

EI-303

DR. JOHN B. TRAIN

BIRTH DATE: 1913

INTERVIEW DATE: APRIL 27, 1993

RUNNING TIME: 53:01

INTERVIEWER: JANET LEVINE, PH.D.

RECORDING ENGINEER: SAME

INTERVIEW LOCATION: TAMARAC, FLORIDA

TRANSCRIPT PREPARED BY: NANCY VEGA, 5/1998

TRANSCRIPT REVIEWED BY: CHARLES MITCHELL, 4/2009

**PUBLIC HEALTH SERVICE PSYCHIATRIST AT ELLIS ISLAND:  
1941-1946**

LEVINE: This is Janet Levine for the National Park Service. It's April 27, 1993. I'm here in Tamarac, Florida, with Dr. John B. Train, who worked at Ellis Island as a psychiatrist for the Public Health Service in 1941 and, was when he began working there, and stayed until 1946. Dr. Train started as a lieutenant junior grade, worked into the senior grade lieutenant, and finally his position at Ellis Island was a commander.

TRAIN: The equivalent of a commander.

LEVINE: The equivalent.

TRAIN: Which would be equivalent to senior surgeon.

LEVINE: Which is equivalent to senior service, senior surgeon

in the Public Health Service.

TRAIN: Right.

LEVINE: Okay. Well, I'm very happy to be here, and I'm looking forward to hearing what you can remember about your time there. Now, did you actually live on Ellis Island when you were working there?

TRAIN: We were supposed to. We had quarters there, but I didn't live there. I lived at home.

LEVINE: Where was home?

TRAIN: Home was in Manhattan.

LEVINE: So then you took a boat out every day?

TRAIN: Every day we took the Ellis Island ferry which, in itself, in a way, was a little dangerous, because in a fog it was running across the path of the Staten Island ferry, and there was one incident, a minor incident, when the, the Staten Island ferry struck the Ellis Island ferry. And at that particular time, I think, I was just jarred a little, but I never got a Purple Heart for it. ( they laugh )

LEVINE: Well, the Staten Island ferry must have been a lot

larger.

TRAIN: Yes. ( they laugh ) But it was a mild brush. That's about all.

LEVINE: Uh-huh.

TRAIN: Of course, in every fog, it was a problem.

LEVINE: Yes. Well, now, the Ellis Island ferry, was that used for staff?

TRAIN: It was used for staff, sailors, Coast Guardsmen.

LEVINE: Okay. Well, uh, maybe we can start by, how did you happen to come to work at Ellis Island?

TRAIN: I finished my residency at, at, uh, at Bellevue Hospital, in psychiatry. And I was approached at that time by the professor of psychiatry and neurology, a Dr. Wertis[ph], whether I'd be interested in continuing my training at Ellis Island, where they have a psychiatric hospital, about 100 beds, and that they had four older men, and the idea was to bring in some younger men for training. And they would have lectures from the Bellevue Hospital staff or from New York University. And in that way I continued my

training in order to fulfill all the requirements so that I could become a diplomate of the American Boards of Psychiatry and Neurology. So that was available there at that particular time. But this was under the auspices of the United States Public Health Service, so that the head of the Service was a regular corpsman of the Public Health Service. The rest of us were not. But this was during the war, so we were given our ratings, and I went there, and there were four older men who slowly left. And as they left, younger men came in, mostly from the New York area, very highly trained men who were continuing their training. And they were, oh, I think very bright young men.

LEVINE: Was the reputation of Ellis Island a good one for training?

TRAIN: At that particular time, no. It became that later, as the younger men came in and the lecturers came in. So it really became quite a place to work at. And I stayed there until I fulfilled all the requirements to take the American board exams, both in neurology and psychiatry. In 1945 I became a diplomate of the American boards, having fulfilled, by that time, seven full years of training, which included a general

internship, plus neurological training, plus the psychiatric training.

LEVINE: Where did you do your internship?

TRAIN: The internship was at what is now called Brookdale Hospital, a general rotating internship. Then the internship and residency in psychiatry was at Bellevue, which was affiliated with New York University, and I'm a graduate of New York University.

LEVINE: Now, did you do any neurological practice at Ellis Island?

TRAIN: Sure. This unit was a neuropsychiatric unit, and we did neurological work, but mostly psychiatric work.

