



Washington University in St. Louis

SCHOOL OF MEDICINE

Oral History Series

Washington University Medical Center Desegregation  
History Project

**William M. Landau, M.D.**

Interviewed June 15, 1990 by William M. Geideman and  
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**Biography**

As a medical school student in the 1940s, a practicing neurologist at Barnes Hospital and St. Louis Children's Hospital since the 1950s and a professor of neurology at Washington University School of Medicine since the 1960s, William M. Landau has witnessed everything from the desegregation of Children's Hospital to the true inclusion of minority students at the medical school. He was born in St. Louis on October 10, 1924. After attending the University of Chicago, Landau received his M.D. from Washington University in 1947. Landau stayed in St. Louis and eventually became the Neurologist-in-Chief for both Barnes and Children's Hospitals. He was named Professor of Neurology at Washington University in 1963 and became head of the department in 1970.

*First, we would like to ask you about your recollections of being a medical student in the late 40s, exactly what it was like and where you trained. So, if you could just relate some of your stories.*

I have been trying to think back to the undergraduate experience in relation to racial segregation, which I gather is your primary interest. I think that one has to appreciate the social structure of St. Louis at that time. It happens that I am an experienced person about that because I am a native. I was born a few blocks from here on Westminster. I have lived here most of my life, except for some academic excursions elsewhere.

In order to understand the evolution here at the teaching hospital I think you have to have a feel for what the city was like, because this is, after all, only the biggest hospital in a big city. So let me think about racial relationships as I grew up in an upper middle class home in the Central West End, born in the middle 20s. In that era, segregation was just taken for granted, even by liberal white persons. My mother was a middle class Jewish woman, a charter member of the League of Women Voters in this city, a charter member of the International League for Peace and Freedom. The result of this was that I never had a cap pistol as a child, because one of the theories was that children who had bad weapons in their childhood ended up being militarists when they grew up.

In any case, one has to understand that in that setting—liberal household, Caucasian, Jewish—we had two servants, a cook and a younger person who served as an upstairs maid and nanny. During the depression years these people worked for a place to live and board and room and a salary of perhaps \$30 to \$60 a month. That was big money. You could buy a thick steak for 15 cents. In this setting, the servant class was mostly white. These were the children usually of

farming communities around here, particularly in Illinois. This happened to be true for both servants I knew as a small child.

Where were the Black servants? We had a Black laundress whose name was Maggie, and she came to the basement of our house once a week to handle the family laundry with the primitive equipment of the day. She had a son whose name I remember was Earl. I remember that, when I was five or six, my mother encouraged Maggie to bring Earl to play with me when she came. We had a sandbox and a small backyard and we could do what five year olds do. I remember my mother's dismay when Maggie ceased to bring Earl. In the society we lived in, she did not want him to grow up with relationships that would have impaired his adjustment. To play with a white child as an equal was in his mother's view not quite right, and would give him trouble as he grew up. This was in spite of the family that hired her being as friendly as the sociology of the time permitted.

In that era, Blacks, who were then Negroes, rode on the public transportation. Streetcars were great in St. Louis, one of the great things we lost. It was much better than that in San Francisco now. Streetcars were not segregated, all other public facilities were. There were a few movie houses for Blacks. It would have been unheard of for a Black to be fed in a drug store or at a lunch counter. No one would have thought about it. White people were literally color blind. The schools, of course, were segregated. I went to the public schools, which are still in existence. The school was white and we related to white kids who lived in a segregated neighborhood. A few of them went to private schools, some to Catholic private schools and some to Country Day [School] and John Burroughs [School], which are still in existence today. I went through the entire St. Louis public school system. I knew that there was a parallel Black school system, but we never had any interaction with them. The Blacks were more or less invisible in social status.

The janitor in our house was Black: he served several houses on our block. They were even at the second level of the servant class in the 30s when I was a kid.

