

INTERVIEWEE: Dr. Marianne Breslin, Associate Professor Emerita,
Department of Psychiatry

INTERVIEWER: Jessica Roseberry

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PLACE: Dr. Breslin's home, Chapel Hill, North Carolina

BRESLIN INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Marianne Breslin, and she's the Associate Professor Emerita in the Department of Psychiatry. It's June 12th, 2007, and we're here in her home in Chapel Hill, North Carolina. And I want to thank you very much, Dr. Breslin, for agreeing to be interviewed.

MARIANNE BRESLIN: You're very welcome.

ROSEBERRY: Well, if you don't mind my asking when you were born, if that's okay? What year you were born?

BRESLIN: Yeah, I was born at the end of World War I in—December 10, 1918. That was just at the end—World War I terminated on—they had the peace agreement a few days after I was born, actually. And then—well, I can't go anywhere with that, really—I don't know if you want me to go into all that. My father had had T.B. [tuberculosis] as a younger man. He was in the veterinary medical school as a professor, and then when he developed T.B., the doctor advised him he should work out in the country in Hanover. And he accepted a position with the Duke of Hanover. They had a horse breeding estate in Bad Harzburg—near Braunschweig. And that is where I was born, right outside Bad Harzburg. And—you know, they raised racehorses, and sold them.

ROSEBERRY: So you were talking about your early years, your growing up in Germany.

BRESLIN: We lived at this estate, a beautiful estate. (*laughing*) And then the government was temporarily taken over by a communistic regime, and my father was evicted from the estate to live—we had to find another place to live high up in the mountains. He found a villa that we were living in. In the meantime, he secured another position with the State of Braunschweig, and he was the highest public health official. He introduced laws about milk inspection and examination for trichomonas, et cetera. And then the state also had a horse-breeding stable for the people in Braunschweig. And the estate—so we moved to that estate, and that was in Braunschweig. And I—that’s where—where I first went to school, and—well, they sent me to a private kindergarten and a private school. And then with special exams to get into higher education, you know. So I went to a lyceum. And ever since age six—or five or six, I had told my parents I wanted to be a doctor.

ROSEBERRY: How did you know?

BRESLIN: Well, I knew my—my brother next to me, who was two years older, had had pneumonia, and he was insulated in a room with my mother—and the doctor came every afternoon to our house. And I would always sit on the staircases and wait for him and talk with him and walk him out of the estate to—to where he could catch a ride, or he had somebody come to pick him up. And so I—that’s how I became motivated me to become a doctor. (*laughs*) And I was always interested in science, and—and then—then, I guess by the time I was ten or eleven, the estate that—where I was born belonged to the Duke of Hanover—he didn’t resume running the estate again, he rented it out to other people. But then he decided at one point to sell it, and my father induced the government of Braunschweig to buy it from the duke. And so they did. And we moved back to the

place where I was born. And I went to school in Bad Harzburg. The last several years I had gone over for alumni meetings—we met people in my class, and some of the next lower class. It was very interesting. But that—were wonderful years. We had a huge park associated with the house. There was a castle on the property, and there's a very old church in which I was baptized right—bordering on the park. And there was also a pond, and a larger pond—or lake, you should say—in the park, with ducks and geese and swans. We had swans and different things. And the population that lived around us, they were not allowed to go on the estate, except Sunday mornings they were allowed to go through the park to the church. (*laughs*) And so, well, anyhow—so I guess I was very privileged.

ROSEBERRY: So the changing political climate didn't affect your family as much?

BRESLIN: Yes, it did affect us a lot, because then when we were still at the estate at one point—you know, my father was not in the Nazi party, and we were not entered into—into the youth groups—so then he had a falling out with the then governor of Braunschweig, and my father—took off and left and hid out in the mountains, because he thought they would arrest him because he had—had spoken up to the governor, and had sort of criticized. The governor, who was visiting the estate where my father was away to buy new horses. There was one horse that had been badly injured, but it was a valuable horse that was a horse for—that was used for breeding racehorses. They had a section for racehorses. And so it had to be kept alive, like this recent racehorse, what's his—held him up with—you know, because it can't stand on his own—it was something with the foot. And so—and when the governor visited, he ordered that horse to be killed, to be shot. And my father was beside himself. It angered him so much that he told the

governor a piece of his mind. (*laughs*) And then after fourteen days we finally found out where he was, and some friends of his—colleagues of his—they worked out a deal with the governor that he was prematurely retiring, and—and that he continued to have a retirement salary. And with that, we moved to Hannover. In Hannover—I guess I was seventeen, maybe sixteen, seventeen. With that—in Hannover, there is a veterinary medical school, and he taught there. And then, interestingly enough, after the war, because he was the only non-Nazi on the faculty, they made him president (*laughs*) of the veterinary medical school.

ROSEBERRY: So the—

BRESLIN: More interesting, one of the veterinarian here in town studied in Hannover, and he knew my father. He was actually from Poland, but he studied in the veterinary medical school in Hannover.

ROSEBERRY: So they made him president because he was not a Nazi?

BRESLIN: Yeah.

ROSEBERRY: Who was it that—?

BRESLIN: It was after the war.

ROSEBERRY: After the war.

BRESLIN: I mean, that the war ended.

ROSEBERRY: I see. I see.

BRESLIN: Uh-huh. Yeah. Because—. So, and then he stayed on the faculty until age seventy-eight. They didn't have compulsory retirement like they have here. And so I spent the last year in high school I was in Hannover, actually. And then I—in order to go

to medical school, I had to do some public work, like they requested that you go in the *Reichs Arbeits Dienst*. I don't know that you know what that is.

ROSEBERRY: No, I do not.

BRESLIN: It's something like—they had tiers of the—Kennedy had the People's—where you could work for other—for farmers, or any other people, to help with the work. And so I—I had to do a year of that. But they allowed me to do half a year with another half year at one of the girls' schools. My father said I needed to learn cooking, et cetera.

ROSEBERRY: So did he have an expectation that you would be educated?

BRESLIN: Yeah. Yeah, I expected to be educated. My father expected of all of us that we would be educated. And so I—then my—the brother next to me that had the pneumonia, he was immediately, out of high school, drafted, and he actually was killed at the end of World War II in the fights around Budapest. And then my oldest brother, he was also taken prisoner, and he was in a Russian prison camp even until after I had already come to the US. So that was—I came in 1951, so he—I think he was released in 1952 or '53. And—well, besides these two brothers, my parents had accepted the children of a friend of my mother who grew up with us, but they were older than us—a little older. Because their mother was severely ill, and my mother always went over there—took food and helped her, and the—the four children wanted to come to us when she died. So they—they were—we had enough room, so it was okay. And so—and after that—after I had spent this half a year in the *Reich's Arbeits Dienst*, and the other half year was a whole year in this girls' finishing school. It was called the "*Frauen Schule*". The people there mostly prepared to go overseas and work somewhere in—in Africa, or

someplace like that. That appealed to me. But anyhow—I started going to medical school then, in 1941.

