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# An Interview with Dr. Leonard and Carol Raizin

An Oral History Conducted by Claytee D. White

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The Boyer Early Las Vegas Oral History Project

Oral History Research Center at UNLV  
University Libraries  
University of Nevada Las Vegas

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University of Nevada Las Vegas, 2012

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July 1950

July 1950

August 1950

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The transcript received minimal editing that includes the elimination of fragments, false starts, and repetitions in order to enhance the reader's understanding of the material. All measures have been taken to preserve the style and language of the narrator. In several cases photographic sources accompany the individual interviews.

The following interview is part of a series of interviews conducted under the auspices of the Boyer Early Las Vegas Oral History Project.

Claytee D. White, Project Director  
Director, Oral History Research Center  
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April 8<sup>th</sup>, 2009  
in Las Vegas, Nevada  
Conducted by Claytee D. White

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## Preface

Leonard Raizin was born in Windsor, Ontario, Canada in 1930. His father was a cattle dealer. At an early age Raizin knew he wanted to be a doctor and after attending medical school he married his wife Carol Raizin born in Toronto, Canada.

Leonard Raizin attended the University of Toronto for medical school in 1948. He met his wife Carol on a blind date. He started his internship at Sinai Hospital of Detroit in 1954. After a trip to Arizona and a feel of the desert weather the Raizins' with their four young daughters moved to Las Vegas, NV in 1961.

When arriving in Las Vegas Dr. Raizin practiced at Southern Nevada Memorial Hospital (currently University Medical Center) and also at Sunrise as an anesthesiologist. There was a time while practicing in Las Vegas Dr. Raizin was the only anesthesiologist in the area, and experienced for the first 6 months of life in Las Vegas an extremely immersed schedule that never allowed him an entire night at home.

Carol Raizin graduated as one of the first students at UNLV with a degree in Psychology in 1973. Carol eventually worked alongside her husband in their office handling bookkeeping for eight anesthesiologists.

Dr. Leonard Raizin and Carol Raizin after a very successful life in Las Vegas are now retired. They still have a home in the Las Vegas area, however they spend their winters skiing in Park City, Utah and their summers fishing in Idaho.

ORAL HISTORY RESEARCH CENTER AT UNLV

Heart to Heart: A History of Las Vegas Health Care  
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**This is Claytee White. It is April 8th, 2009. And I'm in the home of Carol and Leonard -- Raizin.**

**Would you spell your last name for me?**

R-A-I-Z-I-N.

**So how are you today? How are the two of you?**

Great. Thank you.

*Thank you.*

**Wonderful. I'm going to start with Carol. I'm going to ask the same question to both of you. I want to know about your childhood, where you grew up and what influenced you in your life.**

*I grew up in Toronto, Canada. And it was an interesting place to live. It's always been somewhat multiethnic, but is more so today. But for the most part it was a very what we call WASP city. And I never really felt tremendously loyal to it or that it was my place, particularly. And most of us growing up at that time were happy to leave. We were anxious to leave. So it was not difficult when the time came.*

**How many people in your family? How many children?**

*I have a sister, a younger sister. Just the two of us and my mother and father, of course.*

**What did they do for a living?**

*My mother was a homemaker. And my father was a businessman, not always successful, but he kept plugging away at it.*

**And did your sister leave Toronto as well?**

*She did, but she ended up coming back. And she lives there now.*

**So, Leonard, tell me about your childhood, where you grew up. And what influenced you to go to medical school?**

I was born and raised in Windsor, Ontario, Canada. I can't really tell you what influenced me to go to medical school. But at a very early age I decided that I wanted to be a doctor. My father, who was a cattle dealer -- I went with him frequently and went to the slaughterhouse. And it never bothered me to see the insides of the animals or anything else. And I was fascinated by it. But it was a fascination. It wasn't a desire to cure the animals or anything. So I was never put off



by blood and guts. When the time came I applied to medical school and there I was.

**Are you an only child?**

No. I have two sisters, older. One is six years older and one is eight years older. My oldest sister lived in Windsor, Ontario for a long time, and then she and her husband moved and still live in Tucson, Arizona. My other sister, who is younger, lived in Detroit, Michigan after she got married and stayed there for a long time and moved to Las Vegas about 30 years ago.

**Tell me what the life of a cattle dealer is like.**

My father was up and out of the house before dawn. I never saw him in the morning. And when he would come home, frequently it was after dark. My father was a very religious man. And so on Saturday, which was the Sabbath, he was home after he went to religious services. And I saw him on Saturdays. And Sundays frequently he would go out to buy and sell cattle as well. But I did see him on Sundays, too. But frequently I would not see him during the week for three or four days at a time, although he came home every night, but it was after I was asleep. And remember that I was born in 1930 so it was Depression years. And so he had to work very, very hard to make a living, but was never on welfare or we really never wanted for food. And if we did I was not aware of it.

**Did you eat a lot of beef?**

We did.

**I couldn't resist.**

**Tell me about medical school.**

Well, the University of Toronto has a six-year program after high school. Canadian school goes for 13 grades. And the reason for that was that it gave you a year of college that you didn't have to pay for. It was public education. And from that grade 13 they could determine if you were college material or if you wanted to go to college, which I think was a very good thing.

Then the University of Toronto at the time would accept you after grade 13 into their medical school. And they accepted in those days 150 students. Two years of it was premed with information always related to medicine; and archaeology relating to bones and medicine and so on. It was a very, very good course. And they crammed in three years of college into two. Your third year of school at the University of Toronto is when you started into the medical courses --

anatomy, histology and the usual medical courses.

It was a very good system because after they took in their 150 students they were very, very interested in seeing to it that they all graduated. Unlike the American system and some of the Canadian schools, they would take in a thousand students into premed knowing that only 100 would get into medical school. It was a dog-eat-dog situation whereas ours was very, very friendly. Everybody helped everybody else with every subject. And it was very, very friendly. My friends from medical school, we're still very, very companionable.

**How did the two of you meet?**

A common friend introduced me to my wife and told me that she had met her at summer camp and she thought we would get along just fine. And I called her. We went out on a blind date. We hated each other.

*You could just say disliked.*

But a year later we decided, well, we'd try it again. And I was older and she was older and we got along much better and eventually got married.

**And is this a true story, Carol?**

*Well, so far.*

**Okay. I love it.**

**Tell me about the student composition at the medical school.**

There were quotas at the time. That was 1948 when I applied to medical school. There were quotas at the University of Toronto Medical School. Ten percent of the class was female every year. Ten percent of the class was Jewish every year. And the rest was made up of the people who were in the community and in Ontario.

It is a provincial or a state-run school. And it was a very, very good medical school. And I didn't know how good it was truly until after I graduated and found out how much I had learned compared to my American counterparts.

**So tell me about your internship.**

Almost all of the people I knew at the university took internships outside of Canada. And we drove around, looked all over. And I went to a then brand-new hospital opening up in Detroit, Michigan called Sinai Hospital of Detroit. Opened up in 1953. And I was there in 1954 as a

rotating intern. And I chose Detroit partly because I was from Windsor, Ontario and it's just across the Detroit River. It was close to family, but not right within the same city. And as a new hospital they were very anxious to get interns and offered us a very fine salary of \$225 a month. And that was the decision.