LEVINE: What did the neurological work consist of?

TRAIN: For instance, when seamen or sailors developed neurological conditions, either because of exposure, or developed meningitis or inflammations of the brain, or syphilis of the nervous system, they would be treated by us, and be taken care of by us. And if we couldn't handle it, we'd then send them to the more general hospitals. But, uh, at one particular time, I remember, a young girl from Greenland, apparently a

relative of one of the, let's say, diplomats, was sent to us for a neurological workup. At that time she was assigned to me, where I was the psychiatrist, but in charge of neurology. And we found a, uh, an untreatable neurological condition. So that we were used for such situations. We were also used at times when there was, for the Navy. We had a situation where somebody, they didn't know exactly what to do with the particular man, who was in the Battle of the Coral Seas. And he was an individual who they believed was involved with a theft of a great deal of liquor from the bondhouses in Australia. And he had come out of the Battle of the Coral Sea where his ship was sunk, and he was the only man out of, who was alive from his turret, but apparently all deafened by the concussion, by the fact that his turret was hit. And so he was in two naval hospitals, and they sent him to us. They weren't sure whether this was a psychosomatic kind of deafness, or whether he was malingering, or whether it was real. So, uh, we finally worked with him, and we found that he was just faking his deafness. It was a very interesting sort of thing. So we were used for that sort of thing. Most of the work that we did was with the United, with

the sailors of the United States Coast Guard, and their officers.

LEVINE: Now, they were actually stationed there at that point?

TRAIN: Where you now have the other side of the island, where the immigration division used to be, was really a coast guard base, a United States Coast Guard base, where there was part involved with boot camp training, and also sending them out to sea.

LEVINE: So most of your patients were stationed there, or no?

TRAIN: Most of them were from the boot camp, from the coast guard. But we also, I would say the majority of our cases were from the Merchant Marine, including sailors who had been, had their ships sunk and were picked up from rafts at sea, and the usual psychiatric problems that were found amongst the Merchant Marine, and the psychiatric problems that we found of young men who were in the service and could not make adjustments. And then towards the end of the war we had dealt with the question of discharging sailors who were, had developed psychiatric conditions and had to be discharged on what they called, at that time, SECTION 8's, which were honorable discharge but for

psychiatric reasons.

LEVINE: What were, I don't know if you can generalize, but what were the typical Merchant Marine psychiatric problems?

TRAIN: Most of them were loners. Who, uh, who were much more comfortable at sea, and traveling around the world rather than to settle into the usual ordinary kind of life. Uh, some were married, some had difficulty in their marriage, but they were all very conscientious men risking their lives a great deal with very little protection or benefits. They were, in my opinion, outstanding heroes of the war. Going out in these Merchant Marine ships, which were, at that time, called Liberty Ships, and, uh, they were relatively fragile ships. But they had the courage to go out there and take part and do their responsibilities and duties, which is very, very important. That even was sunk by the U-boats, the German U-boats. We also had the sailors, the Russian sailors, that were sunk from the Murmansk run. They would bring them to us to examine them, so that we had an opportunity to see what made the Russian function psychologically.

LEVINE: Well, did you have interpreters working with you?

TRAIN: Yes, we could have interpreters.

LEVINE: Uh-huh. Did, what, what made the Russian sailor, uh, differ from the United States sailor?

TRAIN: The United States sailor could complain. He could bitch, he could beef. In fact, there would be sessions, group sessions where one could let off what they felt and thought, whether it would be aboard ship, and so forth. Except if it was done with proper respect for, for officers. The Russians were mute. They couldn't talk. They were afraid to talk. They never knew who was listening, what commissar might be listening. They were an overly controlled, disciplined, inhibited group. And the few that we had couldn't understand the freedom that they found here as they were on the wards. And, uh, I remember one of them was quite, not only surprised at it, but thought it was absolutely the most wonderful thing in the world. At first he couldn't believe it. But he saw the relationship between patients and doctors, the relationship between patients and patients, patients and officers. Although the officers that we were

treating were in separate quarters, they mingled. A real democratic area, as compared to what they had to face. That was quite interesting.

LEVINE: Did you have Russian officers as well?

