I dropped out of school, and then while I was in the Army I took courses everywhere I was and I got really good grades. You know, I'd take a course here, a course there, and had about 50-60 credits that I packed in over the years, and then the Army had a reduction in force, called a "RIF", where they just got rid of a lot of officers, and the ones they didn't get rid of that didn't have college degrees they sent back to college, and I was one of

those. And I went to Kent State- I was a pilot, I was a helicopter pilot- so I went back to Kent State got a degree in aeronautical sciences and engineering at Kent State, and while I was at Kent State is when I decided I wanted to go to medical school. I had thought about it for quite a while, but what I did was they had a quarter system, I was at Kent State for a calendar year, so four quarters. So, I got permission from faculty to pack everything I needed into my first three quarters, so by my fourth quarter I had no required courses left for my degree, and my fourth quarter which is a summer session, I did a year of bio-chemistry, a biology course and a physics course, which is all the courses I needed to apply to medical school. That was the hardest I've ever studied in my life. A year of bio-chemistry in a summer session is brutal, absolutely brutal. And I aced all three of those courses and then after the summer session was over I took a Kaplan course for the MCATS, studied for two weeks for the MCATs, took the MCATs, really did well, and applied to medical school and got in. So, I was stationed somewhere for a year, and I had to apply to the Army to get out because I still owed them a year, and I had a friend who was a three-star general and pulled some strings for me, and I got out and went to medical school. That was 1976.

KD: And so, describe to me some of the curriculum you had in medical school. I know you had like gross anatomy and that kind of thing, so-

RP: Well, that was my biggest problem my first year. Many, not all, but many of my classmates had been pre-med majors, and many of them were taking these courses for the second time, you know, like bio-chemistry and histology and pharmacy. They had taken similar courses in college. Nothing that I was taking was a repeat for me. It was hard, plus I was not a typical student. I was not... I didn't have good study habits. I was a crammer, and that doesn't do you well in medical school, so my first year I just- I had a tough time. I just squeaked by in a... [pauses], I'm sorry, I just squeaked by in... was it biochemistry? I think it was biochemistry, it was the chemistry course, and I did okay in the others, like C's and B's. My average in the first year was like a 2.3, and then every semester after that I did better. But the first semester I was just squeaking by, and I was in a study group but I kind of dragged them down, because I was not the best student the first semester. I did better as time went by, and in the clinical rotations I did quite well. But the first year was not easy for me at all.

KD: And what were some of the facilities like that first year as a new medical school?

RP: Well, we had all of our classes in two places, basically. That one lecture hall in- I can't remember the name of the building- but we had all of the lectures in one spot and then there was a big auditorium that we had a lot of our lectures in. And then we had lectures over in the VA. You know, there were only 32 of us and so it was easy to move us all around, like a big amoeba, and then in the basement of a building we had our anatomy classes, our gross anatomy. But, you know, because it was such a small class it was really easy to have classes in a couple of places. Just plop us all in, that was not a problem. I was president of the class the first year and kind of directed the traffic. After that a different person was president of the class every year, which was okay. The first year I kind of helped direct some traffic about certain things. For instance, we had to buy instruments, and we had to get instruments and a bag to

carry them in, and we had to get a stethoscope, and this that and the other, and if you added it all up it was quite a bit of money, and I said to the class, "Look, instead of us all going out and buying stuff from different vendors and spending different amounts of money, why don't we get these companies to come in and put a package together, each company, and give us their low bid, and we'll all buy the same stuff from the lowest bidder. All of this stuff is basically the same, what do we care if we get this one or that one if it's all the high quality?" And they said, "That's a good idea", so we did it and we got these four or five vendors in there, and they were pissed [laughs], because they all wanted to sell us at the highest price individually. What they wanted to do was to come in and lay it out on a table and have each person go by and get this from you and that from them, and we didn't do that. And they put together their packages and they wrote their bids down on a piece of paper, sealed their bid, and the lowest bidder got 32 people to buy it, and everyone else was sorry Charlie. It worked out fine. That's one of the things I did as class president. But some of the other things I did were a little bit more controversial, some didn't make my classmates happy, but that was my Army background I kind of figure. When you're a commanding officer for a company, its not done by vote, you know, it's done by- you listen to everybody and accept their opinions and eventually you make a decision. You say, 'Okay folks, I heard what you had a say, now here's how we do it', and sometimes my classmates didn't like that, and I don't blame them for not liking it. But sometimes you just have to make a decision and move on, and sometimes it worked out fine and sometimes they weren't thrilled, you know?

KD: So, did you like having such a small class?

