

## **LaSalle D. Leffall, Jr., M.D.**

### **Biographical Statement**

LaSalle D. Leffall, Jr., was born on May 22, 1930, in Tallahassee, Florida. He received his B.S. from Florida A&M College and his M.D. from Howard University Medical School in 1948 and 1952, respectively. Leffall interned at Homer G. Phillips Hospital in St. Louis, Missouri, and completed his surgical residency at Freedmen's Hospital in Washington, D.C. Leffall completed a two-year senior surgical oncology fellowship at Memorial Hospital for the Treatment of Cancer and Allied Diseases (now Memorial Sloan-Kettering Cancer Center) between 1957 and 1959. After a two-year sojourn as a commissioned officer in the U.S. Army, Leffall joined the faculty of the Howard University College of Medicine. Leffall was appointed chair of the Department of Surgery in 1970 and remained in the post until 1995. He is a former president of the American Cancer Society and the Society of Surgical Oncology.

### **Interview Synopsis**

Dr. Leffall begins the interview with a description of his childhood in Quincy, Florida. He outlines his medical school training and his association with Dr. Charles Drew. Dr. Leffall speaks fondly of Dr. Drew's personality and reviews his seminal work on blood preservation. Dr. Leffall speaks candidly about racial segregation in the United States and walks through the events that culminated in the death of Dr. Drew on April 1, 1950. Dr. Leffall concludes the interview with reflections on Dr. Drew's legacy and tenure at Howard University.

**Digital Manuscripts Program Oral History Project**  
**Interview with Dr. LaSalle D. Leffall, Jr.**  
**Conducted on November 19, 2010, by Jason H. Gart**

**JG:** My name is Jason Gart and I am a senior historian at History Associates in Rockville, Maryland. Today's date is November 19, 2010. We are in the offices of Dr. LaSalle D. Leffall, Jr. We are at the Howard University Medical School?

**LL:** We are in the Howard University Hospital, which is part of the Howard University College of Medicine complex.

**JG:** Terrific, please state your full name.

**LL:** LaSalle Doheny Leffall, Jr.

**JG:** History Associates has been contracted by the Digital Manuscripts Program of the History of Medicine Division at the National Library of Medicine to conduct a series of oral history interviews in support of *Profiles in Science*. The purpose of this oral history is to capture recollections for the historical record and to assist the staff of the National Library of Medicine in preparing a *Charles Drew Profiles* website. We will be talking about Dr. Drew, about your relationship with Dr. Drew, as well as his role as an educator and administrator. I want to start a little bit about your background. You were born on May 22, 1930?

**LL:** That's correct.

**JG:** You were born in Quincy, Florida?

**LL:** No, I was born in Tallahassee, Florida. My father was teaching in the School of Agriculture at Florida A&M College. It was called FAMC, Florida A&M College. Then he later was given the position, principal, at the high school, all black high school in Quincy, Florida. That is where I grew up. I was born in Tallahassee, in the hospital on the college campus.

**JG:** The full name of your father?

**LL:** The same as mine. I am a junior. He is LaSalle Doheny Leffall, Sr.

**JG:** And what was your mother's name?

**LL:** Martha Jordan Leffall.

**JG:** Thank you. Let's talk about your family background.

**LL:** My father was one of eleven children. He came from Marshall, Texas. He went to an all black college at Prairie View. He left to go to Ames, Iowa, to study at Iowa State, to do some postgraduate work in agriculture. He then was given a position teaching at

Alabama Normal in Huntsville, Alabama. My mother was visiting her sister, who was a student there. My father saw her, saw this pretty girl. He found out she was not only pretty, but intelligent, and he said, "I have to marry her." So, he married her.

**JG:** What year was this?

**LL:** They got married in 1928. I was born May 22, 1930. That was after he had gotten the position at Florida A&M College. It is now University. In 1953, Florida A&M College became a university. When I was going there, when I went to school there, it was a college. It was often called FAMC, Florida A&M College. I grew up in Quincy. I finished high school somewhat early. I was fifteen. I started when I was five and then I skipped second grade. I finished high school in three years. That takes the three years off the normal eighteen that one gets. Then I went to college. I went to Florida A&M. I finished college in three years. I went two summers, and so finished in three years, and entered the Howard University College of Medicine in September 1948.

**JG:** I want to go back for a moment to your childhood. What were some of your interests as a young boy growing up in Florida?

**LL:** I liked studying, because my father emphasized education, he emphasized to all of us, to my mother, to my sister, and to me. I liked reading. I liked books. I think education was a major part of growing up. I also did other things. I tried to play some basketball, not very good. I was not very good at sports at all, but I liked it. I played with my buddies.

The primary thing for me as I was growing was education, and reading books, and studying.

**JG:** Talk about your elementary and secondary education? Your high school education was in Florida. What was that like?

**LL:** I grew up in the segregated South. That was the thing that really stood out. Therefore, all of my classmates were black, as I was. That was the way it was. Some people say, “Well, didn’t that bother you?” It bothers you, yes, but primarily when you went downtown and you could not go here, into that place, or to another place. Otherwise, that was the way it was when I was born. I didn’t know any other system. Other than that, there was nothing unusual, I would say, about my growing up, except the fact that it was a segregated South.

**JG:** When did you realize that it was a segregated society—that there were two different worlds?

**LL:** Oh, very early. For example, on Saturday, we would always go to the movie, and there was a black movie theater called the Roxy. If we went to the white movie theater, we always sat in the balcony. At a very young age you found out when you went downtown and your mother said, “You can’t go in there.” You knew at a very young age, I don’t know, three, four, maybe five. You knew very early on that there was segregation. You would ask questions about why. They would say, “Well, this is not right, but that’s the

way it is.” My mother and father would tell us that. They said, “Someday, it will change.” Fortunately, it did.

**JG:** You have a younger sister?

**LL:** I have a sister, who is a year and a half younger than I. She was born October 1931.

**JG:** The 1930s are, of course, marked by the Depression. What was it like to be African-American, part of an African-American family, although your father was successful, living through the Depression?

**LL:** We didn’t feel it that much, because my father was a high school principal. He didn’t make a lot of money, but compared to what other people were making, I don’t know what it was, but we never worried about shelter, food, clothing. That didn’t bother you. You knew there were people on the food line, and you knew that was wrong. You said, “Well, something needs to be done about this,” because your mother and father would speak about it. But it didn’t affect you, except in the sense that you thought it was wrong, and because you were told it was wrong when you saw some people in a food line. You would see that when you would go to the movie theater. They didn’t have television then. You would go to the movie, and on Saturday, they would have little shorts after the regular movie, the western, that you would go to see. You would see that. You thought that was something wrong.

**JG:** I guess there were three African-American newspapers that you read at home. I understand that your father was partial to one of them. Tell me about that?

**LL:** My father had gone to Ames, Iowa, to do postgraduate work in agriculture. He went to Iowa State. In the summer, he would go to Chicago. He went to the University of Chicago to do postgraduate study. He always believed in education. I am sure that is why it had such a big impact on the three of us—my mother, my sister, and me. In one issue of the *Chicago Defender*, my father's picture appeared on the front page, talking about the role of agriculture. So the *Chicago Defender* was our favorite black newspaper. When somebody has honored you like that, you don't have to worry about the others, you see.

**JG:** In your autobiography you note that your father was a great inspiration. He had a phrase that he used quite often, and you borrow it for the title of your autobiography. Tell me a little bit about that? What is the phrase?

**LL:** Over and over, I used to hear my father as a high school principal mention this phrase. He mentioned it to his students. He mentioned it to us at home. He said this, "With a good education and hard work, combined with honesty and integrity, there are no boundaries." Often, I would hear my father say it. I would say, "Daddy, don't tell me that. I see things." I was talking about the things I saw downtown. You could not go to the main portion of the movie theater. If you went to the Shaw Theater, which is a white theater, you had to go to the balcony. Certain places you could not go down to eat,

because it was just for whites. I said, “You shouldn’t be saying that, because look, I see things.”

My father had one simple statement. He said, “Just listen to me.” As time went on, then he was proved to be correct. But, as a young boy growing up, you can understand how you would be concerned, how your father is telling you that with a good education and hard work, combined with honesty and integrity, there are no boundaries. What do you mean no boundaries? What he emphasized was a good education. That was emphasized not just by your teachers but by your parents. Hard work, nobody is giving you anything, you have got to work for it, combined with honesty and integrity.

My father emphasized this maybe more than my teachers. Teachers, to some degree. What he was saying was that you had to have some character with it. You can’t just be a good student. You have to also have character. That is why I said, combined with honesty and integrity, anything can happen good for you. I’ll always remember that phrase: “With a good education and hard work, combined with honesty and integrity, there are no boundaries.”

**JG:** Where did it come from? Was that something that his father would have taught him or do you think that is something that he learned himself?

**LL:** I really think it was something that he learned. My father was one of eleven children. He was the only one who went to college until later, his youngest brother, whom he barely

knew, because my father was gone, but I think his youngest brother, who was born in 1917 or 1918, and my father was one of eleven, and later he went to college. He went at night. That makes no difference. He still went to college. That was good. When my father left home, his teachers, he said, told him, “LaSalle, I can see you really believe in education. So, you have just got to go away.”

He went away. He was born in 1899. He went away to Prairie View, an all black school. I think it was about forty or fifty miles outside of Houston. He said he worked in the dining room. He had to work. His father didn't have any money. His father was some kind of common laborer. I don't know exactly what he did. He could not get any help from home. He worked. He worked his way through college.

He always believed in getting the best education possible. He was majoring in agriculture. I asked my father, “Daddy, why did you go to Ames, Iowa?” He used to always say Ames, rather than Iowa State. That was the name of the college. It was the university. He said they had one of the best programs in the country, in the entire United States, for agriculture. He said he wanted to try to go where they had the best.

I often think about that, because when I was accepted—I am jumping a little ahead—to Memorial Sloan-Kettering Cancer Center for my cancer training, my father, who was dead by that time, would have been awfully proud, because that was the best. That was considered the best cancer hospital in the world when I went there in 1957. He believed in getting the best, even though he had gone to this small black school that had no

reputation, except it was supposed to give you a good education, but a small black school. He said, "If I've got to go from here, where is the best place for agriculture?"