ROSEBERRY: Were there women in your class?

BRESLIN: Oh, yeah. Oh, yeah. In Germany there was no discrimination. Half the class were female and half the class were male. There was no discrimination. And so I started out in Berlin. And it was customary in Germany to take the second year at another university. So I went to Tübingen for—because there were some famous researchers or inventors. It was Dr. Knopf, who was in chemistry—he had developed the better ways for oxidation. And so I spent one year in Tübingen, and took what they call here the clinical exams—before you could go into the clinical—. At that time medical school was five years, and so—in Germany—so then I went back to Berlin. And then they started bombing it heavily—you know, every night the planes would come over and they planted bombs like—they called it carpet bombing, because they'd hit a section, and the next day they started where they left off the night before, to another section, all over town. And we couldn't hardly attend any classes or lectures anymore. And so a few friends and I decided to go to Würzburg to finish our studies there. So I ended up in Würzburg, and of course people in Würzburg were naïve; they thought they would never be bombed because the bishop was a friend of (*German name*). Well, it of course was not true. And so I was in my final exams, and I also had done experimental work for a doctor's thesis. In Germany you had to have a separate doctor's thesis that you had to work for. And the whole research that I had done was in a building where everything was destroyed by the bombs. And I was in my final examinations—and so I guess you take something like twenty-eight subjects, you know. Then I had only four more subjects to go, but then they

bombed Würzburg so heavily that they gave us emergency certificates and told us to leave the town. So we—I then tried to go from Würzburg to Hannover—which usually is a train ride of two hours—but it took me four days to find my parents, who had left town in the meantime, and were out in the country somewhere. When I got there the farmer said he could not have another person there, and I had to leave. So I left, and took another whole day to travel to my sister-in-law, who lived in the country. And that's where I was when the war ended. And then after the war I went back to Hannover and tried to find my parents. And I also went to one of the hospitals, and I wondered if they would accept this emergency certificate, and they did. But then I heard from my friends that had gone to the Rhineland area that they didn't recognize the emergency certificate there. Now, Düsseldorf was the first medical school that opened its doors in 1945, after the war was over in the fall of '45. And so they wrote me and said that I should come to Düsseldorf to repeat the exam, and to write a new doctor's thesis. So I asked—and when I was in this hospital that I worked, I was the only German doctor besides the chairman. The others were all from displaced—they were displaced persons from different countries, like Ukraine, Poland, Sarajevo, Italy—they came from—some were even Dutch. But anyhow, so the only—he told me I could work there if I went into surgery, too—because he needed help in surgery. So that's how I got into surgery.

ROSEBERRY: Had that been your intent in the first place?

BRESLIN: No, I wanted to go in internal medicine. But, so I stayed and—I stayed there several years. Two years, I guess, or three years, maybe. And then I—I wanted to go into internal medicine, and I did go for one year to—in internal medicine—but then there were several people who wanted me to be in their division. One was thoracic surgery and

one was neurosurgery. And so I accepted the position in thoracic surgery. And while I was there, then, one morning my chairman—we were operating—he said to me, “By the way, I have put your name in for this fellowship to go to the United States.” And so—

ROSEBERRY: What is the name of that fellowship?

BRESLIN: It’s under the Marshall Plan. It was the Marshall Plan. Marshall—General Marshall had developed a plan where he—whereby he would help other countries that were so damaged by the war to rebuild—and to develop, you know, in medicine, better—better educated doctors, even though Germany had had a good reputation—medical reputation. But—so at that time I was called for an interview, and there were twenty-six of us, and they interviewed us. There were two Germans and three Americans, and they interviewed us—and, of course, I didn’t think there would be anything coming of it—and they sent us home. And when I was back at home, then I got a note two weeks later to come back for another interview. And at that time, we were five. And of the five, they selected two, and I was one of the two. And then—and then they told me I had to be in two weeks in Rotterdam to go by ship to the United States. And my parents, of course, told me, “Impossible.” But I told them, “Never mind,” I’d do it anyhow. So—so I boarded a ship of the Holland American Lines in Rotterdam, and—there was at that time the Veendam, it was very old ship. And to travel over the ocean took eleven days. And the vessel was terrible. You know. We had storms and I got terribly seasick. And then we arrived in New York, and they rushed us off to Washington to educate us in the history of the country and the American system and democracy—to introduce us—introduce to democracy. That was a two-week section. Then we went to all the places

that we had been assigned to, so I then was in New York at Presbyterian Hospital, that I had to rent a room somewhere, and it was—

ROSEBERRY: Did you speak English at this time?

BRESLIN: I spoke very little English, but enough. I had four years of English in high school, but I had ten years of French and two years of Spanish. So—anyhow—but I learned enough. I learned mostly slang from the patients. (*laughs*) The patients were from—Presbyterian Hospital is on 168th Street, and it borders right on the section where—Harlem and all these sections where colored people lived and also another section where Portuguese people lived. So, and then—and also that there was a section that they called the Third Reich. They were displaced Jewish families who had come to the United States. And so it was sort of a mixed section. And I could get a room in the dormitory for the medical students. I had a beautiful room with a view of the George Washington Bridge—and so that was all very nice. And—except sometimes I had to be in the hospital long hours. If I came in at twelve, or past eleven anyhow, at this dormitory for medical students, they said to me, “We have to report you to your parents because you are late.” And I tried to explain to them, and they couldn’t understand what I meant. And so finally I just told them, “It’s okay. Just report me.” (*laughs*) Well, I met very nice people there. You know, I was not discriminated against. And it was really a wonderful time. And during that time is when I met my husband. He was not an MD. He was an administrator for the hospital. And after he accepted the position here in Chapel Hill, you know, we moved to this area. And of course at that time, there were only twelve thousand inhabitants in Chapel Hill. (*laughs*)

ROSEBERRY: So was he working at UNC [the University of North Carolina at Chapel Hill]?

BRESLIN: Yeah. Yeah, he was in the administration at UNC. And so then—and we made some friends, you know; we had really a wonderful time. But he encouraged me, as soon as the medical school opened, to go to the grand rounds. And they had rotating grand rounds every week, and I found the psychiatric presentations were the most interesting ones.

ROSEBERRY: But you were still doing chest surgery at the time?

BRESLIN: No, at that time I couldn't do anything. After I—I was supposed to go back to Germany with the—of what I—that's what I had learned. I was supposed—

ROSEBERRY: So even though you were married, you were—

BRESLIN: Yeah, you were not supposed to get married. That was another thing I should not have done. (*laughs*) But then after I came back—after I got my immigration visa, I could work in certain positions. Like in the hospital; they would allow me to work in the T.B. hospital or in the mental hospital. And by that time I had my daughter, and so I chose the mental hospital. I didn't want to expose my daughter to T.B. There was a—there was a T.B. hospital—Gravely—here at UNC at the time. It doesn't exist anymore. And so I found out I could do this combined residency, so I did—entered the residency program, which was—instead of three years, it was four years.

