TALES FROM KENTUCKY DOCTORS

WILLIAM LYNWOOD MONTELL

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William Lynwood Montell

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INTRODUCTION

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After reading my Tales from Kentucky Lawyers and Tales from Tennessee Lawyers books, several persons said to me, "Montell, since you came up with the two lawyer-story books, it's high time you did one featuring Kentucky doctor stories." As I had already been thinking along the same lines, I took them seriously. I began interviewing some fantastic physicians in November 2005. Some of those I contacted felt they should turn me down, perhaps because of their busy schedules. Overall, however, finding doctors who were willing to share their stories with me was easy, and their memories of dealing with patients and family members needed to be shared. The stories they told about their decisions to become doctors, about the house calls they or another physician in their family had made, about their personal practices or hospital visitations or folk healing practices were always interesting. The oral accounts in this book will help current and future readers understand more fully the joys and concerns of practicing medicine in Kentucky and elsewhere. The personal accounts speak for themselves, and readers will see the trauma, decisions, seriousness, humor, and wisdom that are integral to the medical profession.

Many people have had positive and negative experiences with local doctors, and they share these experiences with family and community members again and again. A book of stories told by patients and family members also is needed.

I used three criteria for choosing potential storytellers for this book. First, I wanted to talk to physicians who were middle-aged or older, or even retired, because their perspective on the changing practice of medicine would be meaningful and informative. Second, the physicians

interviewed should be practicing alone or as a member of a small medical firm, and most of them should be in family practice. As generalists, family physicians would be more likely to have interesting, memorable accounts to share; doctors affiliated with large medical clinics or hospitals typically specialize in one facet of medicine. The third criterion was that the physicians should be practitioners in small- to medium-sized towns or cities in Kentucky, although some doctors in larger cities also were included in order to fairly represent the state. By covering towns and cities in various locations in Kentucky, I would obtain a greater diversity of storytellers and a better representation of the varying socioeconomic backgrounds of the people they have served. Thanks to suggestions made by local residents, and to frequent references and contacts made on my behalf by other physicians, I was able to interview and record stories told by doctors in all areas of the Commonwealth. The physician storytellers lived and/or practiced in, from west to east, Paducah, Murray, Marion, Sturgis, Owensboro, Princeton, Central City, Greenville, Franklin, Bowling Green, Glasgow, Millwood (Grayson County), Louisville, Bardstown, Campbellsville, Shelbyville, Danville, Dry Ridge, Maysville, Hazard, Pikeville, Harlan, and Ashland.

As I listened to and tape-recorded the stories these doctors told, I was able to place their accounts into the following groups: choosing the medical profession, medical training and early career, other doctors, house calls, personal practice, hospital practice, medications, special deliveries, regrettable cases, epidemics and outbreaks, folk healing, animal stories, social events, and medical practice then and now. Each story grouping is described in the introduction to its chapter. It should come as no surprise that the storytellers themselves typically are the central focus of their stories; they willingly talked about their doctor-patient relationships and the approaches they took to treating patients. As indicated in *Tales from Kentucky Lawyers*, "Folklorists stress the fact that people everywhere build their lives in accordance with folk beliefs, customs, practices, and stories heard on a daily basis. It takes thematic stories and tales to assist people in dividing their daily lives along meaningful lines."

Interviewing these doctors and recording their stories was a fascinating venture. When I went to their homes and offices, we would generally talk for a while before I turned on the tape recorder. This allowed us to get to know each other and become friends before the formal recording session began. I was interested in hearing about their backgrounds and about where and how they grew up. Although I did include some of this information in their biographical sketches, I was primarily interested in getting to know them personally. After we chatted for a few minutes, I turned on the tape recorder and began by asking them to tell me why they chose to become a doctor. From that point on, I used a formal set of questions, asking them to tell about specific situations they might have encountered as doctors. Many of their stories were heartwarming; others were poignant or difficult; many were filled with humor, causing us to break into laughter during the interview. Humor is essential to living well, both at work and at home. It allows everyone—especially a doctor who is under stress or who is working at night after a long day at the office—to help heal patients in need.

After completing each recording session, I thanked the doctors for being willing to share their wonderful stories and said good-bye. I transcribed the tapes on my computer at home—not an easy task, as it took eight to ten hours to transcribe one hour of a taped interview. Once the transcription was completed, I ran off a copy of the stories told in the interview and mailed a copy to the doctor, asking him or her to read each story and make needed editorial changes. Other than minor corrections and the few clarifications that appear in brackets, I made no changes while transcribing the tapes; thus the stories in this book appear exactly as they were told to me, or occasionally edited by the storyteller and returned to me. Once I received their edited versions, which typically were only lightly changed, if they were changed at all, I entered the changes, ran off a new version, and sent it to the doctor to keep. I also kept the new version for my files.

In addition to the stories told in my interviews, this collection includes a number of stories told by physicians who are no longer living. Some of the stories were recorded on tape and others were handwritten accounts that were held by the physicians' descendants or retained in archives.

Although most of the stories in the book are of medium length, some are very brief and others are quite long. The bulk of these descriptive oral accounts tell about events that occurred within the past fifty years. However, the physicians also told numerous stories about house calls and about doctors who lived in the distant past, relating accounts about medical practice that have become legendary. These "legends" typically are memories of doctors who helped to promote the medical profession across the years and who are still remembered for all their masterful care for persons in need. As both an oral historian and a folklorist, I know that such legendary accounts are polished somewhat by numerous retellings but that the core of the stories are true.

If stories that are passed along about physicians, nurses, hospitals, and the like are not personal, but are about some other person in the medical profession, these accounts are folktales, which are stories assumed to be true when they are told.

If the event described happened to the narrator firsthand, the account is referred to by folklorists and oral historians as personal folk narrative.... The terms "folklore" and "oral history" often carry ambiguous meanings and connotations. For example, the word "folklore" is sometimes used incorrectly to designate unverified rumor, falsehood, and hearsay. When people hear something that is unverifiable, perhaps doubtful, they will likely remark, "Oh, that's just folklore." The fact that information is passed along from one person to another orally during face-to-face conversation, rather than being abstracted from written sources, is a significant feature for persons interested in conducting local history research.²

My own definition of folklore is that it constitutes information about the 99.99 percent of the world's population whose names never get into history books.

Oral history is a very practical approach to historical documentation and to writing about local culture, local history, and individual life history. Oral history also is a valid means of getting a fuller, more vivid account of the history and contemporary aspects of racial, gender, ethnic, and even medical profession groups. Oral history is people history—history from a very personal view. It is history from the grassroots upward. Were it not for word of mouth, the bulk of historical information about ancestors and their lives and times would be forever lost. Generally, the only formal information we have about ancestors are the names found on tax rolls, church records, pension lists, and census records. And even census records and other formal documents can be in error.

The oral history represented in this book offers insights into the history of individual physicians and their patients. All patient visitations to doctors' offices and medications prescribed are placed in formal account ledgers, but personal relationships in and out of the office, which produce powerful memories, are not part of doctors' records. Thus, physicians who read this book should be encouraged to sit down and record their memories on tape, or write them down for future generations to read and appreciate.

One of the recurring themes among the doctors who told stories for this book was to tell about colleagues or physicians in their families who traveled in wagons or buggies, rode horses, or drove early automobiles to go treat patients. Doctors who made house calls back then knew the rigors and delights of traveling alone to distant places, sometimes at night. They often had to return to their offices in time to see patients who were waiting for them. I personally recall a time during the summer of 1959, when I was a student awaiting the fall term at Western Kentucky University, that Dr. Tim Lee Carter of Tompkinsville called me numerous times to ask if I had time to travel around with him to see patients across the Cumberland River in Turkey Neck Bend, or to communities like Bugtussle, Flippin, and Boles. I typically went with him, and on the road he told me numerous times, "Lynwood, I'll never be able to tell you how very much I appreciate your traveling around with me to go see patients. I have a lot of friends, but just having you with me keeps me from feeling so lonely and sometimes depressed."

There are also many personal practice stories in this book. It is logical that the memories about personal events are so widespread, and that they feature just about every type of sickness, sadness, death, joy, and humorous delight imaginable. Persuading doctors to tell me their favorite stories was no problem. They often offered commentary about both good and bad changes in the medical profession across the years. They also talked about the increase in insurance rates that patients and practitioners have had to face; they described good and sometimes bad facets of hospital growth and the founding of new hospitals. Some of the doctors seemed to appreciate the merits of private practice, including the greater familiarity with patients and staff members. They might or might not long for "the good old days," but some of them enjoyed describing and talking about early doctors as well as their own early years of practice.

The number of female physicians in Kentucky continues to increase. Dr. Leah J. Dickstein of the University of Louisville School of Medicine wrote an article noting that in the mid-nineteenth century, women sought medical education within all-male institutions, and they usually encountered rejection. However, Elizabeth Blackwell is generally acknowledged as being the first woman to obtain a formal medical degree from a school in the United States. That was in 1849 at the Geneva Medical School in New York. However, the first practicing female physician in the United States is thought to have been Frances Jane Coomes, who arrived in Kentucky with a party of settlers in 1775. Also in her party was George Hart, who is acknowledged as Kentucky's first physician. Both Coomes and Hart were trained by apprenticeship.³

There were a few women practicing medicine in Louisville in the mid-nineteenth century. Dr. Mary Edwards Walker, educated at Syracuse University, practiced medicine in Louisville beginning in 1855 and was the acting assistant surgeon of the United States during the Civil War. Interestingly, when she taught medicine in New York, she wore men's clothing.⁴

In 2000 the entering medical class at University of Louisville Medical School consisted of 47 percent women, and women enrollees at the University of Kentucky College of Medicine constituted 49.49 percent of the entering class.⁵ Of the 9,741 currently practicing physicians in Kentucky, 2,206 (22.6 percent) are women.⁶ Dr. Dickstein estimates that by the year 2010, one-third of all physicians in the United States will be women.⁷

In recent years some medical schools have realized the importance of storytelling for both practitioners and patients. These schools (notably Columbia University) have incorporated narrative skills into their curricula. Medical students and residents attend classes, conferences, and grand rounds about the structure of stories, the images and metaphors used by their patients, and the inherent therapeutic value of telling stories. Students and practicing physicians are encouraged and instructed to really listen to their patients' stories, with the hope of obtaining more complete information and developing greater empathic skills.⁸

Practitioners are sometimes required to write or tell their own stories as a way to express their own anguish, anxiety, and pleasure when caring for others. When doctors hear or read other doctors' stories, they realize that they are not alone in their despair when patients worsen and die or in their feelings of shame after making a mistake. They can experience a greater sense of sharing their load with other doctors, and collegial relationships can improve.⁹ As the stories in this book show, doctors' stories can be confessional and cathartic, and they offer an opportunity for the practitioners to express gratitude toward others.

Dr. Rita Charon, M.D., Ph.D., of Columbia University, who is a pioneer and nationally known authority in the field of literature and medicine, coined the phrase "narrative medicine." Dr. Charon states, "Narrative medicine brings a useful set of skills, tools, and perspectives to all doctors... Any doctor and any medical student can improve his or her capacity for empathy, reflection, and professionalism through serious narrative training. More and more medical schools and medical centers are adopting narrative methods of study in reading, writing, reflecting, and bearing witness to one another's ordeals.... Ultimately, narrative medicine may offer promise as a means to bridge the current divides between doctors and patients, between doctors and doctors, between doctors and themselves."¹⁰

My purpose in conducting interviews with doctors and recording their stories for this book was to help preserve the legacy of Kentucky doctors. A book that includes descriptive accounts about some of our early-twentieth-century medical practitioners will help to preserve their legacy and will help readers understand more fully what the medical profession was like back then. This book also provides an idea of what the medical profession was like during the early years for contemporary physicians, describing some of the changes they have witnessed in modern times. Regardless of the nature of the individual stories, the stories are included because they describe medical profession activities across the years. Readers now and in the future will be able to better understand what the medical profession was like during their ancestors' times. The fact that certain facets of Kentucky's extremely valuable healing profession have been preserved as a result of this oral history, the fact that these stories were told by doctors to other doctors-and, on occasion, to patients-should demonstrate the importance of these personal and traditional stories in revealing what doctors think about the medical profession. It has been my personal and academic pleasure to be able to help doctors preserve their legacy and their perceptions of themselves and their colleagues.

This book is not intended primarily as a scholarly work, although I hope that academics, both teachers and students, will read and share the stories with the same interest as physician readers. I also hope that many students who read these healing accounts will be inspired to chat with their family physicians and will develop an interest in healing. Perhaps they will make plans to enroll in medical school. In so doing, they will become part of and constructive contributors to medical history.

Notes

1. William Lynwood Montell, *Tales from Kentucky Lawyers* (Lexington: University Press of Kentucky, 2003), 2–3.

8 Tales from Kentucky Doctors

2. Montell, Kentucky Lawyers, 5.

3. Leah J. Dickstein, "Women Physicians in Kentucky," in A History of Medicine in Kentucky, 1851–2001, supplement to Journal of Kentucky Medical Association (August 2001): 89. Folk studies graduate student Carol Appel Basham provided a copy of Dickstein's article.

4. Dickstein, "Women Physicians," 89.

5. Dickstein, "Women Physicians," 89.

6. Web site information from the Kentucky Medical Association (www .kma.org), provided by Carol Appel Basham, August 12, 2006.

7. Dickstein, "Women Physicians," 89.

8. Dr. Rita Charon's Web site article, "Narrative Medicine," is available from LitSiteAlaska (http://litsite.alaska.edu/healing/medicine.html). Provided by Carol Appel Basham, August 16, 2006.

9. Charon, "Narrative Medicine."

10. Charon, "Narrative Medicine." In reference to narrative medicine practice, graduate student Carol Appel Basham, who was a trained midwife, stated that "midwives have been doing this for years, in and out of school." 1

CHOOSING THE MEDICAL PROFESSION

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Doctors' reasons for choosing the medical profession have remained rather consistent over the years, as is evident in these stories, which cover careers that started from the early 1900s to about 1970. One of the storytellers became a physician due to pressure from the military; another was inspired by a teacher. But most chose the healing profession for personal reasons. Several of the stories in this chapter reveal that the storyteller's decision was influenced by another physician, while other stories describe the impact that other physicians in the family had in the community. Many of the storytellers felt compelled to carry on their family's tradition of medical service.

FROM MILITARY TO MEDICINE

I was in military service when I decided to become a doctor. I wound up in a military school while I was in service. While there, there were about four hundred students that had a sudden Sunday afternoon snap test. I probably lied in my answer to the question, "What do you prefer? Medicine, dentistry, veterinary, or no preference?"

I answered, "Medicine."

... Most of the school classmates were sent back into basic infantry. But there were fifteen or twenty of us that, I guess, did very well on the written test. As a result of that, I went to Yale, and after ten months of premedical training, I passed [the examination]. Then I went through another oral examination. Then I was transferred to Ft. Devins, Massachusetts, which was a general military base, because there were no vacancies in medical schools. But after ten months I was sent to Tufts Medical School [in] Boston, Massachusetts. I took my first year of medical school there, and during that year I got discharged from service.

I put together a resume for the University of Louisville, and the response I got was, "Ordinarily we don't take freshmen transfers, but we are making an exception on you and one other." So there were two of us—one from California and me—[who] transferred to Louisville. I had three years at Louisville.