It is in that setting that you must see that the hospital existed here. So this was stable city with a newspaper system. The newspaper system here has always been very strong. It was very competitive when I was a kid. There were no less than four daily newspapers that I can remember, the [*St. Louis*] *Post-Dispatch*, the *St. Louis Star*, the *St. Louis Times*, and the [*St. Louis*] *Globe-Democrat*. My family took all of them, they all had funnies, I can remember. The competition was very aggressive. The *Post* was a very liberal paper, so was the *Star*, and that is pertinent to the social evolution of the city. Indeed I think it is pertinent to the fact that in the 50s and 60s we had no riots here. We had a communicative, conservative city, almost always democratic. The last republican mayor of St. Louis was mayor in 1944. He became mayor only by accident, when the real mayor fell down during a glider demonstration at the airport.

In that setting, it would have been absurd for the hospital not to be segregated. So when we first approached the clinical year, the clerkship, the cost of a day in the hospital [Barnes Hospital], I think, was about \$2.50 on any ward service. There were two major medicine wards. They are situated now where social service and other communications are in the region just north of the East Pavilion. [One was] 1418 and upstairs on the second floor it was 2418. These units had twenty beds in one major unit and a couple of two bed units and single units for infectious disease isolation. The setting is very important where medicine was. [Also] there were two white wards on the other end of the hospital. On the first floor of what is still the Rand-Johnson pavilion [Memorial Surgical Wing] was 1200, which was surgery and surgical specialties.

In the basement was 0400, again in the eastern end of the establishment. That was the unit where all of the Black patients were, as I recall both medical and surgical. I don't think there

was a separate surgical unit. They didn't need one, because the proportion of the population was smaller. The Blacks in the community were more commensurate with the population of the country, around 10 to 20%, not as it is now, as the city has been ghettoized and not re-gentrified.

The size was appropriate for the patients that came to the medical indigent clinic, which at that time was in the building called the West Building, which is where pathology is now. That was originally the clinic building. The WashU clinics were on the basement, first and second floors of that building. We vacated that building to go to the Wohl [Memorial] Clinic building during my lifetime, when Mr. Wohl gave us the building which is still the Wohl Clinic. Mr. Wohl's son, after whom the other Wohl building is named, was an acquaintance of mine and [was of] of my generation. He died in the war when I was fighting the war in the medical school.

Nobody was surprised that 0400 was where the Black patients were. There were no Black nurses; there were Black housekeeping people, I guess. There was a lunchroom, especially for Black employees, in the basement of McMillan [Hospital]; it was actually called the "Chocolate Shop," double entendre intended.

The concept of a Black medical student did not surface until the 50s. The first Black medical student was a catastrophe. He wasn't a catastrophe, but the institution was, because nobody recognized *a priori* that he would have a lot of the kinds of problems that all medical students have: personal problems, financial problems. And he had the problem of being the first Black in this hostile environment. It was several years after that that we tried the experiment again.

Since I started in '43, I was first exposed to the situation in '45. It was a perfectly stable situation that was the way it was. In that era, at the age of 18, I became very active in the American Civil Liberties Union, in which my mother was a leader. You have to understand that

this was a typical liberal of the era, who was perfectly comfortable with the status of things regarding segregated medical service, because we had grown up with it. Nobody ever said why. It is amusing that as you ask me to look back I had no feeling of offense about this at the time. It is just the way it was, in the same sense that most of us in recent years have been blind to the issues of being a human being in a wheel chair; we are just beginning to be sensitive to the issue that those are people just like us. We didn't see it. It was simply not there.

One might have anticipated why didn't the Young Turks of the era aggressively attack the system. Nobody thought it was appropriate as the thing to do. I think that there were only three democrats in my graduating class, of which I was one. This was very close to when Mr. [Franklin Delano] Roosevelt was the only president we had ever known. He was elected in '32 and so my first recollection of a president was Mr. Roosevelt. That continued for an awfully long time. The words "president" and "Roosevelt" were synonymous. The idea of a republican in office was something nobody would have thought possible after the Depression.