ROSEBERRY: What is the combined residency?

BRESLIN: Well, it's UNC Medical School and Dorothea Dix [Hospital]. Dorothea Dix was a—is still—it's a state mental institution.

ROSEBERRY: So you had switched to psychiatry by this time.

BRESLIN: Well, yeah. I was—had been in residency. And then when I finished the residency, they made me chief of the female service in the hospital. So I worked very hard. *(laughs)*

ROSEBERRY: The chief of the—what service? I'm sorry.

BRESLIN: I was chief of the female service at Dorothea Dix.

ROSEBERRY: Oh, okay. The female service? In the meantime my husband died of cancer.

BRESLIN: Yeah. But then, in the meantime—oh, I had remarried, and then I acquired two stepchildren. My second husband died of a massive heart attack. And then I had to—you know, I felt like I had to educate all these three children. And so that—well, by the time I became a citizen, the—Dr. Ham, who was the chairman of the Department of Psychiatry here at UNC—he had told me he wanted me to come and stay on faculty as soon as I became a citizen. So I told him when I became a citizen, and he offered me a position—you know, as an assistant professor. So I accepted. *(laughs)*

ROSEBERRY: Now, you had mentioned before we started the tape that one reason why you moved into psychiatry from surgery was—

BRESLIN: Well, was because it was more interesting and easier to combine with my having a family. It's not easy in other specialties. Anyhow, it's not easy with surgery, or any branches of surgery. So anyhow, so—then I guess I was known as a hard worker, and, as you say, I established a reputation already. And I loved teaching. I spent a lot of time with residents and medical students. And we did some research in some areas. And I—the areas involved—I was involved in a research on families. And we did those interviews behind a one-way screen. It was all very interesting. And I also did

psychotherapy in front of the one-way screen so the residents could observe me doing therapy.

ROSEBERRY: So they wouldn't see the identity of the person that you were seeing.

BRESLIN: No, they wouldn't. No, they didn't know who this person was. And then I entered analytic training—psycho- and analytic training. They started a psycho- and analytic institute in the late '50s, and I finished that training in the early '60s. So I then—our chairman left because he didn't like the set-up anymore. He was a fundraiser and had raised a lot of money to build what they used to call the South Wing—that was a total building just for psychiatry. On one floor there were two inpatients' units there, and the outpatient clinic was at the—one of the lower floors. And the highest floor, the fifth floor, was for research—that he had to agree to allow other specialties also put patients there for research. Then also all the money he raised after that—at one point, the dean and the chancellor decided they wanted to have some money turned over to them. And of course, the chairman didn't like that one—that he wanted control over the money and where it went. So—but so it had to be turned over to the chancellor, and he decided where it should go. And that was—at that point, you know, he—our chairman resigned and just went into—he went into private practice. He went one year to NIH [National Institutes of Health] and then came back to work in private practice. And then I decided the situation was so fragile as far as administration was concerned—at UNC that I decided I would go into private practice. And as I decided that, Dr. [Ewald] Busse called me—you know, to—“What would it take for you to come to Duke?” So, that's how I came to Duke. (*laughs*) Because he made me the offer that I couldn't resist. And—

ROSEBERRY: Can you tell me about that offer on the recording?

BRESLIN: Yeah, I was—he called me, and he must have heard through the grapevine that I had resigned, and he called me and said, “What would it take for you to come to Duke? Come over and talk to me.” So I made an appointment with him and went over. And he told me what he wanted me to do, which was basically working with residents and medical students, and teaching psychotherapy and all the things I liked. *(laughs)* And so—and then he asked me what I expected or what I wanted. And I told him that I wanted a higher rank. I wanted more money. And I wanted tenure, which—I was not so familiar with the academic systems here. You don’t get tenure right away when you change universities. You usually have to stay at least a year or two before they will give you tenure. So—but within a week he called me back and said he had it all for me—because it had to be approved by all the chairmans of all the other specialties—and he said it was unanimously approved. So I guess because of my good reputation. And so I accepted the offer and came to Duke. And was there until I was seventy years old. And after I was there two years, he asked me if I would assume—because of my background in internal medicine and surgery—he asked me to assume the head position in Psychosomatic, or—the Division of Psychosomatic Medicine. So I was head of the Division of Psychosomatic Medicine, and it was really fun. We had a lot of research going on. Like a lot of the psychologies—psychologists in our section mostly were doing research. And I—there were only few that were interested in clinical work. So I had several younger doctors that were residents who advanced to positions in my division. And this older doctor who came back to Duke, and we had meetings every week of what was going on in the division, reported on—and we had the system of having the joined meeting with the Department of Internal Medicine every week. That would be—the

patient would be produced by the resident in Internal Medicine, and the meeting was, you know, open for medical and psychiatric residents, and the medical students who rotated through our section at the time. And Dr. Silverman was the person in Internal Medicine. He and I shared the scope. It was very interesting. And so then—oh, and Dr. Brodie became chairman then, after Dr. Busse became dean of the medical school. Dr. Brodie became chairman, and he was very easy to work with. He was a good person to work with. He was very encouraging and positive. He was not critical. And so that's the ideal person you want as chairman. So—and I had written some chapters in a book and helped with some research in the area of coronary disease and hypertension problems with strokes, and things like that. I did most of the clinical interviews of these people who were participating in this research. Well, so then I—in the meantime, I—we had to apply for grants every year—the educational grants for the medical students and residents, and then also research grants. That was not easy. (*laughs*) But there was this one young man who—Dr. Jeffery Houpt, I don't know if you remember him—he was very gifted and talented. And he was very gifted and talented in writings—putting the grants together, and getting—figuring out how much money we should ask for, for this, that, and the other. He could do that in a breeze. He—so he had the best writing, the educational grants, and then later on he left us for—to become chairman of a department at Emory in Atlanta. And then he climbed in Atlanta up to the deanship and some other higher position. And then he didn't get the next position he wanted, and he resigned. And he had a vacation home out in—near Seattle. He had actually been in the—well, when I interviewed him to join us, there was an American Psychiatric Association meeting in Anaheim, that's where I interviewed him, but he had been in the—what's the school in—

well, he was in private practice to put his wife through law school, and he wanted to get back into academics. And that's how we got him to come and join our department. He's originally from Pennsylvania. So it was nice to have him. *(laughs)* And he had several other young—we—all these people that were in my division, became very successful—which made me feel good. And I had opportunities to go somewhere else, but I didn't want to leave this area because of the children, and—you know, I just wanted to stay here. So—and I had good relationships with all the other divisions—you know, outpatient, inpatient, and the—well, there were so many divisions in our department. And anyhow, I—it was a wonderful time. So what else do you want to know? I'm sort of—speak off the top of my head.

ROSEBERRY: Well, I wanted to ask—you know, we had talked before I turned the tape on about you being the—one of the very first MD—female MDs—

BRESLIN: Yeah. Right. I was—

ROSEBERRY: —in the department.