**JG:** Talk about your interest in the sciences and what led you to study medicine?

**LL:** I think there are really two things. First, my godmother, Mrs. Annie Kent Stevens, was the wife of the only black physician in Quincy, Florida. Quincy is a little town. It might have had three or four traffic lights in it. I would go and see her and talk with her. Her husband, Dr. W. S. Stevens, would talk about the great profession of medicine. I think the thing that really did it was one day I was coming home from school. I was about nine, eight or nine, and there was a little bird outside my home. The bird could not fly. The wings were fluttering. I looked at the bird. Something was wrong with the little bird's leg. I picked it up, took it home. My father said, "Well, you have got to splint that." He had seen that, maybe when somebody had injured his leg playing football or something.

We got some tongue depressors, splinted the leg, had a little cardboard box, had some little bread crumbs in there, and water, and had some cotton, soft padding there. Three or four days later, that little bird was running. I took the splint off. He flew away. I said, "That is fabulous. I have cured this bird. I am going to be a doctor." I have thought about this a lot. I believe that, more than any other experience, influenced me. Sure, talking to Dr. Stevens did not hurt. My father often talked, he said, "You become a doctor, the thing about it is it is an honorable profession. You can help people."

He always said this. He would always say at the end of our talk, “You will make enough money so you will be able to take care of your family.” He never said, “Become a physician, you will make a lot of money, you will do this.” Yet, in the South at that time, if you were a black physician, you were earning good income. My father said, “It is an honorable profession. You can help people, and you can feel good about what you have done. You can make a decent living and take care of your family.” Those things come back now and resound even more loudly than they did back then. That experience, with that little bird, and I said, “I have cured this.” That was a great feeling. It was a great feeling.

**JG:** You attend Florida A&M College which is now Florida A&M University? Talk a moment about where you were on December 7, 1941. It is a fascinating story.

**LL:** On December 7, 1941, as I recall, we were in Marianna, Florida. My father had a colleague there who also taught agriculture, a Mr. Allen. He and his wife had invited us up for dinner. We would have just a nice time, we would drive up there, and we would talk. We got there, and then on our way back, President [Franklin D.] Roosevelt came on the car radio and said that the Japanese have bombed Pearl Harbor. It is just hard to describe that feeling. We had war, now here. I am only eleven years old, but I know about war. I have heard about war. What were we going to do? We know things are now going to change but how are they going to change? How horrible can this be that the Japanese have bombed? We didn't do anything to them.

I remember coming home. My father was driving. He said, "Well, things are going to change now. We'll see some differences. There will be some rationing. You will see young men going off to war." He said "young men." He did not say "young women." At that time, I guess, we did not have young women going in, but maybe later with the WACs [Women's Army Corps]. He said, "You'll have young fellows going in." He said, "Well, you won't be going, because you're too young, but if you were at the right age, you would go. If you are at the right age, you should want to do that, because you're defending your country. Even though we know some things are wrong, things we've talked about here, in terms of the segregation and discrimination. Still, it's your country, and we think it's going to continue to get better. We should hope that you would want to support anything you could do to help your country."

**JG:** You attend Florida A&M College in September 1945.

**LL:** Yes, I do.

**JG:** Talk about what it was like to go there.

**LL:** I go to college. I am fifteen years old. When you are fifteen, you go there, and a lot of the veterans are coming. The war is over now. The veterans are coming in.

**JG:** This is the G.I. Bill.

LL: Right, the G.I. Bill, so they can come. I was there and they would say, “Young blood.” They would talk about things and say, “You wouldn’t know what we’re talking about.” They would talk about their exploits, where they have been to Italy, Germany, England, and France. They were talking about all of their exploits. “Well, young blood, you wouldn’t know what we’re talking about.”

I found out one thing then. If you laughed along with them, the kidding quickly stopped. If you got upset, then you were in deep trouble, because they would just really harass you. They had a couple of young people, people not quite as young as I am. I think the youngest other person was sixteen. I don’t think there was anybody else fifteen when I was there. There may have been. But sixteen, I know a couple, and they would take umbrage at someone saying that to them. They would just get kidded mercilessly. I said, “I’m not going to let that happen to me.” I would just laugh along with them. Soon I found that it would stop.

It was a wonderful time. It was a time of meeting people from other parts of the country, not just Florida. Most of the students came from Florida. It was a state school. There were some who came from other places. You had a chance to meet them. That was something that was interesting, because you had a chance to meet people from other cities, and other states, particularly.

**JG:** Were your parents, and more specifically your mother, hesitant of sending you off to college at fifteen?

**LL:** Not really. My mother really followed whatever my father said. My mother was born in 1909. My father was born in 1899. My father was ten years older than my mother. My mother grew up on a farm. She said, "I probably would have married a farmer." This is her looking retrospectively. "But Daddy came along, and he chose me." How old is she now in 1928? Well, she is nineteen, correct? Yes, nineteen. She said, "I'm just so happy that he saw me and that he was attracted to me." They had a wonderful life, and all that had gone on there. This is something that she often spoke about. It was something I could tell that she was happy about.

Something else, and maybe you are going to get to this, but I wanted to mention it. I had already decided I wanted to go into medicine. Why? Because of the bird experience. Also, my godmother's husband, Dr. Stevens, had gone to Meharry [Medical College]. There were two predominantly black medical schools, this one [Howard University], which was founded in 1868, and Meharry, which was founded in 1876. Most of the black physicians in the south had gone to Meharry. Most of the black physicians in the north had gone to Howard. There were some who had gone to both. If you were north or south, some had gone to Meharry, north or south, some had gone to Howard. But of the black physicians in the north, more had gone to Howard. Of the black physicians in the south, more had gone to Meharry.

I get to college, FAMC, and I am taking a pre-medical curriculum. I have got to major in a science, either biology, chemistry, or physics. Most chose either biology or chemistry. I chose biology, because in high school, I liked biology. Now, what am I going to minor in? I always had an interest in English. I just liked English, and the rules of grammar, and so forth. When I went there, some were saying, “You know what, we’ve got one of the best English professors.” It was a Mr.—he later became Dr.—Mr. Crawford Bernard Lindsay, C. B. Lindsay. He loved emphasizing the rules of grammar.

I want to get this in because it is something I even talk about today. He would ask, “What is the most common mistake in grammar made by the college educated?” It was this, he said, “The improper use of the nominative or the subjective case for the objective case following a preposition, or as a direct object following a transitive verb.” Friends would ask, “How do you remember that?” Well, if you are really interested in English, and here is a man who is constantly emphasizing this, you remembered it. For example, “He gave me the book.” He would say, “He gave Tom and I the book.” No, “He gave Tom and me the book,” he said, direct object of a transitive verb. He emphasized that. We had to write different themes and papers. He would go over it. He talked about not beginning sentences with a conjunction such as “but” or “and.” On occasion, you might be able to do that. I really loved the rules and regulations of grammar, so I minored in English. All that to say, my major was biology, but my minor was English.

**JG:** Talk about some of your other mentors in college.

**LL:** The man who taught biology was somebody whom I really liked, Mr. Ware, Mr. Earl Ethan Ware. He had a son who went to dental school at Howard. Mr. Ware went to Bates College. He used to often tell us about Bates and what had gone on there. I just remember he said here were two other fine schools in Maine that people went to. He would say, "Bates [College], Bowdoin [College], and Colby [College]." I always remember that. He said, "But I went to Bates." He was a wonderful teacher. He told us that, "If you do well in biology, you will do well in medical school." Once somebody tells you that, and you want to go into medical school, you say, "I've got to really study." He was a very good teacher. That was Mr. Ware.

There was a doctor in my last year, when I was in my third and final year, Dr. Russell Anderson, who was an MD/PhD. He had his PhD and then went to Howard University College of Medicine during the war. During the war years, medical school was not four years, it was three years, because they needed more physicians. The war is now over. I think he finished in 1946, interned a year, and then came to Florida A&M. He was one of my teachers. Here is somebody who is also teaching a course in biology and is a physician. You just can't get any better than that. He said, "When you go on to medical school, you need to know the following, you need to know this." You just tried to soak it all up. Here is somebody who is already a physician. He is not just talking about something that he heard about. He went through that.

A lady whom I liked very much, because of how good she was, was Charity Mance, who taught psychology. She was talking about the seven deadly sins. We would name them,

and she would say, “Of all, which of them do you think is the worst?” She told us the one she thought was the worst was envy. She said, “What is so bad about envy?” She said, “Pride.” There is nothing wrong with having some pride. You are not supposed to be lazy. She then talked about sloth and the other sins. Then she asked what does envy mean? That means that you dislike someone—what someone has done. Yet that person has done nothing to you, but you have this negative feeling for that person. That is wrong. I always remember of the seven deadly sins, that she said that envy was the worst emotion. We had to talk about the emotions—pride, sloth, envy, etc. It was interesting.

They were the main ones. But, my college president, I have to also mention, if I may. That was Dr. William H. Gray, who had a PhD. His son later became a congressman from Pennsylvania. I have a good friend, George Rawls. The first quarter, we were on the quarter system then, George Rawls had all As. I had all As and one B+.

**JG:** What class did you get the B+ in?

**LL:** It was in math. It was a B+ in math. I will always remember it. Mr. Charles Smith gave me that, not gave me, I earned it, a B+ in math. By the time we got to be seniors, that was the only B+ on my record. All the rest were As. George Rawls had all As. Dr. Gray found out that we had not been accepted at either medical school—Howard or Meharry. We could only think about going to those two. Even though the northern, the white medical schools, all the medical schools in the North and West would accept a black, usually the blacks they accepted were those blacks who had gone to their undergraduate

school. From a pragmatic point of view, they were closed out to us, and there were no white medical schools in the South that accepted blacks. Either Howard or Meharry, those are your goals. He found out we had not been accepted at either.

**JG:** You had applied to both?

**LL:** Yes, I had applied to both, had taken the MCAT exam. My scores were just average.

Dr. Gray, unbeknownst to George Rawls and me, got on the train, came to Washington, D.C., to speak to his counterpart at Howard, the president, Dr. Mordecai Johnson.