We took care of the patients. They were called by their first names typically, an unfortunate habit which some medical students still have. I have to remind them that all patients should be addressed by Miss, Mrs., or Mr. Nobody likes to be called Ms. They were always on the ward service, I can't recall any private patients who were Black. You have to recall that there was no insurance, so subsidization for the care of the poor. I think the United Fund contributed some to the overhead of the clinics and in-patient care. No Medicare, no insurance, no Medicaid. Doctors of good will simply would not send bills for their services. The [St. Louis] City Hospital [No. 1], where I took junior medicine, was a white hospital. The physicians teaching on the ward were all in private practice. They were all well picked, they were all good clinicians, they were unpaid and, by statute of the city, they could not charge fees for their service. It was a great

house officer slot, it is where I did my neurology. It was akin to the other great teaching city hospitals of that era, the Philadelphia General, the Boston City, Baltimore City, and it was a major secondary resource to university's teaching service. It was wholly segregated, I don't think a Black person was even there at any level.

As a resident, I was there again in '48 to '49. I hardly recall any Black employees, certainly no Black patients, because there was another hospital in North St. Louis, and that is part of the St. Louis story. In the '30s, when some federal money started being passed out for hospital building, the old city hospital system, which had had separate segregated departments went for a Black hospital. Homer G. Phillips Hospital was built in the '30s, mostly with federal money. It became staffed by Black physicians and it became a major national resource for house officer training for Black physicians. It had tremendous problems with "Uncle Tom-ism." The staff wanted the university to come in, but they didn't want the university to be free to set academic standards of professional quality. This was a great frustration to one of my hero figures, Carl Moore. Carl very much wanted to bring university quality medical care to the Black community, but he realized that he couldn't just say, "I bless you." He had to set the standard of practice. Which meant, as in any setting in which there is a boss, that he had to determine the quality of medical care. The Uncle Tom establishment wouldn't endure this. This was a place where Black doctors could practice but they weren't supposed to send bills, but we all knew that they did.

In that setting, WashU and St. Louis U had a sort of titular relationship. Frequently, it would rotate back and forth, but there was not really a university service chief [and] an organized service as you would know it on any service you see nowadays. The great exception was Park White, who was my pediatrician when I was a child. He became my hero when I knew him. He was a card-carrying, Eastern liberal and a sainted sort of person. A major part of the Black

medical story is Park White. Any leadership in the medical community was created by him, by his sense of humor, by his liberal tolerance of the bastards he had to work with. He went to Homer G. Phillips. He retired early from his private practice and became full time chief of pediatrics there, I don't think he got paid anything. The city didn't have any money. He got a board certified pediatric training program. His product is still alive in the community.

It was his influence that got Black kids into [St. Louis] Children's Hospital. I think [it was] a combination of Park White's leadership, Dr. [Alexis] Hartmann, the father of the present Alex Hartmann—he was head of the [pediatrics] department when I was in medical school, and Dave [David] Goldring, who was either a junior faculty person or chief resident in pediatrics about the time the Black patients were first admitted to the old Children's. The old Children's is that strange little building adjacent to the Spoehrer Tower, that we are waiting to get torn down pretty soon. It had children mostly in big multi-bed wards. When I was rotating as a student—I graduated in '47—I guess they had a segregated place for Black kids in Children's (the Butler ward?), although I don't have any certain recollection. This was just taken for granted.

I will tell you a funny story that illustrates the sociology of the time. The first generation of professor and neurosurgeon, the first professor of neurosurgery in this country, was Ernest Sachs, who was appointed by Evarts Graham in 1919. He was in private practice, but he was trained in England by Sir Victor Horsley as a neurosurgeon and was set up to be the first specialist in neurosurgery. He was a leonine little fellow. He used to teach a course in physical diagnosis with the patient literally in a pit. We used to consider him a bulldog in a pit. A student would be called down to observe a patient and engaged them in a discussion of how to do a physical diagnosis. I remember a story, to illustrate his personality. One patient had a mass in his scrotum, and the question for the poor student in the pit was, "What would you do to try to figure

out what this really is?" The correct answer was to put a flashlight behind it to see if it was a clear fluid cystic lesion, and the answer he gave was sticking a needle in it. This caused considerable reaction from Sachs.

There is another story of his having once been visiting over here in the old South Building, this is a story George Bishop told me. There was an old elevator with iron gates that went back to 1912, when the elevator was put in place. The elevator had a maximum capacity of 11 people, and medical students would often overload it. He was over there for somebody's seminar or something, and it stuck. I remember George Bishop describing how Ernie [Sachs], who was about five-foot six inches, shaking the cage like a monkey because they couldn't find anybody on a late afternoon to get the elevator moving so they could get him out.