BRESLIN: In the Adult Psychiatry Department. There were some women before, in the child section, but they didn't stay very long. They left. And I was the only one in the Adult Psychiatry section. It was, you know, wonderful to be the only woman. *(laughs)*

ROSEBERRY: Why was it wonderful?

BRESLIN: Well, everybody treated you well. They were kind to me. They didn't discriminate against me, which was important you know. I mean, if you are discriminated against, that must be pretty awful. And so I stayed there. And Dr. Brodie went on to become dean of the medical school and chancellor, and then president of the medical school. And he was really an outstanding chairman. He also knew the figures

well. You know, by that I mean how we would be reimbursed. We had—you had to bring in your own money at Duke, essentially. They didn't give you a salary. Like here at UNC, you got a salary. But at Duke you had to bring your own money in with grants, or private patient work. So—

ROSEBERRY: How did you bring in your own money?

BRESLIN: Well, I had a large private patient practice. I worked late at night. By that time my daughter was in college, and my stepchildren were also in college. So they were not here anymore. So I saw patients. Besides all the administrative work I had to do, I saw patients all day long, when I was able to slow down, and then also at night I made rounds on the inpatient service. I had a lot of inpatient as well. And I remember one patient putting a note on the door, "If you come after eleven, don't bother to come in."
(laughs) And sometimes I didn't get home until twelve or one o'clock.

ROSEBERRY: Sounds busy.

BRESLIN: Yeah. It was a very busy time. But I enjoyed every minute of it. And so—you know, I've been to meetings to present cases, and—so Dr. Brodie wanted me to tape an interview at the VA hospital for the medical students. And he used this tape in his—he was teaching a first year class every year. And so I had this man I had not interviewed before, but when I saw him, he complained about shoulder problems on the left side. And they were intractable, and so somebody had suggested maybe it was psychiatric or depression. Well, when I interviewed, it came out that he had tried to throw himself down a riverbank, with this shoulder first, to drown himself, but—this was a suicidal attempt. And he—and it came out that he had had a problem with his father, and his father had died from cancer, I believe—but he felt like he was responsible for his father's

illness and death, and so I—this in one hour, I got it all on the tape. He—you know he—later on, just with psychotherapy, he got well. And so Dr. Brodie preserved the tape. He told me not long ago that he has still used it in the classes for the first year medical school. And so—you know, so I did some of that taping of material for teaching. We also built a library—a private library for psychosomatic patients, just for psychosomatic problems. And in that same room, we had conferences room. The money for the redecorating the room and changing it came from a patient of Dr. Houpt's, who's—the family of that patient had given this money. That was really wonderful. Well, the residents named me, you know, the best teacher of the year, and all this stuff. (*laughs*)

ROSEBERRY: Is that—is that a Golden Apple Award? Or is that—

BRESLIN: Yeah, it's—well, it was a special—

ROSEBERRY: A special award?

BRESLIN: A special award in the department. Well, so I—oh, I also treated a patient from Israel, who—I don't know how these people find my name out—but anyhow, he—the father came with this young man for me to diagnose. And the father had felt he hadn't gotten the right treatment in Israel. He had been in the service and he was totally withdrawn, and he couldn't—didn't seem to function there. So he brought his son over here, and I had him in the inpatient service for three weeks and worked with him, and then as an outpatient. And the family was very grateful. They planted fifty olive trees in my name (*laughs*) in Israel, and sent me other—you know, they paid for—the government paid for the treatment, inpatient and outpatient. And it was amazing. (*laughs*) So, anyhow—so he is—he was doing well after he left. I hope he continued to do well.

ROSEBERRY: So when we talk about psychosomatic medicine, is that—?

BRESLIN: Well, there are several factors. Some people have symptoms—physical symptoms that are totally based in psychological problems, like the guy with the shoulder. And then there are others who have a serious medical illness, and they get depressed—you know, like people with cancer, cardiac conditions, and so on, or lung conditions. They became depressed of the—because of the seriousness of their illness, and because they didn't seem to be able to get well. And we worked with them, and also tended to use—we gave some medications at times. But we were sparingly using medications in those days. We didn't have all the medications available that are now available, you know. And where there is now a special medication that is specifically for psychosomatic symptoms as well as depression—and it works very well. So even though we didn't use a lot of medications—but we had one chairman later on who was—what was his name? And he had developed the test for manic-depressive illness, which later on turned out not to be a good test at all. But at that time, he had—was made chairman, because he had a grant of five million for research in manic-depressive illness. So—and then I guess when he was in his second rotation—I know from a friend of mine that he was being interviewed by a group—that the only recommendation was that he resign as chairman. He was not a good chairman. He was very critical, and very—and he didn't understand, really, clinical work, because he had always done what we called bank research. That is, he had done research with—you know, in this—research in symptoms and depression. He—his research was not—it doesn't—didn't involve interviewing psychiatric patients, it was only based on symptoms. And that—apparently for a while he established a very good reputation for himself, until they found out that this test that he

had developed didn't really work, or it wasn't really specific for the manic-depressive illness. Whereas before he had claimed it was a specific test. And if it was—and it had to be positive if the diagnosis was supposed to be made. So that is all things of the past; it doesn't apply anymore today. So—well, anyhow—and many other people in my division, they—especially Dr. Jim Weiss—I don't know if you knew him, he was in my group here. He went into private practice here in Chapel Hill. And when other doctors became chairman in one of the other departments of psychiatry, they all really went out and made good careers. Except I had to retire. (*laughs*) So anyhow—and Dr. Houpt, ironically, after he left Atlanta, came back—UNC made him an offer to come here to be dean of the medical school. And he surprised me—he accepted it and came and put the medical school—really, he helped a lot to build it up and have better teaching. He arranged—he hired better professors. He really built the Department of Psychiatry—and the general medical school—up to establish a good reputation. I think it has a much better reputation now than the time I went through it. So. So—well anyhow, as a woman in the medical school, there were some other people in the medical school that—you know, like Anna Friedman. Have you interviewed her?

ROSEBERRY: I haven't.

BRESLIN: She is married to Dr. Harmel now, because his wife died and he married this—she was a good researcher, and she also lectured a great deal to medical students. She was an anthropologist actually.

ROSEBERRY: So how would she cross into the medical school?

BRESLIN: Oh, she was just asked to teach classes in the medical school. But she, herself, didn't have an M.D. And so—

ROSEBERRY: What departments would she teach?

BRESLIN: She was in anthropology. She was a very good teacher. And I was on some committees with her, regarding the medical school—the general medical school. I, you know, served on a lot of committees. Too many that I can't remember. (*laughs*)

ROSEBERRY: Were there other women that you can think of?

BRESLIN: Well, let's see. Well, not at that time. She was really the only one. There now—Dr. Wilson, you might know her, in the—she was in charge of the nursing school.

ROSEBERRY: Dr. Ruby Wilson?

BRESLIN: Ruby Wilson. Do you know her?

ROSEBERRY: Yes.