RP: Um, it was interesting. I think... I did, yes. I think I would have gotten lost in the shuffle in a class of 200. Because I had problems, but I could get help and that helped me. I was very friendly with the dean of students, Bob Siriano. He was the guy who actually accepted me. He was a wonderful guy, he really was. And some of the faculty members I was quite- you know, I was the same age as some of the junior faculty, and I was on a first name basis with quite a bit of the faculty after a while, but that was in private. I didn't call anyone by their first name in public, but in private I was quite friendly with quite a few of the faculty. I respected them and they respected me, and it worked out fine. But in public I would never call Bob Siriano "Bob", but in his office I did.

KD: Did you have any experience with the first chair of the school, Dr. John Beljan?

RP: Yeah, quite a bit actually.

KD: What is like your fondest memory or best experience with him?

RP: Well, it wasn't a fond memory.

KD: That's okay. We can talk about anything.

RP: The chairman of anatomy ended up getting fired, and he was a friend of his and he brought him with him from UC Davis, and he had done some things that just weren't right, and I had to

go in and kind of have conversations with him about it, and it was kind of painful. And it kind of split the class up because the class liked him. He was very personable and very charismatic, but he wasn't honest, and I kind of blew the whistle on him, and that really, really was very painful for the class, and the people who didn't see what he had done had a hard time believing it. So, I went to the dean about it and the dean investigated it and ended up firing him, because he did believe it and checked and found out it was true. But for those in my class that were just kind of, had rose colored glasses on and couldn't see it, they were very angry with me about it, and that was tough. So, sometimes you just have to do the right thing and take the heat.

KD: For sure. So, let's talk about some stuff you did outside of class. What was the social scene?

RP: Well, I was married and had two kids, so I'd go home to my family at night. But we had a lot of athletes in this little class. We played intermural football, we had a good team, we played softball. We had a lot of jocks in this class, it was amazing, and we played very well. In fact, in our freshman year, towards the end of our freshman year, we were playing in a football game and I was playing quarterback, and I ruptured my Achilles tendon, which is a very bad injury.

KD: Oh no

RP: I was going around and then I heard like a rifle shot, and I realized my nose was in the ground, and I realized as I was going down what the injury was. I knew I had ruptured my Achilles tendon. I ended up being a patient in the VA hospital because I didn't buy any insurance, because I knew if I'd have to get hospitalized, I was a vet. So, I was- I ended up being a patient, I was like a pediatric patient in that hospital, because I was like 33 and everybody else on the ward I was on was like 33 and everyone else in the ward I was on was like 65,70,80 years old, and I was like this kid compared to everyone else. And then when they repaired my Achilles tendon I got a wound infection, and the surgeon was incredibly worried that the tendon itself would get infected and that I'd lose a tendon, so he kept me as an in-patient for two weeks and it healed. But I was in-patient for two weeks and I was worried about how I was going to do in class, and my classmates delivered notes to me every day. They were really great, and I studied and I did okay. It worked out.

KD: Good. So, moving on in your career-

RP: One other thing-

KD: Yeah, keep going.

RP: In my freshman year we had a note taking service that I helped organize, and the way it worked was I knew about it from other places that had it, but we were a small class, it was kind of hard to pull off. So, the way it worked was one person everyday took notes and then one of our classmates would type them up and we'd run them through a zerox machine, and then we had a good set of notes every day for every class- and it was a god send, it really was- and we

kept that up for two years, and for those of us who aren't good notetakers and for those of us who missed a class- but then what happened was over time for the people that didn't like to go to class, we'd just blow off a class and we had notes. Or, if it was a shitty lecture a lot of people didn't go, and every now and then the professor would wonder, "Where the hell is everybody?" [Laughs] Because, you know, if they really didn't do a good time lecturing they wouldn't get a good crowd, and with only 32 in their class, it's pretty obvious.

KD: For sure. So, I feel like there's a really strong sense of community with this class. Do you feel the same way?

RP: Yeah, there was.

KD: So, you know, many medical schools have hospitals attached to them, but Wright State did community clinicals. How was that for you, in your experience?

RP: That worked fine, because each hospital has a different feel to it. You know, Mami Valley was like the pink gorilla and had really good trauma service and a lot of good rotations. Good Sam, I did my surgical rotations at Good Sam, and Good Sam had really strong surgery. I didn't do any rotations at the VA, and if I think about it, I did neurology at the VA. I did a lot of rotations at the- we all did rotations at the children's hospital, that's where I got interested in pediatric surgery, and that's a story to itself, I can tell you lots of stories about that. Did my first operating at the children's hospital, actually. But I think because the community doctors really pitched in, in terms of educating us, it worked out fine. If the community doctors hadn't, it would have sucked, but because they really felt the importance of educating us. They did. So, our rotations at various community hospitals were really quite good. My surgical rotation at Good Sam was superb, it really was. So, I think... I'm sure it has persisted over the years, but it was quite good, actually.