And I had decided to get married, although I wasn't married when I graduated. We married September after I graduated in July. And so the money was important, although it wasn't enough to live on. But we got financial help mostly from Carol's family. And we survived and had a wonderful time.

**Wonderful.**

**Carol, tell me about life for you while he was doing the internship and once you had gotten married.**

*Well, I was still going to school then. I was in nursing school. I started in Toronto and continued in Detroit. And about halfway through I decided this was not for me and did not graduate in nursing. We rarely saw each other because he was on call so much of the time and stayed in the hospital.*

**So did you change your major to something else?**

*I did change my major. I did not keep going to school when we were in Detroit after the first year. We started on a family and I had small children. And I didn't go back to school until we moved to Las Vegas.*

**Ah, interesting. I like that. I didn't finish school until I moved to Las Vegas either.**

As an aside for Carol, when we moved here the entire courses given at UNLV was mimeographed on one sheet of paper.

*Three buildings.*

**That's right. When did you move here, which year?**

*1961.*

**Oh, yes. That was early. The school only started -- yes. You were one of the first students.**

**So tell me about what caused you to move to Las Vegas.**

It was serendipity. We lived in Detroit. We hated the climate and always said that someday we would move out west. As a resident I got hepatitis. And after I recovered they told me I should

take a couple of extra weeks off and get some rest. And we came out west. Actually, it was to Arizona. And I fell in love with the desert. I thought this is where I should have been born. And at that time we both said someday we're going to move to a desert climate.

In April of 1961 we came to Las Vegas to a medical convention. And it was a day like today. The sun was shining. The temperature was about 70 degrees. It was glorious. And we hated to leave. We had been here for about three or four days. Got on the airplane. Had to change planes in Chicago. Halfway there the pilot announced that the plane could not land in Chicago due to a snowstorm, and we diverted to Kansas City. It was a Sunday. In Kansas City we managed to get on an overnight train back to Chicago. Of course, because no planes were getting in, there were no planes getting out on Monday morning. But we eventually got back to Detroit a day late. And everyone at the hospital in Detroit was angry because I had missed surgery on Monday morning.

And I decided, you know, it's not my fault and there's no reason for us to live here where the climate is so bad when it's so nice in the desert. And I made some phone calls and got my medical license that same May or June. I came to Carson City and met with the Board of Medical Examiners, got a license. And by the end of June I had arrived in Las Vegas to practice my profession.

**And were you as happy about that as he?**

*Oh, I was perfectly comfortable with it. I've always been somewhat of an adventurer and a gypsy. So it was okay with me.*

**Both of you started by saying you wanted to leave Canada. Could you explain that more?**

Well, for me there was really very little opportunity in Canada at that time. After I graduated from the University of Toronto, I knew that I could not get an internship within the University of Toronto Medical School system because they would never hire a Jew to be an intern or a resident. So it was understood that all of the Jewish medical school graduates would go someplace else for further education. And almost all of them came to the United States. Many of them came back to Toronto where they could open up a practice. But they would not have hospital privileges in those days except at the Jewish hospital, Mount Sinai, which, of course, was started in those days because the Jewish doctors had no place to work to take their patients.

That has all changed to the point where at one time fairly recently the chairman of the department of surgery, obstetrics and gynecology and the dean of the medical school were all Jewish. And they were picked not because of their religion but because of their abilities. So things have changed.

**Definitely. You know I can say that.**

Yes.

**What was Las Vegas like for you when you first moved here? Tell me those first memories, not so much in April, but in June when you came.**

**But it takes all of this to make us. So a wonderful story.**

**I don't know exactly how we got off. Oh, the last question I asked was if you would tell me about early Las Vegas. 1961, arriving here some of your first memories, not so much April when you came for the convention but when you actually moved here.**

*Well, Leonard came in -- July?*

End of June.

*At the end of June. Right. And the children and I stayed in Detroit. We did not move here until August, which was quite an introduction to Las Vegas.*

**A little warm.**

*And Leonard had driven down himself and then he flew back. And, of course, all his colleagues here at that time thought he had been here for the requisite six weeks and that he had left. And they were very surprised when he showed up again.*

**What do you mean requisite six weeks?**

*Oh, to get a divorce.*

Yes. They thought that I was here for the six weeks. Although I said I had a wife, nobody ever saw her. And it is true that I was here and working for about six weeks when I went back and brought the family. And they didn't think I was coming back.

*They were very, very surprised to see him. But we moved in -- four little girls and a huge Doberman and a nanny who came with us, a young girl from our neighborhood back there who came with us.*

*I fell in love with Las Vegas right from the beginning. I loved the weather. It was at that*

*time a small town. It was a population of a hundred thousand people. You knew everybody. And you couldn't go somewhere, supermarket or wherever, without running into people that you knew. And the interesting thing was that nobody had family here, only their own immediate family. So you developed lasting friendships and we were family for each other. It was a whole different ethic. As I say I loved Las Vegas right from the beginning. I never missed my family a bit.*

**Where did you live when you first arrived?**

*Our first house was in Rancho Vista, which is just -- well, it's about -- it's just south of Bonanza and east of Rancho. It's a development that's still there. We had a nice little house and lived there for quite a number of years.*

**Where did your girls go to school?**

*They went to what was at that time West Charleston. It's now Howard Wasden I think. And after that they went to Clark. They went to Hyde Park Junior High and then Clark. And they all graduated from Clark.*

They went to the Las Vegas Day School for a while, some of them.

*Oh, that's true. That's true. In fact, they all went to the Las Vegas Day School.*

Did they all for a while?

*I think so. Yeah. Yeah.*

**That's a fabulous school. I interviewed the mother of the founder.**

*Oh, Helen Daseler, yes, a lovely woman. She's been a long-time friend.*

**Oh, wonderful. Okay, yes. What was it like -- it sounds as if a lot of doctors came here to get divorces.**

*Oh, yeah.*

Yes.

**Tell me what it was like being a young doctor in this town in 1961. What were your colleagues like, social life, everything?**

Well, when I came here there were two doctors who were practicing anesthesia. Neither one of them had been fully trained in anesthesia. The older man had had some experience in the military. The younger man had had one year of anesthesia residency. And I presume for economic reasons he left that residency and came to go into general practice in Las Vegas, but found that they

needed anesthesia. So he was practicing anesthesia to the best of his ability.

He was involved in a lawsuit relative to an anesthetic he had given. And when I arrived with the idea that he and I would be practicing side by side, he was very happy to see me come and said I'm leaving. And two weeks after I arrived he left and went back into general practice someplace in one of the northern tier states. I don't know exactly where he went. But he was very nice and encouraged me to come, but felt that he did not have the support of the other doctors in this community. So he left. And I was there all by myself.