BRESLIN: Well she, you know, was involved in the medical education. She is still involved in everything today. (*laughs*) So she was very prominent, and contributed a great deal to the medical education, I think. Now, they closed the medical school when she was dean of the medical school.

ROSEBERRY: The school of nursing?

BRESLIN: Because it was too expensive to maintain, and they—but then they found out, after they closed the medical school, they didn't have enough nurses to staff the hospitals. And so last year they opened the medical school again—you know, after twenty years. It was foolish to close it, in my mind. But, you know, I had nothing to say on it. But—

ROSEBERRY: How did she impact the school of medicine? How was Ruby Wilson—?

BRESLIN: Well, they trained psychiatric nurses. They had courses on psychiatric nurses, and they were in—at that time, they had a course where they developed clinical psychiatric nurses positions; and we had on every unit, we had a psychiatric nurse

position—clinical—a clinical psychiatric nurse position. And I think it was wonderful to have some—to work with the other nurses, and to supervise what went on on the units. But she—they—all of a sudden, they did away with all this clinical nurse position. I don't know what happened.

ROSEBERRY: Was that when they closed the school? They did away with—

BRESLIN: Oh, no, the nursing school was closed—yeah, they closed the school after they had trained all those clinical nurses, and after that, they—there was always a shortage on nurses. And I, myself, was hospitalized last year for this atrial fibrillation, and they wanted to do a—what did they call it? Anyhow, they would go in there and they wanted to change—convert the atrial fibrillation. And the nurses I had on the floor, they were all from Kenya and the Philippines, and from all over the world except from North Carolina—and maybe one or two from North Carolina. (*laughs*) So you know there was—they had—and meant some of these nurses were traveling nurses. You know, they're traveling nurses, they travel around from one state to the other, wherever they want to go. And nurses are always in high demand, so they had some traveling nurses as well. But they were all good nurses. The people from—there were two nurses from Kenya, they were really good.

ROSEBERRY: Are there other women that you can think of that might—

BRESLIN: Well, in medicine, we didn't have—well, I can't think of any other.

ROSEBERRY: That's fine, if not.

BRESLIN: Ruby Wilson may be able to—

ROSEBERRY: Sure.

BRESLIN: —tell you a lot. You might make an appointment with her.

ROSEBERRY: Thank you.

BRESLIN: Because she is easily accessible, I think. She is totally retired now. But she is busy in everything that goes on in the life of the school. So.

ROSEBERRY: Now, you mentioned you were on several committees in the medical school. Can you talk some about those?

BRESLIN: Yeah, I was on the committees for medical education and the—I had to review the medical students program every year. And I was generally involved in the third-year program to—you know, we were five or six people on the committee, and these medical students had to present to us what they were planning to do, you know.

ROSEBERRY: The research year?

BRESLIN: Yeah, the research year. And I'm sure it wasn't easy for them. (*laughs*) But we tried to help them as much as we could. And we had to okay their program before they could go on. So that was one thing that I did. And we had to—also residents' programs—to judge the residents' performance—we had all sorts of forms that had to be filled out, and we had to review them. And the residents—as a whole, they were very good residents. And I thought they had very good medical students. They had outstanding medical students. But—I think they had a lot of curiosity, and they tried to—they wanted to know so much. So I enjoyed all this working with the medical students and the residents as well. I was even—I often thought the medical students were of a higher caliber than our residents. (*laughs*) But we had good residents as well. In fact—So there—but, as of committees. I would have to go back to my file to let you know. I have a file. But I was also—I gave a talk at one of the organizations, and they made me then an honorary member of the organization. This was the Association of

Psychoanalytic Physicians. They had invited me to give a talk to them, and then they made me an honorary member of the society. So you know, so—when I was the first woman president of the medical association in North Carolina, Neuropsychiatric Society. And that was also—together with the district branch of the American Medical Association. That was in '79 to '80. That was an interesting year. And I was nominated from the floor, because I wasn't really on the panel that the group had put up. Instead, when we were in the meeting—in the business meetings—is when a doctor that I vaguely knew, he turned around to me and said, “If I nominate you for president, will you accept?” (*laughs*) And I said, “Well, okay.” (*laughs*) I didn't know what to say. And so they put me on the panel, and then I won by a landslide with 68 percent of the votes. And the poor persons that had been on the slate got—

ROSEBERRY: Oh, dear.

BRESLIN: Lost her chance. It was an interesting year. Yeah. And I didn't realize I was the first woman president of the North Carolina Psychiatric Association. Now it's Psychiatric Association. At that time it was Neuropsychiatric Association. So they change names all the time. Yeah, I enjoyed that. So what else can I think about?

ROSEBERRY: Well, I wanted to ask about—I know that when you first came—am I right in thinking that this is—around 1971 is when the divisions were officially kind of established in the department? Is that right?

BRESLIN: No. I think they had—divisions existed before.

ROSEBERRY: Okay.

BRESLIN: I came to Duke in 1968. And the divisions already existed.

ROSEBERRY: And they had divisions. Okay.

BRESLIN: Yeah, they had—

ROSEBERRY: My mistake.

BRESLIN: Yeah, they had a lot of different divisions. And the Psychosomatic Division was just one of the divisions. The others were—you know, they had an inpatient service division for the inpatient service, and for the outpatient service. And they had a research division. Dr. [William] Wilson, he was still at Duke—I think he was still at Duke, and still—he's retired, of course—but he was—he had an idea of treating people, this—a religious approach, you know. He would pray with his patients. So. And he had a group of people working with him that were interested in the religious aspect. And I believe it still exists. Dr. [Harold] Koenig has—the division has been enlarged, because one of the nurses who worked for us at one time, she—I met her when I was in the hospital, and she told me that she's helping with his research. She—well, Dr. Holt and I, we developed a program—an inpatient program—for psychosomatic patients that hadn't existed before. And we developed an inpatient program by which they had to stay in the inpatient service for thirty days. And we—part of the program was to take them off pain medication—or wean them off the pain medication—and put them on some other substitutes, and have group psychotherapy with them and also individual therapy with them. And that program was very successful. But of course, I found out these programs are successful with the people as long as the people who are interested in them work with them. Then—if people are not interested in it, then the programs fall apart. So I mean, after I left (*laughs*) and Dr. Holt had left, Dr. Franz tried to take it over. But he had a run-in with the chairman, and so suddenly the whole program—the chairman that came was the same one that was asked to leave, Dr.—gosh, I can't even remember his name now. He was a

very—he came from Australia. And he apparently didn't know much about how people relate to each other here in the United States. He was more abrupt and short, and he demolished the whole division of psychosomatic medicine as well as the inpatient unit. He took beds away from them for—we had thirty beds—so he took beds away for alcoholics, treatment of alcoholics—and maybe ten beds—and took ten beds for people with eating disorders. And there was hardly any section left for the psychosomatic patients. Dr. Goley tried to work with the division for a while, and do his best to keep it going. But I believe it just—now it doesn't exist anymore. You know, it doesn't make you feel too good if you built a program up, and after you leave it's gone. But I have observed that now, over the years, that that seems to be the case—that programs tend to fold if the people who develop the programs and work with the programs, versus those who don't—you know, or they don't survive unless there is an interested person at the helm to continue it. So that's unfortunate.