I didn't plan to become a doctor when I was in early college. In fact, I went to what was then Campbellsville Junior College, studying to be an English and math teacher. That got changed, so I went on to medical school. . . . I graduated from the University of Louisville Medical School in 1949.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

EMULATING DR. SHERMAN

Dr. C. L. Sherman was the first medical doctor I ever remember seeing; that's when I was about three years old. That was in the wintertime, and we lived about twenty miles from here according to the ways the dirt roads ran back then.

Dr. Sherman came on horseback, and when he got [to our house] it was raining and was cold. When he got there, he was frozen to his saddle. The coat that he used when it was cold weather was a coat he had made out of a cow skin. It looked like a bearskin. It had rained and that coat was frozen and he couldn't get off his horse. My parents warmed him up, fed him, and he started back home.

When I was a little older, there was a shooting in our neighborhood. A man shot his mother-in-law, and the bullet landed in her teeth. Dr. Sherman and Dr. Deweese came down and operated on her on the kitchen table, and she survived.

Not too long after that, he came by our house in a buggy. Of course, by that time I was old enough to know how long it had taken him to get there. He had gone to see his patient, and he was on his way home. It was at night and he was sitting in his buggy. He had a kind of cover over his buggy some way. He had a lantern between his legs, and he was sitting there asleep, and his horses were just trotting along. He was a schoolteacher, and back in those days, if you were a schoolteacher you could automatically go into medical school. So he went to medical school and graduated in 1904 and came to Millwood and stayed here his entire life. He was more respected and had more esteem and honesty than any doctor in the community. There was one [doctor] in Caneyville, one in Short Creek, three in Leitchfield, and one in Clarkson, all of whom were in Grayson County. People came from everywhere to see Dr. Sherman.

That was in about 1932, when I was five or six years old. My dad was the only person in the community that had a car. Even though we had dirt roads, if someone became sick in the summer time [and] he could get his car out, he would take them to the doctor. Seems like he always took them to Dr. Sherman. So when I got a little interested in medicine, I always thought of Dr. Sherman. After going to high school three years, and off to the navy and back, I finished school at Horse Branch. I was in college four years, and while I was in college I more or less moved in with Dr. Sherman. They treated me just like a son; they didn't have children. He wanted me to go ahead and go to medical school and take over his practice so he could retire. And that's exactly what I did. That was in 1955, the year I got out of internship.

Dr. Sherman practiced in his office and did house calls. He also had his own drugstore, which I also did. I moved into a newer office in 1964, and at that time I hired a registered lab technician and a pharmacist, and we ran the office up to date.

In his days, Dr. Sherman compounded his own medicine. That's an interesting thing about him. He was filthy rich, but he did not ever take advantage of patients. Believe it or not, he would sell drugs to the patients for 10 percent of what they'd have to [pay at] the drugstore. He didn't charge anything for his own service unless he did some kind of surgery. He did tonsillectomies in his office; charged fifteen dollars for a home delivery...

Another thing about Dr. Sherman: he was always up to date on things. He did lab work; other doctors didn't even know how to do it, but he studied all the time. He did blood sugars in the office back in the days when you had to cook it and the whole works, not like they do it now. He always charged people. He never said, "You don't owe me anything." One day I saw him treat an old lady. He did a blood count on her, a urinalysis, and fixed her medicine, and charged her just ten cents.

He got rich because, every dollar he got hold of, he saved ninety cents of it. He was the most frugal person I have ever known. He would go hungry to save a dollar. Of course, that was during the Great Depression years, and he invested it all in stocks. When he went to medical school in Louisville, there were five medical schools in Louisville, and they all ran on private pay. In fact, the University of Louisville Medical School was still a private school when I went there, and the tuition was not much different than what it is now.

The Kentucky Medical Association awarded him Doctor of the Year in 1952.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

A DOCTOR, NOT A BASEBALL PLAYER

I grew up two miles from here in Dry Ridge and grew up kind of poor. I didn't know what an inside toilet was until I went away to college; [we had] no electricity. And my dad wanted to buy this farm when I was a senior, and he didn't have much money. He went in debt and said to me, "If you'll stay with me until I get the farm paid, I'd sure appreciate it."

So I did. I stayed with him four years and we paid the farm off during that time. I don't think I ever made over thirty dollars a month the whole time I was there. So I didn't have any money, but they put me through school, and I went on to Georgetown College, where I got my degree in two and a half years. I went to school and took eighteen to twenty hours each semester. However, I was a good baseball player, and at one time I had a minor league contract with Pittsburgh. But I decided that wasn't for me. So I went on to school, and Dr. Wharton was the chief advisor for premed students. You had to get her recommendation or you didn't get in medical school. Anyway, I came out for the baseball team, and I was good. I had my uniform and had my picture taken and everything.

One day I went to class, and Dr. Wharton, who always called me Darl but never called me by my full name, said, "Mr. Shipp, would you stay after class with me?"

I said, "Yes, ma'am." So I went up and sat down by her desk, and she asked, "Did you come to school to be a doctor or a baseball player?"

I said, "I came to be a doctor."

She said, "Turn your uniform in tomorrow." Well, that was it.

My landlady where I stayed out in town was wife of the former dean, Dean Hinton. He was dead, but this was his wife that I stayed with. She said, "Where are you going to medical school, Darl?" I said, "Well, I've been accepted at Tennessee, Cincinnati, and Louisville, but I guess I'll go to Louisville."

She said, "Did you ever stop to consider Harvard?"

I said, "Ms. Hinton, I haven't got money enough to pay my bus fare to go to Harvard."

She said, "I've got some good friends up there, Darl, and if you want to go to Harvard, we'll see that you get up there and go through school."

But most of my classmates and others I knew went to Louisville, which was known as a family doctor school. Harvard was mostly scientific. Well, I wanted to come back here and be a family doctor, so I went to Louisville. But after not making any money on the farm, I said, "I'm going to be my own boss. I'm either going into dentistry or medicine, or [becoming a] lawyer, so that I can be my own boss and make a little money."

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

THE IMPORTANCE OF FAMILY

I was very, very fortunate in being born into a family of physicians. It was fairly normal and natural for me to grow up with the desire to follow in their footsteps. My grandfather was a physician who started practicing medicine in 1904 and practiced for over fifty years here in Daviess County. My father was a physician who also practiced general medicine in Owensboro from 1937 until 1971. I consequently grew up around these wonderful gentlemen; thus the practice of medicine just came natural to me. I had the opportunity of spending quite a bit of time with my grandfather, especially in his later years. He had gotten to the point he was not allowed to drive because of trouble with his vision and having had several accidents. So my dad appointed me to the job of driving Granddad to various places. We frequently went to his farm, which was near Curdsville. These outings were always enjoyable because my granddad loved the people in the rural area so much and enjoyed going out and talking with them.

At that time he was not really practicing medicine, although he would frequently go to the office and sit and talk and tell stories to the patients who would come into the office to see my dad. In traveling with him, I heard a lot of his stories and got the feeling and understanding of his dedication and his love of the practice of medicine. My dad certainly inherited this and was very dedicated to his practice. When I was young, he frequently took me with him on house calls. That was again an exciting experience because I got to be in his car in which he had a spotlight, and I would play with the spotlight frequently while he was in the house with the patient. I got into a bit of trouble shining the light where it wasn't supposed to go! But these visits helped me understand his dedication, going out in the evenings after he'd had a full day's work and also going out on the weekends to make house calls.

So with this background, it was sort of easy to be directed into the field of medicine, or at least into the field of science. When I went to Indiana University and got a degree in zoology in1961, I had all intentions of being involved in research programs and teaching. I thought that would be the way I would contribute to the medical profession. I did this for a while in medical school. It was a combined degree program, and I spent time working in a research lab. So actually I spent a lot of time working in the lab and working with the lab animals, especially rats. Then when I got into the clinical part [of] medical school, I just simply decided that it was just a whole lot more fun taking care of people than it was taking care of rats. That sort of ended my career in research. I got my M.D. degree in 1965, and I've been extremely happy that I made the decision to practice medicine. It's been extremely rewarding and certainly a blessing for me.

Dr. William L. Tyler III, Owensboro, January 30, 2006

OUT OF THE ARMY AND INTO MEDICINE

My brother was in med school, and when I came home on leave from the army just before I got out, my brother asked me what I was going to do. I had a degree in education, so I said, "I'll probably teach." I liked science, so I said, "I might go back to school and get a master's degree in bacteriology."

He said, "Did you ever think about going to med school?" I said, "No, I really haven't."

He said, "Well, I think you probably could if you wanted to."

So I got to thinking about it and thought, "Why not?"

The next day, he said, "I'll take you down to see Arch Cole." [Cole] was dean of admissions [at the University of Louisville Medical School] at that time. So I went down to talk to him. That was in April or May. He said, "Well, I can't get you in this year, but I'll get you in next year." That was a surprise.

Part of my undergraduate work was done at Loras College in Dubuque, Iowa; then I finished up at the University of Kentucky with a degree in education. Then I taught for a year. When I got out of the army, I had a year to wait until I could get into med school, [so] I taught science at a high school for one year.

I backed into medicine, so to speak, but I've enjoyed it and wouldn't think of doing anything else. It's what I like to do, and I like people. I like science and medicine and treating people. It's very rewarding.

My great-grandfather was a doctor who went to the University of Louisville, and his father was a doctor. His father graduated from St. Louis University in the 1840s. Back in those days they made home calls by traveling in horse-drawn buggies. They went out of their offices as much as they stayed in them. My family went a couple of generations without doctors; then we came back to it.

Dr. Harry Spalding, Bardstown, March 3, 2006

INSPIRED BY HIS BROTHER

Both sides of my family were all farmers, but my older brother, who was eight years older than I, became a general surgeon. I didn't want him to get ahead of me. So I just followed in his steps; premed at the University of Kentucky, then went on to medical school at Duke University, Durham, North Carolina, graduating from medical school in 1954.

I interned in Denver, Colorado, spent two years in the air force and another year in family practice residency in West Virginia, then came to Danville in 1959 in solo practice.

Dr. James W. Ramey, Danville, March 14, 2006

A CENTURY OF FAMILY MEDICAL PRACTICE

My grandfather was Dr. W. L. Cash, who started practicing medicine here in Princeton in 1907. He practiced here until he passed away in 1954. Then my father, Dr. Ralph Cash, Sr., started practicing medicine here in 1946, just after World War II, and he retired in 1996 after fifty years of practice in Princeton. My father passed away in 2001.

I joined my dad in medical practice here in 1978, and if I can make

it until 2007, it will be a century of Cash medical practice right here in Princeton. . . .

As to why I became a physician, I just never thought of doing anything but that. I went on house calls with my father when I was young. When he went to somebody's house, it was a privilege to go with him. That was something I wanted to do, and the same is true with my brother and sister, both of whom are also doctors. So when Dad went on house calls, if we were lucky we got to go with him. He would go into the house and take care of the person that was ill, and we would go in and probably get something to eat. It was truly just a treat to accompany him on these house calls.

Fortunately for me, things fell into place in school. My grades were good enough for me to be able to get in medical school.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

EARLY ENJOYMENT OF BOTANY AND ZOOLOGY

During my boyhood days in grammar and high school, when I was interested in animals and in classes on botany and zoology, my interest grew about the field of medicine, so I decided to try to enter medicine later on. That's the way it worked out, but it started out earlier with the love for nature and the idea of how you treat people with medications. It was fascinating at the time; therefore I pursued that career, beginning back in Alabama.

I was born in Birmingham, Alabama. My father had to move to Montgomery during the Depression. We had it pretty hard at that time, as we had to live with his parents. During my boyhood years, I spent time during the summer on my grandfather's farm in southern Alabama. It was there I picked cotton in the field at ninety-five-degree temperatures, but I was glad to get some spare change for my work. At lunchtime our meal often consisted of sardines, fried chicken, a moon pie, and maybe an RC Cola or ice tea....

We grew up in Montgomery and attended public schools there, including high school. Unable to go out of town for college, I ended up going to Huntington College in Montgomery, where I got a B.S. degree and did well in school. We stayed at home and did our studies and work there. Then I applied and was the first man from the little school of Huntington College to enter Emory University School of Medicine in Atlanta. Huntington was formerly an all-girls school but was made a coed school a few years before I went there. I finished at Emory University and interned in Alabama under the influence of the great Tinsley R. Harrison. From there I decided I would like to be in the military service, so I joined the United States Navy, went through training, and became a flight surgeon. I had to fly and solo the T-34 airplane in Pensacola, Florida. Then spent time in the Mediterranean as a flight surgeon.

When my time came, I didn't know what I wanted to do. I happened to meet a man coming into the military who had worked with the miners' hospitals group in West Virginia, Kentucky, and Virginia. So I thought that was a good place to at least start. I came through Washington, talked with some of the directors of the United Mine Workers Hospital, and came on home and spent a month with my parents in Montgomery, then came back up to eastern Kentucky. I started out with the United Mine Workers Hospital as a staff physician... From there I broke off and started my office practice here in Pikeville, Kentucky, about 1967 and have stayed here since then.

Pikeville is a small town. I've watched it grow from a coal town to a modern up-to-date town with a medical center that's as good as any hospital in the United States, with all medical specialties represented. It's hard to know why I've stayed here. It's a small area, but I think the natural beauty of the area, since I'm a naturalist by hobby, compelled me to stay here during this period of time. Fortunately, I've been able to travel from East Africa to the Amazon, and I worked in the great down-under country of Australia in an emergency room for about a year. I came back to Pikeville as an emergency physician with the Pikeville Medical Center and have enjoyed my practice thus far.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

INSPIRED BY ANOTHER DOCTOR

When I grew up in Pike County, I liked to work on things, particularly little engines, lawnmowers, old Maytag washing machines that you had to kick-start. I graduated from that as a real young boy up to working on car engines. I think I have to give my granddaddy credit, because he was very handy about doing anything in plumbing, electric, and working on things.... So during my early years in Pike County, I spent my time running up the creeks and hills. Eastern Kentucky now is not like it was when I grew up there. Back then the water was fresh, clear. There was just beauty about it that you just don't realize unless you actually lived there and grew up in the days I'm talking about.

To get back to working on cars and things, I sort of mastered the ability to make an engine run, and run perfect.

One day, my first wife and I were sitting in Dr. Ernie Musgrave's office. He married a relative of my first wife. I thought to myself that it must be absolutely awesome to take a human body and be able to examine it, listen to it, talk to it, and fix it. That was, so to speak, the ultimate engine. I really thought that it would be wonderful to be able to fix human beings, the most complex organism or machine you could ever have to work on, like Dr. Musgrave did.

After graduation from high school in 1955, I didn't have much motivation to go to college, so I went to Michigan, which a lot of young people did back then. I worked up there for a couple of years, came back to Kentucky, got married, and had the two children.

I was working for Kentucky–West Virginia Gas Company when I decided I wanted to be a doctor. So, eleven years after graduation from high school, I quit my job and started college at Morehead. I took three classes there that summer, then went to Pikeville College for one year, then moved to Lexington and attended the University of Kentucky. My goal was to become a doctor, and I knew that it would be self-satisfactory to be able to master the human body and do what Dr. Musgrave was doing. I also knew that if I became a good doctor I would have financial security for my family.