KD: And so then how then was match day for you? Do you remember that day?

RP: Match day for me was kind of different, because I ended up going to an army... I did an internship at an army hospital out west and then after the first year I ended up going to a civilian residency. The army wanted to see who I was before they let me loose to go do a civilian sponsored residency. I ended up doing my residency in Boston at Harvard, but I did my first year of my internship at Madigan Army Medical Center in Washington State, in Tacoma.

KD: So, do you think your experiences at Wright State helped you with that clinical work?

RP: Yeah, for sure. Because, you know, when we were on rotations we were the only ones there, right? So, depending on how your attendings perceived you, how far you'd lean forward in the saddle, you'd get to do an awful lot as a medical student. I think more than what medical students get to do these days. You know, when I rotating... well, I'll give you an example. When I was rotating at Children's I took an elective my fourth year, and it was my last quarter of my fourth year, and Dayton Children's had three fourth-year residents rotating all the time, so there

would be one on-call every night, every third night they were on-call. So, one of them was getting married and was scheduled to have two weeks off, and the other two were going to be on every other night. Well, one day after this other resident left to go wherever they were going for their honeymoon, one of the residents came down with hepatitis and was out, and so they were down to one resident. So, I'm a fourth-year medical student, I'm about to be a surgical resident a month later, so the attendings decided to make me an acting intern, so for the rest of the month I alternated call with the third-year resident, the fourth resident. So, every other night I'm on-call alone in the hospital. I'm a medical student. They had no resident, me, and the way it would work was if I had to admit somebody, I would call the attending on-call at home, tell them what was wrong, why I was admitting the patient, if they needed surgery they would come in, we'd operate, they would just have to be admitted, they would sign the orders over the phone with the nurse and they would admit the patient. And that went on for an entire month, and if the patient had to be operated on, I would scrub with the attending as the resident, as the first assistant. So, I did my first appendectomy as a fourth-year medical student with a very senior attending. So-

KD: A little daunting [*laughs*]

RP: I'm standing across from the attending and we get started, and he's really raising his voice and yelling at me, and I said, "Dr. Shaffer, I've never done an appendectomy and I'd do it much better if you would just talk to me and don't yell at me", and he looked up and said, "Yeah, your probably right", and he talked me through it and we did fine. I think he probably wondered how I had the balls to talk to him like that, but he forgot the fact that I'd flown helicopters in Vietnam, and unless he was going to pull a gun out and shoot at me there was not a whole lot he could do to make me nervous, you know? So, then another time during that rotation I admitted a kid with burns to the burn unit, and I'd written an order for the child to get let's say .2 milligrams of morphine, and the nurse gave the child 10 times the dose I'd written. Now, the attending had verified it over the phone with the nurse, the dose, and all the orders were correct, but she just gave too much, gave 10 times the dose, and the kid had respiratory arrest. So I get paged stat up to the burn unit and I'm trying to figure out what's wrong, and I finally realized, I incubated the kid, I give the kid Narcan, the kid comes back, and the nurse is just incredibly upset, and I just turn to her and say, "It's okay, its fine, the kid is going to be alright", and I probably learned more from that one error, and correcting the error and calming the nurse down, than any other event in my entire career. Because I learned that under stress and pressure I could figure stuff out relatively quickly, and I wasn't going to yell at people, you know, and that I could handle things. I learned huge lessons with that one event that put me in really good stead the rest of my career, actually. You know, so that was a great rotation, that one rotation. That was the one where I learned I wanted to be a pediatric surgeon.

KD: So, were you a pediatric surgeon your whole career?

RP: Yeah.

KD: Yeah?



RP: Well, I mean, I had to get through a general surgical residency, I had to match in pediatric surgery, which is a trick unto itself. When I matched in pediatric surgery, there were only 13 programs in North America. Yeah. So, I went through the same fire drill I went through way back when, where I was now 41 and everybody else that was applying was in their mid to early 30s, so they were thinking, 'Why should we take this dude rather than someone ten years younger?' Right? But as it turned out, many of the program directors or chairmen of pediatric surgery around North America had been in the army, and had been Vietnam vets, and I didn't know that. But several of them were, and that was very helpful, I must say. The guy that matched me had been in Vietnam as a surgeon. The guy that matched me in pediatric surgery in Toronto had been a surgeon in Vietnam.