ROSEBERRY: You retired to—

BRESLIN: Because of age. You couldn't—at Duke they had a rule: you couldn't retain your administrative position after sixty-five, and you couldn't continue to be on the faculty if you were over seventy—after seventy. I mean, if you had a research program going, you could still do the research program. But they don't allow you office space and all that, so it was really difficult. So I—you know, it was difficult for me to continue to do any research, because I had worked always with a group, and it would have been difficult for me to do it alone. You have to work with others together. And these—psychosomatic division—and the development of the inpatient unit was sort of Dr. Holt's and my baby, to put it on its feet. And it really was a good program. Well, we worked

together with Anesthesiology. You know, they gave injections—steroid injections—like they do today. And they, you know, evaluated the patients as to who was the best suitable for their approach. And we developed what we called a pain cocktail, this reducing doses of the medications they had been on and then substituting other nonhabit-forming medications. So that was done within two or three weeks. And the patients all benefited from the program. They all felt better and felt like they had gotten a handle on the symptoms and how to control them. Then we also had Dr. Logue—I don't know if you know Dr. Logue, a psychologist? He was not just in our division, but he also worked with others. He hypnotized people with pain, and could—and the patients could benefit, because I remember this lady—she had had cancer and had pain in one of her legs, which broke like—this—you know—[Johnathan] Edwards—is the guy who runs for president? Is this Edwards? Anyhow, she had—well, this woman also had a fractured foot, and it was due to the cancer having established a metastasis in the bone. And so—well, anyhow, she was treated medically, and then she didn't seem to be able to get back on her feet physically, then he did—and she had told me she had—well, her local doctor had treated her with narcotics, you know, like Demerol and morphine, and she—that more or less forced her to stay in bed for lengths of time. And when I first saw her, she—I believe Dr. Leonard referred her to me—I worked a lot with Orthopedic Surgery together—well, with others too. And he—well, he couldn't get her back on her feet. So we took her to our unit and worked with her. And she was hypnotized by Dr. Logue, and she had told me she didn't think she would ever be able to travel again—she was from Wilson, North Carolina—to travel again, and to visit her—part of her family in San Francisco. And then when she was hypnotized—he taught some self-hypnosis, so you

know then she could—when the pain was first noticed by her, she could hypnotize herself, and the pain got under control. And so then when I followed her as an outpatient, she had been able—she said to me, “I could go on the plane and through the airport, and, you know, hypnotize myself, and the pain was under control.” And she flew to San Francisco to see members of her family, and she also took a—undertook a trip to Europe and to London, I remember. And she—and I stayed in touch with her for a long time. Then later on, the son—I was in touch with her son. That was an interesting—and she told me the secret was to—Dr. Logue, apparently what he did is he gave some—it were only three sessions, he did it in three sessions—that he’s the only one I know who is very successful with that. And he apparently gives them a secret number, and they invoke the secret number and that helps them to get back under—to get the symptoms back under control. It was astonishing to me. But it beats medication. *(laughs)* That reminds me, maybe that’s what I need for my pain. *(laughs)* But—and then I sent several other patients to him, and they all seemed to benefit. But he is the only one I knew who was successful with it. The others, they are not very successful with it—the other psychologists. So it’s—somehow has probably also to do with his personality. If you don’t know him, he has sort of the Rasputin-like effect on people. *(laughing) (telephone rings)*

ROSEBERRY: I’ll turn it off? Is that okay?

BRESLIN: Yeah.

(pause in recording)

ROSEBERRY: Okay. I wanted to also ask about kind of balancing your family—I know at one point you were—you had three kids by yourself, and I wanted to ask—

BRESLIN: Well, my—yeah, but initially I was still—I had entered the residency program when I was married to my first husband. And then after he died, I continued with the program. Well, I married two years later, after I lost my first husband, and then he died within a year—very quickly, because he had—we had been dating for two years, and he died very quickly from a massive heart attack. And I was in meetings that evening to—you know, they gave us prep courses to take the exams and board exams, and I was in one of those courses when they called me out. And they had already taken him to the hospital, but he only got in the hospital and lived only half an hour after he got in, because—you know, in those days they didn't have all the equipment that they have today to keep people alive, you know. In those days, all the newer inventions—how to keep people alive have—came later. So I couldn't—so he just passed fairly quickly. And then I had the children. I just got them together and told them that we had to work together and take care of each other. And so they were in school, you know, and they did well in school. And my daughter was the youngest of the three. She was in school. That was my daughter at—

ROSEBERRY: In that picture.

BRESLIN: —at the time when she was entering college. Well, anyhow, so—and my—I have one (*unintelligible*) and she has one daughter. She was a basketball player at Guilford College. (*laughs*) And she is six feet tall. So she—and she is very athletic. I was very athletic when I was young. Well anyhow, so they all, you know, were good, and we worked together. And I could raise the money to put them through school. So it was—

ROSEBERRY: So the time balance was—you were able to—

BRESLIN: Yeah. Yeah. I didn't take too much time off, only—I tried to preserve the time off for the time when they were here, and I could be with all three of them. So we had to—they had—they got along beautifully. So. I didn't want to get married again. I mean, I had chances, but I didn't want to get married again because I didn't think—having lost two husbands was enough. (*laughs*) Perhaps it was foolish, but—I guess I got more involved in my work. So what else—other questions did you want to ask?

ROSEBERRY: Well, I wanted to ask about how your home country of Germany has maybe affected the field of psychiatry, or—

BRESLIN: Oh, interestingly enough, when I was in—psychiatry was sort of neglected actually—but I was—when I was in thoracic surgery, my chairman, he often wanted me to take care of his private practice, because his private practice was made up of women who were sort of hysterical. He was a good-looking man, (*laughs*) and I guess these women just clung to him. And he had, you know, people with headaches and couldn't suddenly use their arm anymore—things like that—which was temporary paralysis for psychological reasons. And then what he would do is treat them with injections, not steroid injections, but other—well, I don't know the English name—but anyhow, they removed the pain temporarily. And then they suddenly after—we always gave twelve injections, I don't know what (*laughs*)—anyhow, after twelve injections they were usually okay, they had no more headaches, and they could use their arms and legs and they were—you know, they seemed to be okay. And that reminded me of a patient I—when I was in internal medicine, there was a patient brought in on a stretcher, and she had a paralysis—a spastic paralysis—of one leg, and we—I remember we were—three of us hanging on that leg, trying to bend it, and it couldn't be bent. (*laughs*) And—you