TRAIN: No, I never came across a Russian officer. They were just ordinary Russian seamen, who were really a brave lot.

LEVINE: Yeah. Well, it sounds like you had a lot of, uh, admiration and respect for . . .

TRAIN: For them, yes.

LEVINE: For the patients.

TRAIN: Oh, yes. Oh, yes. Absolutely.

LEVINE: Uh-huh. So, um, let's see. Uh, were there other public service facilities that were dealing with the same, um, kind of population, patient population, that you were dealing with?

TRAIN: By public services you mean?

LEVINE: I mean, were there other facilities besides Ellis Island that were dealing with the same . . .

TRAIN: No.

LEVINE: . . . in the area, at all?

TRAIN: No. There were some, the Medical Division, the Tuberculosis Division, the Neuropsychiatric Division. Those are the three divisions. Uh, the Medical was a large division. We had, about, I think, about a hundred beds, which was a very good size.

LEVINE: Were they usually full?

TRAIN: Yes, absolutely.

LEVINE: Um, were you working with psychologists at Ellis Island at all?

TRAIN: No. We didn't have them at that time. No. There was one, I forget now the name of the person. Uh, well, it was entirely different than we have today, where psychologists can be part therapist, actively involved. And what's happened in psychiatry today where the psychiatrist now, for the most part, dealing with mostly cognitive therapies, leave the talk therapy to the psychologist and the psychiatrists are just sitting back and applying the, uh, the pharmacology.

LEVINE: Was the psychologist at that time doing testing?

TRAIN: Yes. Predominantly was, is psychometrics.

LEVINE: And what kinds of treatments were you, as a psychiatrist, giving to patients at that point?

TRAIN: We were giving psychotherapy. We were giving hypnosis, hypnotherapy. We were using sodium Pentothal therapy. Uh, we were even using electric shock treatment.

LEVINE: Could you speak a little about the sodium Pentothal? What, how were you using that, or what . . .

TRAIN: We used it intravenously. It was more or less similar to what you would expect in hypnosis, where an individual would be totally relaxed and able to relive traumatic experiences for an abreaction, so that they could have relief, and then face up to the, the conflicts that arose during that particular time.

LEVINE: Were you doing very intensive, in other words, every day would you be . . .

TRAIN: We were each assigned to a group of patients, and we were responsible for those patients, and sometimes the

load was quite great. We also had to present each patient to a clinical conference for the entire staff, which was part of the training program, which was very educational. And we would discuss the best approach to treatment, and then we'd have clinical conferences to discuss the progress of the treatments. Then there were clinical conferences to determine the question of discharge.

LEVINE: So if you were using, say, sodium Pentothal, would you do several different, would you administer it a number of different times over a period?

TRAIN: Yes, and use it. We would use it maybe every other day, or if you were seeing a person three times a week you'd be using it for a while, using it was a form of, let's say, even hypnotherapy. I've used both. We also had a very unique situation at Ellis Island. This was the beginning of electroencephalography, and the only machines available were being manufactured by a man who was a physicist up at Yale. I think it was called Grass, de Grass, or Grass was his name. And, uh, we at Ellis Island, through our director from the United States Public Health Service, were able to get one of these machines, and we had them before most of

the hospitals had them in New York, and it was a very primitive kind of machine. It was a machine made up of four channels. Each channel was a large, a large case that had to be set up against a wall, in a room which you had to line the room with lead lining to avoid extraneous radio waves from getting in, and it had to have a direct, it had to have a current supply from a generator, and the generator had to be off at least fifty feet away to not interfere, and I was in charge of that. It was very exciting. It was a whole new field, and how to put electrodes on, and how to read them. We did a lot of study on it, getting everything we could from the libraries, and added to our own library. And sometimes the interference would be so great that we'd hear music coming through, we'd be picking up radio waves. The pens would be off scribbling like mad, but we'd hear music. ( he laughs ) But it was a wonderful experience that this particular unit, we could get it, and we got it through the Public Health Service.

LEVINE: Wow. Were you, or others, were you writing papers about it, this sort of cutting edge therapy at that time?