Dr. Johnson sent him down to the medical school to speak to the dean, Dr. Joseph L.

Johnson. We called him Little Joe. He was small, maybe 5'6" or 5'7", but always very nattily dressed, and looked just right. He would say, "You have to look like a doctor and act like a doctor." That was one of his favorite expressions. Dr. Gray spoke to him and asked, "Why is it that two of the smartest students we have at Florida A&M have not been accepted at your school?" "Look at their college grades." Dr. Johnson said, "Yes, but look how they did on the MCAT [Medical College Admissions Text] exam. They just have average grades." One week later, George Rawls and I got letters from Howard University. We had been accepted at the Howard University College of Medicine.

There have been some great feelings in my life, but it is hard to describe how great this one was. I am in summer school at Florida A&M. My father comes over to me, and I happen to be in the room. He came in, threw something down, he said, "Sign this." I said, "Daddy, what is it?" He said, "Just sign it." In fact, that is in my book, I read the

letter—my acceptance to Howard’s med school. He grabbed me, and we embraced. He said, “Well, that is very good.” Now I am going to medical school. If it had not been for Dr. Gray’s taking that stance, there is no telling what would have happened. Somebody said, “Well, you might have gone somewhere else.” Well, you don’t know that. All you know is what happened. If that had not happened, you cannot predict that something else good would have happened. It may, and it may not have.

When I got here, after I got to know Dr. Johnson, our dean, for several years, I said, “Dr. Johnson, tell me, why did you accept George Rawls and me after Dr. Gray came to speak to you?” He said, “I’m going to tell you.” He said, “We looked at your grades, and we looked at your performance on the Medical College Admissions Test.” Everybody on the admission committee said this, “It is obvious, if you give the information to these young men, they can get it. You cannot expect them to know something to which they have never been exposed.” I am so glad that they thought that, because that is true. We were good students and if we had been given it, we could have answered those questions correctly. We weren’t given it. He said, “Therefore, we decided to take a chance on you.” I said, “Well, I’m glad you did. I’m glad you did, sir.”

**JG:** You arrive at Howard University Medical School in what year?

**LL:** In 1948. September of 1948.

**JG:** What was it like coming to Washington? What was your first impression of the city?

**LL:** Coming up, this is 1948. Remember, we can't say, "Well, we're going to drive until we get sleepy, and then drive into the first little roadside inn, Quality Motel, or whatever." You had to plan to be in a certain place where either you knew somebody or there was a black college that was not in session, and they had some extra rooms, and you could get a room for a dollar or two, and you stayed there overnight. We had to plan that. That is what we did. We planned. I believe we stopped at Shaw University in Raleigh, North Carolina. We stopped and then drove on up to Washington.

**JG:** You wrote in your book that "Driving north from Florida required careful planning in those days, because it was a two-day trip. Segregation was still a law in the South."

**LL:** It was. I believe we stopped at Shaw University, which was a black school in Raleigh, North Carolina. We had to plan because you could not just say, like now, "Okay, when we get tired, we're going to just pull off wherever." We could not do that then. White people never had to think about that because it was not their experience. You read about it, "Oh, they did, okay." That was our experience. You knew that from what other people had told you. I had not been to the north before, but I knew that part, that you could not pull off and go into some Quality Motel. We had a buddy, Lee Royal Hampton, whose father was a dentist. He had a Packard. He had money. We drove up in his Packard and arrived September 1948.

**JG:** What was Washington like?

**LL:** Well, we got here, and we saw Howard University. There was not any question it was the best known predominantly black university. I think it is still the best known. There are others that people think about, for example, Morehouse, which is an excellent school, and even more, because Martin Luther King, Jr., went to Morehouse College. But coming here, you come up, and you are in the black part of the city.

Where are we going to stay? First, we stayed at George Washington Carver Hall—named for the man who worked with peanuts, did research on peanuts. We went to Carver Hall. That was a little expensive. I have forgotten what we called expensive then, but we heard about a lady who was a principal of a junior high school. She was renting out rooms. I think we paid her five dollars a week, if you can imagine. I would have to go and check, but it was some nominal sum. It was a very small sum.

We had one room that had two single beds. Rawls and I went there, and that is where we stayed with Ms. Fannie Dorsey, at 644 Irving Street NW. She had a son, Robert. I never did know whether her husband died or they got divorced. You did not ask those kinds of questions. We were just happy to be there. She was a nice lady. We didn't eat there.

We ate usually at a Chinese restaurant. When you went to school, you could get a cheap bun or something for a quarter. In the evenings, there was a Chinese restaurant near our home where for about a dollar and a quarter you would eat well, and that was just life.

You didn't know about downtown. You knew the White House was here, and you had seen it. But you were studying. You wanted to do well. You were so happy to be in medical school that you really wanted to do well. This is a wonderful opportunity you have been given, and you wanted to do the very best that you can. That is what we did. Both Rawls and I studied very hard.

**JG:** What are some of your courses your first year?

**LL:** Well, gross anatomy, which is something I still emphasize to the students. I loved gross anatomy. Gross anatomy, histology, embryology. Those are the big things in the first year, the anatomy courses, because the second year is when you talked about physiology and pharmacology as the big things. The big thing, in that first year, was anatomy.

**JG:** Coming into medical school did you think you were well prepared from your undergraduate education at Florida A&M?

**LL:** Yes, I did. I thought that I was, and particularly after my last year, because we had been exposed to Dr. Russell Anderson. Whenever he had the opportunity in biology to talk about something related to medicine, he would always work it in. Therefore, you felt that, "Yeah, I think that I am ready. I think I am ready." We knew you had to study hard. You did not take any chances on that. You are not going to take any chance of not doing well on an examination. Many a night I stayed up all night. You thought you

knew it, but you did not want to take any chances. I am so glad that I did stay up, because I wanted to do well.

**JG:** There were 1,800 people that applied for the program and you were one of 74 admitted. That is a very small percentage going in?

**LL:** Absolutely. I understand that they accepted 75, but somebody didn't show up. We were always wondering, "Who was this? You get in and you don't show up?" We think it probably was that he went somewhere else. There were 75. I think Howard now accepts, this is many years later, I think they accept 115 a year now, when we went, it was 75. Each class had anywhere from 2 to 4 women. That was about it. Today, approximately 56 percent of each class is female.

**JG:** So, how do you first meet Dr. Charles Drew?

**LL:** When I came here in 1948, he was by far the best known person on the faculty, because of the seminal work that he had done studying blood and plasma preservation when he had gone to Columbia-Presbyterian [Medical Center], working with Dr. John Scudder. Dr. John Scudder was the man in the laboratory. The head of the department was Dr. Allen O. Whipple—Allen Oldfather Whipple—who described an operation for cancer of the pancreas in about 1935 that we still use today, just to give you an idea how little progress we have made in cancer of the pancreas. Dr. Drew was by far the best known person.

**JG:** Had you known of Dr. Drew prior to coming to Howard?

**LL:** Oh, yes, I had heard of Dr. Drew. I had heard of him even before Dr. Russell Anderson talked about him. You see, Dr. Anderson went to Howard. He graduated in 1946. Dr. Drew came back. He was here in the mid-1930s. He came back as head of the department in 1941. He was fully exposed to Dr. Drew. He would talk about him, said, "You know, when you go, you've got to know this." You just felt so good. "I am going to know that. If he says that's what you've got to know, I am going to know it."

In the second year, to get to your question about how did I become acquainted with Dr. Drew, there was a course called "Introduction to Surgery." We were on the quarter system then. That was in the third quarter, and we would take that course. Dr. Drew gave three lectures. You know how the students have it figured out. The head of the department gives three. The man who was closest to him in surgery was Dr. Burke Syphax, who later became chairman of the department, gave two lectures. What we call the lesser lights gave one lecture. Dr. Drew gave three lectures.

I can always remember in hindsight, because it was very easy, he gave his three lectures, that was routine, to every class. He gave us the last lecture on a Friday, March 31, 1950. It was a great lecture, because he knew so much. I can remember so much about that day. He came over, had his surgical cap on, had his mask hanging down, and had a white coat. He had his operating room garb on under that, the green operating room garb. He

said, "I'm sorry I'm a couple of minutes late but I did a radical mastectomy this morning. We started a little late."

He told us what a radical mastectomy was. He said, "A radical mastectomy is for women who have cancer of the breast." He said "patients," but it was almost always women, a few men, but women. "We remove the entire breast. We take off two muscles on the anterior chest wall, the pectoralis major, the big muscle, and the smaller one, the pectoralis minor. We remove all the lymph nodes in the armpit, in the axilla. Those are the four things." This operation was made popular by the chief of surgery at Johns Hopkins, William Stewart Halsted, Dr. William Stewart Halsted. He went over all of that, just told us about that. That was not on his lecture that day, but he was telling us why he was late.

Today you are not allowed to wear your operating room garb outside the operating room because of the danger of infection. Then, that was not thought of as a danger. It was not uncommon to see surgeons who were a little tardy. They would just put their white coat over it. He had his operating room cap on, and the operating room garb, with the white coat over it. His mask was there. He gave us that lecture. The very next morning we were having a lecture in pharmacology. This is now April 1, 1950. Dr. Walter Booker was a professor of pharmacology. He was not head of the department then, but he was professor. He was lecturing to us. I don't remember what his lecture was about, but it was on a pharmacological subject.

In the course of the lecture, the pharmacology technician, we used to call him Long Tall Miller, and his name was Bill Miller, came in the room. I always sat on the front row, because I did not want to miss anything. I am writing all these notes. Sometimes the professor's voice would get a little soft. You could not understand what they were saying. So I am sitting on the front row. This man comes in, leans over to Dr. Booker's ear, and says something. I can't hear what he says. But I can see Dr. Booker's face become contorted, distorted, and blood drains out of it. He then turns to this man, Bill Miller. Now, I am on the front row and I can hear it, he said, "You shouldn't joke like that on April Fool's Day." Miller said to him, "Oh, I wouldn't joke like that." Dr. Booker then turned to my class and said, "Class, I have some very sad news for you. Our chief of surgery, Dr. Charles Drew, was killed in a tragic," he used the word tragic, "in a tragic automobile accident on his way to a medical meeting in Tuskegee, Alabama this morning. Class is dismissed."