[Sachs] was notorious for his temper. In this setting, the story is that he came blustering out of the operating room which was over in the Rand-Johnson building. He had really had a bad morning, and in his way was a Black man scrubbing the floor with a scrub bucket and scrub brush. He was right in his way and he reared back and kicked him right in the butt. With a Black man, even in that era, this was not appropriate behavior. So he picked up his mop and started chasing Ernie down the hall. Very quickly this story spread through the operating rooms where there were many specialists. I think [James L.] O'Leary told me this story, because Vilray Blair was Dr. O'Leary's father-in-law. Vilray Blair was the father of plastic surgery. He developed the concept of reconstructive plastic surgery with the population of injured persons in World War I. The specialty really was born at Washington University. So he was an important figure. Apparently, Vilray heard about this, and another figure in this story was the young director of the hospital, Frank Bradley. So the next morning, Vilray walked into the neurosurgical operating room no. 2 where Ernie was busy in somebody's head, in a position unable to defend himself. He

said, "Ernie, I have been talking to Bradley and I asked him to get me a nigger to kick too." The point is that the behavior was offensive, the language was still Southern in cast, but there was significant offense [taken] at this story, which happened in the late 30s.

This was a [city in a] border state, like Baltimore, and we never had aggressive [enforcement of] segregation, like [signs on] water fountains and things like that in public places. The most important [segregated] public places were the theaters and restaurants, and the hospitals were [also] segregated. But you could walk on the streets and take a streetcar, and that was desegregated, and they did not have to sit in the back of the streetcar. I remember, because as kids we used to go downtown to a movie and there Blacks on the streetcars. There were no Blacks who ran the street cars.

*What were your recollections of Frank Bradley as far as his role in segregation?*

He was a conservative ass. He was a nice enough fellow for his era. His son Dick Bradley is a general surgeon who just retired a year or so ago. [Frank Bradley] was kind of dumb, but he was good enough for the job. In relation to a social issue like this he was not, [although] it would be unfair to consider him a Neanderthal or anything like that. His task then, as the task is for hospital directors and forever, is to keep the beds filled with well paying, private patients. The policies of the hospital were to be, I am sure, recommended by him, but they were determined by the Board of Trustees. The Board of Trustees was the same establishment that still runs St. Louis. It is the same Civic Progress group and so forth. Rand-Johnson, this is a shoe building. St. Louis was first in shoes, first in booze and last in the American League. This was a motto of the era. The St. Louis Browns first won a pennant during the war when all the good players were

drafted. My elder brother was a Browns fan and they were a very loyal bunch. They were like Chicago Cubs fans because they never won. The Cardinals were always a feisty team. In that era, the Board of Trustees set the social policy of the city and the Board of Trustees [were] an interesting, reactionary, mercantile group. The names are fascinating because the names are the same ones you see all around the university and medical school campuses.

George Bishop was a liberal who was very actively engaged in labor rights during the 30s, a generation before anybody else at the medical school. However, Evarts Graham and his wife Helen were [also] very liberal. They were the establishers of the John Burroughs School, the private liberally oriented school, different from the Country Day private school.

These industrialists, most of them in the shoe industry, were very aggressively anti-union. Their behavior is what led during the first three decades of the century to the labor support laws of the 30s that were passed during the Roosevelt administration. What is amusing to look back on, is to see who these people were. If you walk out onto the Hill Campus here you will see a place called the George Warren Brown School of Social Work. George Warren Brown was a goon hirer and so were all of these other names. These guys, Rand and Johnson, were part of what is now Interco. Interco is a corporation that was once entirely a shoe business, it used to be called the International Shoe Company. The boards of trustees of the hospital and university are all interlocking directorates. So the fact that desegregation was not led at the university or [Barnes] Hospital which was private and run by these guys: what else would you expect?

An exception in that population was David Wohl. David Wohl grew more as a sales person, a jobber, someone who bought lots of shoes and then would sell them to the retailers. There were no chains of retailers. He grew up in the mercantile sales part of the shoe industry and was himself never as importantly involved in manufacturing. His gifts are still all about us.