**Where were you practicing?**

Mostly when I first came it was at Southern Nevada Memorial Hospital, which is now University Medical Center. And also Sunrise had been open for a little over a year. The neurosurgeon who was here at the time, an Australian, was very anxious for me to practice at Sunrise as well. And he brought me an application for staff privileges and said don't you mail it because I want to hand deliver this because if you mail it they will throw it away; they don't want you here.

**And you have to explain that.**

Well, the anesthesia that was given there was being given by nurse anesthetists. And they had very, very good rapport with the nurses in the operating room. And they didn't want to see an anesthesiologist come in and change the situation. When I came in 1961, I reviewed the records of the past two or three years looking for anesthetic complications. And I found that one in 500 anesthetics resulted in death.

**Is that a lot?**

It's a very lot. And the national average at the time was about one in 2,000. So it was easily four times. Now, part of that was because we had severe trauma. We had car accidents coming in that people were severely injured and they were put to sleep and they died under anesthesia because the anesthesia, to some extent, wasn't administered competently. Some of them would have died anyway from the injuries. But nevertheless, it took some extra training and expertise at the time. I was happy to be the one to help change that situation.

But over at Sunrise the administration and so on was not anxious to have any changes. They were a brand-new hospital. They had this little group there. And they wanted to leave it that way. Part of that is the history. The surgeons were in total control. And they would order the

nurse anesthetists and tell them what to do and how to do it, although they themselves may not have known. The nurse anesthetists, many of them were very, very technically competent, but they were not in a position to say to the surgeon this patient should not be put to sleep right now; give me an hour or two to give them fluids, blood, whatever it was. So they were kind of bullied into doing things that were not right. And many of the doctors who were practicing at the time liked that situation. Fortunately for me there were some younger surgeons here in town that were very anxious to have better anesthesia and better care and they referred a lot of patients to me and we had a very good relationship.

**Woo. That's interesting.**

**Can you explain for the record what an anesthesiologist does?**

Well, everybody thinks that an anesthesiologist gives you a shot in those days. You know, he gave me Pentathol and the next time I knew anything about him was when I got his bill. But the truth is that an anesthesiologist is responsible for seeing to it that you have no pain or recollection of surgery and that your vitals -- your blood pressure, your pulse, your circulation -- stays within normal limits and that you survive the anesthesia and the surgery, which includes giving the fluids and the blood.

And one of the big jobs that I had early in my career was canceling surgery for people who were not in the best condition. And I would say to the surgeons who would object, I'd say, look, I'm not getting paid for canceling the surgery; I'm not doing this for my own benefit, but this is what the patient needs to have done before he's in good enough condition to withstand the surgery and the anesthesia. And it worked out well. We had better survival and everything else. It was a win-win situation so far as I was concerned. And then the young surgeons were happy to have improved care for the patients.

**So do anesthesiologists ever have a private practice or are you always working in a hospital?**

Well, most hospitals outside of Las Vegas have a group of anesthesiologists that work within that hospital. When I came here I always thought that the anesthesiologist should have the ability to be and go wherever he wants. Now, as I told you they didn't want me to go on the staff at Sunrise Hospital at the time. On the other hand, the administrator at the county hospital offered me \$150,000 a year to become the director of anesthesia and stay at that hospital only.



*Which was a lot of money.*

\$150,000 in 1961 was a ton of money.

**Did you tell him to take it?**

*No.*

No. She never, ever interfered with that end of it.

*And I knew that would compromise his standards.*

And so the practice I started was, in essence, a referral practice, but not usually by the patients, although many patients later on would request that I give them their anesthesia. But the surgeon would request that I do the anesthesia for the various patients. And the surgeons at the time could request either an anesthesiologist -- and I was the only one; that made it me -- or the nurse anesthetist. As a result I got almost all of the very sickest patients. And I got all of the trauma that came in during the night. And I've said this over and over again and people have trouble believing it, but for the first six months that I was here I did not spend a whole night in my own bed. I was called out every night for six months for emergencies.

**Oh, my god.**

It was a different time. The Test Site was going full blast.

*But that's a pun.*

**That's right.**

And the workers were getting paid to drive their own cars back and forth. The unions would get them extra money. Well, the fact was that the men would go out six in a car and each one was paid as though they were taking their own car. But they would carpool. There was no freeway out there. It was a two-lane highway. And especially on the weekends these men would finish work and they'd each get a six-pack of beer and drink it on the way home. And it was a pretty long drive. It was about 90 miles. And the driver would fall asleep, the car would roll over, and we would have a single-car rollover accident with six critically injured men coming in.

*There was a reason they called that highway "The Widow Maker."*

At any rate that was my life for the first six months I was here until I got somebody else who would come and give me a hand.

*And just to put it in context you also should say that you always had an office, a private office*

*outside the hospital.*

**And that's what I was asking about. Explain more about the referral.**

The surgeon would schedule an operation, whether it was a hysterectomy or a repair of an orthopedic injury and so on, and would request that I give the anesthesia. And they would call my office to see if I was available. And we would accept that referral and be available for them.

*So the hospital didn't do his scheduling. The surgeon's office would call his office.*

**What was your relationship like with those nurse anesthetists? How did that play out?**

Well, at first it was very difficult. They perceived that I was a risk to them. Their job was in danger. But I made it very clear that if they wanted to ask me anything or if they needed help, I would be there and assist them. And frequently I did. And I tried not to take over their jobs and so on. So, eventually, it became pretty good.

I think that as more and more anesthesiologists came to Las Vegas, fewer and fewer nurse anesthetists came. And as the town grew larger, the nurse anesthetists who were here did less and less work and they retired as they got older and they weren't replaced by other nurses, but they were replaced by doctors. And that's the way it was. Now, I came the end of June. And about the same time Dr. Kemp, William Kemp came and he practiced at Rose de Lima in Henderson.

*He's dead, in case you were looking to call him.*

**Thank you.**

And between the two of us we were busy. And there was very little that I could do to help him and very little that he could do to help me. But we were friends forever. Eventually he moved into Las Vegas and joined our group at the time and worked part time at Rose de Lima and part time in Las Vegas. And we would cover for him at Rose de Lima.

**Where is Rose de Lima?**

*Henderson.*

**Okay. So St. Rose?**

St. Rose. I remember very clearly being called out one night. He was out of town. And they had a woman who was having vaginal bleeding and having a miscarriage. And they said we need to do this right away and would you please come. We lived over Rancho and Bonanza area. And I know that I made it -- and some of it was dirt road at the time -- I made it in my car all the way

to St. Rose de Lima Hospital in ten minutes. I mean I checked the clock. The funny thing was that when I got there I was the first one to arrive because they knew that nothing happened that fast. Well, everything got taken care of and I went home and got back into bed for an hour or two and the next day started. But, you know, today there's no way in the world you could make that distance. But there was no speed limit and I'm sure I threw gravel all over the place getting there.

**No speed limit?**

*There were in town.*

Yeah.

**But because of the desert in between here and Rose de Lima.**

Yeah.

*For years he had a red light that he could put on his car.*

Yep.

**All doctors had that?**

No. No. But I had enough emergency calls that I was able to get one and get a permit from the police department. And I would put it on top of my car and speed all the way there and go through red lights and all the rest of it. It was different then.