While I was in premed training at UK my advisor was Dr. Pisacano. I had meetings with him every so often, and he told me, "I want you to apply for med school."

Well, I only had sixty hours of undergraduate work, and I said to him, "They'll laugh me out."

He said, "No, I want you to apply." So, lo and behold, I got a call for an interview. I went over to the medical center and had an interview with three doctors, and everything went well, and they said, "We'll let you know."

Two or three weeks later I got a letter stating that I was on the standby list for acceptance to med school. About a month or so after that, I got a letter stating that I would be accepted into that fall term pending my satisfactory completion of the coming year's work. So I got into med school with something like ninety hours of undergraduate courses. I finished med school and graduated from there in 1972, then interned in Savannah, Georgia, for one year. I began medical practice here in Franklin, Kentucky, in 1973, and I have been here ever since then.

Dr. Larry Maynard, Franklin, April 18, 2006

ALTERNATIVE TO VETERINARY MEDICINE

I'm still not sure as to why I got involved in medical practice, and that's the truth. During my undergraduate years, I actually planned on going into veterinary medicine. However, several of my professors told me it was just as easy to get into medical school, and [they said] it was probably a better lifestyle as you got older than dealing with large animals and things. So that's basically why I decided to become a medical doctor.

I was always good in math and science, and that sort of come easy. So doing the premed part wasn't much trouble. But there are days when I wonder why I ever went into medicine! But back when I was in high school in Salem, Kentucky, I worked for a pharmacist whose name was Norris Glenn. I started working for him during my freshman year and continued to work for him for four years in the pharmacy, delivering drugs and so on. I guess I would say he was a deciding factor and a real good role model in that general profession.

Dr. Gary V. James, Marion, April 23, 2006

INSPIRED BY CARING FOR GRANDMOTHER

I was twelve years old at the time my grandmother, whose name was Lucy Ward (but we actually called her Mama Lou), became very ill. During her illness, she fell and broke her hip. When that happened we brought her to Pikeville, which was an hour and a half away, and she had to be admitted to the hospital. Due to her condition, they said they could not do surgery on her, but they kept her in the hospital a couple of days. No one else in the family could stay with her because at the time, the only way you could stay was to sit in a chair all night or lie on the floor. So I would not leave my grandmother's side, and I stayed with her in the hospital for five days, and at night I slept on the floor.

During that time, she developed pneumonia and passed away. But at that moment, I knew that there had to be things that could be done better and that there had to be people who could make others' lives feel a little better or have a little more compassion for someone who was sick, ill, or hurting. Hopefully, in some way I could help someone. At that point in time, I knew one way or another—I didn't care how many years it took— I would eventually get into the health care arena. And of course, I did do that—a little later, but I finally got there. I knew even then that I wanted to be a doctor; it just took me a little longer than most. After that time, I started taking care of family members. Every time I would turn around I was the one they would call to stay with Grandma, Grandpa, aunt, or uncle; it was always me in the family. So, age twelve was when my interest in becoming a doctor was first piqued.

Dr. Baretta R. Casey, Hazard, May 10, 2006

DECIDED AT AGE NINE

I was nine years old when I decided I wanted to be a doctor. I lived in a little tiny town, and I saved my nickels and dimes. My grandmother, who lived with us at the time, helped me, and I saved up five dollars. I rode my bicycle way down to this old lady who was a widow and whose husband had been a chiropractor. And I bought *Dorland's Illustrated Medical Dictionary* and *Gray's Anatomy* from her. I like to have never got them home. I opened up the *Gray's Anatomy* to the male and female anatomy. It scared the daylights out of me. I closed it up and hardly ever opened it up for years!

When I was thirteen years old my grandmother became very, very ill, and I stayed with and cared for her during the day at the hospital. My father had a graduate nurse who would come in and take care of her at night. So I learned an awful lot about taking care of the ill, [about] the small hospital we had at the time, and [about] what a person needed at the time they were dying, which my grandmother was. So I took care of her during the day.

I began to plan my career from then on. By the time I turned thirteen it really began to blossom.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

MOTIVATED BY CATHOLIC MISSION

At age eleven I was living in Columbus, Ohio. A young man who was a friend of the family came to stay with us. He was going to medical school [and] needed a place to live, so we provided that. I got interested in his books, his microscopes, all his classes, and I thought, "Gee, this is the way I want to go." So I aimed everything in my education from then on toward medical school.

I attended a young ladies' academy taught by the nuns, who decided I didn't study hard enough, so they moved me up in school and made me do two years in one year. That made me study! Then I went to Ohio State University, where I spent three years in the premed program and was qualified for medical school. Then I decided I really wanted to be a nun *and* I wanted to be a doctor. So I sort of tossed the coin and then joined the convent.

I had just finished my training as a sister and was a professed sister when the authorities of the order asked me if I would like to study medicine. I said, "Yes, what is it?" They were taking a mission in India, and they needed a sister doctor. I said, "I think I can do that for you." So I went on to Georgetown University Medical School and graduated from there in 1953 as one of the five women in the class.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

HIGH SCHOOL INFLUENCES

Up until I was a freshman in high school I had never been to the hospital, but I had been to the doctor a handful of times. My mom got scheduled for a hysterectomy, which is a surgical procedure for removal of [the] uterus. And when she was in the hospital I went to visit her. I still don't remember what it was, but something piqued my interest, and I loved the environment. I loved the doctors and I loved the different technicians and folks that came to help take care of her.

This is true: About six weeks after she got home from her surgery, we got her bill from her anesthesiologist, and that's when I looked at Mom and said, "I think I want to be a doctor." That's what got me interested, and that was the moment or period of time when I said, "You know, I think I want to do this."

My mom was a schoolteacher, and my dad had various sales jobs, and we had no personal friends or family members that were doctors, nurses, or had anything to do with medicine. I really didn't know who to turn to, so during my sophomore year I went to my guidance counselor at Paul Blazer High School. I won't mention her name, but I said, "Would you please tell me what I need to do to be a doctor?"

She actually looked me in the eye and said, "No, I'm not going to do that because you're too dumb to be a doctor!"

I took a deep breath and thought, "Wow, that's really odd advice for a counselor." I said, "I really don't care whether you think I can do it or not. That's not what I'm asking you. I just want the information, and then I'll find out if I can do it or not."

She said, "No, I'm not going to waste any of either of our time.

I'm not going to waste my time or your time giving you information, because there's no way you'll ever get into med school."

So I said "thank you" and stood up. And I'm telling you, when I walked out of her door that day, I was going to be a doctor even if I hated it. I was going to be a doctor. And in all seriousness, that really did [drive me] and to this day drives me to succeed, do well, and overachieve.

Those were two giant moments in high school that really influenced my career decision, and really, after I decided to be a doctor my freshman year, I've never wavered; I've never looked at another occupation. Then when I got nowhere with my guidance counselor, I just started writing letters to all the deans in every medical school in the country. I wrote Harvard, Yale, Columbia, Michigan, Marshall, Kentucky. The thing I was shocked about was that every one of these medical school deans wrote me back. I was just a piddly, barely above average high school student. And I've still got at home a letter from the dean of Harvard's Medical School that is actually two pages long. He took the time to say, "These are the classes you need to take, and this is what you need to do."

I thought, "Wow, my guidance counselor doesn't think I can do this, but the dean at Harvard took enough interest in me to write a two-page letter to tell me just what I need to do."

Those were the things that probably influenced my decision to become a physician.

Dr. Loren J. Ledford, Ashland, May 11, 2006; recorded by Stacia Caldwell

INFLUENCED BY FATHER

I went into medicine because my father was a doctor. He practiced in Paducah, Kentucky, from 1933 until 1988. His name was Robert W. Robertson, Sr. He went to the University of Louisville Medical School, and he always encouraged me to go into medicine. Of course, you sort of follow along in your father's footsteps. So I became a physician primarily because of his prompting. And my brother, George W., is also a physician in Louisville; he's an ob-gyn. He will be sixty this year and will practice another couple of years.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

FAMILY EXPECTATION

My dad was a general surgeon. In World War II he got drafted and there were no neurosurgeons [in the army], so he got sent to Louisville, as did several others across the country, [for] a crash course in brain surgery for three months. After that they sent them overseas to the fighting. Dad operated for four years in a frontline hospital for brain and head wounds. That is kind of interesting, for nowadays it takes five or six years' training to be a brain surgeon.

My parents died in a house fire when I was eleven years old, and I then moved in with my uncle, who was a family physician here for sixty-plus years. It wasn't a big decision about becoming a doctor. All I ever grew up with was, "Where are you going to med school?" Becoming a doctor was expected.

I grew up going on house calls with doctors in my family, so I never really had any other options as to what I would do. It was just a done deal, and it didn't take any amount of courage to decide to go to medical school.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

WANTED TO HELP PEOPLE HEAL

In grade school I decided that probably I would like to be a doctor. I think that was when I was in the sixth grade. Just why I decided, I don't know. I think my brother had an injury to his foot; he cut it on a piece of glass. We took him to a country doctor who sewed his foot up and said, "Well, he may not be able to run without a limp or walk without a limp." But it turned out fine, and he turned out to be an excellent athlete and ballplayer. At that time I thought, "Boy, that would be nice to be able to help people with things like that."

So I wound up thinking that I would like to do that and probably wavered only once or twice. Once I was in college, I kind of liked physics and maybe engineering. But every time I thought about it, I thought, "No, I'm going to go ahead and pursue this medicine deal."

I went to the University of Kentucky Medical School. That school had been started rather recently, so we were the seventh class. Louisville, of course, had been around a long time. I interviewed at both places and thought I'd kind of like to go to the University of Kentucky.

Dr. James R. Burt, Bowling Green, June 12, 2006

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MEDICAL TRAINING AND EARLY CAREER

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Many of today's physicians experienced interesting, dangerous, difficult, and humorous episodes during their training and early career years. The chapter includes descriptions of a number of "firsts," including doctors' first experiences with delivering babies and performing surgeries, as well as unforgettable first experiences in emergency rooms and on house calls. Several of the stories address early career decisions and the mentors and others who influenced those decisions. In addition, several of the physician-storytellers describe their decisions to return to rural Kentucky following training outside the state, and others discuss their first years of family practice.

STUDENTS' MASS HYSTERIA

There are always a lot of stories that come from working in an emergency room. When I was an intern at Parkland Hospital in Dallas, the Dallas Cowboys were playing a home ballgame [one] day. Late that afternoon, we got a call in the emergency room that there were a bunch of band members coming from the Cotton Bowl—from the Dallas Cowboys football game—to the emergency room with food poisoning. So we got prepared, and these high school kids started rolling in.

We found one or two that had symptoms to suggest food poisoning, or at least some gastrointestinal symptoms. Most of the students coming in with the band were complaining of dizziness and passing out, and they were all upset in association with this. What it turned out to be was a case of mass hysteria due to their seeing a couple of their colleagues get sick in the restaurant, and all the rest of them felt that they were also sick. And by the time they got on the bus, they were all sure they were sick. Well, by the time they got to the emergency room, they were all certainly hysterical. So we had a long evening of taking care of this band group and getting them all settled down and back on the bus and back on their way home to west Texas. But it was an exciting afternoon and evening in the emergency room associated with the high school students coming in from the Cowboys game.

We did subsequently get a nice call from the management of the Cowboys. They didn't give us any free tickets, but they did at least say thanks for taking care of the problem.

Dr. William L. Tyler III, Owensboro, January 30, 2006

"TELEVISION" AS A HEALER!

When I was a medical student, we were working on the ward at the VA Hospital in Indianapolis. One night we were on call, and there was a patient on the ward who was particularly agitated and making a lot of noise and just in general causing problems on the ward. The nurses had been complaining and fussing about him, and they finally moved him out of his room and into the hall in a wheelchair. As he was sitting in the hall, he was making even more noise. He was consequently closer to the medical students and the intern, all of whom were in the doctors' area, writing up reports.

So I got the idea that maybe he would like to watch television. I went out and talked to him a minute. Of course, he wasn't really understanding or appreciating anything I had to say. So I wheeled him over in front of one of the X-ray viewing boxes, then put a chest X-ray up on the viewing box and turned it on. I asked him if he would like to watch this television. I wheeled him over in front of it, and he sat there and watched the X-ray for a long time, quiet as could be. He finally went off to sleep.

So, we had this patient watching television as his "therapy."

Dr. William L. Tyler III, Owensboro, January 26, 2006

MEDICAL SCHOOL, GROSS ANATOMY

There were only four women in our medical school class of about a hundred. I was very aware of my minority status and recognized that the male members of the class had mixed feelings about us. Although for the most part the boys were polite and courteous, they did enjoy embarrassing us.

When one of the boys told me that we needed to confer with our anatomy professor individually, I was patiently waiting in line. Just as I got to the front of the line, the professor came down the hall and said, "Miss, you might prefer to use the ladies' room on the first floor." Saved by the bell, as it were.

At the end of the day, we washed up in a long sink outside the anatomy lab. I was only too glad to get the odor of formaldehyde off of my hands after dissecting my cadaver for several hours. I failed to notice that the boys had put a condom on the water faucet until it filled up and exploded in my face. I got a full shower that day!

My all-time most embarrassing moment came on the day I walked into the lab and found all the male cadavers with their penises standing erect. To facilitate the dissection of the male scrotums, the laboratory assistants had tied the offending members to the overhead pipes. Before I figured this out, I was really angry to think that my classmates would go so far to offend me. The boys were treated to a sample of my Irish temper that day.

The lingering aroma of cadavers and embalming fluid permeated me and my clothes all that year. I found myself being asked to please go to the back of the bus every day on my way home. My *Gray's Anatomy* textbook still carries traces of that odor.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 10, 2006

EARLY YEARS OF MEDICAL PRACTICE

I was born in Mays Lick, Mason County, Kentucky. I don't know what caused me to become a medical doctor. It just happened gradually. But it probably happened because I was in a hospital corps in the navy. That was close to medicine. But I don't remember why I decided to become a doctor, and none of my family members were doctors.

I do remember the guys I lived with while I was in medical school at Georgetown University. Five of us lived in a room together, and we were all med students. I can't recall why I went to Georgetown University, but I think Father Carroll influenced me to do it.

I came back to Maysville from Washington, D.C., in 1954. While there, I was working as a medical internal resident. I was there for around several months, but I chose to come home because my mother was sick. I hadn't planned to move back here, but I decided to do so, and I ended up staying here. I worked in an emergency hospital in D.C. I also began my medical practice there, and continued to do [it] for a good while.

Dr. George Estill, Maysville, December 9, 2005

DOCTOR TEACHES DOCTOR ABOUT SURGERY

This is a story about Dr. Gordon Carr. I'd been here about three weeks, fresh out of internship. Our offices were side by side in what had originally been a store building here in town. He had half of the building, and I had half of it.

One day this fellow came in and had a hot appendix. I knew that Dr. Carr operated on people, so I went next door and told him what I had and asked if I could send the man over to him.

He said, "Nope."

I said, "Well, what am I supposed to do?"

He said, "Well, Jerry, I'll tell you what. You work him up, you write the orders, you get him on the table, and I'll come in there and keep you out of trouble."