know, so he—and what had happened is she had been in the—in a tramway, and had read a letter that she had received from her son who was in the service, and was hospitalized with an injury at that time, and—anyhow, so you know then we—the chairman in the Internal Medicine Department, he said—right when he saw her, he said, “This is just a hysterical condition.” And he tested it by clipping a little piece of Kleenex on the eye, and the eye wouldn’t move then. And that to him was a sign that this is hysterical. And he was right, because it turned out to be hysterical. The next morning I had to tell her that she would be—this was—they called it receiving wards. Everybody got into this unit first, and then we would distribute them to other hospitals. And this was after the war, so many of the hospitals were really damaged and destroyed. And so we had to put her to an outside hospital, which was—they had to travel by train like forty-five minutes, or half an hour, or something like that. And so then I told her the next morning that we had to transfer her. She said, “Oh no. I’m not going there. Nobody could come and visit me.” And I said, “Well, but you can’t be by yourself. You can’t walk.” And she said, “You will see.” And she jumped out of bed, got on her cabinet and got the stuff out, and said, “I’m going home.” And she walked out, totally cured. (*laughs*) I was so flabbergasted and so impressed. I couldn’t believe it. And so the—and there was already a man in Germany who was very interested in psychosomatic medicine. He had become very popular. So there was—and this—the private practice that I did for my chief—he had a neurologist who had to evaluate some patients when he had questions about it—whether this was really psychosomatic, or whether it was, you know, really a physical condition to be considered. And he taught me a lot about psychiatry. (*laughs*) He was interested, and so I asked him a lot of questions. And then he did these evaluations, and

so I gathered that it is not easy to always differentiate somebody who has really truly physical symptoms from somebody who is more or less hysterical or has a neurotic component to their illness. So I already knew a lot about that. (*laughs*) So he—so I guess I had mentioned it from time to time, to different people. So Dr.—maybe that was why Dr. Busse felt I could work with the psychosomatic division so well. And people that routinely sent me their consults are still very fond of me. I was the other day at the dinner for the emeriti professors of the medical school, and Dr. [Ralph] Snyderman, who was, you know, chancellor before [Victor] Dzau came, he (*laughs*) was a—he was really a young man when I was head of the division. And he sent me a lot of patients. And so every time he sees me, he runs up. We were sitting on a table on the upper level, so he ran all the way up to give me a big hug, and (*laughs*) asked me how I was. And he was always very fond of me. So I guess people like me for my personality, maybe. I don't know. (*laughs*) So—and a lot of the other people I have known, you know, they all still remember me. So. It's interesting to go to these meetings and to the emeriti luncheons. Well, what other questions—?

ROSEBERRY: Well, I wanted to ask what that process of gaining your U.S. citizenship was like.

BRESLIN: Oh, that was upsetting.

ROSEBERRY: Oh, dear.

BRESLIN: I was—so really upset that I had to wait another two years after my first husband died. And so it prolongs the time that I—you know, then I couldn't take the boards—the North Carolina State Board—until I had the citizenship. So after I became a citizen, then I took boards in three states, so that I would pass one somewhere. I took

North Carolina, Virginia, and Ohio. *(laughs)* Passed all of them. And the North Carolina board accepts mostly—all the graduates from the three medical schools, and then there were, I believe, twenty-six or -seven foreign graduates, and I was one of the foreign graduates. And I was the only one of the foreign graduates who passed. And I don't know why, but some of the other foreign graduates were sort of mad, and they said to me, "You must have had some connections, or you must have—you know, somebody has put a word in for you." And I said, not that I knew—you know. But this was—I think I studied more for the boards than maybe the others did. They thought they could just go in there and pass it. But you had to be prepared and study it, because it involved not just—it involved premedical information and preclinical information, and it involved all the information about research and latest knowledge. I really studied for it, to pass it. So I feel like I deserved it. *(laughs)* But I could have, you know, flunked it, too. It wasn't easy. There was one exam—one section of the exam—or not in that exam for the boards, no, but before—I had to take a foreign graduate examination—and today that doesn't exist anymore, they have changed it to some other program—and when I took the foreign graduate examination, the—they had a section on English, just English language—well, that wasn't easy for me. *(laughs)* I wasn't prepared for—to be examined on the English language, but somehow I passed it—passed all of it. So I—this one year, I—where I took those three exams in three different states, that I thought I would be licensed somewhere. And then I, in the fall—in December—I took the psychiatric boards. I studied together with a colleague of mine. We studied together, and we—you know, the time to prepare ourselves for taking the national board. And I remember we had to go to New York and we had booked a flight, but the flight was

cancelled because of snow and ice. And so we switched over to the train that leaves from Raleigh to New York. That was an all-night trip. We left at twelve midnight, and we arrived the next day at twelve noon, or something like that. Then exams started on Monday, and the—you know, so we tried to use the time on the train to continue to study. And so—and we both—we both passed the exam—he as well as I. But I think other people just didn't study as much as we did maybe. The board examinations are all so difficult, they have a high rate of failure. Only one-third usually passes, which is, you know, very little. And—but I passed it, and this other doctor I studied with, he passed it, too. We used every weekend. We got together and studied. But we had some—we had sought information from people who had taken the examination as to what was important, you know, and we also attended some courses that taught you about the examination. And so we passed it with a great deal of ease. There was one section on the exam where I wondered—this was neuroanatomy, and it was—they had slide shows of the brain, not this way and that way, but sent through the brain. (*laughs*) And I found it a little difficult. But—and this was a younger doctor—very young doctor—well, maybe in his thirties—and he asked me all sorts of questions, and I thought for sure that I had failed. But I—somehow I had passed. And the others said—well, he said to me, “You have the loveliest accent of somebody who is from Carolina—from the Carolinas.” (*laughs*) But of course, it was my German accent. And the other friends of mine that were up there to take the exam, they said to me, Well, he tried to make a pass at you. (*laughs*) So I don't know. But I passed that exam. We both—Dr. Zauger, you probably don't know him—he was at one time in the—we were together in residency, and then he was later on in the

mental health system, involved in—. But anyhow he and I had taken it serious, and studied really rather extensively.

ROSEBERRY: So that was what was—to take the boards, and then to take that foreign—

BRESLIN: No, at first I had to take the foreign graduate exam.

ROSEBERRY: First you had to take the—

BRESLIN: That was earlier, six years earlier—to get a temporary license to work—

ROSEBERRY: I see.

BRESLIN: —as a resident. You know. And then I became a citizen, then I could take all the other—then I could take the city boards—the—no, state boards, the three—I took three—

ROSEBERRY: So you had to apply for citizenship.

BRESLIN: Yeah, and then I became a citizen in April of that year. And then the boards—examinations were the end of June.

ROSEBERRY: What year was that?

BRESLIN: That was '60—1960, I believe. Or '59, or '60. And then I—since I had been in this, in the habit of studying a lot—I prepared myself for the boards then, in December—the exam—the board examinations were in December. And I was so surprised that in our group only 38 percent passed, and the others didn't pass. And I don't know. I don't know that I had—well, when I—the first examination that I had to go to was psychiatric history. Now, this doctor clearly said to me, “You have an advantage because you are from Europe, and you know so much.” (*laughs*) I don't know. And then the next exam was in neurological examination, clinical examination.