TRAIN: No. No, that was already done. There was nothing new about it. One of our boys, I forget his name now, actually wrote a book preparing them for discharge. He was very prolific. The book got into publication very early. And, uh, it was worthwhile. We had quite a, quite a young group there. And at the time when we were ready for the, for the American boards, uh, there were three or four of us took the examinations, I was the only one that took it in neurology also, because I was in charge of the neurology, besides being the staff psychiatrist, and all of us passed them. And those were difficult examinations.

LEVINE: So it was a stimulating place to be.

TRAIN: It was. We had a good director.

LEVINE: Who was the director at that time?

TRAIN: Dr. Westermarck. He came from the south, I think from Georgia somewhere, and he recognized that he only had one year of psychiatry, and he recognized the five that he had there, coming from well-trained areas. One of them was, uh, was trained at the New York Psychoanalytic Institute. I was trained in, uh, psychoanalysis right at Bellevue with a Dr. Paul

Schilder[ph], who was an outstanding analyst. We had a Dr. Fisher, who wrote a great deal on hypnosis, and he was trained for the William Arsen[ph] White psychoanalytic group. And we had one who was trained, I forget, also in psychoanalysis, and was in his analytic training, most of us were at that time, all going through psychoanalysis, and, uh, he was being analyzed, and I think he came out of the University of Pennsylvania, where he had his initial training. So it was quite a group, and Westermarck appreciated that, and just gave us our head. And then we had outside lectures come in. We developed a library. It really was quite a, quite a unique place, very wonderful for training. Especially during the war, to feel useful and be close to home, was a marvelous thing.

LEVINE: Yeah. Well, um, were you, did you ever use psychoanalysis?

TRAIN: No, we never had the, it was a formal, let's say, it was psychoanalytically oriented, which is mostly what's being practiced today anyway. The old, uh, concept of four, five times a week, lying on a couch, although some people practice it, for the most part, and I've been doing psychoanalysis for years, I've

just retired, it's now a different approach now. It's more eclectic, and the psychiatrist is much more active.

LEVINE: Was your training in psychoanalysis at that time the less active, uh . . .

TRAIN: I was an integral part of it. And at that time I was being analyzed by Paul Schilder[ph], and he was, he handled my first controls. Once I started my own patients in psychoanalysis, which was outside, he handled my, he was my control analyst for the first three. A very unusual circumstance occurred somewhere around 1943 to '44, where to make sure that we would not be transferred out, we were placed into civil service, which meant that as civil service, although we had now a relationship with the United States Public Health Service with our ranks, we were now inactive reserve. So that by the end of '44, or beginning of '45, we could start up our own practices, and the war was still on, or just about ending. It was, everything just fell into, as if someone up there was taking care of me, and Ellis Island. Interesting that Ellis Island was the opening place for so many people for hope. It was for me, too, in a different

way. Sure.

LEVINE: Now, did some of your colleagues live on the Island at that time?

TRAIN: When Knight[ph], Dr. Knight[ph] was there, he lived on the Island. We all had to pay rent for our room, so that when we were on duty at nights, alternate nights, or whenever we were on duty, we stayed in our rooms. We each had our own rooms. We paid for it. They charged us for food and board, call it that way.

LEVINE: I see.

TRAIN: Which is taken off our salaries.

LEVINE: And, um, you lived in Manhattan, you say?

TRAIN: Yes.

LEVINE: And did most other people live in Manhattan?

TRAIN: They all lived in Manhattan?

LEVINE: They all.

TRAIN: We all lived in Manhattan.

LEVINE: Nobody was living in New Jersey, that you remember.

TRAIN: No, I think we were all living in Manhattan, all five or six of us.

LEVINE: Uh-huh. Well, were you a tight-knit group, would you say?

TRAIN: I think so.

LEVINE: Socialized together, and . . .

TRAIN: No.

LEVINE: No?

TRAIN: We didn't socialize together, but we were with, together we sort of respected each other a great deal.

LEVINE: Uh-huh. What about the electroshock? What patients were most, uh . . .

TRAIN: The schizophrenic patients. And those were people that we would use electric shock. Now, wait a moment. I'm not sure we used electric shock at all. I'm pretty sure we did. In fact, I think I brought it in. I began to see it at Bellevue and we brought it in. I'm sure we did it there.

LEVINE: Do you remember . . .

TRAIN: I don't remember any particular case.

LEVINE: Uh-huh.

TRAIN: But it was done.