KD: Wow.

RP: Yeah. So, you never know.

KD: You just learn about people.

RP: You just never know, that's right.

KD: So, like, looking at the medical school now and back when you were there, what do you think sets it apart?

RP: Well, they took guys like me and John Lyman, that was very helpful to us. John is a lifelong friend, by the way.

KD: Really? I just interviewed John Lyman.

RP: Yeah, he's a great guy, isn't he? I think they went out on a limb and took folks like us. I think they had a mission to train more primary care docs for Ohio, and I think they did that, and they have done it for many, many years. I mean, they still had people like me that went into pediatric surgery, and that's fine, but that wasn't their mission. I think they had a mission and stuck with it, they made primary care docs and they've been doing it for, you know, 40 years. They make pediatricians, Med-P's, medicine, and they do it very well. And I think that has been a great service to the state of Ohio and to the country. Because, I mean, people go all over the place these days. But they know who they are and what they are doing, and it's important in life to know who you are and what you're doing. You know, they're not Harvard Medical School and they are not trying to be, and that's fine. Not everybody should be Harvard Medical School, and they have a mission and they stick to it and that's important in life.

KD: Alright, and any final comments about anything?.

RP: I'm just damn happy they took me, you know? I mean, it was a bit of a crap shoot for me to get into medical school, and I think it was a bit of a crap shoot for them to take me. Bob Siriano

called me, you know, right before we graduated and told me he was glad they took a flyer on me, and I told him I was glad that they did. There you have it. It comes full circle, you know? I told him that I appreciated what he did and hoped that I earned my keep, and he said that I had, and I said, "Well, it was worth it", and he said, "Yes it was". He was a wonderful guy. It's too bad he's not around to be interviewed now. He was a wonderful dean of students, he really was. That's a tricky job, by the way. Because you have to both protect the university and protect the students at the same time, and he did, and he did a wonderful job as assistant. Carol was right there with him. She was like Tonto to his Lone Ranger.

KD: Very good. Well, that is all the questions I have. Do you have questions for me about this project or anything?

RP: Um, no. No, I think I've said my piece. If you have anything else you want to ask me just send me an email, and I'll answer your questions.

KD: Mm hmm. The only thing I need from you- and it's totally my bad- but I just need you to sign a release form. I'll send it to you, and just send me like a picture of it back. Just like the legal stuff.

RP: Did you know about my background, that I was in the Army for ten years before I went to medical school? All that stuff?

KD: I did.

RP: Pardon?

KD: I did know. Because I've talked to Dr. Brandt and Dr. Lyman, and they both mentioned you.

RP: Do you want me to send you a copy of my CV?

KD: Sure.

RP: Okay, I'll do that.

KD: So, yeah, I'll send you the release form so you can read over it. If you have any questions, you have my email and you have my phone number. So, just let me know.

RP: When I send the release form back I'll attach a copy of my CV.

KD: Okay, perfect.

RP: Okie dokey.

KD: Alright, well that's all I have. Thank you so much for doing this for me.

RP: This was great fun. Give my regards to John and Bob when you talk to them.

KD: I will.

RP: Who else are you going to interview?

KD: My name is... my name?

RP: No, who else will you be interviewing?

KD: Um, so, I'm interviewing the first four classes, and for 1980 I've interviewed... I think it's just John. See, if I say just the people I remember, I'm going to miss someone, and that's going to be unfortunate. But I think there's four of you that I am interviewing. Let me-

RP: Do you remember who they are?

KD: I'm pulling up my list. So, I know Dr. Lyman and Dr. Brandt, you, and... if it would ever load. You know, technology is great until it just doesn't work, and then it's just a pain in the butt.

RP: So, a couple things I left out. I ended up being in academic medicine my whole career. I'm a retired full professor, I'm a professor emeritus at the University of Illinois, and I was a surgeon chief at Children's Hospital for 20 years. It's all on my CV, you'll see it when I send my CV. So, after you see my CV if you have any questions, just send me an email.

KD: Absolutely. Um, I'm supposed to be interviewing Samia, or [*phonetically*] Sa-Mee-A, I don't know how to say her name-

RP: Sammie. Sammie Borchers.

KD: -and then David Hedden, and-

RP: He's a great guy.

KD: There's one more... oh, Donald Neuman.

RP: Don Neuman.

KD: So, those are the '80 class.

RP: Okie doke. Well, that's a good group.

KD: Good.

RP: Okay. Alright, this was fun.

KD: Well, have a good night.

RP: Alright, thanks. Enjoyed it. You be good.

KD: Yep. Bye-bye.

RP: Bye-bye.