While he lived, a health center in North St. Louis, the Wohl Health Center, was opened for health care in the Black community. It was he who was offended by what our outpatient facilities looked like here and said, "I want to build one decently." And that is where the Wohl Clinic and Wohl Hospital came from.

Of my clinical experiences both on the wards. When we rotated into 0400 I must have seen some patients there, probably when I was on ward surgery. But my best recollections of patients I dealt with as an undergraduate were Caucasian. Now, medical students then and now never had any long experience with outpatients, but I did when I came back as a fellow. I still don't remember any big exposure to Black patients. The fact that I can't remember them tells you that I could not see them and they didn't imprint my recollections.

*Would you happen to know whether there was ever a Black ward in Jewish Hospital?*

Medical students didn't go to Jewish Hospital. Jewish Hospital's evolution into a university hospital happened during my lifetime, through a series of complicated adventures. I think my medical school junior class had the first rotation to Jewish Hospital. I remember I went to obstetrics. Dr. Willard Allen was the Chief of Obstetrics. They were tight in the clinical departments because so many young doctors had gone to war and a good many older ones. The Washington University unit was in North Africa. Henry Schwartz who was the Young Turk in neurosurgery, was there. Henry came here from [Johns] Hopkins [University] in the 30s and was the Chief of Neurosurgery when I was a medical student.

Our class went to the Jewish Hospital to use the OB service because we were short. Students then often went out to deliver poor people's babies at home, particularly Blacks. My

classmate and I went to Jewish as a first enterprise to make out a teaching part of the OB service, and we discovered that we were the first rotation in the junior year for OB there. We discovered that the private guys did not want to use us. We didn't get to do rectal exams, we never got to catch a baby, and, at the end of the clerkship, my classmate and I went and told the story of that frustration to Willard Allen. That was the end of the rotation. He just cut it off.

In 1945, I am absolutely certain that there was no other medical student rotation to Jewish Hospital. The idea of full time chiefs of service did not develop there until I would say well into the 60s. The system there is still evolving.

I think Fanny Cook, her husband, Dr. Jerome [Cook], and Park White all come together as part of a very small establishment—George Bishop was part of this group—who were liberal, desegregating leaders of this community. It was a small club.

*Tell us something about desegregation of the medical school.*

I was living here. (You see, between '52 and '54 I was at the NIH.) My recollection is that the first Black student, who failed, came in '51. I do remember George Saslow, who was one of my most important teachers. He was a psychiatrist and a leader of the outpatient clinic established by that time. He used to teach medical students in the outpatient department, one of the smart things we used to do that we are trying to get back to. He was also a strong internist and hematologist, so he knew medicine and he was a highly sensitive person. I was really reflecting to you about George when I told you how stupid we were as a faculty in not recognizing that the first Black medical student, like the first Jackie Robinson in baseball, would need a support system. We did not have any faculty support system. The guy was a disaster. He

failed academically but it wasn't because he wasn't bright enough. Nobody recognized that he was a human being in a bad situation. I think George was sensitive to this. But the faculty did not know how to be flexible.

I didn't become a department head until 1970, so all of these things were already on the move. It had already become a status symbol to have "niggers" in front of the class. Back when we entered medical school there were out of a medical school class of 82 only four or five women. There was only one married man. This was a wartime group. To be sure, I was only 18 years old when I was admitted to medical school, 19 when I started. It was a different social group then we see in medical students now. Women were very much minoritized in that era. Our pediatric chief surgeon, Jessie [Ternberg], was the first woman to be trained as a resident in neurosurgery. We have many specialties that have never seen a Black trainee. The candidates are few. We have had three opportunities, all of them accepted into neurology. Only one was competent. She had to leave for personal reasons because her husband was leaving the area. Graduate training is still a major problem, but not because of prejudice.