So that's how I learned how to operate on people. Today that's not feasible at all, but as a result of help from the older physicians in the community, I wound up doing many surgeries across the years.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

FIRST HOME DELIVERY

It was a cold and stormy night when I was assigned my first home delivery as a junior student at the University of Louisville Medical School. We were sent out in pairs, and the hospital ambulance transported us with big black bags containing the linens and instruments (forceps, et cetera) needed for the delivery. The senior student on call with me dismissed the ambulance, saying, "That's okay, I'll drive my own car."

About a mile east of the hospital, in a very poor area, we located the address. The patient was in a small room on the third floor of a tenement building. Dozens of friends and relatives (including several small children) were clustered around the bed. The patient was agitated and screaming loudly. We cleared a path, and happily the baby was delivered without incident. Everyone was jubilant.

As I was packing up the soiled linens and equipment, the senior

student jauntily said, "Good job. I'll leave it with you." And he left. Having no choice, I headed back toward the hospital laden down with two large, heavy black bags. That was scary enough, but when I proudly presented the bags to the obstetric nurse, hoping for some evidence of appreciation, she simply said, "Where's the placenta (afterbirth)?"

I asked her what she wanted it for, and she said, "We have to have it to get credit for the delivery."

I said, "Well, you may not get this one."

She growled, "Where is it?"

I sheepishly told her that I'd wrapped it in a newspaper and deposited it in a garbage can on my way back to the hospital.

She growled louder, "Well, go get it."

It was still a cold, stormy night as I retraced my steps, rummaging through every garbage can on the way, until I found the wretched thing and got it back to her. She didn't even say thank-you, but the whole experience was made more thrilling when I learned that they had named the baby after me.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 18, 2006

Coming Home to Practice

I was not certain where I would end up practicing medicine, so I spent time in Dallas for my medical training. Then I was in Texas again in the army and had some opportunities to go into practice there. It was basically fine to do this, and certainly to be in a large community was always my plan. However, my father was sick, and I decided to come home and be with him while he was sick and dying from colon cancer. Fortunately, I was able to do this, and I started practicing in Owensboro in 1971. I was in the army at that time, and because of his sickness I was able to get stationed at Ft. Campbell. So I would drive back and forth from Ft. Campbell, either every night or certainly every weekend. In fact, I practiced medicine some in his office on Saturdays when I was in Owensboro [and] he was too sick to practice.

Being here in Owensboro has been a wonderful experience and a wonderful opportunity. I had a lot of concern about the idea of coming home and practicing medicine for people I had grown up with—friends, neighbors, relatives. This did cause me a certain amount of concern at first, but I found [it] was only an added blessing to have this opportunity to be around people who are not only appreciated as patients but also loved as neighbors, family, and friends. So I got into medicine in a very natural way. It's been a wonderful, wonderful opportunity for me. I've certainly seen a lot of changes, but I don't regret a minute of practicing medicine.

Dr. William L. Tyler III, Owensboro, January 30, 2006

BATHROOM FACILITIES ILLEGALLY SOLD

The most interesting thing I can remember that ever happened to me, other than home visits and home deliveries, happened while I was in medical school. In those days, they taught you how to practice medicine, and on the day you got out of medical school you got a license. You didn't have to do an internship. I did, but you didn't have to. You made home calls as a student. You delivered babies as a student. I delivered several babies. Of course, all those things were easy for me as I had been with Dr. Sherman so much.

One day I delivered a baby down in the west end of Louisville in one of those new housing projects. Everything was spotless. I was thinking how nice it is for the government to furnish this for all these people. After I delivered the baby, I gathered up all my stuff and went in the bathroom to wash my hands. There was no sink, no commode, and no bathtub! I asked the residents why, and they said they personally sold them. And that was government property!

Dr. Aubrey L. Embry, Millwood, November 18, 2005

AN APPRECIATIVE GRANDFATHER

I made a house call when this guy called to ask me to come see his grandchild. I had to go up this creek and up the road, and it was a very foggy night. I asked, "Well, how will I find you?"

He said, "I will have a light waiting for you."

I'll never forget him. Here he was where I was to turn, and he had an old-fashioned lantern, and there was a lot of fog and everything. He was standing there waving the lantern so I could find him.... When I got to his house, his grandchild had the worst case of croup. They couldn't afford to go to the hospital, so I thought, "What will I do, Lord? Give me the help." Well, I had some medication, and I used everything that I had. He turned to me later and said, "That's the fastest anybody has ever brought my grandchild out of whatever this croup was." I said, "Thank you Lord," because that's the way I felt every time I went out. I always had a Bible in my medical bag. During my junior year, we got our little black bag. I put a Bible in it and said, "God, I'll take care of this part, and You take care of that part, and together we'll take care of it."

After my visit there with this man's grandchild, my reputation was made. He had everybody in the creek area to come to me.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

SUCCESSFUL FIRST DELIVERY

My first delivery took place while I lived at Artemus in Knox County, when my family doctor stopped by in his jeep and said, "I'm going up to do a home delivery. Do you want to go?"

I threw a couple of cookies in my pocket and headed out with him. This lady we were going to see had several babies. The house was sort of broken down; windows were open, and chickens were walking through. The doctor said to her, "Do you mind if she delivers you?"

She said, "No, I've had so many it don't make any difference."

Well, I got ready to deliver her, and the doctor told me that we had to set up things, so I learned about doing a home delivery that way.

When I was in school in Louisville, the residents would try to get me to go out with them because I could set up all of this.

To make a long story short, the baby came out with face up instead of face down. It scared the doctor to death, but I didn't know any difference and went ahead and delivered it, and everybody was happy. I got home all right, but my two cookies were crumbly by then.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

SURPRISE DELIVERY

Late one night when I was working in the emergency room as an intern, a distraught woman rushed in with a heavy girl on tow. "My daughter has stomach flu bad," she said. The girl was sobbing and doubled over with pain.

A quick examination revealed that she was in the third stage of labor. I rushed her on the stretcher to the elevator and headed for the delivery room. We didn't make it! She gave a loud scream and popped a baby out into my hands. Then, she pulled back her leg and kicked the slippery infant *out of my hands*. Unbelievably, I caught the baby in midair and placed him on his mother's stomach.

We exited the elevator to the delivery room and proceeded to care for the mother and infant. "Grandma" continued to insist that she really thought her daughter had the stomach flu. The daughter's only comment was, "I don't know how that could have happened."

I just said a little prayer of thanks that I had not dropped the baby on the floor of the elevator.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 23, 2006

MEDICAL STUDENT FAINTED DURING SURGERY

One dreadful event I remember [occurred] while I was in medical school as a student on surgery service. Each student was assigned a patient to work up, including history and physical exam. When they'd go to surgery, you'd go along to surgery with them and observe what took place.

This little girl was about ten years old and had a congenital bone deformity of her lower leg. It needed to be changed by having a surgical rotation procedure done. The chief of the surgery department, Dr. Hart, was going to do the case. I was about the fifth man down the line, watching Dr. Hart along with the residents and interns.

As Dr. Hart started sawing this tibia with a bone saw, I got to feeling a little funny. But being too proud and scared to say anything, I stuck it out. And the first thing I knew, I was looking up from the floor at everybody staring down at me. I had fainted.

Well, I not only fainted, but as I went down I took all the drapes and the surgical tray with instruments all down on the floor with me. The surgery had to be stopped. Dr. Hart understood; he was kind and didn't say much, except to ask me to back out sooner the next time. But the surgical nurse, who had prepared all those instruments, was ready to kick me all the way back to Kentucky to end my career in medicine! But it didn't happen.

Dr. James W. Ramey, Danville, March 14, 2006

PREMED REQUIREMENT

This is an absolute true story. What happened is I started out at Paducah Community College; two years there, and that's how I got hooked up with George Crounse. When I left Paducah, he paid my way through Centre College in Danville. . . . In order to get into medical school, you needed to take a course in physics as a prerequisite. That was required by all medical schools, I think. But unfortunately, Centre had only one section of physics, and it was taught by Dr. Marshall Wilt, a brilliant man. I had to take his section of physics, but in order to be able to take physics you had to have taken a course in calculus, because all of the Newtonian physics was done by differential equations and calculus.

I had made one B+ at PCC [Paducah Community College] and thus did not have a 4.0 average, but I had made As in everything else. But when I got to Centre, in my first section we would do five chapters in the physics book, and then we'd have an exam. During the first one, I studied hard and really thought I had a good hold on everything, but I made only a 50 on the first exam. Well, I knew I had to have physics, and I thought how tough it was going to be. For the next section, at the end of each chapter there were usually from one to thirty-five problems. I went through every chapter, and I worked out every single problem except four in all those five chapters.

The day of the second exam I went over to the science building and walked up to Dr. Wilt's office. Thankfully, he was there. He was a super-nice fellow, always willing to help. I asked him, "Dr. Wilt, can you help me with four problems I'm having trouble with?"

He said, "Sure."

We sat down there and went through those four problems. I basically understood them; it was just some minor math things I needed to know. We sat there and worked them out, and by that time it was time to start the class, so he said, "Let's go to class."

I actually walked over to the class with him. He handed out the exams. There were five problems on it; four of them were the ones we had just worked. They were the last problems of each chapter and were the hardest problems in the book. I've always thought if I had made 50 on that exam, I might not have made it through that physics course. But I made 100 on that one! Of course, I made an A in the class, but it was a dismal showing on everyone else's part. After the class was over, he told everybody that I'd made 100 on [the test].

That was the only physics class there, and if I had failed that physics class, I might not have been able to get into medical school.

Dr. Gary V. James, Marion, April 23, 2006

Words to Be Spoken to "Dead" Patient

I interned at Good Samaritan Hospital, but when I was a student at the University of Louisville, UK [the University of Kentucky] was not in existence. I was working in the emergency room as a junior student when this man came in, and boy, somebody took a beer bottle to his face. He was really lacerated. I am very meticulous and don't care who you are; you are going to get the best care from me that you could possibly get. So I spent hours putting his face back together, and he looked up at me and said, "Now, Doctor, you wait right here. The man that did this to me will be in shortly."

I said, "Sir, I have been up all day. I'll be up all night and I'll be off tomorrow. So if you don't mind, make it some other time."

He said, "Don't worry, little doctor. When he comes in, all you're going to have to do is look down and say, 'Man, you is dead." [Laughter]

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

MOTHER PURSUES MEDICAL TRAINING AT AGE THIRTY

My daddy was a coal miner, and my mother had quit school at age sixteen to get married. They had four children, so money was tight. But my dad had managed to send two of my older sisters to college, but by the time I graduated from high school there wasn't any money left. At that time, the guidance counselor at my school said, "Now, if you want to go to college to be a teacher, I'll help you. But I just don't think a woman ought to become a doctor, so I'm not going to help you if that's your aim."

I said, "Well, I'm not going to be a teacher. I don't want to teach school."

I wanted to be a doctor, but she wouldn't help me. So I found an X-ray school that was free in Ohio. I went up to Ohio, and boy, did they have fun with my language! I went to school there for two years, came back home to Pikeville Methodist Hospital, and went to work as an X-ray tech.

At that time, Dr. Mary Wiss was doing surgery, and Dr. Mary Fox was running the health department in Pikeville. I ran into these two ladies quite a bit, and every time I'd see one of them, they'd say, "Why ain't you back in school? Why ain't you going to medical school?" I even completed two other medical trainings to be in nuclear medicine and ultrasound technology during the eight years I worked at the hospital.

I went through a terrible divorce and had one child by then. Eventually I found the right fellow, and we were married. We sat down one day and was having a conversation as to what I really wanted to do when I grew up. I told him I wanted to go to medical school. He said, "If you want to do that, you go."

So as a mother who was an older female from rural Kentucky, I decided I was going to medical school. So I went up to the hill to Pikeville College and said I wanted to enroll in college. Still, nontraditional training wasn't the easiest thing to get done at age thirty. But I finally convinced them to let me in. I graduated from up there, then got into medical school, early acceptance.

Dr. Baretta R. Casey, Hazard, May 10, 2006

RESIDENT DELIVERS BABY

The first baby I ever had to deliver as a doctor, I was a second-year resident doctor in family practice. I was out in the little one-room emergency room in a little twelve-bed hospital in rural Kentucky. The nurse starts yelling, "Dr. Casey, Dr. Casey, come quick!"

So I get in there and say, "What's wrong?"

They said, "We've got a lady in here who is in labor; this is her eighth baby, and you better hurry."

Then I asked, "Well, where is the OB kit?"

"We don't have one."

I said, "You don't have an OB kit put together?"

"No, we don't have one."

I said, "Well, grab me a couple of clamps." Then I asked, "Do you have any surgery kits put together?"

"We've got one."

I said, "Give it here." Then I put some sterile gloves on, and I opened up this kit to see what's in there and finally found one clamp to put on for the cord. Then I said, "Get her up on the table." Well, we get her up on the table, and I examined her and saw that the water hadn't broke, but this baby's head was pushing right against the sack and the water hadn't broke. It looked like a big balloon sticking out of her. I looked at her and said, "Don't push, don't push; breathe, breathe,

breathe; I've got to break your water." Then I said, "Please, don't push yet. I've got to get ready so I'll have time to catch the baby safely."

So here I am, with one, two, or three pieces of instruments, and I break this lady's water, then I literally catch that baby like a football! I mean, it popped right out and was as slick as a ribbon because there was all that fluid coming out with it. And I'm trying to hang onto this baby, and I did not have on a gown either. I hadn't had time to put one on. I was in my clothes, and I was drowned in amniotic fluid from head to toe, and I'm trying to grab this baby. And I did manage not to drop her, but I was scared. I was so scared because it was so slick and I was trying to hang onto it. Well, I grabbed it right around the neck to try to keep hold of it, and I managed to.

I got that one clamp on the baby, and I said to the nurse, "Go find me another clamp." I laid the baby up on its mom's lap, and I'm holding it with that one clamp, and I'm clamping the cord with my fingers with the other one waiting, and she finally did find another clamp, and we got the cord clamped and cut.

I gave the baby to the mom, and while I was working to finish the birthing job, I said, "Well, have you thought of a name?"

She said, "I'm plumb running out." Then she looked up at me and said, "What's your name?"

I told her my name is Baretta Lynn.

She said, "That's a little hard. What's your last name?"

I said, "Well, it's Casey."

She said, "That's it. This is Casey."

I said, "But it's a girl!"

She said, "I don't care. Its name is Casey." [Laughter]

That was the first baby I ever delivered, and it was an experience I will never forget.

Dr. Baretta R. Casey, Hazard, May 10, 2006

MED STUDENT'S FIRST DELIVERY

I was a brand new medical student at Georgetown University, but we were working at the District of Columbia General Hospital. The medical students coming on the service were lined up and said, "You now have a number. You are GW 1, or GT 6. Georgetown and George Washington students who were in the medical schools both worked there. So I was GT 6. They gave us all this briefing of what we did and didn't do. Then somebody stuck their head in and said, "Who is GT 6?"

I said, "I am."

"That's your patient on the table. Get in there."

Well, I had never even seen a delivery to that point. The patient was on the table. They had given her a light anesthetic, and the patient was ready to deliver. A bag of water was presenting. The intern stuck his head in, and I said, "What do I do?"

He said, "Break it."

So I was gowned and gloved, and I broke it and there stuck a foot. Well, this is not the ordinary way to deliver a baby, so I said, "Now what do I do?"

He said, "Pull on it."

So I gently pulled on it, and out popped another foot. Then I said, "Where do I go from here?"