**Just like an ambulance.**

**What kind of medical conditions did we see here in the desert that were unique to the desert especially at that time?**

Well, there was a condition that we used to talk about called table shock, which people would be brought in thought to have heart attacks and so on when, in fact, they had been standing up at the gambling table all night long.

**That's what I thought you were going to say.**

And they would faint from being upright all this time drinking too much and so on. And they would faint and be brought in. And somebody would say, well, you know, have they had a stroke, have they had this, have they had that? And most of them had what we call table shock from standing at the crap table for so long.

But we had everything that you would find anyplace else in the world. People did come in with whatever injuries they had and they were dehydrated from the temperatures. Not everything

was air conditioned at that time. We didn't have air-conditioned cars, although there was air-conditioning. It was rare to have an air-conditioned car.

*Tell about the marines when they camped out in the desert.*

Oh, it was the military. Oh, we had a patient come in with snakebite. The army decided they were going to have desert maneuvers. And they brought all of these people here. They were out there in this terrible heat. And one of them was brought in. He was dead, but they brought him in. And I was called in to resuscitate this poor man. The military didn't know what every cowboy in the area knows. When you get out of bed in the morning and you've got a sleeping bag or a bedroll, you roll it up so snakes don't come in. The military said leave your bedroll; make it like a bed and leave it open. Well, this one young soldier came back, crawled into his sleeping bag, and several snakes had gotten in there.

*Rattlesnakes.*

And he couldn't get out fast enough. Usually an adult who gets bitten once by a snake will survive. They'll be sick, but they will survive. This man in his bag couldn't get out fast enough. And the snakes bit him. It must have been 11 bites that we counted on his legs and thighs. And he had so much venom that he was dead by the time he got here. That was an interesting thing.

*Area specific.*

Yeah, area specific. You know, the people around here who knew said, you know, the military should have asked. We would have told them you roll up your bedroll. You do not leave it open. But the majority of our emergencies in those days that you didn't see anyplace else were motor vehicle accidents from people coming and going to the Test Site.

**What about the Test Site itself, any radiation?**

Nothing that I saw. Nothing that I would recognize or require surgery and anesthesia at the time.

**Did we ever have any kind of epidemics here?**

Nothing that required surgery. No. To my knowledge we never had any epidemic here that we didn't have anyplace else. But as I say a lot of our patients were chronically dehydrated from the weather.

**How is the gaming industry -- or was it ever tied in any way with our medical community?**

Oh, well, the gaming industry got involved with Sunrise Hospital. They financed it and wanted to

see a hospital over on what was then the east side of town. And they got involved with developing the housing over there on the east side of town and they helped finance Sunrise Hospital. But aside from that, they really had no input where the doctors were concerned. They just assumed that a doctor was going to be a good doctor and that they wanted to see good medical care here both for themselves and for the customers who were coming to gamble here.

**Great. When you discovered or maybe already knew that families were involved in the gaming industry, did that ever affect you in any way?**

When you say families you mean --

*Mafia families?*

You mean Chicago families and so on? Yes.

**Yes.**

No, it never did. And I think that by 1961 if they were involved it was bringing money in and laundering money or whatever it was. The history, as you know, was that they thought that they could bring money to Las Vegas, launder it, illegal money that the families, the Mafia so-called, had. They would bring it to Las Vegas and launder it. Well, that didn't happen. They lost money originally because of the cost of the hotels and what went on. And then finally when the hotels were becoming profitable, and that was about the time I got here, then they wanted to take the money out and it became the skimming industry where they would take money out of the hotels and then they had no place to put it or no way to show it. But, no, I was not involved in any of that.

**After living with a doctor, were you happy that you had decided not to become a nurse?**

*Oh, very. I never regretted that for a moment.*

**So tell me what you decided to do. You decided to go back to school at some point. How did that happen?**

*Well, I just had this compulsion that I had to get my degree. I couldn't leave it unfinished. While the children were in school, I went to school. I plodded through one course at a time and I ended up getting my degree in '73 in psychology.*

**Did you ever use it?**

*No -- well, yes, of course, I used it. Every day.*

**I mean other than on the family.**

*But I never worked at it. There was nothing you could do with a bachelor's in psychology, anyway. And I never felt compelled to go on. I had a number of different jobs. And some of them utilized --*

**Tell me about some of them.**

*Oh, let's see. I worked for a friend in a pawnshop. He had several pawnshops. And I worked there. And I always said I used my psychology there.*

Well, before that you worked as a travel agent.

*Well, I couldn't remember which came first.*

I think your travel agency was first.

*I didn't think so. But anyway, I did work as a travel agent. I enjoyed that. That was fun.*

Yeah. We had a friend, as she said, who owned a pawnshop and he needed help. He wanted somebody who was intelligent and who wouldn't steal from him.

*Somebody he could trust; that was the big thing.*

And so Carol worked for him a couple of days a week. It started as one, then two, then three. But the kids were gone.

*They were gone to school.*

So it was fine. It kept her busy. And she worked at that intermittently for --

*Ten years or so.*

-- a long time.

**So did you learn to value things, to put a value on it?**

*To some extent. Yeah. Nobody was ever alone in the store. So there was always someone who was more senior than I who if there was any question I could check it out. But, oh, yeah, I handled firearms. And the police came in every day to check out what we'd taken in. It was interesting. It was a slice of life.*

*And we had regular customers, people who would come in. You could set your watch by them, the day of the week and everything. They would come in on Monday and pawn their tools and come back and get them out -- no. They'd come in on Friday, pawn their tools and go out and have a wonderful time with the money and come back in on Monday. They had to get their*

tools out so they could go back to work.

*Yeah. There were all kinds of interesting characters. I had several proposals of marriage. It was an interesting world. And the most interesting was when the gypsies used to come in. We were always very, very careful not to take more than one item out of the showcase at a time. Their MO was that they would engage somebody in conversation so that they could lift whatever appealed to them. But it was interesting.*

**Oh, it had to be.**

*Yeah. It was fascinating.*

Well, as an aside our friend who owned the pawnshop got involved with me and the person who owned Manpower in a beeper system. Remember that in 1961 there was no way to communicate. There were no cell phones and there were no beepers. And the company that had a beeper -- you had to have a certain radio frequency. There was an emergency frequency that they would give to a doctor licensee. Well, for me it would have been a wonderful thing. And my friend who ran Manpower, the business Manpower here in town, told me that I could apply and get this license. And he said with that license all the doctors can be on your radio frequency and get pager messages and we could do it for a lot less than the commercial pager company that had just started fairly recently at the time.

The problem was that if I applied for this license it was a nonprofit license. Well, that was fine and I did that. But I didn't want to buy all the pagers and I didn't want the doctors to go out and have to buy their individual pagers. At that time it was 350, \$400 each one. So I arranged -- because of my friend I said this is a really good service. I said why don't you buy the pagers and you can rent the pagers? Well, because of the license every doctor was paying I think -- was it \$20 a month? -- \$20 a month to me. I would take the \$20 and pay it to the man who owned the pagers. But the doctors all thought that I owned the pagers and they were very resentful that they were giving me \$20 a month. And I explained to them a thousand times that I was a pass through. And we did this for several years till finally the licensing changed. I didn't renew the license. And the answering service could have their own license and that changed. But it was an interesting time. For many years doctors would say, oh, yeah, I write you a check every month for \$20. And they thought I was getting very rich at all of this.