I have said it is hard to even describe how we felt. Dr. Drew cast such a huge shadow, you wondered, in your mind, "Can Howard University College of Medicine continue to exist?" That gives you an idea about the way this man was conceived and thought of, because he was such an excellent teacher and had done so much. He wanted to teach medical students. He wanted to train black surgeons.

"Class is dismissed." That is my relationship. I was a member of the last class he taught. He gave my class three lectures. I heard all three lectures. The last one was on March 31, 1950. I can always remember it was on April 1, 1950. I can always remember

because Dr. Booker said, “Oh, you shouldn’t joke like that on April Fool’s Day.” He said, “Well, I wouldn’t joke like that.” He didn’t say it, but you might come in and say, “Your fly is open,” or “The light is on in your car,” but you are not going to come in and say the Chief of Surgery was killed in an automobile accident. Yet, that is what happened. Of the four people in the car, he was the only one who was killed. He was driving.

**JG:** Describe Dr. Drew’s personality. What were some of his accomplishments?

**LL:** To us, as students, he was a great man. Here is someone who had done some seminal work, some basic work, on understanding how blood is preserved. We knew he had received a special degree, a degree of Doctor of Medical Science. He already had his MD from McGill [University], but he received a Doctor of Medical Science from Columbia-Presbyterian in 1940, based on the work that he had done in the laboratory.

We were also told that he was asked during World War II to find a way to have blood shipped over to Great Britain. One of his teachers at McGill called and asked him, I think it was a Dr. John Beattie, who had taught him at McGill, and was over in England at the time, “Can you send us some purified and stable plasma and blood?” Dr. Drew was the head of the Blood for Britain project. It was often called Blood for Britain project or the Plasma for Britain project because of what they had been asked to do, send over plasma and send over blood.

Think about that, for a black man to be given that kind of responsibility, to be asked and named head of the project in 1940. That is just tremendous. You can see why he received such acclaim, not only from blacks in this country, but from whites, from everybody, because this is something big. He goes to one of the best-known universities in the country, Columbia-Presbyterian, so he is at the right place. He is working with some of the leaders in the field. John Scudder was a leader, and Allen Whipple was chief of surgery at Columbia-Presbyterian. You can see how important it was.

**JG:** Describe his background? He had been born in Washington, D.C.?

**LL:** He was born in Washington, grew up here, in public school, was an outstanding athlete. He won four letters. He went to Dunbar High School.

**JG:** And Dunbar was a segregated school here in Washington—

**LL:** Yes, a segregated school, named after, I think Paul Laurence Dunbar, the poet.

**JG:** Yet, it was also an extremely good school, a very challenging school?

**LL:** Absolutely, it was considered one of the best high schools in the country. It was all black; it had very high standards. That is why it was also thought of as one of the best, because they had very high standards. He had gone there, had done well.

**JG:** His father was a carpet-layer?

**LL:** His father was a carpet-layer. That is correct. Dr. Drew was an outstanding athlete and got an athletic scholarship to Amherst [College]. If you read some of the accounts when he went back, the acclaim, the applause that he would get, he had that kind of reputation at Amherst. There are a couple other things that I will mention to let you know why I have such great admiration for him, in addition to these stories that we have heard.

He went to Amherst and was an outstanding athlete. There was a great rivalry between Amherst and Wesleyan. Apparently, one year he got off a dramatic touchdown pass. He had already gained over a hundred yards himself, so just outstanding. After he finished at Amherst, he wanted to go to medical school. He applied to Howard. Howard turned him down. Howard required eight credits of English. He only had six. Howard would not accept him.

He then got a job as a coach at Morgan State College in Baltimore, Maryland. The story is that he took teams at Morgan that almost could be beaten by high school teams before and made them championship teams. That was the kind of person he was. He had that kind of motivational power as a speaker and a person. He made you want to be the best. I get this now from his former residents. I knew him just as a student. I talked to several people over the years whom he trained. When you finish talking with him, you said, "I've just got to do well." Why? Because he told me, "You can do it," and that is why I knew I had to do it. "He made me believe that I could do it." After two years at Morgan,

he was accepted at McGill. He finished there, and did an internship there, and then one year of medicine. He finished there in 1933.

**JG:** McGill is probably the top university in Montreal?

**LL:** No, in all of Canada.

**JG:** Why did he choose McGill? Was it because there was not a place for him in the United States?

**LL:** I think that was it. He was accepted there. How did he happen to go there? Well, over all the years I have not found any special reason why he applied there. He was turned down at Howard because of English but he applied there and was accepted. They had an excellent program. I didn't get the idea there was somebody that he met when he was at Amherst. I never did know exactly why. They said he wanted to study medicine. I think one of his sisters died during the flu epidemic.

**JG:** The influenza pandemic after the First World War?

**LL:** Yes, absolutely, that is why he wanted to study medicine. Why McGill? I have read almost everything I can get my hands on about Dr. Drew but do not know why McGill.

**JG:** Did he have a different life experience at McGill than he would have had studying medicine in the United States?

**LL:** He did say, maybe it is something I got from one of his sisters, Nora Drew, who is still alive, or his daughter, Charlene. When he was there, it was different from the United States. It was different. He said that you did not have the segregation that was present, even in Washington, DC. He grew up in Washington, but Washington was segregated. How he happened to go there, rather than some other place, I cannot say. When he was there, he won something called the Williams Prize. He was an excellent student. He was not just a fly-by-nighter. As a matter of fact, he was vice president of AOA, Alpha Omega Alpha, the scholastic society. He was a very good student, graduating #2 in a class of 137.

**JG:** He was fond of saying: “Excellence of performance will transcend artificial barriers created by man.”

**LL:** Absolutely, he said that to his residents. I heard him say it at a student council banquet. He told us that as students. The first student council banquet was held in the spring of 1949. The students wanted to honor a professor on the clinical side and a professor on the basic science side. On the basic science side, they honored Dr. Robert Jason, who was a 1928 graduate of Howard, top student in pathology. On the clinical side, they honored Dr. Drew. Why am I mentioning that? The next year, 1950, they were having the student council banquet. It was the same night he was planning to leave to go with

three colleagues, two residents and a faculty colleague, to go to Tuskegee, Alabama, March 31, 1950. They said, “Dr. Drew, we honored you last year. Would you please come this year and just say a couple of words to us?” So he went there. That was one of the things, another reason he did not get any rest that day prior to his going, because he went to the student council banquet March 31, 1950. Why? He had been in that first group honored in 1949.

**JG:** I have read that he ran on a different inner clock. He was never too busy to help others. He would disregard his own exhaustion.

**LL:** That is correct.

**JG:** What do you think drove him?

**LL:** He was that kind of person. He was disciplined. I think he could not have been the athlete that he was, but he was not only an athlete. The reason I emphasize that is because if you are black, you are supposed to be a good athlete. That is the myth, “Oh, he’s black, he’s a great athlete.” He was also a great scholar. You are not vice president of Alpha Omega Alpha at McGill Medical School if you are not a good student. You do not do exceptionally well when you are working with Dr. Allen Oldfather Whipple and Dr. John Scudder.

I want to get to this, so I don't forget it. I have a letter, after Dr. Drew went to Columbia-Presbyterian in 1938. He wondered, could he have a second year? The letter states the following: "He has given an outstandingly good performance since he has been here." Now, how often do you hear the word "outstanding" used as an adverb? Almost never, almost never. It is used as an adjective. I think this man who wrote this letter was trying to say, "This man is so good. He is better than just outstanding good. He is outstandingly good."

I think the person is trying to say, "He is exceptional." He could have used other words. In fact, I don't ever recall having seen "outstanding" used as an adverb. Obviously, it may be used that way. "He has done an outstandingly good job." That was a letter that was written when he was at Columbia-Presbyterian. So, yes, his inner clock was different. He wanted to do well. He was disciplined. Of all the things I read about the man, I never found any hint of envy, of his being envious of someone else. I read a lot of things that he had written, and not, "I don't agree with so and so." He was not like that. In other words, "I'm going to do my best. I want you to do your best. I want to motivate you to do your best."

You have to be a big man to do that. I think it is the Greek writer Aeschylus who said, "Few men have the natural strength to honor the success of their friends without envy." Think about that. "Few men have the natural strength to honor the success of their friends." I can honor somebody who is not my friend but if you are on my level—I can't honor you. Drew had that ability. You're right, he had a different inner clock. He

wanted to do well. He was disciplined and he wanted to do very well. He wanted you to do well.

**JG:** He joins Howard University in pathology in 1935.

**LL:** That is correct.

**JG:** He is thirty-one years old. He is not very old? Howard University is not just important because of its role in the community, as a center for learning and education, but at the local level this is also the only African American hospital in the city. Is that right?

**LL:** One thing you have to remember, though. There was Gallinger Municipal Hospital, which later became D.C. General Hospital. There was a Gallinger Municipal. It was segregated. The wards were segregated. There was a Gallinger Hospital and there was Howard University Hospital. At that time it was called Freedmen's Hospital, named for not a Mr. Freedman, but for freed men. That is, men who were former slaves who were now free.

**JG:** The hospital was formed by the federal government under the Freedmen's Bureau.

**LL:** That is correct. Yes, indeed.

**JG:** What is going on at the College of Medicine? What is going on in those years that parallel Drew's tenure from 1935 through 1950? The medical school is changing?

**LL:** Certainly, during that time there was a man who was dean of the medical school, and he was the one who said, "We've got to do something about increasing the education that goes on in the various departments of the medical school."

**JG:** Who was he?

**LL:** Dr. Numa P. G. Adams, Numa Pompilius Garfield Adams. But Dr. Cobb, who was one of my teachers, loved to say, "Pompilius Garfield Adams." He came from the University of Chicago.

**JG:** Who wouldn't like saying that? [Laughs]

**LL:** Not with that kind of name, Dr. Numa Pompilius Garfield Adams. I think he became dean, I believe, in 1929. He died in 1940 from carcinoma of the esophagus. He went back to the University of Chicago so his professor could operate on him. The man had a big name. His name was Dallas Phemister. Dallas Phemister operated on Adams, and Adams died. But, in the mid-1930s, he said, "We've got to do something to improve the level of care and education in the two major departments." He said they were medicine and surgery.