He said, "Just slide it down and pull gently."

And as I did, I delivered a nice, healthy baby. It would have done very well without me, I'm sure, but that was my very first experience at delivering babies. It was called a footling breech and is called that because it first presents with a foot. This lady had previously had twelve babies, and there wasn't really anything to slow things down.

So I was fortunate on that one.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

I'M JUST THE INTERN!

Probably my most memorable moment of being a doctor happened when I was a first-year resident at Marshall University in Huntington, West Virginia. And why that is so memorable is because I hated obstetrics, which is the delivery of babies. We had to deliver babies, and everybody in the department knew that I hated to do it. My feelings were kind of a joke with my colleagues, professors, and teachers.

Well, one day I was on call on my obstetrics rotation, and a lady came in and was in active labor. The baby was on the verge of being born. Usually, the protocol is attending physicians, senior residents, and the intern, which is what I was at that time. We were usually the low-low man on the totem pole. A nurse came in and grabbed me and said, "Dr. Ledford, you've got to come and deliver this baby."

I said, "No, no, no. You don't understand that (a) I hate it, and (b)

I'm just the intern here. Okay? I don't know anything about delivering a baby." And I hadn't delivered a baby on my own up to that point.

She said, "No, no, no. You don't understand. All the attending doctors are tied up in surgery, as a couple of emergencies have come in, and all the senior residents are helping the attending doctors with the emergencies. So I've got to have a doctor to deliver this baby."

And what made that so memorable is that in about a twenty- to thirty-second period of time, I had to collect myself and walk into this room—this was this lady's first delivery and was a pretty big deal for her. I had to compose myself so that she wouldn't know how bad I was freaking out inside. And what makes that so memorable for me is that I walked in and had on surgical scrubs, and she took her finger and motioned me over to her. She actually grabbed my shirt and bent me down, then said to me, "I want you to tell me the truth. Are you a real doctor?"

Of course, I very comfortably looked at her and said, "Yes, ma'am, I am."

She asked me the wrong question; she should have asked, "Have you ever delivered a baby by yourself, and do you know what you are doing?" That way, my answer would have been completely different. I got lucky because the nurse that was with me was a veteran nurse at the local hospital, and she had been a part of thousands of deliveries. So she was very experienced, and my first delivery went without complication.

The baby's head came out, and I was just pouring sweat and about to blow up and pass out, but the baby came right on out, and there were no complications.

I ended up being a big hero because it was the lady's first delivery. But she never knew that I had no idea what I was doing. So that's what made that my most memorable moment of being a doctor.

Dr. Loren J. Ledford, Ashland, May 11, 2006; recorded by Stacia Caldwell

PHYSICIAN WAS A ROLE MODEL

Dr. Mary Reams is a local entomologist in Ashland. I did not know her until my freshman or sophomore year in college. At that point in time, I started writing letters to all the local doctors in Ashland, many of whom I work with now, which is kind of funny. When I wrote these doctors, I would say, "Hey, I'm premed; I just want to hang out with you." What a nerd I was in college! Well, Dr. Reams called me and said, "I'd love to have you." [Although it] started out as just me spending a half-day in her office, we hit it off so well that she ended up hiring me as one of her assistants. So I worked in her office off and on throughout medical school and did rotations in her office throughout residency.

She's a very competent doctor and a great physician. But she's an even better person, and the one thing I learned from her by just spending time in her office is that patients loved and worshipped her. So at a very impressionable age, I took all her good, positive traits in dealing with people and then sort of incorporated those into my own practice. For example, items in my waiting room include a photo album that has my kids and some vacation pictures in it. My patients love those things, and they help connect my patients with me.

I got that idea from Dr. Reams. She had that same photo album of her family in her office fifteen or twenty years ago. She, like Dr. Robinson, had a big influence on my life and continues to do so.

Dr. Loren J. Ledford, Ashland, May 11, 2006; recorded by Stacia Caldwell

"TOP DOG" DIDN'T DELIVER

One would think that after having served an apprenticeship in the habits of Kentuckians at General Hospital in Louisville that a physician would be aware of the various things that might confront him if he practiced in Kentucky. And indeed, I felt that Paducah was a relatively sophisticated community and felt I would be at home as much as I was in Louisville.

By "at home" I mean being familiar with the people and their accents. I originated in Illinois, and while in Louisville I learned some of the Kentucky terminology. As a matter of fact, aside from this, I do recall an incident during my period of practice as a student in Louisville. I was supposed to make a home delivery—that is, to deliver a baby. As a junior student, I went out with a senior about three times. We never did accomplish the home delivery. We always ended up admitting them to the hospital. As a senior, when I was "top dog," I still hadn't accomplished a home delivery. Even to this day, I have not been able to accomplish this feat.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 26, 1973; provided by Folklife Archives, Western Kentucky University

BALTIMORE A NO-GO

I did a medical internship at the University of Louisville–affiliated schools, but first I went for an interview at Johns Hopkins. I took my wife with me, but not our baby, and we had booked a room in a hotel across the street from Johns Hopkins. As we were checking into the hotel, we saw a guy come running down the hall through the lobby with a television. He obviously was stealing the television. Baltimore was literally almost in flames at that time because it was during the riots that accompanied Watts in Los Angeles, et cetera. That was in the mid-1970s.

We never even got to our room. We packed up and drove to Annapolis and spent a long weekend and decided that Baltimore was the last place we were going to go in our life. I don't care how prestigious Johns Hopkins is, Baltimore was just too dangerous at that time. . . . The city is beautiful again now, but at that time it was very unsafe, especially for a wife and baby.

We decided that we would stay in Kentucky, so I applied for a residency position in emergency medicine, and that's where I completed my training. When I started looking for a position in emergency medicine, the best thing I found was right here in Paducah, Kentucky, so I moved back down here. We've raised our kids here. Paducah is a great place if you can make enough money to get out of it every once in a while! In all honesty, it's a great city, and there is no other so-called metropolitan city around here.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

A NEAR EYE INJURY

One of the unusual things that happened to me occurred when I was in training in Savannah, Georgia, in the emergency room. It was a very busy emergency room, and there was a lot of trauma down there in twentyfour hours. They brought this fellow in who had been shooting a nail gun into a two-by-four, and behind the two-by-four was a steel beam. When he shot that thing, that nail went through that two-by-four and came back out and hit him in the eye. When he came in, his eye was just completely closed by that nail.

That nail had completely got the upper part of the brow down to the lower part of the cheek and had clamped that completely shut. It had missed the eye completely. The guy thought he was blind and done-for in that eye. The eye was not touched at all, but that had just completely clamped the brow down. We got a nail cutter and everything to cut that nail out. But the eye was not even touched. It's unbelievable the things that can happen, and you just think how lucky that is. You couldn't stage those things.

Dr. James R. Burt, Bowling Green, June 12, 2005

FROG-GIGGING PATIENT

While I was in Savannah, Georgia, doing my internship, an old fellow came walking into the emergency room about 3:00 A.M., and he had this frog gig. Of course, every time he took a step, he's holding onto the handle of that frog gig, just up and down! I said, "Man, what happened to you?"

He said, "Well, I was out gigging frogs."

You could tell he'd had a lot of stuff to help him to go out to gig frogs, because he was not feeling a lot of pain. I said, "How in the world did you manage to do that?"

He said, "You know, Doc, you get that light in their eyes and it's dark. It's hard to see, but you keep creeping up on them, and that front foot gets closer and closer. I went for the frog and I missed him, and I gigged my foot."

That frog gig had gone all the way through his shoe, with the bottom part out here. So, he had no bones. It missed all the bones. We cut the frog gig, took that off, and he walked out of there.

Dr. James R. Burt, Bowling Green, June 12, 2006

BECOMING DR. EMBRY

I was born on June 13, 1927, at Horse Branch in Ohio County. I grew up in Ohio County. I moved to Millwood in Grayson County because of my interest in medicine that started with Dr. C. L. Sherman, a doctor from Butler County.

Dr. Sherman and my dad, and my uncle by marriage, Arthur Taylor, were the three people I tried to pattern my life after. But the only thing they failed me in was that they did not tell me that other people weren't like them. I grew up naïve; even when I was in the navy I was naïve. I realized that their integrity and honesty weren't like a large part of our society.

When I started living with Dr. Sherman, he began calling me Dr. Embry back when I was about nineteen years old. And everybody started calling me Dr. Embry, and I've been Dr. Embry in this community for over sixty years, even before I got my medical degree. I delivered a lot of babies long before I got out of medical school. Dr. Sherman was always with me, or available.

The day I came to the office, which was July 5, 1955, I had so many patients that they were standing in line out in the yard. Dr. Sherman had a little office out in the yard, but he had advised everybody, "Dr. Embry is going to be here." And he never came back to the office!

Shortly after that day, we had a flu epidemic. I guess it was the next spring. One day in that little office I saw 120 patients.

When I began my practice, the hospital had just opened. The Hill-Burton law [Hill-Burton Act] put little hospitals all over the United States. And the federal government would spend 80 percent [of the cost] to build a hospital for different communities according to their size. And the community had to come up with the other 20 percent. And an uncle of mine was a judge at that time—while I was in medical school. He went around to local people, including my dad, for donations. And he came up with the 20 percent. So they got the hospital built [in Leitchfield], and it had just opened when I came to Millwood in 1955. Dr. Sherman never used the hospital, but he did help me in the hospital sometimes with difficult deliveries.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

STARTING A FAMILY PRACTICE

Upon completing my internship, I opened an office for the solo practice of family medicine in Shively, which is a southwest suburb of Louisville. Patients trickled in very slowly at first. Surprised that I was young and a female, they didn't appear to feel very confident of my medical prowess. I didn't feel all that confident myself. Drug representatives were welcomed and offered coffee. I was glad to have someone to talk to. One day I saw a stray dog limping past the office. When I brought him in and took a thorn out of his foot, I was rewarded with a wagging tail and a lick on the nose. "Thanks" and garden produce were often the only remuneration I got from many of my early human patients. To supplement my income, I took "call" for the Physicians Exchange, which was a contact point for people in need of a doctor. These calls often occurred in the middle of the night, frequently several times a night, an hour or two apart. The Shively police often cruised the area of my office, and when I would stop by for supplies, they would pull up and ask, "Everything okay, Doc? Need us to follow you anywhere?" I really appreciated their concern.

One night late, I finally located a home in far western Louisville and was directed downstairs to a darkly lit basement. The equivalent of a cell had been constructed out of scrap lumber. Inside this enclosure, a very old man lay on a bare cot. He was quite lethargic but appeared generally well cared for. He was short of breath and coughing, but he did not speak. The family related that he [would] wander off if not confined. I examined and treated him and recommended that his family doctor be called to see him in the morning.

What was a somewhat unnerving experience to begin with was tempered by the gratitude of the patient's family that I had responded to their call.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 23, 2006

DEVELOPING RELATIONSHIPS WITH PATIENTS

When I first opened my office for family practice in 1956, penicillin had been welcomed into the community as a "cure-all." Some folks in the area had been habituated to penicillin shots to the extent that they would just walk into the office and say, "I just came for a shot."

That was totally contrary to my idea of diagnosis and treatment. If my receptionist were able to convince them that they really should see the doctor first, they would come back to the examining room reluctantly. The encounter began with my asking, "What seems to be the matter?"

A frequent response was, "That's what I'm here to find out."

Getting a medical history and examining and treating a new patient was often an exercise in frustration for us both. Eventually they accepted my methods, or else they went somewhere else where they could just walk in and "get a shot." I wondered why there hadn't been a class in medical school to teach us what I seemed not to know about establishing relationships with new patients. In time, this ceased to be a problem, and my patients became my friends. I guess we all adjusted, and I learned to be more relaxed.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 23, 2006

AN EXTRAORDINARY PATIENT

One of the most disconcerting cases that I encountered early in my practice involved a woman who lived just down the street from my office. I had noticed her in the yard of a house where a number of mangylooking cats hung out. She came in the office one day, complaining of stomach problems.

In taking a medical history, I asked her why she was wearing a wig. She admitted that she also had trouble with her hair. I asked her to show me what sort of trouble that was. She removed the wig to reveal a number of bald spots on her head. Careful and discreet questioning led me to make my first and only diagnosis of trichologia [hair pulling]. Concerned that she might have a pilobezoar [hair ball] in her stomach, I referred her to a gastroenterologist.

I couldn't bring myself to embarrass the patient further by asking about the cats, but I had my suspicions. I never got any follow-up information about the patient, but in time the cats looked much better.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 26, 2006

MISSIONARY SURGEON

I went to a surgical residency that I knew I would have to do if I was to go to India. I had to be a qualified surgeon, so I finished my medical school in 1953. I went to St. Joseph Hospital in Louisville, which at that time was a six hundred–plus bed hospital, the largest private hospital in the state. I did my internship and surgical residency there and finished in 1958. I took my boards in surgery, and I also went to Canada and took my boards for the Royal Canadian College of Surgeons because I knew that would cut more ice in India because of the British tradition.

So, that was my aim right then, and I sailed for India in early 1959. I stayed there until the middle of 1964, at which time I had several major illnesses and had to return to the United States.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

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OTHER DOCTORS

Stories that describe physicians' actions and attitudes, especially those of physicians who practiced during the early and mid-twentieth century, reveal much about the changing medical profession. It should come as no surprise that many stories told about *other* doctors are humorous. Yet the most meaningful episodes in this chapter, whether humorous or not, also reveal insights into the manner in which the physicians treated their patients. This chapter includes some fascinating tales about some fascinating doctors, including one who administered his own EKG, one who was willing to work for virtually no pay, and one who amputated his own finger after it was damaged by exposure to a fluoroscope.

DISAGREEMENT BETWEEN TWO DOCTORS

Dr. Sherman didn't think this other doctor practiced good medicine. And every time Dr. Sherman had a chance, he undermined [the other doctor] without saying anything. [A] woman patient that Dr. Sherman had charged ten cents had been going to the other doctor every day for ten days to get a shot of penicillin. Well, the penicillin wasn't doing her a bit of good. Penicillin had just come on the market, and doctors were very prone to give it to patients for everything. Instead of this other doctor looking into what the woman's problem was, he just started giving her a shot, and he charged ten dollars a shot, which was unheard of in those days.

So when she came to Dr. Sherman, he treated her with medicine she needed. She really didn't have an infection. She had moniliasis, which is a fungus, and the penicillin was actually making it worse. So he gave her a preparation for that and charged her one dime!!

Dr. Aubrey L. Embry, Millwood, November 18, 2005

RENO BUCKLES'S DECISION TO BECOME A DOCTOR

There was a boy who was in my high school class at Caneyville who was absolutely super smart. And when I came to Millwood I looked him up, and he was digging ditches. He finished high school, but he hadn't gone to college. He was working for a plumber, I think, and I told him I would pay him whatever his salary was if he would come to work for me, and I would increase it.

About seven years later, he looked sad. I said, "Reno, are you depressed?"

He said, "Well, in a way. I realize I need to do something more productive than I am doing."

I said, "What would you like to do?"

He said, "Go to medical school."

We went to Bowling Green and set up things, and he went to Western and finished his premed in eighteen months. At that time there must have been at least five hundred applications for one opening in Louisville. And that's the only place he could go, and when he applied to medical school with only eighteen months of college, they didn't even consider him. He and I went to Louisville and talked to board member Dr. Cole. I told him how smart Reno was and what a good person he was and that he would make a good student, and he let him in.

