

Looking Back

April 21st 2008

Richard W. Vilter

Read by Robert Smith (in a slightly edited form)

Introductory Comment:

Dr. Richard W. Vilter MD, Past President and Honorary Member of the Literary Club sent this paper to our Secretary in October 2005 to be used if required to fill a gap in our program, should one unexpectedly occur. He died ten months later, aged 95, having been a dedicated member of our Club for 49 years.

Looking back can be a dangerous occupation. According to a famous baseball player, Satchel Page, "Don't look back, something may be gaining on you." Nonetheless, I'll take my chances because I think you'll find some of these stories amusing".

My first memory of expressing my career goals occurred at the age of four when my mother was entertaining her bridge club at our home in Mount Auburn about the year 1915. I was out in the yard riding my tricycle (or velocipede) around the house.

One of the ladies asked where I was going. "To a labor case." I replied. That was what father would say when he left home at speed to deliver a baby. I intended to be a doctor a family physician, as he was. Family doctors covered all bases in those days. The lady was aghast. Pregnancy and delivery were never openly discussed in polite society in those days. I believed that was the first time I verbalized any interest in a medical career. That evening I was taken to task for what I had said.

I was puzzled. I had answered a simple question with a simple answer.

My mother was a schoolteacher before her marriage, so she began to teach me to read and write when I was approximately four years old. She routinely read stories to me and my brother at bedtime. That gave me a distinct advantage when I entered kindergarten when I entered kindergarten and the first grade. We had a close knit extended family. Aunts, uncles and cousins and other relatives routinely had Sunday night supper together, with more sumptuous gatherings at Thanksgiving, Christmas and

New Year's Eve. This gave my brother and me experience in dealing with "society" and when I was a junior at High School probably made it possible for me to become the first editor of a new weekly newspaper we founded, The Hughes High School Gargoyle, acquiring its name from the impish faces that looked down at us from the Hughes High School tower and heard all that went on in the building. Apparently it was a successful editorship since, in my senior year, I was elected co-editor of the class "Annual".

I had aspirations to attend an eastern college but my father thought that if the University of Cincinnati was good enough for him, it should be good enough for me.

My senior year high school teacher, Mary Furness thought differently and intervened, obtaining for me a Harvard Club Scholarship of \$500 a year which my father could not turn down, particularly after I promised him to return to Cincinnati and after obtaining my bachelor's and medical degree to join him in practice. Unfortunately he died in 1939 before I could see more than a few patients for him. He died of chronic lymphatic leukemia which had a great influence on my choice of career, to which I will return later. Though I was overwhelmed by my father's death – he had always been a Rock of Gibraltar for me – he was gone and no longer needed a successor. So I entered an academic program at UC in Internal Medicine and in time became Chief Medical Resident at the Cincinnati General Hospital. This was followed by a Fellowship in Human Nutrition under the aegis of Dr. Tom D. Spies, famous for the cure of Human Pellagra.

The Chairman of the Department of Medicine, Dr. Blankenhorn, took a special interest in my career, for which I am most grateful. It may be of passing interest that he was a member of the Literary club.

Tom Spies, my faculty supervisor, was one of the greatest entrepreneurs that I have ever known and I have known some "beauts". He had heard that my wife(whom I had married during the summer between my second and third year of medical school), had B.A. and M.S degrees and a Travelling Fellowship from Wellesley College to support her work towards a Ph.D. degree in biochemistry in any university where I was to serve my internship. Tom knowing a good thing when he sees it, hired both of us, Sue in a biochemistry Ph.D. program through the University of Cincinnati and I through a fellowship in Nutrition at the Cincinnati General Hospital. So Tom had gotten two

workers essentially for the price of one which, even for those days was quite low. Spies had learned from his friend, Conrad Elvehjem, head of the biochemistry department and later president of the University of Wisconsin, that black tongue in dogs was believed to be the equivalent of Human Pellagra and responded to treatment with Nicotinic Acid. Spies very quickly demonstrated that people with Pellagra, which was endemic in the South, also responded. Sue's Ph.D. project and thesis was to determine whether this medical success occurred because of Nicotinic Acid deficiency in humans. This she did. I helped her with the clinical aspects of her problem. I also began studies on nutritional anemias associated with Pellagra. By this time it was 1942, Pearl Harbor had just happened and I had completed the Chief Medical Residency. Dr. Stanley Dorst, Dean of the College of Medicine and also a member of the Literary Club, asked that I be shifted by the procurement and Assignment Board, which had complete control over the lives of young physicians at that time, from a captaincy in U.C.'s 25th General Hospital to his office as assistant Dean of the College of Medicine. In those days the Dean's office consisted of the Dean, an Assistant Dean and the all-powerful Dean's secretary. Nowadays the Dean has a battalion of Associated and Assistant Deans.