So, what happened? In 1936, they got somebody to come here from Columbia-Presbyterian. Dr. Ed Howes came in surgery. I have forgotten the man who came in medicine, but somebody came in medicine for five years, I believe a Dr. Gregory, with the understanding that whoever was the most promising black academic surgeon after five years would become chief of surgery. Whoever was the most promising black in internal medicine would become chief of medicine. Those men would just stay five years, and that was it. Ed Howes came in 1936. Our surgical residency began in 1936. The man who was Dr. Drew's right hand, Dr. Burke Syphax, graduated from Howard in 1936, interned from 1936 through 1937. He was the second surgical resident from 1937-1940. He was a man from whom I learned most of the surgery I know.

**JG:** Let's talk about some of these other people. Describe Dr. Syphax. What type of individual was he?

**LL:** He was warm, affable, loved to teach. He was a wonderful operator and a wonderful man. He had a warm, open personality. He grew up in Washington. He played on Howard's championship basketball team in 1930 and 1931. I think Howard was undefeated one of those years. He played on that team. A wonderful athlete and a warm human being, and I got to know him extremely well. He was the major teacher in general surgery after Dr. Drew died. He later became chairman of the department and was my major teacher when I was a resident in surgery, just a fine human being. He died this year. He was ninety-eight-and-a-half years old.

**JG:** How about Dr. Cobb?

**LL:** Dr. Cobb was just a tremendous human being. Also one of my major teachers. He was a learned man, and I loved that. I think I got that quote from Aeschylus from Dr. Cobb. He liked to come and tell you something you had never heard. W. Montague Cobb. He was professor of anatomy. I loved it. That was my favorite basic science course. Even today, when I make rounds with the students, and they are presenting cases to me, they have got to know their anatomy, because if it is something you love, you just love it. I worked very closely with him. He was the editor of the *Journal of the National Medical Association*. I worked closely with him as an assistant editor, just a wonderful human being. Even though they were contemporaries here, he was in Amherst one year before Dr. Drew was in Amherst. Dr. Cobb went to Howard and Dr. Drew went to McGill.

**JG:** My understanding is that more rigorous admission standards were implemented at Howard?

**LL:** Not only that, more rigorous admission standards, the teaching in the areas was increased, because a lot of the teaching was given by men who were out in practice in the city. Not that they were not good, because a lot of them had very good reputations. You wanted somebody who was giving full-time to the school. Dr. Numa P. G. Adams, a medical graduate of the University of Chicago, thought that if we had more full-time faculty in both the departments of medicine and surgery, the education is going to be better, not

only the education of the students and the residents. The care that the patients will receive will also be comparably enhanced.

**JG:** Is this something that is just at Howard, or is Meharry doing the same type of thing?

**LL:** At Meharry something was going on but Meharry didn't have the same support that we had. We got support from the federal government. The Meharry brothers formed Meharry. They were dependent more on private contributions. They were having a more difficult time in terms of implementing some changes because of money problems. Having said that, though, and I repeat now what Dr. Cobb used to always tell us. Even though Meharry had those money problems, they turned out some fine physicians. The people who were there were dedicated. They wanted the graduates there to be among the best. Dr. Cobb himself, who was a graduate of Howard's medical school, was on Howard's faculty, but he said that about our sister institution. I was glad to hear that, because sometimes people would say, "Well, you had a little more money here, so therefore, you were able to do some things they didn't do." Still, the physicians they turned out were some fine physicians. I have worked with several of them over the years, absolutely.

**JG:** This is all happening during the tail end of the Great Depression.

**LL:** That is correct.

**JG:** The economy really did not start to turn around until after the Second World War. Had financial issues been an ongoing concern to the university?

**LL:** Financial issues had been a concern. That was why a lot of the teaching had been done, particularly in the clinical sciences, by men. There were a couple of women, but particularly people who were out in practice. They would come and give some time to the school. Yet the thinking even in the 1930s and 1940s is that you have to have full-time people if you are going to have approved residency programs, if you are going to give the very best care. That is why it was emphasized to try to get as many full time people as possible, and why Dr. Numa P. G. Adams was thought of as one of the best deans we have ever had here. It was during that time when he was emphasizing, "We've got to have that." That was 1936. He came in 1929. He said these were things he wanted to do, and he did them.

**JG:** Talk about Dr. Drew and his work with the blood bank. His thesis was on the study of blood preservation?

**LL:** That is correct.

**JG:** You mentioned Dr. Scudder at Columbia-Presbyterian. In 1940, Drew was chosen to head a program for blood preservation. What is the importance of this work for the war effort?

**LL:** Dr. Drew did this work. He was named the first person to head the Blood for Britain project in 1940. Later, he became the first head of the American Red Cross Blood Bank in New York City in 1941. In 1940, the blood bank was very important. Some people have said that he was the one that founded the blood bank. That is not true. His thesis is entitled, "Banked Blood." I have that thesis right here. I will show it to you. There was a man in Chicago, I think his name was Bernard Fantus, who actually founded the blood bank in 1937. But he, among others, said that what Dr. Drew did, and the work that he did with Scudder from 1938 to 1940, really helped move the blood bank theory and its actual implementation along at a more rapid rate. What he did was absolutely essential.

The world war made it even more significant, because these young men on the battlefield are losing blood. We need something to give them, blood or plasma, something to restore the blood volume. That is why what he did was so important. I think that is another reason that he got the acclaim that he did, not just in the black community, but in the overall community, the whole community, because everybody recognized the importance of blood. He was often asked about that. He said, "There's only one blood. There is no black blood, no white blood. There is blood."

**JG:** Before this work, blood would decompose. There was no way to store it long-term?

**LL:** That is correct.

**JG:** Technically, what was the innovation?

**LL:** He was able to find out what preservatives could be placed in blood to make it have a longer life. He looked at work that had been done all around the world. A look at his dissertation and thesis shows that he looked at work all around the world to find out what can be done to put in the blood to be sure that it is preserved. The man, John Scudder, said that he was one of his most brilliant pupils, because of the discipline that he had, the steadfastness to actually stick with something, to prove that it was something that was worthwhile. He did that in 1938-1940.

**JG:** How long could blood be stored in a refrigerator?

**LL:** I believe it was only a matter of a few days and it would spoil. It would what we call hemolyze. The red blood cells would break down, and therefore, they no longer had their oxygen carrying capacity. That is the main thing that you wanted them to have.

**JG:** The reason this becomes an issue is because you have the Battle of Britain. You have a great need for blood in England.

**LL:** Absolutely, one of Dr. Drew's professors wrote him the letter. He was then over in Britain, but he was on the faculty at McGill. That is how he knew Dr. Drew. He said that he knew that he was at Columbia-Presbyterian doing this work. He was the one who asked him to do it.

**JG:** It was happenstance then? That is a poor way of saying it, I guess.

**LL:** No, but I understand what you are saying.

**JG:** Dr. Drew would have not focused on this?

**LL:** No question about that. Everybody who has been involved has said that. Because of World War II, you really need blood. Well, how are you going to get it? You have to store it. Who has done some of the seminal work? Charles Richard Drew, working with John Scudder, Scudder himself gives Drew credit. He doesn't try to say, "I did it." He gives Drew great credit for the work that he did in the laboratory helping to iron out some of the problems that were there.

**JG:** Dr. Drew is appointed to the American Red Cross Blood Bank?

**LL:** That is correct.

**JG:** This is the organization that sends blood to the U.S. military?

**LL:** Correct.

**JG:** Then in 1942, there is a ruling where the War Department says that blood supplied by African-American donors would be stored separately from whites. Talk about the significance of that ruling.

**LL:** Dr. Drew commented to my class about that. He was saying that he was told that the blood had to be kept separate. He said, "I have studied blood very carefully, and there is only one kind of blood. Any human being can be given any other human being's blood, if it is of the proper type. The type has nothing to do with where it came from, the ethnicity of the person or the race of the person." He went before Congress and said the same thing. He was a major voice in saying this, making this statement, that blood is blood. If you are trying to differentiate it other than on blood type, you are wrong. You are incorrect. He was a major voice in this. How could he be such a major voice? He had done the work. He is talking about work that he has done.

**JG:** He returns to Howard in June 1940. He had taken a six-month leave of absence. There is a debate about whether he resigned in protest? Did he return to Howard because his work was finished or was there another reason? What is your take on that?

**LL:** I think I have the proper take on it, because I spoke to several people about it. What is happening now in 1941? What's critical? Ed Howes, who has been appointed in 1936, has come to the end of how many years? Of five years. What was the agreement? Whoever is the most promising black academic surgeon after five years will be asked to become chief of surgery at Howard. Who is that? That is Charles Richard Drew. He

asked for a leave of absence. He asked for leave. He had done the work. He had worked at the American Red Cross Blood Bank. He worked at Blood for Britain. He came back in June of 1941. He was asked to come back here. He left, not out of protest over anything that was going on in New York, but to return here as chief of surgery. He desperately wanted to train black surgeons and to teach medical students. I have heard that from so many people. His former residents, he told them that. From Dr. Syphax himself. There is a man in Atlanta, Dr. Asa Yancey, with whom I have spoken a lot, Dr. Charles Watts in Durham, North Carolina, other people, Dr. Jack White, one of my teachers. What Dr. Drew had told them, when the opportunity came to be named chief of surgery at Howard University, he said he wanted to do that. He wanted to form a school of surgical thought at Howard. He thought he was the man to do it, because he had the proper training. As I say, he was an excellent scholar. He had had this proper training at Columbia-Presbyterian. Dr. Allen O. Whipple, Oldfather Whipple, told him, "Whatever support you need from me, I will give you." It was not out of protest that he left New York. He left to become chief of surgery at the Howard University College of Medicine.

**JG:** Do you think Dr. Drew received appropriate international recognition for his pioneering work with blood?

**LL:** I am biased toward Dr. Drew, but I don't think so. I do believe this. I think that as time went on, and unfortunately, I think a lot of it came about because of his tragic death, but it came. I think the recognition came, though belatedly. I have heard, I'm parroting now some of the things that I've heard other surgeons say, that following his death people

looked at the work that he had done. It became much more prominent in medical and surgical circles.