LEVINE: It wasn't, it wasn't, uh, widely done at that time?

TRAIN: No, no. You selected your cases.

LEVINE: So it was more, uh, psychotherapy and hypnotism, or hypnotherapy.

TRAIN: Or talk therapy. And also for the purpose of determining what to be done with them, the disposition of these cases. There's no one there for any real long-term therapy. ( he clears his throat ) I found a very interesting case for my own benefit. I treated him with hypnotherapy, hypnoanalysis. And in less than two months we had resolved a very severe neurotic problem, so hypnoanalysis.

LEVINE: Hypnoanalysis is not something that I'm familiar with.

TRAIN: A great deal of recall could occur during hypnosis, and the patient was able to interpret his dreams under hypnosis, which was very fascinating.

LEVINE: Now, wait. How long a stint did most patients have in the hospital there?

TRAIN: I would say at the most around two months, maybe three months.

LEVINE: And then were most of them, uh . . .

TRAIN: Most were discharged.

LEVINE: Discharged.

TRAIN: From the service.

LEVINE: And, um, were any of the other medical specialties, were they also located physically on islands 2 and 3?

TRAIN: Yes.

LEVINE: The so-called.

TRAIN: Island, where the hospitals were was Island 3, I think. And they were stationed there, too. Some lived on the island, on the Medical Division, and also on the Tuberculosis Division. Some lived on the island. They had quite a very active Tuberculosis Division, which was mostly for the Merchant Marine. Now, the Medical Division was, of course, for, mostly

was for the, uh, Coast Guard, because there was an active Coast Guard unit there.

LEVINE: And, uh, do you remember the accommodations and food as being, uh . . .

TRAIN: Well, we lived as officers.

LEVINE: Oh, okay.

TRAIN: So our food was pretty good.

LEVINE: Uh-huh.

TRAIN: And it was separate menu. And our quarters were large rooms and very comfortably kept. These were buildings built decades before that, so the rooms were large and very well set up. It was very pleasant. And the grounds were kept immaculately with an aesthetic touch. Flowers, types of flowers, the gardener was very proud of it. All kinds of bulbs were planted. It was really kept, it was a real park.

LEVINE: Yeah. Is there anything else about your time there that, uh, that you remember fondly, or, uh, that you think about when you think about that period in your life?

EI-303/TRAIN

TRAIN: Actually it's just part of my whole life pattern at that time. I was a very fortunate young man, very, very fortunate. And felt useful, but also felt privileged. The whole thing was.

LEVINE: Yes. Well, how old were you at the time that you were there?

TRAIN: Well, let's see . . .

LEVINE: So maybe, if you could say your birth date, actually.

TRAIN: Yeah, well, 1913 I was born, we're talking now 1940. So we're talking of twenty-seven years, I was twenty-seven years, having finished my med school, my two interns, my internship and residency.

END OF SIDE ONE

BEGINNING OF SIDE TWO

LEVINE: Have you kept in contact with any of the people that . . .

TRAIN: We've all drifted, as far as I know. And not unusual, I joined a particular psychoanalytical organization, different from the New York Analytic Society, or different from the Karen Horney Society. And, uh, I

had been involved with that particular society, and eventually became president of it.

LEVINE: What society is it?

TRAIN: The New York Society of Psychoanalytic Physicians.

LEVINE: Uh-huh.

TRAIN: Which is a national society with some international representation.

LEVINE: Uh-huh. So you were president of it after Ellis . . .

TRAIN: In 1969, after.

LEVINE: Uh-huh.

TRAIN: Sure.

LEVINE: Well, so you remained in New York?

TRAIN: I practiced in New York until this June 22nd, when I retired.

LEVINE: Oh!

TRAIN: I practiced all these years in New York.

LEVINE: Uh-huh.

TRAIN: And during the War I was also, 1943, '44, on the faculty of a, no, 1944, '45, on the faculty of New York University, the neuropsychiatric faculty, the psychiatric faculty, and I was, after the war, an attending, besides being on the faculty, I was an attending neuropsychiatrist at Goldwater Memorial Hospital.

LEVINE: And were you, are you a New Yorker by birth?