So now I was an Assistant Professor of Medicine, Assistant dean of the Medical School and in charge of teaching and patient care in the medical outpatient clinic. I continued my clinical research in nutritional anemias. I was now fully embarked on an academic career in Internal Medicine.

I had acquired the background and the technology for clinical research in blood diseases by working for Drs George Guest and Joseph Warkeny at Children's Hospital during the summer between my first and second years in medical school. During my third year of medical school I volunteered to read blood smears for Dr. George Minot who won the Nobel Prize for his work on the therapeutic benefit of liver and liver extract in the treatment of pernicious anemia. He had had a patient with pernicious anemia who was going steadily downhill. He asked Minot if he could take an around-the-world cruise before he died and Minot encouraged him to do so. It happened that he picked the French cruise because he loved pâté of goose liver which was served as an appetizer every night. He obviously ate his fill and returned home with normal blood counts! This along with several related observations gave Minot his Nobel Prize winning idea.

Ten to fifteen years later another senior colleague, Dr. Bill Castle successfully supported a proposal that I be elected to membership in the very prestigious Association of American Physicians and called me asking me if I wished to submit a research proposal to the newly established NIH Hematology Study Section of which he was the first chairman. Along with other colleagues, I submitted a successful proposal to study the anemias of patients with chronic liver disease and of scurvy, examples of which were commonly seen on our hospital floors in the 1940s and 50s. It was support such as this that made all the difference in the world as to whether I climbed the academic ladder successfully or not. Another advancement occurred while I was a resident. Dr. Harold Schiro my chief resident was interested in blood diseases. I was also interested because of my father's fatal illness. He invited me to accompany him to Columbus, Ohio, to learn how to obtain and read bone marrow specimens under the tutelage of Dr. Charles Doan. He was one of the few physicians then who really had formal training in hematology. After two days with Dr. Doan, Harold and I returned to Cincinnati and proclaimed that we were Cincinnati's first hematologists, Schiro at Jewish Hospital and myself at the Cincinnati General hospital.

About thirty years ago I read a paper at the Literary Club which was subsequently published by my friends in honor of my retirement from the Department of Medicine Chairmanship in 1979. I shall read the appropriate paragraphs from that paper which describes the founding of the Division of Hematology and Cellular Metabolism, of which I became the first director and which later became the current Division of Hematology/Oncology. Here is that story:

“The telephone rang and I picked up the receiver. It was March 1947 and midnight.

The voice I heard was that of a prominent lawyer, a patient of mine. who had handled numerous legal problems of the Newport, Kentucky gamblers. I had hoped to hear from him for a week, so my drowsiness was replaced by great excitement. I had approached him with the request for financial help in founding my new laboratory. His message was simple, “Come over to my home alone. Ring the backdoor bell, accept what is handed to you and ask no questions”. I pulled on a coat, jumped in my car and drove

to his home in a comfortable section of the city. The night was cold and misty. When I arrived the house was cold and dark, but I followed his directions and rang the doorbell, handed me a sealed envelope and said “Good Night”. Before I had a chance to offer my thanks he closed the door and I was alone again. I hurried back to my car and after leaving the immediate neighborhood my curiosity took control, so I pulled to the side of the street, parked the car and glanced in the envelope. The contents were green-real folding money \$1000 in \$1.00, \$5.00 and \$10.00 bills. It was the first of a number of such telephone calls, trips and envelopes. I suspect these were payoffs for certain services rendered by parties unknown, but I considered them anonymous contributions from the Newport gamblers to the Department of Medicine to help found the Laboratory and Cellular Metabolism. “Sleep Out” Louie Levinson undoubtedly was one of the donors.

The next morning I carried my loot to the Dean’s office, personally delivered it to the Dean’s secretary and asked that it be credited to the Hematology Laboratory Fund from an anonymous donor. No questions were asked. No eyebrows were raised. No auditors had need to be appeased, after all, I was the Assistant Dean. The money was accepted, credited to the correct account as were subsequent contributions similarly made. “Money is money”, I said to myself, “No matter where it comes from. It is the use that is made of it that counts. Just think of the Rockefeller Institute and Foundation and the Carnegie Foundation. Is the money of Robber Barons any better than the green backs of the Newport gamblers?”