**JG:** I read an interesting piece about Drew's interaction with his colleagues. Mordecai Johnson, the president of Howard University, was sometimes affronted when people would call asking for Dr. Drew.

**LL:** Oh, yes, absolutely. As I said, this work on blood was key. What is more important than this for life? That happened. I can say this. Dr. Johnson spoke, gave the eulogy at Dr. Drew's funeral. There is a famous statement he made. He said, "Here we have what rarely happens in history, a life which crowds into a handful of years, significance so great, men can never forget it." Here is a life that crowds into a handful of years, just a few years, just nine years, 1941 to 1950, significance so great, men can never forget it.

The other thing I want to say is that after Dr. Drew died, obviously, there was a lot of mourning. Who was his counterpart at Meharry? It was Dr. Matthew Walker. Dr. Drew became board certified in surgery in 1941. The story may be apocryphal, but he was examined at Johns Hopkins by some of the best-known surgeons in the world.

Somebody happens to ask him a question about blood and plasma. Drew knew so much, he was giving the examiner a lecture. The examiner says, "Just a minute, please." He went out of the room, got his other colleagues, and said, "Come down to the office to hear this man." Now, that story may be apocryphal, but it has come down over the years that that really happened. It could very well have at that time, in 1941.

Dr. Drew is one of the first blacks to become certified by the American Board of Surgery. His counterpart, Dr. Matthew Walker, did not have the opportunity to go, not only to Amherst, but he went to all black schools, and was trained by a black surgeon at Meharry. He didn't get to Columbia-Presbyterian. He becomes chairman in 1944. At that time, he wants to become certified. What did Dr. Drew do? Dr. Drew wrote to the board and said, "I know this man. I have witnessed his work. I have visited him at Meharry. He deserves to be board certified. I am requesting that you give him the opportunity to take the board examination to become certified."

In great measure, many people think, and I heard Dr. Walker himself say this, when I was chairman, I had him here as a visiting professor. "Dr. Drew spoke on my behalf so that I could take the American Board of Surgery exam." He became certified in 1946. Here he is, chief of surgery in 1944. You can see why some people would say, Meharry, the chairman was not even certified. He was a smart man, and he was certified in 1946. After Dr. Drew died, someone called him and said, "Your colleague, your friend, Dr. Drew, died in an automobile accident. Would you like to make a statement?" The report is, and it has been verified by many people, that Matthew Walker paused for a moment and said this, "I'll just say one thing. He had the purest heart of any man I've ever known." You think about that. That is a powerful statement. "He had the purest heart of any man I've ever known." In other words, no envy, whatever he could do to help, he wanted to help. That was Dr. Drew. This is what Matthew Walker, a colleague,

is saying about him. I told you what Mordecai Johnson said at his funeral and what Matthew Walker said following his death.

**JG:** As a trainer of surgeons, as a teacher, he has been described as a stern taskmaster, a severe teacher, a perfectionist. He believed that there were standards and the standards should be kept. What are your thoughts on this?

**LL:** Without any question. It just so happens, I have had several conversations with people with whom he taught. Dr. Syphax was already trained when Dr. Drew came. He worked closely with Dr. Drew. He said that even though he was not trained by him, "I still learned so much from him." The person who stimulated my interest in cancer, Dr. Jack White, had gone to Florida A&M just as I had. But because of Dr. Drew's contacts in New York, he knew people at Memorial Sloan-Kettering Cancer Center. It is called Memorial Sloan-Kettering Cancer Center now. When Dr. White went there, and Dr. Drew had him go there in 1949, at that time it was called Memorial Hospital for the Treatment of Cancer and Allied Diseases. Think about that long name, Memorial Hospital for the Treatment of Cancer and Allied Diseases. Now it is called Memorial Sloan-Kettering Cancer Center. Sloan-Kettering is the research part, Memorial is the hospital part.

Dr. Drew arranged, because of the people he knew, some of the people who had been at Columbia after they retired went to Memorial, for example. Dr. Whipple was one. He got Dr. White in there for training. Dr. White did an excellent job. He recommended me.

I was approved for training in 1957-1959. But suppose Dr. Drew had not known the people at Memorial? It is a distinct possibility there would have been nobody from Howard, even early in the 1940s, the mid-1940s, to go to Sloan-Kettering for training. Then I would have had no contact to get to Memorial. I am just saying how things can be. I always think about my being able to go to Memorial Sloan-Kettering Cancer Center is related to the fact that Dr. Drew arranged for the first person to go there, Dr. Jack White, who arranged for me to go there. The man has had just tremendous impact, even though he died April 1, 1950, some sixty years ago.

**JG:** What about his bedside manner and his relationship to patients? Dr. Drew came from a time when there were house calls and there was a family physician. Healthcare is very different today.

**LL:** I told you he gave my class three lectures, and that is what he gave to second-year students. Obviously, he also taught third- and fourth-year students. Always, he said this: "Everything that we do in medicine is designed to help one person, and that's the patient." I always remembered that. He told us that. He was not the only who told us that. Dean Johnson told us. It is to help the patient. Everything was the patient. I remember just one time I saw him on rounds. But the people who made rounds with him, the residents, said he had an excellent bedside manner, because everything was for the patient.

I remember something Dr. White said I thought was a great story. A patient came in that he thought had a blockage of the intestinal tract. We call it intestinal obstruction. They were waiting to get some x-rays. At that time, we would get what we call a flat and an erect film of the abdomen. The patient would be lying down, and we would have the patient sit up. We would get a flat film lying down and one erect, an erect of the abdomen. They were making the afternoon rounds. A patient came in some three or four hours before that. They were making rounds, and Dr. Drew said, "Well, what about the x-rays?" Someone said, "Well, we're waiting for them to come and get him to take him around to x-ray." The man was dirty, he had a hospital gown on, but unkempt and unshaven. Dr. Drew immediately picked him up in his arms, put him on the gurney, and rolled him around to the x-ray department. "The residents and students," Dr. White said, "were so dumbfounded, we didn't know what to do. Dr. Drew was rolling the patient around to x-ray. He got the x-ray. He never said a word, but the lesson he taught us that day was so powerful it can never be forgotten." In other words, you waited for them to come and get him, he is an ill patient, they don't come, you take him around yourself. "Well, we're waiting for transportation to come and get him." "You are transportation." Dr. White told that story several times. I'm sure it really happened. He said, "We just didn't know what to do. It happened so quick." Dr. Drew had an excellent bedside manner, excellent bedside manner, just believed in top quality patient care. "Everything that we do is for the benefit of the patient."

**JG:** One of the things that is interesting, and it relates back to segregation, is that Dr. Drew was never accepted in to the American Medical Association.

**LL:** No, he was not.

**JG:** Talk about this.

**LL:** Well, blacks just were not accepted. That doesn't make it right. But not only that, he was not accepted into the American College of Surgeons, which to him was an even greater affront, because that is his group, the American College of Surgeons. After his death, something happened that I believe, and what I was told, had never happened before. If so, it had happened only rarely. He was inducted posthumously. He was inducted posthumously into the American College of Surgeons.

Who were the people who were some of his major supporters? Dr. Whipple from Columbia; the chief of surgery at Georgetown, Dr. Robert Coffey; the chief of surgery at George Washington, Dr. Brian Blades; and a well-known surgeon at Doctors Hospital, Dr. Parker Kerr; another surgeon who was there, Dr. C. L. Hall. In other words, he had prominent surgeons, this is now following his death, prominent surgeons who said, "This man should have been in already. He has been chief of surgery since 1941. Look at his credentials." He was inducted posthumously into the American College of Surgeons.

To my knowledge, no attempt was ever made to get him into the American Medical Association. For him, the College was the big thing, because he was a surgeon. His counterparts, his fellow chairmen of surgery around the country, are in the American

College of Surgeons. He was inducted posthumously. That happened, and I knew it had, and I got a letter from the College that said, "Yes, it happened." He died April 1, 1950. In October of that year he was inducted posthumously into the American College of Surgeons.

**JG:** How did he deal with the fact that he was excluded?

**LL:** Do you remember that statement he made to students and residents? "Excellence of performance will transcend artificial barriers created by man." The artificial barriers he was talking about were segregation and discrimination. When he said artificial barriers, he was speaking specifically. He said that about segregation and discrimination. He felt, "If I continue to do my work well, I'll get in." He just kept doing his work to the best of his ability. He never let up. He never let up.

**JG:** We talked about his last class. Can you walk through that day again? What would have been your typical day on Friday, March 31, 1950?

**LL:** Certainly, the day before his death, or the day after his death?

**JG:** The day before and then the day of his death.

**LL:** The day before, Friday, was always a very big day for class. We had the surgery class. We had a class before that. I believe that class was in physiology. It was a sophomore

class. I know his class was from 10:00 AM to 12:00 PM. He lectured us, as I said, the last of three lectures on shock, the role of blood and plasma in shock, and fluid balance. I went back and just looked at the title of that. In the afternoon, we had lectures. Primarily it was physiology and pharmacology, were the big courses in the second year. That evening, I am sure I went and had dinner at the Chinese restaurant, because you could eat there for a dollar and ten cents, or a dollar and a quarter, and have a big meal.

**JG:** This is you and your colleague, now Dr. Rawls?

**LL:** Dr. Rawls, absolutely, because we lived together at 644 Irving Street, NW, right up the street. The next day, we were in class. Now most students do not have class on Saturday morning, but it just so happened that we had class on Saturday mornings. We were in class. This class was one from 8:00 AM to 10:00 AM on Saturday. We didn't have many classes. That class was in pharmacology, from 8:00 AM to 10:00 AM. The reason I'm certain, I looked at the time for the lecture. Dr. Drew was in this automobile accident that morning, and he was pronounced lifeless, I think it was around 7:10 AM in the morning. By the time he gets to the hospital, and then the word gets back up here, we were in class. We were in pharmacology class.