*That was another one of my jobs. That was the train of thought.*

The train of thought was that it was our friend that was in the pawn business.

*I was the bookkeeper.*

**Oh, for that part. Okay. So what was it like when you went into his office to work?**

*Oh, well, my experience was that about every three years I would get called in on an emergency basis and have to clean up all the stuff that hadn't been billed and all the things that hadn't been put into the bank and so on. And I finally said I can't learn the business over again each time because things changed. I said I guess I have to go to work. So I came to work in the office. I just kept a very low profile. I think that patients didn't like having the doctor's wife there asking for money and so on, you know. As I say I did what they now call human resources and what we called hiring and firing and kept the place running. And by that time there were eight anesthesiologists in the office. So we kept them in line.*

**So what was the work? With the eight anesthesiologists there, what were you doing for them?**

*Well, they were contracted with us to do their billing and take in the money and so on. And so we kept the books for them. They would bring us their information, what cases they had done and so on. And we would bill for it and put it on the books and collect the insurance money.*

**So did they actually work for Leonard?**

*No. No, no, no. They were all independent contractors. But they had a loose arrangement. They were associates. They weren't partners. And everybody got paid for whatever work they did that we collected. And it was a fairly big office by the time we were retired.*

**Yes. So how many office workers did it take to service eight anesthesiologists?**

*Counting me there was five I think. And that was before computers.*

**Oh, yes.**

*At the very end we were looking at computers.*

**So tell me about social life through the years and how it changed for your family. When you first got here every night you were out of bed to go on an emergency, six months. So probably not a whole lot of social life there. But what was it like with a young town and professionals that you were getting to know?**



When we first came to town, a few of the surgeons invited us out to dinner. And it was a very small town. As Carol said everybody knew everybody else. And I remember we went to the Sultan's Table at the Dunes Hotel and we were having dinner there. And all of the people, the other diners who knew this doctor surgeon came over to say hello to him and so on. And Carol was looking around this room and there was a baseball manager. And Carol just couldn't believe that she was in the same room with Leo Durocher. And we were being introduced to somebody who had come over to the table. And Carol was looking over at Leo Durocher and our friend was introducing this gentleman to her and she was not looking. And I kicked her under the table. And she looked up and there she was nose to nose with Frank Sinatra. He was leaning over the table to shake her hand. I thought that she was going to faint dead away. Dead away.

**Did you recognize him?**

*And yes, yes, his eyes were blue. Oh, yeah. Oh, yeah.*

**What a great story.**

*That was amazing.*

And the first New Year's that we were here one of my friends said come with us to New Year's parties. And I said we don't know anybody. He said that's all right; it's kind of open house and we'll just drive from place to place. So we did that. And we went to people who I'm sure were big casino owners, maybe mob related.

*We didn't know who they were.*

We didn't know who anybody was. But we did end up at Harry James and Betty Grable's house. They lived on the Desert Inn Golf Course. We knew who they were.

*Well, somebody your age doesn't even know who they were.*

**Yes, I do.**

But, you know, we did. We met some of the people who were well known in the entertainment business and so on. And I learned at an early stage that those are front people and they're very talented and so on, but the people who really ran the city, you never knew who they were. You never knew who they were.

*Or if you did...*

When I came here, when somebody from Detroit knew I was coming here -- it was a gentleman

whose child I had anesthetized in Detroit -- he said, oh, if you're going to Las Vegas, I want you to look up this man, and he knows everybody in Las Vegas and if you need anything he can get it for you. And I wrote down his name. And one day I had nothing to do and I said, well, I better call this man just to say we have a friend in common and he said to say hello to you. So I called the Desert Inn. And I said I'd like to speak to Moe Dalitz, please. And she said just a minute. And I thought, gee, they must know him. I didn't know that he owned the place and was managing and running it.

*We were so naïve.*

And I got him on the phone and I said so-and-so told me to call you and I just moved here, and he said that if I need anything that you can help me. He said if you get into any trouble you call me. He says I can take care of you, et cetera, and so on. And I said thank you very much and hung up. I subsequently met him face-to-face and so on and knew who he was. But that's the story.

*Never called him for help.*

No. I never needed help and so on. But those were the old days.

**Wow. Isn't that amazing?**

**Did you ever know an orchestra leader here named Antonio Morelli? Ever hear of that name?**

*I knew the name.*

I knew the name, but I never --

**Okay, good. The first black doctor here was Charles West. Did you ever know of him or anything about him?**

Yes.

**Any association whatsoever?**

Well, he wasn't a surgeon. But he occasionally might assist in surgery. So I knew him and knew who he was. But no other real association with him.

**Okay. One of the things that we think about when we think about medical care in Las Vegas -- we know at one time that prostitution was very open. Were there any kinds of special medical arrangements for the girls?**

Not that I was aware of except I did have -- well, prostitution was legal in various counties. It's legal in the state and it's a county option. And during hunting season it was a big business for the prostitutes in the northern counties where the men would go hunting. And I had one woman who came in for a hysterectomy in the fall before hunting season started. And the reason she wanted the hysterectomy was that it was a very busy time for her. And she said she would make \$3,000 a day. Now, again, we're talking about early 60s.

**\$3,000 a day?**

\$3,000 a day. And she said she couldn't afford to take several days off while she was menstruating. So she wanted to have her uterus out. And that was reason enough to do a hysterectomy on her at the time. But other than that I really didn't run into anything that had to do with prostitution and so on.

As a by the by, you talk about medical care in the hospitals. Hospitals have always had trouble getting enough nurses. And because people aren't from here -- it wasn't a very big city -- the hospital was always out trying to get nurses to come to Las Vegas. And we would get some very, very fine nurses. But they wouldn't stay because they found out they could do better financially working as a cocktail waitress. And although they were on their feet a lot -- they're on their feet running around the operating room -- for the same amount of effort they made a lot more money serving cocktails. So we had and always have had a big parade of nurses who would come to Las Vegas and end up working on the Strip outside of what they had been trained to do.

**Thank you. I have never heard that. That is wonderful.**

**So has medicine over the years held all of the rewards that you expected?**

I would say yes. I've always enjoyed doing what I do. And working in the operating room as I did you found that the people that you worked with in the operating room were almost a second family. And that's one of the things that I do miss now that I've retired. The rewards of taking care of people and helping them were very good.

The difficult part was the medical-legal things. I was involved in one lawsuit. And it was nothing that was an anesthetic problem per se. But as often happens they name every doctor whose name is on the chart. And I had to go and defend myself. As a result I met some very fine attorneys here in Las Vegas. But I told Carol at the time, I said, if I am convicted of anything in

this case, I said, I'm going to give up medicine because there's no reason to practice and have somebody sue you for no reason at all. The case was finally settled and I paid nothing. Neither did my insurance company. But it was a very, very traumatic incident. When you do everything right and somebody sues you, it was very, very bad.