And there was a—Dr. Alexander from Winston-Salem was the examiner, (*laughs*) and you know, you had to do the exam of the patient on the bedside, and he was there with me, and he did half of the examination for me. (*laughs*) But, I mean, it was nothing—and then there was a section for asking me questions, and then I—and he passed me right away. Then there was clinical psychiatry, and that was interesting. A Dr. Rosenberg from Boston, and he—I knew he was involved in research, so I told him about some research that I had in mind of doing. And we spent the whole time talking about that, so he couldn't ask me any other questions. (*laughs*) He passed me. And then the next one was—what was the next one? That was also another clinical examination. There was one, two, three—there were three other sections. One was on psychotic disorders and schizophrenia, and then the other two—I'm not exactly sure what they were. But anyhow, I passed all of them. So. (*laughs*) I don't know that it had anything to do with my personality, or—the others, they were jealous that I passed all the exams. But I guess I was always an easy learner; in childhood I was always the first or second in the class. And I learned very easily. And so I think that it's true for later on, too. I learned easily, and kept—could keep it—could keep the memory of what I had learned. Today it's—my memory is not that good anymore. (*laughs*)

ROSEBERRY: Well, it's been great today.

BRESLIN: Well, I don't know. But thanks anyway. But my years at Duke were really a wonderful time, I must say—in spite of these few people who seemed—you know, not interested in the field I was interested in. But I guess you can't expect that. So.

ROSEBERRY: Were your children fairly young when you were raising them alone, or—
?

BRESLIN: Yeah, my daughter was four years old when her father died. And then I married again when she was six and a half, I guess. And my stepdaughter was two years older than she, so she was eight. And my stepson was, you know, considerably—he was twelve, I believe, when we got married. And he and—he was a very—he went to Harvard, and this—outstanding grades—he graduated with a 4.0. And he then went to the Seminary of the Pacific in California in north, what is it—is the Seminary of the Pacific, which was an Episcopalian school. He went there and graduated. And he became an Episcopalian minister. He always wanted to become an Episcopalian minister. And my second husband was very involved with the church. So he died, unfortunately, in 2000, the year 2000, from a brain tumor. He had developed a glioblastoma, and they operated on him twice, but they couldn't—it was too fast-growing. By the time they removed part of the tumor—they couldn't remove it all—then it grew back just very mildly, and so my daughter-in-law, she had to—she called on hospice to help her, and he died fairly quickly. It was discovered in June, and he was—had passed away in the first week in September. He went that quickly. We tried to—I visited him twice, but he could—the first symptom he had is he couldn't speak. And then they gave him steroids after the surgery, and he could speak a little. But then later on they—every time I visited—my daughter-in-law had asked them to give him steroids, and that helped. So I'd be there visiting, and he seemed to have a relatively clear mind. But he then—the next day he was already unconscious again. So you know, it was just a very tragic situation. So he died quickly. But you know—I'm still in touch with his wife. She is dating another guy again. I don't blame her for it. She is still comparatively young, you know. And she is—her—the mother—the natural mother of my stepchildren,

she was still alive. You know, she is still alive, and she—I don't know why the children attached themselves to me so much, and I took care of everything. I don't know. But anyhow, she was still alive. And anyhow, she said—and she is extremely wealthy, she has a lot of money because her family came early to North Carolina, way back there in the—you know, with the first settlers, the first colonists—or whatever they called them. And the—her family had acquired a lot of land through, I guess, the Queen of England had to contract those lands, you know, that they owned. And so she and—you know, they—and one of the ancestors of my stepchildren was a governor of North Carolina. So you know—a very prominent family. But somehow they attached themselves to me. So anyhow. But anyhow, this natural mother of my stepson, she said in the presence of everybody to my daughter-in-law that she—if she would get remarried again, she could not expect any inheritance. You know, because of my son—he had an inheritance in his own right, but she controlled it. And so—and I thought that was really rude to tell that in the presence of other people to her. I mean, I can understand that she was really shaken about his dying so quickly, and that was upsetting to her. But she didn't have to say that to the bereaved widow. You know, that was not a nice thing to say. So I don't know if my daughter-in-law is going to marry this other person or not. But they have been living together for the last two years. And I don't blame her, because it is—you know, she said she had always lived with somebody, and it was difficult to just live by herself, or to be alone. But anyhow, they come and visit me this month, together with her daughter, Peylin—is—where I look there are pictures of them everywhere. Peylin is the oldest child of my stepson, and she is a very sweet person. She is in her late twenties now, and has two little boys. And the—and the son is—he was younger than Peylin, he was four

years younger than she, and he is—he was visiting here—just two weeks ago, he was here, and visited—you know, all of us, so to say. And he is married to a young—well, it's a mix of—he married a Jewish girl, and he is Episcopalian, so they had a marriage with both participating. And they have a little girl, Jenny, who is very sweet. She's almost two years old. And now she's expecting another child. So. And he became—of all things, he went to John[s] Hopkins to school. Now my step-granddaughter, she went to—also to Harvard, and graduated with a 4.0. She's very bright. (*unintelligible*) was not that brilliant, but he graduated from John[s] Hopkins, and he has gone back to get a degree in social work. He's a social worker. So I said to him he would never earn a lot of money as a social worker. And he said it didn't matter, because his father never earned a lot of money. (*laughs*)

ROSEBERRY: Well, there—social workers—I'm sorry, I'm going to change the subject—

BRESLIN: He became a social worker. He worked in a mental health institution.
(*laughs*)

ROSEBERRY: Oh my goodness.

BRESLIN: And so—in—outside Baltimore.

ROSEBERRY: Now, there were social workers in the Department of Psychiatry, is that right?

BRESLIN: There—initially they didn't have any. They had one social worker who would answer the phone and distribute the patients who called in—and wanting to be seen. And they didn't spend money on social workers until later, when it suddenly—in order to be approved by the joint commission of hospitals—then in order to be approved

there were certain requirements, like they had to have those clinical nurses, and a social worker on each unit. All of a sudden we had social workers. *(laughs)* And we had the clinical nurses. And that lasted—I don't know how long they—they don't have the social workers anymore, I don't believe.

ROSEBERRY: Now, were they people who had an MSW [Masters in Social Work] degree?

BRESLIN: Yeah, yeah. Uh-huh.

ROSEBERRY: And were they mostly women?

BRESLIN: No, they were men and women. But it was nice to have some start.

ROSEBERRY: When did that begin? When did that program begin?

BRESLIN: When I came in '68 they had one social worker, and that probably was true for the next four or five years. And then this—in the mid-seventies, they started to have the clinical nurses, and then was the requirement of having a social worker on each unit. That was a requirement of the joint commission of hospitals. *(telephone rings)*

ROSEBERRY: Well, I'm going to say thank you very much. I'll turn this off.

BRESLIN: I have to answer that.

(end of interview)