I remember that so very well, because of the fact that today we do not have class on Saturday. Then we had classes on Saturday. We are in class, and I am sitting on the front row taking these notes. Dr. Walter Booker, whose son later was a noted jazz bassist. I mention that because one of my closest friends—I'm deviating a little bit—was

Julian “Cannonball” Adderley, a great jazz musician. He was my classmate at Florida A&M. Walter Booker’s son played jazz bass with Cannonball Adderley at one point. I am sitting there, taking all of these notes. Miller must have been around 6’3” or 6’4.” We called him, I remember, Long Tall Miller, Bill Miller, came in and whispered something to Dr. Booker, who leaned over with a look, not just of concern, but of distress, and the blood just drained from his face—you could tell that something awful had happened. You didn’t know what it was. He turns to Miller and says, “You shouldn’t joke like that on April Fool’s Day.” Then people on the front row, too, with me heard Miller’s reply, “Oh, I wouldn’t joke like that.” That’s when Dr. Booker turned to my class. After we left, we just were, “How could this have happened?”

Then we heard that Dr. Drew had been driving, and that he had had a full day the day before. That is why later on, after I became chairman, I became chairman in 1970, I talked to as many people as I could to find out what his day was like. I found there was no time to even go home, lie down, and have a nap, because after he made rounds that afternoon of March 31, he lectured to a nursing society, Chi Eta Phi nursing society. Then he went to the student council banquet.

After that, he went home and packed. They left shortly after midnight, going to Tuskegee, Alabama, for a medical meeting. They were in Dr. Sam Bullock’s car. Dr. Sam Bullock was the third resident under Dr. Howes. He followed Dr. Syphax as a resident in surgery. You are too young to know about this, but there was Buick Series then. There was a Roadmaster and Super Buick. The Super Buick had three portholes on

the side, on either side up front, and the Roadmaster had four. This was a Roadmaster. That was the top of the line. That was Dr. Bullock's car. Dr. Bullock, Dr. Drew, and two residents. The last resident who was thrown clear of the car, who had a fracture of his humerus, the upper part of the humerus, the arm bone, just died this year. He was living in California. John Ford. Walter Johnson, the other resident, died some years before. Sam Bullock died about fifteen years ago.

Dr. Drew was driving and the car rolled over him after the accident. He was the only one who was killed. I know I am going over some things that you didn't ask, but just let me say this. He was taken to Alamance General Hospital in Burlington, North Carolina. I went down there to talk with personnel about Dr. Drew's accident. That was some thirty-three years later. It was in 1983. I went down to Burlington, North Carolina, to talk especially with Ms. Lucille Crabtree, who was the nurse anesthetist. I will never forget it. She said, "Dr. Leffall, I won't be there when you come down, but I'm coming to Washington." I said, "Whenever you are here, I'll make the time to see you." I went down and I talked to Mr. Marvin Yount. He was the administrator of the hospital in 1950 when Dr. Drew was admitted. He was still there in 1983 when I went down. He was in his last year. I asked him what had gone on. He said, "We were told there was this bad accident out by Haw River, and they were bringing this patient in. We wanted to be sure to give him the best."

I said, "Well, let me see his record." He said, "We don't have a record." I said, "What do you mean, you don't have a record?" He said, "We were so busy with him that

morning, we never made a record.” Some of my colleagues who are cynics say, “See, I told you, they didn’t treat him right.” That has been a big myth about his death. I know you were going to get to that, but I will get to it now, that Dr. Drew died because he did not receive proper care at this hospital in the South at that time, April 1, 1950. Based on everything that I have seen, heard, and everything else, that is a lie. Dr. Drew received the best care that could be given at a hospital of that size at that time in our history.

Now, here we have sophisticated trauma programs. Patients come in, you rapidly give them this or that. We didn’t have that then. There were two doctors, brothers, the Kernodle brothers, who were Duke University graduates, who took care of him. They did the best that could be done. Dr. Bullock, in whose car they were riding, and another Drew student, a doctor named C. Mason Quick, who was practicing in North Carolina, came over. As they could tell, the best care that could be given was given, at that time.

When Lucille Crabtree came to Washington, I talked to her, and she told me this. She was in the operating room that Saturday morning. She said, “I had a patient on the operating room table, and I was getting ready to give him Pentothal.” Now, Pentothal is a depressant, and if you inject Pentothal into a patient, you have got to stay with the patient. She said, “I was getting ready to give the Pentothal to my patient and I was called.” They said, “Rush downstairs. There is a badly injured patient coming in. We need you down here right now.” She was the nurse anesthetist on call. She said, “I’m so glad I had not given the Pentothal, because I cannot leave a patient whose life I have placed in jeopardy to go and see a patient whose life is in jeopardy. But I hadn’t given

the Pentothal. I had just put the blood pressure cuff on the patient and started some IVs, but hadn't given the Pentothal." She ran downstairs. She said, "I had my laryngoscope and my endotracheal tube." That is the tube you put into the larynx so the patient can get oxygen. "Ran downstairs, that's what I did."

Then she said, "Dr. Leffall, I hope that you will tell his family for me, because I understand that the story has been told that he did not receive proper care." This is 1983. She said, "I hope you will tell them for me," and she pointed to herself, "that I was with their father, with her husband. I was there the entire time, and I was monitoring him, giving him some fluids in his veins." I said, "Well, did you give him any blood?" She said, "Dr. Leffall, you have to remember, we were a small hospital. We didn't have any blood. By the time we got blood, Dr. Drew was dead." At that time blood was the preferred method, rather than giving plasma, give blood. So, he got neither blood nor plasma.

Some people say, "Here is a man who did all this work on blood, and he got neither one." But by the time, she said, they got the blood, he was dead. He got intravenous fluids, but he did not get blood, or plasma. Most people believe, even trauma experts today, having looked at the apparent injuries here—closed head injury, massive chest injury, and avulsion wounds of the thigh, meaning the tissues, the muscles, were stripped away from the thigh bone (the femur) here—that he probably would not have survived, even in our present system. It is difficult to say 100 percent, but his injuries were massive. He was the driver. He was the only one who was killed.

There is no truth to the fact that he was denied care. I understand, when they found out that he was chief of surgery at Howard, “Is this the man,” apparently one of the physicians said, “who has done all that work with blood?” They said yes. They wanted to do more, because he was a colleague. They would do it because he is a patient, but he is a colleague, too. There was no more they could do. So that is a myth. Whenever I speak about Dr. Drew, I like to emphasize that.

I will never forget, one of my students said, “Well, you know, white folks have treated us so bad. Why don’t we just let them have a little guilt? Let’s tell them that they didn’t do what they should have.” I said, “Then if we did that, we would be as guilty as they have been.” All others in the class said, “You’re right.” Well, everybody would have said that. I am not a martyr for saying that. Anybody would say that. You are not going to tell a lie like that, somebody didn’t do what was the best. They did the best they could with what they had at the hospital. That was a small hospital, a small hospital, just outside of Burlington, North Carolina.

**JG:** John Hope Franklin, a well-known historian, has written that “Drew was not denied hospital care, but numerous other African-Americans were.” Is this one of the reasons why the Drew legend has taken hold?

**LL:** I think two reasons. One, because it did happen to other blacks, no question about that. It would get to you sometimes. You heard too many stories about it. The other reason

was that it came from a major civil rights leader. It was a major civil rights leader who said that.

**JG:** You are talking about Whitney Young?

**LL:** That is correct.

**JG:** Did you ever get to discuss this with him?

**LL:** I did not, no never, I did not. I am sure that happened because he was probably told that by someone. He was probably told that. Well, here is Whitney Young, president of the National Urban League, one of the most respected black civil rights organizations, who said this.

**JG:** You are alluding to an article he wrote in 1964 alleging that Dr. Drew was denied medical treatment.

**LL:** That is correct. It just was not true. I tried to be very careful. I asked Marvin Yount when I was there and I asked Lucille Crabtree. I asked C. Mason Quick, a former Drew student; he went over. He was close by—I don't know how close—he went there. He said that everything that he saw and heard, Dr. Drew received the best care. He talked to the physicians. When I say that, my colleagues say, "Well, heck, you would expect a physician to say we did the best. They don't want to look bad." The evidence points to

the fact that they did everything that should be done at that time. I like to say that, because if someone has done what is right, then give them credit. They did what was right, because it was the right thing to do, and they did it. Don't say they did not do it when they did it. Based on everything that I have heard, read, seen—everything else, the best care that could be given, at a hospital of that size, at that time in our history, was given to Dr. Drew.

**JG:** What do people say when you tell them this?

**LL:** May I tell you, early on, they would say, "Are you sure you're looking at it properly?" Before things started changing. It is a different country now. It is a different country now from the country that I grew up in in Quincy, Florida, in the 1930s and 1940s. They would say "No, I'm sorry, I can't believe that." Now they say, "Oh, I can see that." Almost always now it is accepted as true. I believe it is true, otherwise I would not say it. If I didn't think it was true, believe me, I wouldn't be saying it. People believe it is true now, but because of what we see now, the attitudes of people have changed, because they see what has happened. Their sons and daughters, and granddaughters and grandsons, blacks and whites go together. They go to school together. They see things now. It is not like "those folks." It has changed. In earlier years, believe me, people said, "Well, I don't know about that."

**JG:** How did Dr. Drew's death change Howard?

**LL:** I think it changed Howard in a positive way. We thought about the good that he stood for, the things that he wanted to do. He wanted the excellence of performance. You hear that a lot now, that Dr. Drew talked about that. His trainees talked about that. I think it changed us in a very positive way. Always doing your best, and no matter how it may look on the outside, do your best, excellence of performance. When people look at it and say, you know, I'm sorry, do you see how well he did that, or how well she did that? Do it to the very best of your ability. It has changed us in a positive way.

**JG:** This is one of those questions where it might be difficult to answer, but I would like you to speculate on what might have been if Dr. Drew had not been killed.

**LL:** In other words, he was born in 1904. You know how old he was when he died. Just think about how old he was when he died. Dr. Drew was only forty-five years old.