“Several weeks before, Sue and I had been invited to Beverly Hills to meet the “Big Shots”. My lawyer friend and his wife were our hosts I was not allowed to be seen in any of the gambling areas. It was not seemly for a University Professor to be seen in such an environment, according to my host, All I could do was play a little Bingo. The big moment came The lawyer and I were called to one of the upper apartments. I met the headman and his friends in the proverbial smoke-filled room. The meeting lasted less than 5 minutes. I tried to explain the needs of our research program but they didn’t seem to want that at all. The only point of importance was that I was a friend and physician of their lawyer. That was the end of a failed interview. I thought. The midnight phone call proved otherwise.

The Hematology Laboratory had been founded quite precipitously and was in dire need of money. Dr. Tom D. Spies, my former mentor, was still a UC medical School Professor, but was spending all of his time in Birmingham, Alabama and Havana, Cuba, where he had established nutrition clinics. Nonetheless he was funding a nurse and technician, Virginia Hawkins, here at UC to do blood counts on patients with nutritional anemias, to visit them in their homes and to report to me on their condition between clinic visits. My brother, Carl, and I were studying the effects of folic acid on patients with pernicious anemia. The project provided important information. Folic acid, which held so much promise as an effective agent that could be administered by mouth to pernicious anemia patients, proved to be a dangerous drug when used for that purpose. Though it usually controlled the anemia, it allowed serious, often crippling, neurological disease to develop. Liver extract controlled both the anemia and the neurological problems because it contained vitamin B 12. This vitamin, however, had not yet been discovered and it was not a factor missing in the pernicious anemia patient, even though it temporarily controlled the anemia of that disease. I presented a preliminary report of this information at the November 1946 meeting of the Central Society for Clinical Research in Chicago. Before the presentation, the data and the proposed report had been submitted to Dr. Spies for criticism and advice. My brother and I were in the process of writing a complete report for publication in the *Journal of Laboratory and Clinical Medicine*. It had been agreed that Dr. Spies would be one of the authors, since he had provided the financial support. Before the paper, which had been submitted to Dr. Spies for critical review, had been through the usual 5 or 6 revisions to polish it prior to submission to the Editors of the *Journal*, a paper by Spies appeared in *The Southern Medical Journal*. It was entitled "Some Recent Experiences with Vitamins and Vitamin Deficiencies". To my consternation it contained the data on folic acid that I was about to submit for publication. I had been robbed by my boss. Entire sections of my report had been purloined without even the condescension of a reference to my Central Society presentation and with only this acknowledgement: "In November 1945 in association with Doctors C.F. Vilter and R.W. Vilter, one of us (T.D.S.) undertook a study to answer the

following questions. Then followed the same questions and answers we had presented in our paper.

I fumed and boiled as I have never done before or since. It was the same sort of trickery that Tom had perpetrated on the Board of Regents of the Great State of Texas when he was invited to become Dean of the Medical School at Galveston. He accepted, but by a strange and unexplained coincidence, the name that appeared on the official documents that they had signed on the official documents was that of his brother, Jack, who had just been relieved of the Directorship of the Lady Tata memorial Hospital in India and was *out* of a job. The Board of Regents found that they had signed on Jack as dean, not Tom and they were to rue the day that they had allowed themselves to be so thoroughly hood winked. There was little they could do because the Spies boys and a certain powerful U.S. Senator hailed from Bonham, Texas. I vowed I would not accept the fate of those gentlemen of the Board of Regents. I would resign from the Spies project and set up my own Laboratory of Hematology and Cellular Metabolism. I consulted Dr. Marion Blankenhorn, then the Director of the Department of Medicine and with Dean Dorst. They offered moral support but no money to keep the research going. I talked the matter over with my wife. She suggested that we contribute 4 months salary for our nurse-technician, in memory of my Mother. Thus the Clara B. Vilter Fund and a Laboratory of Hematology and Cellular Metabolism were established with a check for \$850.00. Later the Laboratory became the Division of Hematology, Department of Medicine.

It was more difficult to call Dr. Spies to inform him of my resignation. He, as I expected denied any thought of plagiarism contending that it would have been unethical to withhold our information from the physicians to whom he had spoken in December 1946, at a meeting of the Southern Medical Association. It was from that meeting that the Spies paper evolved.

My resolve was not altered by his protestations, with which my brother and our technician Virginia agreed. Dr. Blankenhorn and Dean Dorst reinforced their moral support and in addition, through President Raymond Walters, asked the Spies Birmingham Nutritional Clinic Project at UC to find another University sponsor.

Having made the break it was up to me to provide the money to keep the operation solvent. Thus the contact with my lawyer friend and also with a patient who had pernicious anemia was an important source of support. She provided \$1000.00 a year for the laboratory and when she died at the age of 93, left \$100,000 to establish the Nickel Endowment Fund. Another donor, a former high school teacher and patient of mine left her estate, which was sizeable for a schoolteacher, to the laboratory and the Cairns Endowment was established.