**Yes. I can image.**

*And the patient absolved you.*

Well, that was one of the things. The patient in his deposition and testimony said that of all the doctors who took care of him Dr. Raizin was the only one who saw me every day and took good care of me. And in spite of that I was named in the lawsuit. But because of that testimony I'm sure that they dropped all of it against me and I never had to pay anything.

**Wow. Tell me about practicing your religion here in Las Vegas.**

Well, when we came here there was one synagogue, one temple. And we contacted them because we had small children. We wanted them to go to some kind of religious school and get some kind of religious education. And we made many, many friends because of that. We made friends. We carpoled with people who were going to Sunday school and so on. So it did become part of our social life.

I was interested and I did meet some of the people from the casinos who were on the board of the synagogue. In those days -- and it's not so much the same today, but in those days we had a handful of casinos. And when they needed to raise money in Las Vegas, whether it was for United Way or any charity, these people would go to four or five of the executives at the hotels and they would each kick in \$25,000 and they made the amount that they were supposed to.

And the bad part was that the local people never felt it was their own community; that the casinos paid for everything. They took care of all the charities. And they did that. It was as I say both good and bad. And to this day I think a lot of the people who move here don't feel that they have roots here and don't want to contribute to the local charities because they give money to their charity back in Cleveland, Chicago, Los Angeles, wherever they are. We don't have a lot of people living here today who were born in Las Vegas who feel it's their community.

**So, Carol, how do you feel about moving to Las Vegas and the life you've had here?**

*I wouldn't change a thing. We had a good life here. Las Vegas was good to us. We've raised our*

*kids here and they've turned out okay. I have always had a soft spot in my heart. We don't spend a lot of time here anymore.*

**Yes. Tell me about that. What have you done since the retirement?**

Oh, well, we're both avid skiers and fisher people. So in the winter we go to Park City and we ski all winter. And in the summer we go to now Idaho and we fish. And Las Vegas is spring and fall. And we tolerate the deteriorating air and the increasing traffic because we still have one of our children who live here and we like to see her and her family. And that's our life now.

**Tell me how you found this area of the city. We won't name the area, but how did you find this? Sometimes when I go on an interview I say, wow, this is a well-kept secret. So that's the first thing that popped into my mind this morning. This is such a wonderful area. How did you ever find it?**

We have a friend who is in real estate. Unfortunately he died.

*He was in real estate.*

But he drove me all over town and we looked all over places. But he liked this area. And, in fact, he lives about two blocks from here -- or lived about two blocks from here. He showed us this house and we said, oh, yes, this is good.

*This was subsequent to leaving our house in Rancho Vista. We moved to Spanish Oaks and lived there for 17 years. We weren't movers. We put down roots. But then we decided we really should buy something smaller. We didn't have a huge house in Spanish Oaks. And so --*

**And this one is smaller?**

*Oh, no. No, no, no. This is the story. We went to Sienna. And we thought we would try that out and see how we liked it. So we rented there, two different houses, for a year. And we were not good at downsizing. And so we ended up buying this house, which is the largest house that we've ever owned in Las Vegas or anywhere else. No, I shouldn't say that.*

**I love your artwork.**

*Thank you.*

Oh, thank you. We decided that the kids are gone. We don't need to have a house. And we had a house that was 3,000 square feet. And we said that's too big for the two of us. We don't need it.

Well, I'm kind of a saver and I don't like to throw anything away. So we packed up all our

things and moved to a rental house that was about 1700 square feet and never unpacked anything because we rented it. So we said we don't need to do that. After living there for a little over a year, we were looking for a place to buy. And I didn't think that the construction where we were renting was very good. And so we decided we wouldn't live there, although it's very nice around a golf course and very pleasant. But the building itself was very poorly constructed.

So we looked around. And we also didn't like to live that far to the west side. It was too far away from the center of town and other things that we needed to do. So we wanted something a little more central. As I say we failed downsizing and we moved into this house. It was one of those things. It's bigger than we wanted. It has a lot of things that we don't want.

*Like a pool.*

We did not want a swimming pool, but you can't find a house that doesn't have a swimming pool. The other thing that we found out about was that if you go to a smaller home in Las Vegas you get into what's called starter homes. And that means you're going to have a lot of young children, young families. And our Realtor friend said you're gone often and you will find you'll have a lot of vandalism and a lot of break-in; you don't want to live in the size house that you really are looking for. We don't have or didn't have what people would call senior apartments or luxury apartments and so on and so forth. So we ended up here. And I really didn't like the idea of an apartment. I like to have a house.

**I think you did good.**

Thank you.

*An interesting thing about living Las Vegas is that just by accident our first home was on the west side. And at that time -- and I don't think it's changed a whole lot -- Las Vegas was like the north and the south. If you lived on the east side of town, you never crossed the Strip. If you lived on the west side, you never went east. It's like a whole different city over there. I don't know my way. After almost 50 years I still don't know anything about that side of town. So we never looked over there at all. And we've always preferred this side of town.*

**I like the location. I like the central location. I like that you're close to everything, really. If you're invited to Summerlin or really Green Valley, you're --**

*That's right. Well, the other thing is that we noticed it's a little higher here. So it's cooler, maybe*

*not appreciably, but it's a little cooler. And the other thing is that the smog all piles up on the eastern side.*

When we moved here in 1961, the temperatures were high, but the humidity was low. It rarely got into double-digit humidity. I mean it was three percent. It was five percent. And with golf courses and swimming pools the humidity has gone up.

*And people.*

And the buildings, the high-rise buildings just pour the heat back in at night. But you could bet that the temperature would drop 50 degrees from the high in the day to the low at night. Every night you dropped.

*That's typical desert weather.*

**It doesn't do that anymore.**

*Huh-uh. It holds the heat.*

No. In the middle of the summer you would carry a light jacket in the car because in the evenings it was cold.

**Yes. Because I tell my friends I love it because I can wear my sundresses at night. I might not be able to wear them during the day, but I can wear them at night in July and August.**

*Yeah. Yeah.*

**This has been wonderful. I appreciate this so very much.**

*Oh, we've enjoyed it.*

Very.

**Great. And I'll tell Nancy that this one is done. So it's time for her interview now.**

*I'll lean on her if you need.*

**Good. Thank you. Thank you.**

There are interesting stories about people in Las Vegas that were told to me by the older doctors who were here before I came, and just wild stories. There was one doctor here who was invited to go with Bugsy Siegel on the weekend to California. And it was going to be, you know, Bugsy, I'll take care of everything; you come with me, Doc, and we'll go out to dinner and so on. And he said, great, we'll go. Well, Friday came, time to leave, and the doctor had a woman in labor and couldn't leave. So he apologized to Bugsy and said I can't go, et cetera and so on. That's the

weekend when Bugsy Siegel was murdered in L.A. in his girlfriend's apartment. Had he gone he'd have been shot with the man that they were intending to shoot. So he always said how this woman's pregnancy saved his life.