Reno Buckles, who is now an M.D., drove back and forth to Louisville to medical school and stayed in [the] top of the class. When he came back here, he and I practiced medicine together for a while. Then he went down to Caneyville and is still down there. He's about seventy-six years old. Neither of us ever participated in any government program in medicine. But he serves a good purpose in Caneyville.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

OOPS! DOCTOR'S TIE GOT DIRTY

A friend who was a physician here in Owensboro but has since moved out of town told me a story about why he wouldn't wear a tie anymore. He'd been accustomed to wearing a tie in the office. He says that one day he was seeing a patient, and he had his tie on but did not have a coat over it. He was in the process of doing a rectal exam, and as he started to do the rectal exam, he noticed that his tie was part of the rectal exam!!

He said subject to what happened, he did not wear any more ties. [Laughter]

Dr. William L. Tyler III, Owensboro, January 30, 2006

DOCTOR WITH BIG FINGER

This old gentleman was a patient of mine. In fact, his son built a house for me. He was in his late seventies and had prostate trouble. He wouldn't take medicine, but he had to get his prostate massaged every two weeks, just as regular as a clock. I don't know whether he got fun out of it or what.

Anyway, I was going on vacation one week, and I called another doctor friend of mine who is retired. I called him and said, "I've got a gentleman who has got to have his prostate massaged. Can the nurses send him down there to you when I'm gone?"

He said, "Sure." Afterwards he told me that the nurses sent him down there.

This doctor is a guy about six foot four, and he is not fat but is just big-boned—big hands and everything. Anyway, the doctor, who's got a big finger, bent him over the table and stuck it up the old man's rear end. He went to massaging, and the old man started uttering, "Uh oh, uh oh, I think my bowels is gonna move."

The doctor says, "Not while my finger is up there, it ain't! [Laughter]

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

RARE CASE OF TYPHOID FEVER

There was this doctor who was in town, and every now and then he would booze too much. He was a good old fellow, though. I had this patient come in who had been running a temperature of 103 for two to three days. She said, "I went to see this doctor and he told me I had typhoid."

I'd never seen a case of typhoid and haven't seen one since. I thought that it was maybe something else going on. So I ran a battery of tests, and the report came back [saying] she did have typhoid. But this other doctor didn't run a test. He just looked at her and told her she had typhoid. He was right!

He was an older doctor, so I guess he had seen some typhoid back in his days. So I learned a little lesson in humility that day, that other people knew more than I did. But that's what she had, just an isolated case of typhoid. I don't think they ever found out where she got it, but probably from the local spring water or something.

Dr. Harry Spalding, Bardstown, March 3, 2006

BACK WHEN TIMES WERE DIFFERENT

I had a classmate who practiced in Springfield. He had chest pain one night, and he went down to his office and did an EKG on himself, then called his wife. He said to her, "I think I'm having trouble. Can you come down and take me to Louisville?"

So she came down, put him in the back of the car, took him down to Louisville. He did have a heart attack, but he survived. That was some time ago, before all the modern changes had taken place. He practiced after that for another fifteen years or so. He's dead now, but he was a nice guy.

Dr. Harry Spalding, Bardstown, March 3, 2006

FORGETFUL PHARMACIST AND DOCTOR

Here is a story that Skeets Kelly told me. Kelly used to be a pharmacist here in Bardstown; then he went to Springfield and opened his own drugstore. This lady who was married to an old fellow came in. She used to go to Mt. Washington to see Dr. Furnish, who was an old-time doctor. Her husband had lost his ability to make love, so she went down to see Dr. Furnish, and he said, "Well, I don't know. Let me just write a prescription for something." I think he wrote her a prescription for some sugar pills or something.

After a while, Skeets moved to Bardstown. She went to Skeets and said, "Can you get me some more of those pills?" [Laughter]

Skeets couldn't think what it was, so he called Dr. Furnish, who was still living, to find out what it was.

Dr. Furnish said, "No, I can't remember either, but if you find out, let ME KNOW." [Heavy laughter]

Dr. Harry Spalding, Bardstown, March 3, 2006

A SMART, WEIRD DOCTOR

We had a doctor here who was just crazier than a bedbug. You could call him in the middle of the night and ask him anything on earth that you wanted to ask him, and he would just write down the page in a medical book of the best treatment that you could ever have. But when a patient came to him, he wouldn't do any of the recommended medical treatments. He was well read and he gave excellent advice, but he didn't do what he said he was going to do, and I never could figure all that out. He is long since dead. Anyway, he was just nuttier than hell, and he loved medications. He was well read and was very, very, very brilliant, but that didn't do you a damn bit of good if you were one of his patients. He would buy one thousand vials of penicillin and would use it all up before it went out of date. These days, if you can find penicillin, it costs forty dollars a shot.

Dr. James S. Brashear, Central City, January 11, 2006

THE FIRST HIP JOINT AMPUTATION

Walter Brashear was the first man to amputate at the hip joint. That was August 6, 1806, in Bardstown, Kentucky; [on] mulatto slaves or the St. Joseph monks. Later on, Brashear became a skilled lithotomist. Then for some reason about which I have no idea, he went to China and amputated the empress's breast for cancer. He was kept around and treated very royally. Eventually he left, and they gave him a carving set. He later on learned that if the empress didn't live, they were going to whack his head off. He was a very smart fellow, but he ended up his life not being a doctor. He was a planter in Lafayette, Louisiana.

Dr. James S. Brashear, Central City, January 11, 2006

HUSBAND'S HUMOROUS TALES

My husband, Dr. Weldon DeMunbrun, and I practiced family medicine together. He was wonderful with the patients but not fond of paperwork. He often failed to give the patients their charge slips with their diagnosis to give to the receptionist on their way out. Seeing him about to enter another exam room when a lady was approaching her desk, the receptionist called to him, "What did you see Mrs. Blank for, Doctor?"

"Oh, she's a UFO," he responded.

"What does he mean by that?" the patient asked indignantly.

Laughingly, the receptionist answered, "He means "FUO, which stands for 'fever of undetermined origin.""

He was consistent. He wrote UFO for FUO on patients' charts and insurance forms as well. The insurance forms were consistently returned, of course.

[My husband] provided us with another humorous incident at the office. Our nurse had prepared a woman for a pelvic examination. As usual, the patient was on the exam table with her feet up in stirrups, feeling very self-conscious. When the doctor entered the room, he burst out laughing. This thoroughly distressed the poor patient, who wanted to know just what he thought was so darn funny.

"Did you by any chance use a Kleenex out of your purse to wipe yourself when you used the bathroom just now?" he asked her.

"Well, yes I did," she said, "How did you know that?"

"You have a row of Green Stamps in a most interesting place, and I don't even take Green Stamps," he replied.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 10, 2006

ELDERLY DOCTOR PERFORMS GOOD SURGERY

When I first begin to practice, I'd only have a very few patients, maybe six or eight a day. I had only one employee—one nurse as compared to the several required now. She said, "I believe you'd better come out here in the waiting room to see this man."

I went out and saw this older man with a great big cut on his head. I had seen him once before, and I knew his name. I asked him, "What's happened to you, Joe?"

Casually he said, "Oh, this little ole girl hit me with a brick."

So I got to looking at his scalp, and I could see brain tissue in the laceration where the brick had fractured the skull. Joe was getting "sleepy."

At the time, my office was across the street from the hospital, and an orderly came over with a stretcher. We put Joe up on it; he was losing his consciousness, and things were going down fast. One of the general surgeons here, Dr. Caldwell, who had done some neurosurgery while in the military in World War II, took a look and said, "Let's do something quick."

So we went to surgery, and we picked the bone out of that man's

skull [and] some pieces of brick out of this man's brain, washed it all out, sewed it up, and the man woke up. Joe was around town for another four or five years. Dr. Caldwell did some good surgery that day without our modern day scans, et cetera!

Dr. James W. Ramey, Danville, March 14, 2006

The Need to Change

There was another older doctor in Danville when I first came here, and he was one of my mentors. He only had one person who worked in his office, [and she] was an older lady who was probably older than he was. But she always came to me for her medical problems. One day she came to me and said, "You know, I've been working for Dr. Hemphill all these years, and I need to quit. I'm getting too old, but he just couldn't get along without me since I've been here so long, so I'll just have to stick it out."

I said, "Well, I have no comment to make." When I went over to the hospital to make rounds, I happened to run into him in the emergency room, drinking a cup of coffee. He said, "I have this nurse who works for me, and I need to fire her and hire somebody else. She's just been working for me so long that I hate to break her heart. I just can't let her go, but I need to let her go."

So they both wanted to quit, but neither one of them had the heart to do it. They both died the next year.

Dr. James W. Ramey, Danville, March 14, 2006

The Forgetful Doctor

When we refer a patient to another physician for assistance in the management of a case, the consultant returns a letter. Years ago I referred a patient to an "older" dermatologist in Lexington, whom I had seen as a patient when I was a child. Several days later, I received this letter:

Dear Jim,

Thank you for your referral. I saw Mrs. _____ yesterday.

I don't remember what was wrong with her, or what I recommended, but I believe she will be all right.

As it turned out, she did recover as he predicted.

Dr. James W. Ramey, Danville, March 23, 2006

DOCTORS OFTEN ASSIGNED THE SAME NAME TO BABY BOYS

Years ago I asked my father why there seemed to be a lot of men in this area named Louard. He gave a sly grin and told me this story.

Back in the days when my father, Dr. Ralph Louard Cash, Sr., and my grandfather, Dr. William Louard Cash, were making house calls, it was the responsibility of the physician to get the birth certificate completed when he delivered the baby at home. Later, in 1950, there was a new hospital built in Princeton, where babies were delivered. In the hospital the birth certificate was more of a clerical responsibility of the nurse or the secretary. It could be done anytime before the lady left the hospital. But back during the home deliveries, it needed to be completed while the doctor was at the home.

Sometimes the parents had not yet decided on a name for their baby. My father and grandfather wanted to get their work done while at the home. If they didn't get the name on the birth certificate there, the process was delayed and they had to work on it at their office. So, whenever the new parents didn't have a name for their new baby boy, my father and grandfather often suggested the name Louard, and many times it stuck.

My dad said that's why there are a lot of people in this area named Louard. That's a name that goes back in my Cash family ancestry.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

BULLET NEVER FOUND

This story Dad told me was about two men who were in a fight, and one of the men shot the other with a gun. Dad took care of the man who was shot at the hospital. He had a bullet wound, but Dad was never able to find the bullet.

The man didn't die, so there were legal charges against the man who shot him. There was a trial in court. The prosecution lawyer in the case wanted my dad to come to the court to testify about the wound in order to get that side of the evidence. He told my dad, "You just come up here at nine o'clock, and we'll get you on the witness stand right away. We're not going to interrupt your practice; won't take a lot of your time."

So my dad showed up at the courthouse on time, but the lawyer made my dad wait for two or three hours to testify. There were patients in his office, so of course it made my dad a little upset. When my dad got on the witness stand, his testimony was unrevealing. He didn't lie; he just didn't volunteer anything. But he did emphasize that he never found a bullet. He worded his testimony such that it didn't support the prosecution's case.

Finally the lawyer released my dad, and he went back to his office, which was full of patients. Later that day he happened to see a friend of his who was on the jury. He asked him how the case turned out. His friend told him they had to declare the person innocent because they could never prove that the wounded man was ever shot, and my dad's testimony was a major factor in determining the verdict.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

EASTERN KENTUCKY'S FIRST OBSTETRICIAN

We had one doctor come in here who was trained in the North. He came in here as an obstetrician. I believe he was really the first certified obstetrician that had ever been in eastern Kentucky, and he's not with us now. He did a beautiful job of taking care of people who otherwise didn't have a physician or who came in with complications due to pregnancy, which they could get into. He was the first doctor that really brought modern obstetrics into this part of Kentucky. He's not with us now, but I worked with him some.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

ELDERLY DOCTOR AS AN INSPIRATION

There was an old doctor here in Franklin whose name was Carter Moore. He was a surgeon. He delivered my wife, Judy, and was her family doctor. Dr. Moore was one of the medical fathers of Franklin. He was one of the old, old original doctors and was here as a doctor for years and years. In my third year in medical school at the University of Kentucky, I was on the cardiology unit. He happened to be a patient in the coronary care unit. I was assigned to him, so I got to know him quite well. Of course, he knew my classmate, who was from Franklin, and we established a good relationship. He wanted me to come to Franklin, and his encouragement helped me decide to come to Franklin.

He survived the heart attack he had and came back to Franklin and actually resumed his practice. So when I came to Franklin, I knew him right off and had a good relationship with him.

Dr. Larry Maynard, Franklin, April 18, 2006

DOCTOR FELL ASLEEP ON PATIENT'S BED

Dr. Buddy Cash's dad was also a doctor. I'm sure there were a lot of stories about him. He practiced in Princeton and did so until the day he died. And he was pretty old when he died. They said he got pretty forgetful at the very end; lots of times he would be making rounds at the hospital and would actually go to sleep sometimes while there. One day, they said, he was sitting at the bedside and fell asleep and just kind of fell forward on the bed with his head on this person that was in the bed. He slept for an hour and a half or two hours! When he woke back up, he finished making rounds.

Dr. Gary V. James, Marion, April 23, 2006

DOCTOR HAD TO CUT OFF HIS FINGER

Dr. Carr was a rare bird. He got an X-ray machine early on with a scope to look in and see. People in those days didn't know that an X-ray would hurt you with a fluoroscope, so he would set fractures under that. That was dandy. He put them together just right. But he ruined both of his hands. They were horrible looking. He was short one finger, I think on his right hand. He cut that finger off himself because X-ray burns wound up being painful. He said it hurt; said he went to Evansville but they wouldn't take it off. He also went to St. Louis, but they wouldn't take it off either. So he came back home and took it off himself.

He had girls helping him that he had trained. He didn't have registered nurses, just had local girls he had trained to help him. One of them gave his anesthetics for him; the other one assisted him in surgery. He gave himself a local [anesthetic], and he made those two girls help him. In other words, he anesthetized his finger and cut it off, with one of the girls to help him tie the knots.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

DOCTOR'S BRAVE GIRL ASSISTANTS

There's a funny story about Dr. Carr and the girls. He got a big personal abscess one day, and he didn't want to take time to go anywhere to get anything done to it, so he told the girls they were going to have to drain that abscess for him. So one of them had to put him to sleep, and the other one was going to stick a knife in the abscess. When they got him to sleep, but not deep enough to say he was anesthetized, it dawned on them that if he died there wouldn't be anybody to say he told them to do it. So they finally went on with it; got him anesthetized enough to work on him because they thought it would be worse if he woke up and found out they hadn't done it! They figured it would be worse facing him if he woke up and they hadn't done it than trying to face the law if he died on them. [Laughter]

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

A POSITIVE ROLE MODEL

Of the two local physicians I still look upon, one is Dr. Garner Robinson, who is a retired pediatrician. He was a pediatrician here in Ashland for over thirty years. I got to know him when I participated in varsity athletics at Blazer High School here in Ashland, and he was our team doctor.

Dad not only got divorced, he was an alcoholic; so I really didn't have a strong father figure in my life. But during my high school years when I was playing sports, Dr. Robinson became my male father figure. Then when I found out he was an actual doctor, and when I got into wanting to do that, it was just sort of natural that I cling to him and spend a lot of time with him.