**JG:** Forty-five, right.

**LL:** He was forty-five years old. He died two months before his forty-sixth birthday. This man was only forty-five years old. What could have happened? I believe things happened more slowly, like our getting into heart surgery, having a heart surgeon here, of having more people trained in cancer. I think that would have come about because he had such a big name, we would have people who were specialists, surgeons in endocrine surgery, and orthopedic surgery. Drew had such a big name that when he would call

someone or write someone or ask someone to do something—I am talking about white colleagues now—they would do it, because it was Charles Richard Drew.

Someone says, “Well, you’ll never know what would have happened.” Sure, we know.

That is the basis of your question. Obviously, we don’t know, but I believe that we would have moved more rapidly in a forward motion because of the contacts that he had and what he, himself, wanted to do and have done. The thing about him, he did not mind your getting the glory if it came about. He sent Jack White away to Memorial Sloan-Kettering. He would come back and be the big cancer doctor. He didn’t mind that. The main thing that he wanted was to get the best. He sent someone away to do that—whether he got the credit or not. I am saying this on my having talked with Dr. Syphax, who was one of his closest professional colleagues. That is how he was. That is why I go back and I think Charity Mance was right about envy. Envy is one of the seven deadly sins. He just excised that one, you see.

**JG:** He was honored by a postage stamp in 1981. What was that like to see one of your teachers on a stamp?

**LL:** That was just tremendous. You see, when you think about it, this is 1981. We are still getting out of that now, to admit more then, in the sense of what was happening, than it does now. It was a great recognition. But what happened this year? He had a ship named for him [USNS *Charles Drew*]. His family asked me to go. I spoke on that occasion. His family asked the U.S. Navy to let me speak. They said, “We would like to

have Dr. Leffall, who was in the last class my father taught, to come out and make some remarks.” I flew out to San Diego, California, and made remarks on the dedication, the christening of the new ship. His oldest daughter, Mrs. Bebe Drew Price, her name is Bebe, it is for Blood Bank. Bebe Price broke champagne across the bow of the ship to christen it. He has had a stamp named for him and a ship named for him. Think about that, sixty years after his death. He died in 1950. This is 2010. Sixty years after his death. It is a huge ship. It is not a canoe. It is a huge ship, believe me. It is a dry cargo ammunition ship. It is to pay honor to a man who richly deserves it. When I think about Dr. Drew, I have the highest respect and admiration for this man, because he just stood for high ideals and principles himself. When you have that, you want to see a man get the very best. I think that is what is happening to Dr. Drew today, because he deserves it.

**JG:** How did he inspire you and your colleagues as you progressed in your career? Both you, and your colleagues, have all done some amazing things on your own.

**LL:** Well, in my career, first, I think about the fact that there is a distinct possibility that if Dr. Drew had not been alive, had not been chief of surgery at Howard, I think I still would have gotten into medical school. To my knowledge, he had nothing to do with my getting into medical school. What did happen, though, he did arrange for Dr. White to go to Memorial Sloan-Kettering. I became interested in cancer because of Dr. White. Dr. White said, “Some of the most exciting work of all in cancer is going on at Memorial Hospital in New York City.” I wanted to do that. Now, if Dr. Drew had not sent him there, would I have gone back to Quincy, Florida, and repaired hernias and not moved at

all, not become a surgeon at all, but rather become a general practitioner, family doctor, like Dr. Stevens, the husband of my godmother, Mrs. A. K. Stevens? Is that what I would have done?

From a personal point of view, I relate so much to him that personal connection about Dr. White and cancer, but also because every day is not a smooth day. You sit down here, and sometimes—less now, because I am coming toward the end of my career at eighty years of age—you think about excellence of performance. Even today, I still tell young people about that. Just do it to the best of your ability. I have had young men and women coming into my office all the time, telling me, “This isn’t good, Dr. Leffall, but I made the right choice. Today was not a good day, and I did this for the patient, and I don’t think I did the right thing.” I try to hear their story, talk to them, and tell them, “But there’s another day. Just think, did you learn something today?” They say, “Yes, I did. I learned not to do this, or to do this, and so forth.”

Almost invariably I go back to that statement of Dr. Drew. I say, “I’ll tell you what one of my professors, Dr. Drew, told us.” I mention that excellence of performance. Do it to the very best of your ability. Just keep doing it. Somebody has got to notice it. Maybe this person did not notice it, but somebody will notice it. Even if they don’t, you know that you have done it. That is what I tell them. You know you have done it and that is important.

**JG:** What about some of your work helping to open doors for other African-American surgeons?

**LL:** I have tried to do that to the best of my ability. It is difficult, because sometimes you think you are doing something just right, and maybe you aren't. One of the most difficult things in life is being severely critical of yourself. That is what I try to be, because that is what I was taught. My father always would say, "You think you're doing something so well. Maybe it isn't quite that way. Think about it." But severely critical towards oneself. Whenever I have the opportunity to talk to someone about a young man or young woman, to speak to someone, I try to do that, because our time on this good Earth is not infinite. It is finite. We do not know what that finite period is. What do all of us hope? We hope that we will maintain our good health so that we can do something constructive as long as we are around.

Think, this is my sixty-second year in medicine. I came to medical school in 1948. This is now 2010. That is sixty-two years ago that I came into medical school. I am still fortunate. I am still on the faculty. I enjoy what I do. I love what I do. In doing that, I can't just think what is in it for me, but what can I do to help someone else? That is the way you think. I have always tried to be that way. Yet, sometimes there are some things you did, and you say, "I wonder if I could have done it a better way."

It is good to be able to be that severely critical towards yourself, so that you can do your very best for others. When you do well for yourself, you can do well for others. But

when I have the opportunity to help someone—and I guess another reason for it, I have had so much help in my life. Dr. Syphax was just a great, great help to me. Dr. Cobb, the doors they opened for me, and other people. A man I met in St. Louis, Dr. Walter Ballinger, who was chief of surgery at Washington University in St. Louis, opened doors for me. I have had so many people. But, even if they had not helped, I would want to do it for others. But since it did happen, I feel even more of an obligation. I have got to do everything that I can to help other people. As I say, your time here on this good Earth is limited. If I live to be ninety, or a hundred, whatever it is, it is still limited. Whatever you can do to help someone else so they will have the idea that they want to help someone else, too, when they are in that position to do it.

**JG:** What does it mean to you to be a mentor?

**LL:** I think it is one of the greatest things that can happen to you, to have the opportunity to be a mentor, to have a positive influence on someone's life, and try to be fair about it, and listen to what that person is saying, that young man, that young woman. Hear what those people are saying, and do your very, very best to help, and not to make you look good, but to help them be the best that they can be. I feel that very deeply. I try my best to do that. As I say, I was trying to do it even earlier in life. I think as the years go by, you try even more, because you want to do what you can to help, because you have been there. You have seen so much. You have contacts they do not have. If you can open a door for someone, that is a tremendous thing. As the years go by now, young men and women come back to you and tell you, "Well, I can't thank you enough for this and that." You

have forgotten what it is you even said or did, but as long as it meant something to them, that is what you want.

**JG:** What about your hobbies outside of medicine? What do you do in the evenings?

**LL:** Well, let me tell you. My wife and I got married in 1956, so my goodness, how many years is that now? Fifty-four. She is always telling me it is over half a century she has put up with me. I try to spend time with her. We just have one son, but he has brought both of us a lot of joy and happiness. It is hard to describe. I have been fortunate in both my wife and son. She has been a wonderful wife and he has been a great son. I met her when I was a senior. That was 1952. That is almost sixty years ago. That goes back a long way. To get back to your question, at one time I played tennis, and then I developed some arthritic changes in my knees, which got a little weak. The primary thing now is I still do a lot of reading and walking. I like sports but I am not a sports fanatic. I will go to a tennis match before I will go to a football game. I still watch football on television. We have some wonderful friends. I like being with friends and just talking about different things. For example, when we were in New York recently, we saw friends there, longstanding friends, close to fifty years, and went out and had dinner. Those are the kinds of things that I do now, and look for opportunities if something comes up where I can help someone, I want to do it. I feel that very deeply now.

**JG:** What do you think the Drew legacy is?

**LL:** I think the Drew legacy is one of inspiration and motivation to achieve excellence. I have thought about a lot of words, and even looked in a thesaurus at one time trying to see, but of all, I think inspiration and motivation. When you think about him, what he stood for himself, the discipline, the work that he did. But two words, I think—inspirational and also motivational. You are inspired and motivated by the things he stood for and what he wanted to do. I think it is important to think about that, because so often, you can think about people and you look at them critically. Let me say this. I am glad you asked that, because I have also tried to find what I think was negative about Dr. Drew, because none of us is perfect. We know that.

Yet, the more I look at this man, the larger he looms. Not that he was a perfect man. I am sure that you could talk to some and they would say something non-laudatory. But I haven't heard anything from anyone except, years ago, there was somebody on the faculty who said Dr. Drew thought that surgery was the most important department. Well, so do I. I think it is the most important, but as a surgeon, my bias is toward surgery also. I found no major negative, or even a minor negative, if you could call it that.

I look for that, because I am saying, well, this man is not this big. There had to be something there that was not quite right. But the closer I looked, there was always something else which comes through that Drew was responsible for, something he was trying to do. And always on the grander scale of trying to make the department of surgery better, so you give better care to patients, better teaching to medical students, better trained surgeons. These are the kind of things that he stood for, and those are

positive. They will long outlive him, as he has been dead sixty years. I am still talking about him.

Of course, I had personal contact with him, too. I think there are a few of his residents who are still alive, I believe—Yancey in Atlanta, Spellman in California, Gipson in Denver. I don't know about Watts in Durham, North Carolina. But you have got to remember, that was sixty years ago, and to be with him, they had to be in their mid-twenties. They are getting up there, too.

**JG:** Last question. If you have one piece of advice, one lesson learned from your association with Dr. Drew, that you would like to pass on to a future physician, operating ten or twenty years in the future, what would that be?

**LL:** Always try to give your best, do your best, and strive for excellence of performance. That stands out very clearly. I did not know you were going to ask that question, but I have thought about that a lot. Doing your best, excellence of performance, doing the very best you can in whatever you do. If you do that, you can be proud of yourself. You can sleep at night and say, "Well, I gave my best."

**JG:** Dr. Leffall, thank you very much.

**LL:** Well, you are a terrific interviewer. I will say that. Thank you again.

[End of Interview]