*The fact that you came on in 1970 is still interesting, because the second Black graduate of the medical school was in 1972. Were there any debates going on?*

No, we were committed. It was a program en route. We certainly didn't have anything as elaborate as a Bob Lee. But the concept that this was a group that needed special attention regarding promotions committee and educational operations was clear. The commitment was ambitious. In 1954 was Brown v. Topeka [Board of Education]. There is no question of commitment. The issue of finding Black students who were adequately prepared was much

worse then even than now. Now, I think it is terrible. Having been here all along in the teaching setting, seeing a few sophomores—but I mostly see them in their clerkship and see them on the ward—I can't recall being impressed with a really bright, literate, articulate, Black medical student of either sex until about eight years ago. To see one who has a sparkling question that would strike me that he is a bright guy or woman is a very recent experience. We have a problem with illiteracy among all medical students. It no longer is one just for Blacks.

*We have one article that shows the Missouri Medical Association constitution that states directly that it is a whites-only institution. Would you happen to know when this was changed?*

Oh yeah, the Black physicians when I was growing up, the practitioners had the Mound City Medical Association. This became very much offensive to most of the white doctors. Again, Park White was clearly the guy who desegregated the local medical society.

*I think the one thing that has really lagged behind the medical school is graduate school and the faculty. These are pretty much not desegregated. Any thoughts about this?*

I don't think they are not desegregated, I think they are de-qualified. I am just becoming sensitized to the disabled. Handicapped is the equivalent of "nigger." I am one who has been reformed about our problems with Blacks and is indebted to a group in a narrow specialty. Neurologists tend to be high in a medical school class. It is intellectually attractive, more than some specialties. Over the years we get one or two applicants who are Black out of a group of 50. We have leaned over backwards to accept them. There are very few who qualify. Now this

school is research-intensive. We expect research productivity and initiative. These Black people don't turn up. We don't have the society that trains them. There is an infinite market for them.

One of the right wing columnists had an article about reverse segregation, a small college was looking and advertising for a biology teacher. A very well qualified white one applied, he subsequently discovered through a publication in the school that they gave up in frustration because they could not find a Black one. They never even considered him. They advertised generally but they really only wanted a Black guy.

We can't get away with that here. We have had a couple of Blacks here. Our tenured Black person in our faculty was Ernie Simms. Ernie comes back to the full physiology story. Ernie Simms was trained only through high school. He was a technician who worked for Peter Heinbecker, who was a colleague of Bishop and O'Leary.

Peter was a protégé of Evarts Graham. He was interested in the autonomic system. He was George Bishop's first graduate student. He was assigned as a share of the neurological science universe the vagus of the turtle. Well he didn't know and nobody else knew that there were practically no myelinated fibers there. So when he couldn't record any action potentials, George said, "Well you are just a sloppy surgical bastard. You don't know how to dissect a nerve." Well [Peter] wasn't sloppy and he was smart, and so he put in another stage of vacuum tube amplification and slowed the sweep and discovered the C wave, and then discovered that there were only unmyelinated fibers in the turtle vagus. Well, when this came forward and he had covered all the corners, [Joseph] Erlanger didn't want to let him publish it because it was too important for a graduate student. In those days nothing got published without the professor's blessing. This angered George Bishop very much. He quit and they made him professor of biophysics. There was no department of biophysics, but Evarts Graham and the dean got some

Rockefeller money to support George. They didn't want to lose him and they couldn't keep him under Erlanger. He was interested in the visual system so they put him in ophthalmology.

Ophthalmology was bankrupt anyway.

Coming back to Ernie Simms, he was a high school kid who trained as a technician and worked with Peter. When Peter died of manic depressive disease, this guy had gone along and gotten himself a bachelor's degree I think. He then was transferred to the department of microbiology. He became so good and he was promoted to associate professor with tenure. He was a super teacher and he was involved actively in research. But he also was the only "house nigger" we had. He was a lovely person. In fact, his wife is still my patient—and he was my patient. But he was the only one that was. When we first had Black students, Ernie got involved in interviewing them. At least he was a Ph.D. equivalent. The really good Black guy we have in pharmacology, [Aubrey R.] Morrison, well, he is unique, from South America. But there is no market of these people. That is the problem, when the economy is such that poor people can't go into academic medicine, no matter what their color, much less a Black person. So I don't see another generation of these coming along either in our field. And this is clinical neuroscience. Neuroscience is stylish now. This is literally the decade of the brain. But I don't see any Black students. It is not because of prejudice. Those that are competent are not steering towards this type of career.