**Wow. What a story.**

After I came here in 1961, shortly after I came I joined the Medical Society because that's what you do. And the meeting -- god, there must have been not more than 30 doctors that were there. And I walked into that meeting and there were people carrying sidearms. And I was very surprised. I just could not believe this was going on.

**Doctors?**

Doctors carrying guns.

**1961?**

1961. Carrying guns. There had been a case. A man was shot and brought to the hospital. Was operated on by a surgeon. And was not doing well. And they called in another surgeon who operated on him and said that the first surgeon had missed a couple of bullet holes in the intestine and hadn't closed them and that there was infection because of this and that he sewed up these other wounds in the intestine. That's what he did. And the patient went on to die from the infection. Well, the second surgeon said that the first surgeon had done the wrong thing or hadn't done it all right. And so these two surgeons were not speaking to each other. And one was threatening the other and saying that, you know, you gave testimony and it's wrong and I fixed it all the right time, et cetera and so on. So because they were fighting so much, one of them had a bodyguard and the other one was carrying a gun. The Medical Society at the time -- do you mind if the language is bad?

**Oh, no.**

Okay. The Medical Society at the time said we have a very bad reputation in Las Vegas. We need to hire a public relations firm. Well, I was just aghast. I had never heard of doctors needing public relations. Well, this man gets up and he delivers a speech and says that his organization, which is a public relations firm, would like to offer their services and this is what they will charge and they will improve the image of the doctors in Las Vegas. This same man had written an editorial for the newspaper about how bad medical care in Las Vegas was. I didn't know this.



After he got up and made his pitch, one of the local doctors gets up and rants about him and about what he had said before and said -- and you'll excuse the language -- said in this public meeting I wouldn't hire that cocksucker for all the money in the world. I mean I had never heard such language in public before. I thought I was going to slide under the table and disappear. *You know, in his experience doctors all wore ties and starched shirts and spoke, you know, respectfully.*

Well, that ended the meeting. They didn't hire anybody. And that was the end of it. But I was absolutely flabbergasted. You know, I was 31 years old. I wasn't that naïve and so on and so forth, but I had never heard language like that.

*He came home and said this is the Wild West.*

**You were right.**

And it was at that time. It really was. There were wild things going on.

*And in those days almost everybody who was anybody who needed medical care went to Santa Barbara. They went anywhere rather than stay here. And so things have changed a lot.*

**So when did you see the change taking place? When did people stop going away?**

Oh, I think that it was slow in coming and it was starting in the 60s. People realized that if they went away for their surgery and came home and had any complications there was nobody to take care of them. So they would go there, come back, find somebody who would take care of them afterwards and say, you know, he's not a bad doctor. I will go and take care of him.

I believe that in the medical community like everything else we probably have ten percent of the doctors or less who aren't as good as the others. It's standard. And I thought when I got here that these older doctors who were not the good doctors would die out and we'd have all good doctors. Well, the same thing happened. Of the new ones who came in ten percent of them were not as good as the standard. And, of course, at the other end you had ten percent who were superb.

**And I'm sure that any city you could probably say the same thing.**

Absolutely the same. And I have said and I've said it for years I will stack up our anesthesia community here with any anesthesia community in the United States. We have very good anesthesia care in this town.

**Well, I want to agree with that. When I had my colonoscopy, they said count backwards. I remember counting three times and waking up. That's all I remember.**

Well, that's what I said. People think that they put you to sleep and that's the end of it. But he wants to make sure that your blood pressure stays right and things are added and things are taken away. And if you're doing a good job in anesthesia, you don't put somebody to sleep and keep them there. You put them to sleep. And while they're washing them and just cleaning up, you don't need very deep anesthesia. But when they're going to make the incision and it's going to hurt more, you deepen the anesthetic. And when they're finished with the operation, you start to lighten it. And the net result is that you're tailoring it to each patient and each situation. If there's blood loss, you need to do the right thing. But it's a whole different world and people do not understand what the anesthesiologists do.

**Right. We only know that you put us to sleep. That's all we know.**

That's right. But anesthesiologists get called in to take care of infants who are having breathing problems. Again, I remember being called in middle of the night from the emergency room that they've got a child there and he's blue and so on. And I flew over to the emergency room because in those situations truly seconds count. Children die in a big hurry. And I walked in. And the mother is there. And the child was in a typical sitting-up, leaning-over position and if you know anything about it you know exactly what's going on. And I shoved the mother aside. And the mother said to me he's doing better; you don't have to do anything.

And I said take her out. I said, mother, your child's dying. He was quieting down because he was dying. And I got the tools. I had sent somebody to get them immediately. They brought them from the operating room. And I put a tube into his windpipe. And I had him on a ventilator for two days. Afterwards I went out and apologized to the mother. I said I'm really sorry for being so brusque, but this is an emergency -- or it was.

And the woman had a brother who was an anesthesiologist. And she said, you know, my brother's an anesthesiologist. I had no idea what he does.

But the child had something that was going to go away. If he didn't die, it was a curable thing. And he survived and everything went well. But these little things that go on in your life and you say, you know, are you happy that you did it? I don't remember the child's name. But

you do. You save a life and you feel good about it.

You asked about unusual things that happened. We had a man who was riding a motorcycle in the desert. And there was a big wire that holds up one of these power poles, a guide wire holding it up. Of course, you don't see it as you're driving. And it cut him right across the throat. Pulled him off his motorcycle. And his friends insisted that he come into the hospital.

So he came into the hospital and he's talking and doing well and everything looks okay. And I said, well, if it's just a small injury and everything's okay, let's watch him in the recovery room. We didn't have intensive care then. We watched him in the recovery room. And I get this call. This man is blown up like a balloon, et cetera and so on.

Well, I looked at him. I had never seen a case, but I had heard about it and I knew exactly what it was. You know, it was textbook, but you never see one. So I said to the nurse, I said, bring me a scalpel. And she looked at me like I was crazy. And I started stabbing him all over his chest. And he whooshed out air and his color improved and everything was okay. And I put an endotracheal tube through his mouth and into his windpipe, connected it up. What he had done, he had cut his trachea, completely severed it. But the two parts, when he was awake and sitting up, one was above the other and it was fine. When he lay down they separated. And when he breathed in, air came in. When he breathed out, it didn't go out. It went into his tissues. So I put the tube in. And, fortunately, the tube found its way from one end to the other and it was fine.

And I called the one thoracic surgeon that we had here and I told him what the situation was. I said you need to come and sew these two ends together. And he came. There's a balloon that you put in at the lower end. And I said when you sew it, I said, don't put your needle through my balloon. First stitch right through the balloon. Oh, I was so angry. But it all worked out fine and the man was fine and walked out of the hospital. But I remember to this day the nurse's eyes got this big when I started stabbing this patient all over his chest.

**Oh, I can imagine.**

She thought I had lost my mind. But that happened within the first few months of my being here. And as a result of that, the nurse says, oh, he's a genius; he knows everything. I'd never seen a case like that before.