TRAIN: Yes, born and bred. And, in many ways, very fortunate, because I was able to go to City College, and then fortunate enough to be accepted by a New York medical school. I don't think I could have afforded it otherwise. So Ellis Island played a very important part in my life. In fact, some years ago, several times, I was doing some forensic psychiatry where I was offered opinions as to the question of insanity of people accused of crimes, major crimes. And, uh, there were a few occasions where I was called by the District Attorney in Staten Island to examine someone. And being on the Staten Island ferry passing Ellis Island was always a thrill. Also since I commuted from Florida to New York and New York to Florida, flying over Ellis Island is always a thrill.

LEVINE: Yeah. Well, you have a certain connection. Yeah.

TRAIN: Sure. Oh, yes. I had five years of an intense connection.

LEVINE: Were you married at the time that you were . . .

TRAIN: I married, yes. I married in 1942.

LEVINE: Uh-huh. And what's your wife's name?

TRAIN: Well, she's deceased. She died in 1990. Beatrice was her name. I'm now remarried.

LEVINE: Oh, I see.

TRAIN: One of her best friends.

LEVINE: Oh. What was Beatrice's maiden name?

TRAIN: Samis, S-A-M-I-S.

LEVINE: And do you have children?

TRAIN: Yes, I have two wonderful daughters. In fact, one is a sex therapist, and the other is an attorney. And they each have two children, a boy and a girl, and they're very happily married and very successful.

LEVINE: Wonderful. What are their names, and their married names?

TRAIN: The sex therapist is Leslie Westreich[ph]. She practices in Washington. And the attorney is Felice Londa[ph], and she practices with her husband in New Jersey.

LEVINE: And how many grandchildren?

TRAIN: Four grandchildren, two boys, two girls, and they're doing very well. I'm very proud of them. And the, my son-in-law, the attorney, has just been nominated for the president of the Bar Association of New Jersey. Unfortunately he dislikes that, only because it's become a political battle and he dislikes politics, but everyone is doing very, very well.

LEVINE: That's wonderful. Were you, um, let's see, was your wife ever a part of the Ellis Island scene . . .

TRAIN: No.

LEVINE: While you were there?

TRAIN: No.

LEVINE: And your children? Did they have any connection with

that?

TRAIN: No connection.

LEVINE: I guess it would be only the ones who were living there who . . .

TRAIN: Sure. We were all very young. We didn't have children at that time. In 1942 my daughter was born, we lived in New York. In 1945 my second child was born. So Ellis Island was a very important part of the whole structure of my career.

LEVINE: What do you think, um, what impact do you think being there had on what you did later?

TRAIN: Nothing in particular, except it was a period where I could enhance my training. It just, it just went just according to plan, for anyone's development in a career. It offered me an opportunity. It served me very well. I hope I served it well. I think I did. And, uh, I received a final commendation, and I was also called upon to be a teaching consultant when I left. And then that disappeared about 1946, '47. It faded out.

LEVINE: You mean you went back there to teach?

TRAIN: Yes.

LEVINE: On a . . .

TRAIN: On consultations, yes, until it all phased out.

LEVINE: Uh-huh. Oh. Okay, well, um, is there anything else that you can think of that is connected with your experience at Ellis Island that we might not have talked enough about?

TRAIN: Well, many of us were called upon frequently to attend court marshals, to give opinions.

LEVINE: Oh, tell about that.

TRAIN: There were, I know I had several. One of them was being called down to Washington where a Coast Guardsman jumped ship. At that time he jumped ship because he was in absolute panic to go back on sea duty. There was another court marshal right in the Brooklyn Navy Yard where, as a result of a fight, an officer was, was injured by an ordinary seaman. Now, the ordinary seaman was wrote up for court marshal. And, uh, and I more or less was testifying on behalf of the two seamen in both cases. And fortunately it

prevailed.

LEVINE: What was the, what was their reason for (??)?

TRAIN: The other one? Actually being abused by an officer, being abused, teased, until the individual lost control and attacked. And the seaman that jumped ship, we were able to indicate that he was, he should never have been in the service in the first place because he was a deeply disturbed youngster. And that particular case, being aboard ship, it wasn't so much being exposed to battle conditions, he was a latent homosexual, and with all the impulses that drove him into an absolute panic. He never acted it out, he never accepted it within himself. We got him back into the hospital, and we never discussed it with him, but he had a great deal of relief in being discharged, so we discharged him.