Robert Gould, while in Federal custody for various crimes associated with bootlegging, established a foundation to support nutritional research. Marion Blankenhorn was on the Scientific Advisory Board. Evidently he advised well because our Nutritional Anemia Project was supported for several years until the donor gained his freedom. At that point, he lost interest in Nutrition.

With this support behind me and with several significant research projects under way, I approached other Foundations and interested pharmaceutical companies to help support various segments of our work. In each instance I met with success. We were solvent. The show was on the road and had gained enough attention to warrant a successful application to the National Institutes of Health for research and research training. In this way the Laboratory and Cellular Metabolism was founded. Subsequently the Laboratory took over responsibility for cancer problems including blood system malignancies, from one of which my father had died.

But how had hematology gained me as a disciple, displacing obstetrics and gynecology, which held my interests at the age of 4 years. An experience at Harvard Medical School, which is a builder of self-reliance and self-respect, turned me definitely away from a career in obstetrics and any thoughts I may have retained of my childhood fantasy. All Harvard third year medical students were assigned two weeks on the South Boston free-medical care district to deliver babies in the mothers' homes. Each case assigned to students was supposedly approved for student delivery by a resident or faculty member on the staff of the Boston Lying-In Hospital. I had been instructed in routine delivery and other related techniques immediately prior to district assignment and had passed muster. I knew the rudiments by heart. Students on this assignment lived in a

Harvard-operated rooming house and used a commercial taxi service to get them to their patients.

They were forbidden to use their own cars in this dangerous neighborhood. I remember I was winning at Monopoly, which we played frequently to pass the time of the day waiting for hurry-up calls, when I received my first call. It was 10.00 pm.

The taxi driver took me through the dark allies and stopped at a five-story dilapidated tenement. He said "5th floor rear" and then drove off. I started to climb the creaky, groaning stairs. When I reached the fifth Floor and knocked on the door, after a long wait a disheveled man opened it and pointed to his wife, obviously pregnant, lying on a bed smeared with vomitus and green paint. It was obvious that she had become ill while trying to paint her apartment. I did a quick physical examination. Her blood pressure was sky high, she was having contractions every few minutes, her water had broken, it was obvious that she was about to deliver. I got out my instruments, gave her some Nembutal, sedative and the only drug I was allowed to have in my instrument bag. I began to boil those instruments on a dilapidated stove, pulled on my sterile gloves and did a pelvic examination. I was aghast to feel not a head, but a foot! She had a foot presentation about which I had only book knowledge, no experience. There was no phone in the department. I called to her husband to go to the nearest phone and call for a resident at the Lying-In Hospital to come quickly or send an ambulance for the patient. The husband did not come back. As an hour passed there now were two feet and so I decided to get the baby out. Following instructions I had previously read I procured the baby. It began to cry lustily, I tied off the cord and separated the baby and felt much better.

However my satisfaction fell right out of sight when I did another pelvic examination and felt another foot.. This baby was extracted more easily and cried just as lustily as the first, but then who should return but the husband. He had been to the local pub for his phone call and a long drink. I asked him if he had called the resident and what the resident had said. To my dismay the man answered, "He said he would be out in the morning". I hoped that resident would be fired. I took the patient's blood pressure. It was already on the way down. She rolled over and went to sleep. We cleaned up the bed and

apartment and back to the district house I went. Both babies and their mother went through the ordeal better than I!

The next four deliveries were very routine but the last one was very stressful. The mother was a 200-pound diabetic patient who, fortunately for me had many previous pregnancies. She delivered a 13-pound baby in the usual manner without difficulty. The father was so pleased with the result that he gave me a gallon jug of "Dago-Red", a drink more like vinegar than wine; so you can understand, I am sure why I became a hematologist and not an obstetrician.

In 1954 I became the Assistant Director of the Medical Department and when Dr. Blankenhorn retired I was promoted to Associate Director in 1956, with the high-sounding title of Gordon and Helen Hughes Taylor Professor of Medicine and Director of the Department of Internal Medicine. Gordon Taylor, I later found out had been the Secretary/Treasurer of the White Lead Paint Company of children's lead poisoning fame!

I badly needed development money for a series of projects. What the city of Cincinnati and Hamilton County were able to produce had already been expended on the new Cincinnati Hospital. That left the State of Ohio and the National Institutes of Health through construction grants. We need this type of help to create space for expansion of our medical student body. It was incorrectly believed at that time that if there were more physicians the cost of medical care would come down as competition increased. This as you well know was a false assumption. Actually, the reverse was true. We convinced Ohio to take us over as a State school and increased our class size to 192. At the same time we presented plans for a new Medical School building. The grant we received created our wonderful, though now aging Medical Science Building was the last and largest building grant ever approved, \$40 million, by the National Institutes of Health. This was largely engineered by the Dean, Dr. Bud Grulee, also a member of the Literary Club, who will be remembered by many here tonight.