I also had a judge who was a heavy drinker and he was vomiting blood from an ulcer in his

stomach or from liver problems that he had. And you couldn't put him to sleep because blood was just gushing out of his mouth. If you put him to sleep while he was awake, he would drown in his blood. So before --

*I bet you never wanted to hear all this.*

Before putting him to sleep -- and a funny thing, I remember the judge's name. Before putting him to sleep, I said I'm going to -- he was very weak. And I said I'm putting this tube into your windpipe while you're awake and then I'm going to put you to sleep immediately afterwards. It's going to be uncomfortable. And I did it. And it was a very, very gross thing to watch when you put one of these tubes into somebody's throat while they're awake and coughing. And I was covered with blood that he was spewing up. Got the tube in and cleaned it all up and we anesthetized him.

The surgeon who had called me had never seen this done before. And he thought that I was a mad man. We got finished and the next day he came into the operating room. And he said I called my medical school in Seattle and I told them what Dr. Raizin had done. And they told me that if he hadn't done that that patient would never have survived. So he went around telling everybody in the operating room. So these two cases in the first couple of months that I arrived made my reputation.

**Wow.**

And I'm sure that in the past these people would have died and they would have been in these one in 500 who didn't make it.

**That's correct.**

But I don't think that I was a genius. I was just trained --

**You were trained well.**

I was trained well and I did the right things at the right time. So it was a good thing for me.

*Now we've totally spoiled your lunch.*

**But one last question. What is the role of the wife for someone who's getting up that often for emergencies in the middle of the night? How do you prepare for that kind of sleep cycle or non-sleep cycle?**

*You get used to it.*

Well, I tell you that many doctors are very good at power naps and little catnaps. And if I'm not doing anything, I can fall asleep for five minutes and wake up feeling very refreshed. I know a lot of people can't do that. But people in surgical specialties learn to do it or you get out of it. I mean you just have to.

*And their wives learn to roll over and go back to sleep.*

**That's right.**

There are millions of funny stories, funny things that have happened.

*Memorable things.*

Memorable things that happened here in Las Vegas that you just kind of shake your head and say I'm sorry I didn't keep a journal from the day I got here. I could write volumes about entertaining stories of various things that have occurred.

**Have you thought about writing now that you're retired?**

No.

**Too busy.**

I'm too busy fishing and skiing.

**What kind of fishing?**

Fly fishing for trout. And we put them all back. We don't keep them.

**Oh, really?**

Yes. People don't understand. Why would you fish and put them back?

**It's a sport.**

*Exactly. It's a sport, not a meal.*

**Yes. I understand. Oh, that's wonderful. I think that's great.**

*But we enjoy it. It's nice to be out of doors and in a place where it isn't polluted yet.*

**Well, I just appreciate this so much and all of the stories. This is the kind of thing we wanted for early health care in Las Vegas. This is exactly what we wanted.**

Well, I'll tell you another interesting story that added to the health care. There was a young surgeon, cardio-thoracic surgeon being trained at Loma Linda. And he was technically wonderful. And his reputation -- just as a resident everybody said how great he is and was. We had a surgeon here in town who was going out to shoot skeet, putting his shotgun in the car. And he

said to his young son back the other car out of the driveway so I can get my car out. Well, the young son, being a new driver, instead of putting it in reverse, put it in forward and crushed his father's legs. As the car started rolling back, the kid panicked again and hit him again a second time. The surgeon was smart enough that he crawled into the trunk of the car to not be hit.

Well, he got his legs fixed and then he had a vascular problem. He had a big blood clot in his major blood vessel. They brought this young surgeon in who was in Loma Linda to fix him. At the time we really had no vascular surgeon in town. Well, he fixed his legs. And the net result was that that surgeon ended up coming and staying in Las Vegas. And we did the first open heart surgery that had ever been done in Las Vegas. We did that. He was a wonderful, wonderful doctor. And as I say it was these strange things where a doctor comes and stays because he liked it. He was at Loma Linda where they had smog and dirt and everything else. He came here and thought what a wonderful place. So he moved to town and was a big part of our medical community and improving the quality of care that we saw here.

**That's wonderful.**

*Also dead.*

Well, and he would call me in the middle of the night. He never said hello or goodbye. He'd call in the middle of the night and start talking. You know, I have such-and-such and so-and-so. And I said all right. Well, one night he calls me and says we've got this big emergency going on or will be going on and I need you here in about two hours. I said two hours? From what you tell me this is an emergency. He says yes, but we're waiting for some doctors to come from L.A. They're bringing in some doctors from L.A. They brought in cardiovascular surgeon, an internist, and an orthopedic surgeon. The orthopedic surgeon just came along for the plane ride.

The patient was Howard Hughes' chief of security. And so they were bringing in who they thought were the best. And I said to the surgeon who called me, well, I'll come over right now. In case he crashes, we'll be there. So I went over. And these guys arrive in Howard Hughes' private plane. And they go marching in. And we do this surgery and it goes very well. And patient, of course, survives and does very well. And the surgeon who came from California said to the patient later on, he said, that surgeon is marvelous. He really did a great job and so on and so forth.

And when we looked at the time he got there and he got finished he said, jeez, that only took an hour and a half. And I being brash said to him it would have taken less if your hands hadn't been in the way because the surgeon was -- he was very good. He was very quick. Everything went beautifully. I mean it was amazing.

*This was very early in Howard Hughes' tenure here.*

When Howard first came. Well, anyway, the fact that this man had made it and so on also added to the reputation of good doctors here. And when Howard Hughes got sick, of course they called this particular surgeon.

But I look back and I think today you would not be able to bring a doctor from California to a Las Vegas hospital, have him scrub in and operate with a local surgeon. Oh, no. The laws wouldn't have allowed it and everything else. But in those days we did things that were right and nobody complained. That's the right thing to do. We'll do it.

**Last question. Sometimes we think of doctors as having a large ego. I don't get that impression from a lot of the doctors that we've interviewed. How did that start? I think maybe that the public has blown that out of proportion.**

Well, not really. When you think about it, when you call a plumber and he deals with your pipes and he breaks a pipe, he gets another pipe and fixes it. Doctors are taking care of people who perceive that whatever it is they've got it's the most important thing in the world and the doctor who's taking care of them is the most important person in the world. So they blow up the doctor's ego and the doctor feels that he is god. Of course, once it's all over, the emergency's over and so on, he's a human being again.

*Who's going to send a bill.*

**Yes. A big one.**

But when you do some of these things, you feel that you have done something that is so important that you are a little god. And so you do feel that what you're doing is important. And it comes across. And it's the patient's fault because -- doctor, you've got to help me. I've got this and that and so on.

There's an old joke about a person who has something stuck in his throat. And he runs to the doctor and he can hardly speak. And he says, Doctor, you've got to fix this. And the doctor

pulls out this chicken bone in the man's throat. And the man suddenly feels better and he can breathe and everything is good. He says, Doctor, what do I owe you? And the doctor says to him just give me half of what you would have given me half an hour ago to take this out.

So that's what -- it's the value that is perceived when you need it emergently. And after it's over, it's of no value. You know, what did he do for me?

**Wow. Well, I thank you.**

Thank you very much.

*We thank you.*

It's been a pleasure.



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