LEVINE: Was it an honorable discharge?

TRAIN: Yes, for Section 8. Oh, I never told the, the actual court marshal board what was behind it, because on the board were some marine captains. They would have absolutely torn him apart.

LEVINE: What was, uh, where was the line drawn between confidentiality in the subject matter of what you were dealing with with patients and, uh, especially in such instances as court marshals and . . .

TRAIN: The material and the records would be predominantly what would be necessary to determine disposition. And, uh, yes, at times we would ask that the individual be disposed of with an honorable discharge because of an unconscious homosexual panic. There was no charges of misconduct or anything else. Lil! ( he calls to his wife ) Come in a moment. ( break in tape ) A very nice situation, one of the psychiatrists, we had secretaries, two secretaries. One of the psychiatrists married one of the secretaries, and it was a wonderful union, very wonderful. In a sense we were young, and we grew up there. These were very formative years in the careers of these young men.

LEVINE: Uh-huh.

TRAIN: And we were, in many ways, fortunate not to have to be sent overseas. We just fell into something, and there it was, a beautiful place for our training, and to be of service as we were called upon. There's no doubt

if we were to be shipped out, we would have been shipped out, but where were they going to ship us?

LEVINE: Was that a real issue?

TRAIN: It never became an issue, that I know of. We were just very fortunate to be there. It became a haven for us. And it's interesting, Ellis Island became a haven for most people, for so many people that came here. But it was quite an area with these young Coast Guardsmen, young sailors, Merchant Marine, older sailors, all carrying on this whole war effort. It was really something. Without seeing the horrors of the war, we only saw some of the effects.

LEVINE: So you were in the unique position of providing a needed service.

TRAIN: Yes. When Coast Guardsmen would be on patrol in the North Seas for thirty days, or two months at a time, it was a very trying experience. They would now develop reactions and depression. Repressed hostilities would develop. These we could relieve, you see? All we needed were some abreactions, some catharsis.

LEVINE: So you must have also had, uh, been in the good position of being able to relieve a lot of the kinds of cases you were . . .

TRAIN: The simpler cases, transient things, and get them back to duty. But mostly not, mostly they had to be relieved. They couldn't take it.

LEVINE: Uh-huh. And then, um, do you suspect, or was there any follow-up about people who were, then, discharged, based on your . . .

TRAIN: No, not from us.

LEVINE: Uh-huh.

TRAIN: We had enough to do.

LEVINE: Yeah. But you would expect that the people who you did discharge, or you recommended discharged, were able to, um . . .

TRAIN: A lot of them had to find help on the outside. And they were veterans. They could go to the Veterans Hospital. But, unfortunately, there wasn't enough staff for it, so that after the war the government wanted the, the ex-servicemen from all the services to

be able to have private psychiatric treatment, because there weren't enough clinics for them. And they asked us young psychiatrists to take them. And I took a few, saw them twice a week at a very minimal fee, to try to help them make some adjustments and adaptations.

LEVINE: And how did that work out?

TRAIN: It worked well with my patients, it worked well. There were just about two of them when the government said they couldn't continue. It was getting too expensive. So one I carried for a few months on his own until he was able to find productive work. The other was able to pay for it himself. But, uh, it was all right. The government did some nice things.

LEVINE: Well, it's an interesting aspect of it being a haven at that point in time as well as . . .

TRAIN: The head medical director was a wonderful man.

LEVINE: Now, who was that?

TRAIN: I just, I really don't remember, but I know I was impressed with him, about how he handled the whole thing. Many touchy situations would arise. Because,

you know, as outside physicians, we're always pro-patient rather than pro-service.

LEVINE: Yes.

TRAIN: And he had to bridge that gap, and he did it beautifully. He would do it beautifully.

LEVINE: Well, good. Did you have much contact with the other branches, other medical branches?

TRAIN: Yes, we were close. I attended some medical conferences, sure. If we had psychiatric patients that needed treatment in the Tuberculosis Unit, or some of them needed some psychiatric work, so it was an interplay. It was typical in any hospital. But it was a real haven.

LEVINE: So there were, were there any women patients at that time?