As a premedical student, he let me come to his office, let me see new babies with him in the hospital, and let me see sick kids with him in the hospital. For a guy who didn't know me from Adam, he just went way out of his way to be a positive role model for me, then went on to be a positive physician role model for me.

Dr. Loren J.Ledford, Ashland, May 11, 2006; recorded by Stacia Caldwell

INTERNATIONALLY KNOWN PHYSICIAN

My father, who was a physician, was a graduate of Loyola School of Medicine in Chicago in 1931. He came to Paducah two or three years later, after he did his other training. He became city physician here in Paducah in the early 1930s. He literally practiced medicine where a chicken was often a fee—or a dozen eggs or a cantaloupe, whatever. That was during the depths of the Depression, and people just didn't have any money. That's why the city had a city physician to take care of people who simply had no access to medical care. He made a huge number of friends doing that over the years.

Then in World War II, right after Pearl Harbor, he volunteered for the Army Medical Corps. And at that time he was thirty-eight years old [born in 1903] and certainly didn't have to do that. He had two children, myself and my sister Lucy. He literally volunteered right after December 7; then in 1942 he was called into duty and served in the Army Medical Corps until August 1945. He returned home literally devastated financially because he had been living on an army officer's salary, maintaining a home here and two children. He had to start his life and his practice all over again, but he often told me that was the best thing that ever happened to him because he was assigned to the British Eighth Army, and they zigzagged over across the Atlantic and landed in Tunis. All the physicians he met at that time in the British Army later became his lifelong friends, including one in particular, whose name was Lord Rodney Smith, who became a member of the English House of Lords. He and Dad were lifelong friends and visited back and forth in each other's homes over the years. As a matter of fact, I just heard from Lady Smith the other day. She has a home there in London.

So, because of those connections, Dad then became a member of the Royal College of Surgeons and the Royal Society of Medicine. So my father, who was only about five-five in stature, had a wonderful life and big-time career. He traveled all over the world. He was a founding member of Blue Cross–Blue Shield in Kentucky, and he was president of the Kentucky Medical Association, the Kentucky Surgical Society, the Southern Surgeons Travel Club, and everything he got into. He was a very political animal. If he was going to be in it, he wanted to be president or help run it. He died in 1988 with an acute leukemia type of syndrome for which he chose not to have any treatment. He died within three weeks after the doctor's diagnosis.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

DOCTOR OPENED WRONG DOOR

My father was a character! He was very driven but very haphazard. One of my favorite stories is about the time he was traveling to Chicago and flying through Indianapolis. At that time Paducah, Kentucky, had an airline called Ozark. He was on a plane, and they landed in Indianapolis while he was still asleep. The plane cleared out, and the stewardess goes down the aisle and sees him. She said, "You've got to get off."

He said, "Well, dad bum, I'm going to Chicago; we're not in Chicago yet." "Dad bum" was his one curse word, so to speak.

She said, "Well, you've got to get off. This plane terminates here, and you've got to go get on another plane to go to Chicago."

Well, he jumps up, goes to where he thought he had hung his coat, and pulls on the door. The door pulled back, and he pulled on the door again, and the door pulled back a second time. He pulled the door open, and a lady with her panties and girdle down to her ankles falls out into the aisle. She was in the bathroom. He said he never missed a beat; he just hopped right over her, said "sorry," and went to the next closet and got his coat. He did catch his plane.

He always did crazy things like that and then loved to tell the story on himself.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

FATHER CURED FRIEND'S SYPHILIS

I'll tell another story my father told me. At one time syphilis was a horrendously fatal disease because there was really no treatment much. Syphilis goes through three stages. The first stage is just a little lesion, the second stage is not that serious, but the third stage causes brain damage and cardiac damage.

There was a cure, but it was almost one of those diseases where the cure was worse than the disease. The cure was to inject somebody with something so toxic that it would make their temperature go up to 106 or 107 degrees. That body temperature would kill the syphilis germ, but the side effects could be terrible. But a lot of people chose that. Dad had one good friend, and he explained to him that if he had third degree syphilis, he was going to die. That was not going to be a pleasant death, because the victim would get dementia and just go crazy. So Dad injected this guy, and his temperature went up to 107 or 108, and he was cured of syphilis, but it blinded him. But he felt that Dad had saved his life.

That's a kind of good-news, bad-news type of treatment, but he lived until an old age. I remember him well and remember his name.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

FIRST DOCUMENTED OPEN-HEART SURGERY

During World War I, Dad did the first true open-heart surgery that's ever been documented. He did it on the Anzio Beach where the Allies had invaded into Italy. A soldier had been shot. His name was Shaffer and he was shot through the heart. A bullet went up through his heart, then out of a major vessel, and ended up down in his thigh. It just followed the course of the vessels. So Dad operated on him on the beachhead in a dugout type of situation, and *Life* magazine had photography and wrote up a story about it.

The tragic thing is, after the war this guy lived in Columbus, Ohio, and he came down in 1946 or 1947 to visit Dad and to thank him again for saving his life. He was killed in a car wreck on the way back home. Can you imagine him driving down to say thank you, and on the return trip he hit somebody head-on, or he was hit head-on?

I remember it well. I was just a little kid, but I was so impressed with this guy coming all the way down just to see my father.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

DOCTOR DIDN'T FOLLOW OWN ADVICE

We had several doctors that didn't practice what they preached. We had a cardiologist in the 1950s and 1960s who weighed 320 pounds and put everybody on a diet and told them they were going to die if they didn't lose weight. And he could hardly get in and out of his chair. [Laughter]

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

DOCTOR'S WIFE'S PERSONAL PRACTICE

My wife, who is not a doctor, has been in the medical profession in the past. About five patients would call her. I'd pick up the phone, and they'd say, "Can I speak to Dawne?" Then I'd hand her the phone, and she'd say, "How long have you had those symptoms?"

Then I'd hear her say, "Are you allergic to anything? Okay, well what drugstore? Davis Drugs? Walgreens? Where do you want me to call?"

Then she'd call the pharmacist and say, "Edwin, So-and-so called,

and here are his symptoms. What do you think about Keflex? Oh, you think erythromycin would be better? Okay, give him erythromycin." [Heavy laughter between husband and wife]

The person who wanted erythromycin didn't want to see their doctor, so they called my wife. She had a handful of patients and two pharmacists who would back her up when she called them up and described the situation.

You can include that as a story in your book! I hope she doesn't get her non-license revoked.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

THE DOCTOR WHO COULDN'T WAKE UP

You learn the personalities of doctors when you're working in the emergency room, because you see them under the best and worst circumstances. One of my favorite persons was on surgery call one night. I called him at three o'clock in the morning, and he was sound asleep. I explained to him that we had a moderately severe emergency and that he needed to come right on in. He said, "I'll tell you what you do. You just point that plane right into the wind and take off." And he hung up.

That was the entire conversation! So he didn't have a clue what I was talking about. I think we had to send the police to knock on his door and wake him up to get him into the hospital. He wasn't drinking or anything; he was just so disoriented. Yeah, he said, "Point that plane right into the wind and just take off." [Laughter]

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

DOCTOR'S WEIRD SHOOTING PRACTICE

Thinking back to the late sixties, when I first came to Murray, there was an older doctor here practicing in one of the little surrounding communities. I'll refer to him as Dr. Smith [a pseudonym]. This was my first experience and is quite humorous. He sent a man to Vanderbilt once with a cast on his head, thinking he might have a skull fracture. He actually cut out eyeholes and a mouth hole like a mummy. This was plaster. I teach quite a bit at Vanderbilt now, and I always tell this

story. That sort of gets a chuckle out of the residents, and I say, "You can laugh if you want to, but the guy lived, so what can you say?"

My earliest experience with that doctor's patients took place when a man came into the emergency room one night and needed a shot of penicillin. He just bent over the table. The nurse said, "Sir, you're going [to need] to pull your pants down."

Dr. Smith would say, "Sir, take out your billfold and bend over." And [apparently] he gave all the shots through the trousers for years. Never had any infections as far as we knew.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

A PACKET OF PILLS FOR ONE DOLLAR

Another man came from Dr. Smith's office one night to the emergency room, and he had a pocket full of pills. This patient had seen Dr. Smith the day before, and he had been charged only a dollar, so it was kind of hard to get upset. But Dr. Smith had a cracker barrel that he would dump all his samples in and mix them up. And you could get all you could pick up for a dollar. He'd put them in a little envelope and write on it, "Two every six hours," and give it to the guy for a dollar.

So this fellow pulled these out of his pocket, and I'd never seen such a collection of medicine. So, I had them all analyzed the next morning. He was on an antibiotic, a birth control pill, a blood thinner, heart medicine, and several other vitamins and minerals and other things I can't remember.

Amphetamines in the 1960s were given to physicians by pharmaceutical reps like they give out antibiotics today. Dr. Smith didn't realize the danger, but college students had discovered Dexedrine and all that. So they'd go out to his office, pay a dollar, and go through the cracker barrel and pick out the "good stuff."

The stimulants were beginning to cause legal problems, and that's about the time he had to close down, but he was in his nineties then.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

ONE DOLLAR SERVICE CHARGE

This is another Dr. Smith story. One Saturday morning a little boy

came to my office after having fallen the day before. He had a crooked wrist that was painted with iodine. He's been to see Dr. Smith the day of the fall. He painted it with iodine and told him it would be better in the morning. He charged the family a dollar.

Well, it's hard to get upset with that. Of course, I had to put the child to sleep, set his arm, and cast it. The scenario of that deal was that for a dollar people couldn't be too unhappy.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

SON IN PRACTICE AT AGE TEN!

My father was a team doctor at Murray State University, and a basketball player had dislocated his shoulder. So we brought him down to the clinic here in town that had an X-ray machine and ether. I was about ten, and my job was to drip ether on his mask like an orange strainer with gauze over it. And Dad then had the fellow count like you see in the movies: "ten, nine, . . ." And my father always had a cigarette in his mouth, and the ether was splattering on the floor and everywhere. It's amazing it didn't blow us all up. Anyway, this fellow counted to about four, then became unconscious. At that point my father jumped up on the X-ray table, put his foot in his armpit, and jerked his arm back in place.

The basketball player awoke rather suddenly, screamed, and jumped all the way off the table, knocking the rest of the ether onto the floor where the cigarette was. Well, at that age I didn't realize ether was explosive, but at that point I thought, "I'm not sure I want to do this sort of thing."

I have reduced many shoulders in athletes since then, but I always remember that first experience in sports medicine.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

TENOR SINGER NEEDED DEMEROL

My first introduction to classical music was sort of humorous. The chief of surgery in Louisville, the late Dr. Rudy Noer, was my assigned mentor. There was an opera in town at the Louisville Symphony. The lead singer, the tenor, had a kidney stone he was trying to pass, and he was in tremendous pain. Dr. Noer had already seen him that afternoon. He said, "I'll have to give this man a shot of Demerol whenever the pain hits him. It could be every ten or fifteen minutes or two or three hours. We're going to the opera."

I'd never been to any classical stuff before, so we went down to the symphony hall there in Louisville and went backstage. Every time the tenor would perform, he'd come backstage, pull his pants down, and Dr. Noer would hit him in the butt with another shot of Demerol! He would go back out and sing like crazy, and he finished the opera.

I have become a big opera fan since then, but whenever a tenor opens up, my thoughts always drift back to my first experience.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

LITTLE BOY RUNS AWAY DURING TONSILLECTOMY

When we moved up to Maplewood here in Glasgow, we took along Dr. Turner. He'd been in school with me. He, Dr. Weldon, and I worked together to make an infirmary. So when Dick Weldon would do anything, the other two would always be there to back him up and help him.

One day Dick was taking out some tonsils. He had this boy sitting in a chair. Turner and I were in there, and Dick took out one, and the boy said, "I want to get up. I want to spit. I've got a little blood in my mouth. I've got to get it out."

Dick said, "All right, you go on in there to the toilet."

Then we waited and waited and waited, and the boy didn't come back. Dick said, "I've got to see where that boy's gone."

I went in there in the toilet, and the boy had raised up the window and I couldn't find him. I asked a neighbor, and he said, "Oh, he took off through the field here. He's gone."

So the boy left after Dick got out one tonsil! He didn't come back for about two weeks.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, April 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

KENTUCKY'S FIRST INSULIN DOCTOR

About the time we came back from World War I, insulin was discovered

in Canada by a country doctor. He was a country doctor that just wanted to work one summer in the laboratory at Toronto. We went up and got two boys to help him, and he worked on dogs and introduced insulin.

At that time we were losing people with diabetes because there was no way to control it [except to] starve them. Of course, that's a bad way; just completely starve you down.

So he discovered insulin, and we were having cases of diabetes then, and I said to Dr. Turner, "Why not just write to the Commission in Toronto and see if they won't give us insulin?" It was commissioncontrolled. To our surprise, they wired right back and said they would furnish us with insulin, and they did. So Dr. Turner and myself were the first doctors in Kentucky that got insulin. . . . So one of us would stay with them [the patients] every night and watch them, because the dose hadn't been worked out then. We did manage to save them, and we didn't lose any of our patients.

When Dr. Turner died, he had more diabetics than anybody in Kentucky. He treated more diabetics than anybody else because he took a special interest in it and never let up. And the Toronto agency furnished him with free insulin for years.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, April 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

PIONEER X-RAY PHYSICIAN

Dr. Turner was a pioneer man in medicine here, and he operated the first X-ray in this part of the state. It was a small little machine, and he made some very good pictures. He didn't have very much protection, but he had enough courage to go on. He soon took up treatment with X-ray. He did some of the finest work I've seen in therapy, and I remember well what he said about it.

He has been dead since 1945, but before that he said to me, "I don't cure very many people, if any, with the X-ray, but I can help them. But you can overdo it."

His statement is still true today. He was an excellent man.

Dr. Carl Clifford Howard, Glasgow, May 31, 1964; Kentucky Oral History Commission, Frankfort, Kentucky

FINAL STAGES OF TREATING AN ELDERLY MAN

This is a story about one of the older doctors when I first came to Bowling Green. He was just about to hang it up and retire; he'd been in practice for years and years. He was telling the story one day in the doctors' lounge that he got a call from a family to make a house call and come out to see their elderly father, who was very ill.

He said, "Yeah, I'll be right on out there."

Well, he goes to this house, then goes into the living room where they've made this couch, and the old gentleman is lying there. This old man was in his late eighties, maybe nineties. He had agnail breathing, which is just occasional breathing. The doctor said that this was obviously the end for the old fellow and said that the room was filled with relatives. They were standing around the wall, and were sort of hunkered down, one with a foot up against the wall. They were just sitting there looking at the doctor, like they were thinking, "Are you going to do something to help our father (or uncle, or whoever)?"

The doctor looked at them and didn't want to say, "You know, there's not anything I can do about this. He's on his last breath."

Then he said that he got his bag open and listened to the man's chest, and there was not a lot to hear. Then he said, "The heartbeat is like once every ten seconds. It's just a matter of time." Then he said, "Well, I'd better look like I'm doing something." So, he got a vial of sterile water out and gave him a shot, then sat there for a while. He listened to the check for a minute, then sat there thinking. He decided, "Well, I'll get this B12 shot out. That's red so maybe it will make them feel better." So he gave him the shot of B12, which is red in the syringe. About the time he got through giving him that shot, the old man took a last breathing gasp, and that was it.