Our expansion plans needed the support of the Cincinnati Academy of Medicine, which represented local practitioners and community hospitals, to obtain City and County financial support. The Academy demanded that we would not attempt to admit private patients to the new hospital. We agreed with the proviso that this restriction would only apply for a ten year period. We believed that, along with Mark Twain, it might take us

this long in Cincinnati to complete such an ambitious project. It turned out that because of geological problems, where the hospital was to be placed and all varieties of work-stop issues because of labor disputes, it did in fact take ten years to reach the point of occupancy and nullification of the Academy's restriction.

This achievement could never have been realized without the wonderful collaboration of all the departmental chairmen and their departments behind them.

For the clinical years we were able to gain the cooperation of the major Cincinnati hospitals to develop clinical clerkships and electives to accommodate 192 students.

We found this number unwieldy and were happy to reduce this number to 150 with a great increase in electives, particularly in physicians' offices in the third and fourth years. This gave the student learning opportunities never before available. Along the way I did what I could to help each of these hospitals develop an internal medicine residency program if they did not already have one to support our student education program. During all of this period the never-ending problem was to keep money flowing into many clinical and research programs. I frequently acknowledged that I built the early financial foundations of the Department of Internal Medicine on research funds.

My research interests were shifting gradually to the blood diseases, a group of conditions which were rare when I first heard of them at a hematological meeting at the University of Wisconsin in 1939. At that meeting there was a report of "no benefit from feeding whole ground rat through a stomach tube to persons with these conditions."

This approach was supposed to eliminate a deficiency of a substance in food as the cause. I was aghast and decided that I could find better ways to study these diseases.

Our research group made many contributions helpful to the development of a rational classification of these diseases particularly because these puzzling diseases of the blood are becoming more common as our population ages and so has been exposed to many dangerous drugs and radiation hazards as its immune system ages and deteriorates. (A search of Google last week noted 80 publications attributed to Dick Vilter and his pioneering work in blood diseases. But in his characteristic modest way Dick continued...). As far as I can see neither we nor any other investigator groups have made outstanding discoveries, other than better methods of supportive care and the not

infrequent response of these patients to bone marrow or stem cell transplantation in younger patients who are otherwise healthy,

As I became more and more involved in our medical school's administrative problems and ultimately in the administrative problems of the American College of Physicians as its President, I was able to devote less and less time to hematological research, though I have never lost interest in these problems.

A common balance disorder of the elderly and the ravages of time, in spite of my physician's valiant attempts to keep me young, have slowed me down to a snail's pace or so it seems.

I have received many questionably deserved honors; among which were the Vilter Professorship in General internal Medicine, endowed by contributions from my former students, fellows and the Department of Internal Medicine itself. Also I've received the Daniel Drake Medal from the College Of Medicine. (He was one of the first recipients of this highest awards given by the College of Medicine). I received the Drake Humanitarian Award from the Academy of Medicine, the Golden Apple Award from the medical students and a Laureate Award from the College of Physicians. Very recently I have received the Cincinnati Chamber of Commerce Great Living Cincinnati Award. I must have done something correctly besides continuing to live.

I have always said and believed that if one lived long enough and avoids making serious mistakes that many good things automatically come one's way. Perhaps the most important contribution I have made in return to Cincinnati and to life in general has been to foster a cooperative spirit between health professionals, community hospitals, community leaders and the University in place of the "town gown" clashes of the past. Such an atmosphere has given our medical school a chance to prosper and to achieve the tremendous progress so evident educationally, scientifically and architecturally. I hope these feelings of cooperation and goodwill will make possible additional cooperative successes. Our Medical School and University are great jewels in Cincinnati's crown that I hope will be assiduously protected.

Epilogue by Robert Smith

Thirty three years ago when I first came to the University to start its Department of Family Medicine I found myself on the lowest rung of the hierarchical ladder in the College of Medicine. Dr. Vilter was reaching the peak of his career and was on the highest rung. Nevertheless he went out of his way to welcome me establish my fledgling department. He was my mentor in navigating the shoals of Cincinnati academia, though I must say he never mentioned the smoke-filled rooms across the river when we discussed possible funding sources!

It has been my great pleasure and honor to read the paper of this great Cincinnati Physician and past Member of the Literary Club.