TRAIN: Good question. We had nurses, but I never had, I don't remember any women patients on our service. I don't remember any. We had a wonderful staff of psychiatric nurses. They were good. They befriended many of these lonely men, but did it in a very professional way, but with a great deal of nurturing

and nourishing. Very supportive. They were excellent.

LEVINE: Now, was that part of their training? Were there psychiatric nurses being trained?

TRAIN: No, I don't think so. They were regular nurses. They were R.N.'s. They were part of the service. They belonged to the United States Public Health Service. They were pros, and they were good.

LEVINE: Do you remember, um, I was told by someone about a group of Irish women who were, I guess she called them maid service, or were working in the hospitals, and had just made their home as Ellis Island changed in its course of its functioning, they stayed on there. Do your memories reflect that?

TRAIN: I have no information about that. I don't recall it. I don't recall it.

LEVINE: Were there so-called trustees, they called it in prisons, but were there patients who were given free range on the grounds, who kind of stayed on and . . .

TRAIN: No.

LEVINE: . . . were helpful there?

TRAIN: The only, that might have been on the tuberculosis service, where people would stay for long periods of time. We didn't, they couldn't last that long with us. We had to move them. It was not a place for custodial care. Whereas in the tuberculosis ward it could be. But in the Medical Division and our division, no.

LEVINE: Was it intense, the work there?

TRAIN: Yes, a lot of work. It was a lot of hard work. Every case came in, and because of the calibre of the men we were, and the training, these had to be intense psychiatric histories. But there was consideration to not include things that weren't necessary. There had to be an intense study, and within a short period of time, a case had to be presented at a clinical conference. There was no letup.

LEVINE: So, uh, how often would you present the same case?

TRAIN: About twice, once at the beginning, and once towards the end, disposition. And we were flooded. We had an awful lot of work to do.

LEVINE: And you rotated shifts? Is that how you . . .

TRAIN: No, as cases came in, they were assigned, according to the number of cases you had.

LEVINE: And you worked evening or night shift at some time?

TRAIN: Yes, at least, somebody had to be on at night. A psychiatrist had to be on at night, and I think we were six, meaning every sixth night. And then we'd bargain with each other. Yeah. It was quite a group.

LEVINE: It would be interesting to have a reunion.

TRAIN: It was interesting. We never got that close. One or two got close. But once we were outside, we each went on our own.

LEVINE: So that you must have met your wife, your first wife, when you, when you had already started working in Ellis Island.

TRAIN: I met her when I was sixteen.

LEVINE: Oh. But you married her at (?).

TRAIN: I married her in 19, what am I talking about? Not 1942. We married when I was in my, uh, 1935, after my

first year, At the end of my first year of med school.  
She was a very brave young girl. She was something.  
And I had sixty-one years, wonderful years, with her.  
And, fortunately, in my second marriage, it's almost  
as if it's the same person.

LEVINE: Wow. You are fortunate.

TRAIN: Oh, so fortunate. I know Lil for thirty years.

LEVINE: What is your second wife's name?

TRAIN: Lil.

LEVINE: Lil. And her maiden name?

TRAIN: Wein[ph]. Her maiden name is Saults, S-A-U-L-T-S,  
Saults. And then she was married, her name was  
Wein[ph].

LEVINE: So you were friends with . . .

TRAIN: Yes, we knew each other from, uh, we lived near each  
other in Westchester. We were members of the same  
country club. And I don't know that it belongs here,  
but whenever I talk about it, a very wonderful thing.  
About three weeks before my wife died, she said to  
me, "You know, you've always had a woman in your life

ever since you were sixteen. You can't live without a woman. And there is one woman here you should marry."

And she said that it was Lillian. They were quite close, see? So I was very fortunate, fortunate that she would accept me.

LEVINE: And you have the blessing of your first wife. That's wonderful.

TRAIN: Absolutely wonderful.

LEVINE: Yeah. Well . . .

TRAIN: I'm a very fortunate man, and Ellis Island is part of my good fortune.

LEVINE: Well, that sounds like the perfect place to stop, I think.

TRAIN: Yes.

LEVINE: I want to thank you very much. This is Janet Levine for the National Park Service, and I've been speaking with Dr. John B. Train, who was in the Public Health Service, and completed serving at Ellis Island as a commander from 1941 and finished in 1946, and I'm signing off.