One of the relatives standing around just a feet away looked at the doctor and said, "Well, Doc, it looks like you got him that time!" [Laughter]

The doctor said he couldn't say, "Well, I didn't do anything." He said he couldn't say, "Well, the first shot was water and the second was B12. I knew it would be just a few minutes before he was going to die."

Dr. James R. Burt, Bowling Green, June 12, 2006

FREE DELIVERIES OF THREE BABIES

This story is about a physician I came into practice with when I first started. At that particular time we were doing OB. We were delivering babies. There were only a couple of OB doctors here in town when I first came into practice, so we were delivering babies, probably three hundred a year or so.

This older doctor had a patient whom he had seen and taken care of and [for whom he] delivered, I think, three babies. Before this, she had come in for her pregnancy visit and said, "You know, I haven't made any payment for the first three babies." He didn't turn her down, but he said, "You know, we need to make some kind of arrangement for payment for this delivery," and she said, "Oh, doctor, don't worry. I'll be able to pay for this delivery. My husband has got a steady job now."

He said, "Oh, that's great. What's he doing?"

"He runs in the Figure 8 Races out at Beech Bend." [Laughter]

Dr. James R. Burt, Bowling Green, June 12, 2006

Mysterious Way of Getting Pregnant!

A mother brings her daughter in to this same doctor so he can examine her. She's vomiting and not feeling well, so after he examines her, he said, "Well, she's pregnant." So he called the mother in and said, "Your daughter is pregnant."

She said, "Oh, my goodness, how could that be? That can't be right."

The doctor said, "You all need to discuss this. I'll come back to talk with you, but she's pregnant."

So he leaves the room to see another patient, so the mother and daughter can converse about it. Twenty minutes or so later, he comes back in and sits down. The mother said, "You know, I have questioned my daughter about this, and there's no way she could be pregnant because she hasn't had sex with anybody."

The doctor said, "Well, you know, I don't know what to tell you, but that's the way it stands."

She said, "Well, doctor, do you reckon that somebody could have flung it on her?"

He said, "That's possible, I guess! That's probably what happened."

Of course, the mother believed the daughter, or wanted to badly enough that she thought maybe somebody could have flung it on her.

Dr. James R. Burt, Bowling Green, June 12, 2006

DOCTORS ASK NURSE TO SAVE VOMIT

This is about a friend of mine who is a surgeon and has done surgery for a long time. He has some pretty quick one-liners when the hospital calls about a patient. He said he got a call one night about 3:00 A.M. about a patient that he had operated on. The patient was vomiting. The doctor said, "I thought I left an order for that. Did I not leave an order for nausea?"

The nurse said, "Yeah, yeah you did. We gave that."

He said, "Well, is he better?"

She said, "Yeah, but . . ."

He said, "Why are you calling me now?"

She said, "Well, some of the doctors want us to save the vomit."

He said, "Well, why do they want to do that?"

She said, "Well, some of the doctors like to look at it the next day."

He said, "To see what it looks like?" Then he said, "I'll tell you what, you go ahead and save it. Let's just go ahead and save some of that vomit. Save it so you can look at it now."

She said, "No, I want to save it so those doctors who like to look at vomit can look at it; not me." [Laughter]

Dr. James R. Burt, Bowling Green, June 12, 2006

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HOUSE CALLS

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House calls, also known as home calls, were medical visits that doctors made to patients' homes. They were common in the United States from its early history until the 1950s, and even more recently in some areas of the country. Automobiles were not available for patients, or even most doctors, until the late 1920s or early 1930s. Thus, doctors rode horses or traveled in horse-drawn buggies to get to patients' homes. Traveling the rugged roads and crossing creeks and rivers to get to patients' homes could be a very lengthy, troublesome, and even hazardous process. The stories in this chapter describe what these trips were like and the services the doctors provided upon arrival at the patient's home, including performing surgery on the kitchen table, attempting to assist dving patients, and assisting mothers in childbirth. The chapter includes stories about a physician who always took a family member along when making house calls, about a doctor who was sicker than the patient he was visiting, and about a doctor who had his property stolen while he was making a house call.

NEEDLE AND THREAD

When the roads would [not] permit [me] to make any progress, I used a buggy as a means of visiting my patients. In the buggy I carried a medical case containing bottles filled from my office, with drugs to be dispensed at the bedside of my patients. I most always carried bottles of chloroform, a hypodermic syringe, and some thread and a needle for suturing wounds. I was once called as I passed a roadside house to see a man with a severe cut in the leg, about six inches long. I found I had with me no sutures or needle. I secured from the wife a medium-sized needle and large thread used in sewing in the home. I had the needle and thread boiled, and I closed the wound without any anesthetic. I made several stitches and the wound healed beautifully.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

SAVING THE LIFE OF A WOMAN THOUGHT TO BE DYING

It sometimes happened that I was called to see a patient with no acute disease but nervously upset. We then called this hysteria. I was hailed in front of a residence by the roadside one day and requested to go at once to see a woman whom they thought was dying.

It was necessary to go through a narrow lane and open some gates to get to the house. I arrived, hitched my horse, and entered the house. In the house I observed a rather elderly lady with a distressed look on her face, pacing up and down the room [and] clapping her hands, crying aloud, "I am dying."

I watched her for a moment and then observed her husband sitting unconcernedly by the open fire in which he occasionally would spit his tobacco juice. I suggested that she sit down, to which she said, "I can't. I am dying." In a few minutes her husband said, "Emily, set down."

She said, "John, I can't sit down. I am dying."

He replied, "If you are going to die, please sit down. For God's sake, don't die walking around."

The husband's statement helped to relieve me. We finally got her to sit down, and I saved her life, and she lived more than thirty years after that attack.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

TEENAGE THIEVES

One of my first house calls was in Patrick, Kentucky, which is located about fifteen miles south of Louisa. I had been there before, but this stands out in my mind. It had rained quite a lot. The road was graveled to Patrick School, but about four or five hundred yards of the road were muddy. Well, I got stuck in the mud. Couldn't go any farther.

As soon as I got stuck, there were four or five individuals that

showed up to help me out. They were walking. They put my chains on my tires, and I got through the bad road and got up to Patrick School. I left the car to go see my patient; went across the Big Sandy River at flood stage on a boat that was propelled by a twelve-year-old. Didn't have any trouble.

I came back the same way; got back to the same problem area that I had the first time. The only thing different took place while I crossed the river. Somebody had stolen the car chains. So there I was on the back side of this bad road. When I came back without the chains, I got stuck again just about the time I got through the bad road.

These same kids showed up and helped me out, but I have always felt those boys were the ones who stole my chains. They were the ones who actually helped me, but I think they were the ones that stole my chains.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

MAKING HOUSE CALLS

I did house calls when I first began practice, and I did some virtually every night back then. I didn't travel a long distance to do house calls, but I did go just about anyplace here in Mason County. I did go up into Lewis County a few times. And I never saw any colder nights. I'll never forget the time I went there one night, and I thought somebody was going to jump up out of the weeds and grab me! That was up around Charters, or Trinity, or somewhere. I don't remember exactly where.

I always took one of my six kids with me at night when I went out on a house call or back to the hospital. I always chose which kid it was that had to go with me, because that one was usually in trouble there at home! If they hadn't been good, they had to go with me.

I recall taking all six kids with me to Mays Lick to see this old woman on her one hundred years birthday. Her name was Lydia Hawkins. Well, she hugged and kissed on every one of my six children, and they all had to hug and kiss her. Scared them to death!

The kids always went with me on house calls or to the hospital just to keep me company. Besides, I had to see my children! And it was true that old people also liked to see kids.

When I went on a house call, they called me for whatever problem they had. They called me because they were likely too sick to come to my office. They were all interesting, needed calls. Many of them were just spoiled. They simply called me and expected me to come so as to please them, knowing I would spoil them.

I delivered a baby at its home in Lewis County, and I think that's the only baby I ever delivered at home. All told, I delivered over three thousand babies, and that was a lot.

Dr. George Estill, Maysville, December 9, 2005

CONFIDENCE IN HOME VISITATIONS

I recall an experience I had one winter day with the thermometer near zero and about five inches of snow on the ground. I was called about eight miles from home and found a young farm boy with a well-marked case of appendicitis with apparent abscess formation. I called a very fine, competent surgeon from Henderson, Kentucky, to come prepared to operate in the home. While waiting for the surgeon we built a big wood fire in the open fireplace in the kitchen. A fire was also built in the kitchen cooking stove. We had some kerosene lamps lighted also. When the surgeon arrived, his instruments were placed in some boiling water for sterilization. Some bedcovers were spread on the kitchen table, over which some freshly laundered sheets were spread.

All other preparation having been made, the patient was placed on the table. I then proceeded to administer chloroform. The patient being satisfactorily anesthetized, the surgeon removed the appendix and sutured the wound in about forty minutes. After [the] operation, the surgeon (Dr. Quinn) got in his buggy and started home, a distance of about twenty-five miles. I spent the night with the family and saw the patient daily for several days. He made a very rapid and satisfactory recovery.

Some years later the family had a son operated on in a hospital with modern skill and care. A few days later this son died. Sometime after his death the good old mother stated to me, "If he had been home where you and me could have cared for him, I believe he would have gotten well." I am sure the son had better care than he could have in the home. Some people manifested such explicit confidence and esteem of me, it made me love them and realize how great my obligation to them.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

GOING TO SEE LONELY PATIENT

When Tom Duke was old, I'd go to his place every night and put him to bed. Dr. Harry [Denham] and I took turns going to see him. Tom always said he couldn't get by unless one of us would come to see him. He was a warehouseman and farmer; had a lot of money, but he couldn't make it alone because he was lonely. A lot of my house calls were due to people being lonely.

Dr. George Estill, Maysville, December 9, 2005

Reassuring Father Eviston

Father Eviston would call me every time he thought he was dying. I'd go down and talk to him so as to give him reassurance. When he had these panic attacks and thought he was dying, I'd go talk to him about whatever happened and was the local topic of the day. When I went home and my family asked about Father Eviston, who was head of our school here, I would say, "He's okay. We had several drinks, and he's better!"

Dr. George Estill, Maysville, December 9, 2005

Delivery of Woman's Fourteenth Child

When I did house calls I traveled by horse and by car. Here's a story about one of my house calls that Dr. Sherman had contracted. The name was Johnston, and I delivered [the] lady's fourteenth child. They called me, and I got in my jeep and went as far as I could, but I couldn't get across the river. They met me and took me across the river in a boat, and we got in a wagon and drove up the hill near the Wax community. ... And all the Johnstons in that community came to me all those years I practiced medicine. I saw the great-grandchild of that woman the other day. He hunts here on my land.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

DOCTOR'S FIRST TAYLOR COUNTY HOUSE CALL

After spending thirteen years as a doctor in Louisa, I was invited to start practice in Campbellsville. So I decided to move to Campbellsville.

One of the first house calls I was requested to make here was from a lady whose husband was sick. As it turned out, they lived on the start of Elkhorn Road here in Taylor County. Her direction to me was to "pass by the colored cemetery" and so many houses beyond that. I said, "That's fine, but how can I tell if it's colored?"

She got a chuckle out of that. And there was no identification marking on the cemetery. It was simply called a colored cemetery.

I went on and made that house call and saw her husband many times until he died several years after that.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

RATS ATE ELDERLY COUPLE'S TOES

Right across the field from my house was a log cabin on this little road. One afternoon they called me to make a home call to see the two old people that lived in that log cabin. When I got there they were both in bed. That was during the flu epidemic of the 1950s. They both had pneumonia; [they were] very sick, so I put them in the hospital. But guess what? They had stayed in bed, and both of them got so cold that their feet froze. But listen to this. The rats had come in and eaten their toes.

I put them in the hospital, and Dr. Thomas, who was a good surgeon, was a surgeon that came to Leitchfield a year before I did. . . .

He took parts of their feet off where they had frozen and, of course, where the rats had eaten on them. By the way, he was visiting here, so he went with me to that home visit. That all happened in 1958. After their surgery, we put them in a nursing home where they lived until death.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

MAKING HOUSE CALLS ON DIRTY ROADS

The doctors in Louisa did a lot of house calls across the river in West Virginia. One day Jackie, my oldest child; my wife; and I were going over into West Virginia to make a house call. The road was bumpy and jerky, so I said to Jackie, "Isn't this fun?"

She didn't respond. We rode another mile or so, and dead seriously she looked up at me and said, "No more fun, Daddy!" [Laughter]

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

DOCTOR IN A WRECK ON WAY TO HOUSE CALL

I had a wreck in 1955 when going on a house call in Lawrence County. I went through a covered bridge, turned right, and went down parallel to the creek bank. I met a soil truck; they stopped and I stopped. I pulled over on the shoulder of the road after I stopped. But just as I stopped, the right front wheel of the jeep fell through the road, apparently where the spring rains had gotten up and eroded under the road. That same jeep rolled and threw me out and then hit me.

I was hit with that jeep, which we rode most of the time. The jeep hit me across the head; broke my jaw in several places. It cut my arm, then rolled on down.

It cost fifteen dollars to repair the damage on the jeep. My injuries caused me to lose about nine weeks of work due to the broken jaw.

Back then we charged one dollar for each mile driven on a house call, and we charged the same amount at the house as we did at the office. Our office calls were three dollars and four dollars and gradually escalated. The big escalation in office visitations took place primarily in the 1970s.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

BIRTH OF A BABY IN A DIRTY PLACE

Before I went to medical school, Dr. Sherman and I went to see a woman who was in labor. I delivered the baby. A lot of times he would just sit over there in a chair, and a lot of times would go to sleep. So I delivered the baby. The common thing to do was to take the baby and give it to the other woman that was there. A lot of times a woman wouldn't be there, but a man was—her husband. But a woman was there that day, so I gave the baby to this woman, and she cleaned it. They used lard. Put salt in the lard, and they used that to clean the baby.

I went back to the bed to deliver the afterbirth (placenta). What you do is massage the uterus and get it hard, then just push down on it and as a rule it will just pop out. . . .

But when her placenta came out, it fell down on the bed. Of course, the baby was delivered in the bed, and there was blood and stuff on the bed. And you always picked the placenta up and looked at it to make sure it was all there, because if it wasn't all out the mother would wind up with an infection and get real sick. So I turned it over and looked at it. And as I turned it over it was completely covered with grit and dirt. That bed was so dirty. But listen to this. I got all her stuff together, and by that time Dr. Sherman was awake. He was almost eighty years old by that time. As we went out the door, the husband was in the bed with her, and guess what he was doing? He was working on a car carburetor. They lived in a junkyard!

I said to Dr. Sherman, "That woman will die." See, when the placenta came out, there was blood and urine and whatever, and that was going back and forth in her vagina. And unless they took an enema before they had the baby in the home, the feces were always in the bed.

Dr. Sherman said, "No, they are used to that dirt. She won't even get sick."

And she didn't!

Dr. Aubrey L. Embry, Millwood, November 18, 2005

LADY WITH DOGS UNDER HER BREASTS

There was a lady that lived about a block from me down the street, Mrs. Wyatt. I never had seen her as a patient, and she called me one day. It happened to be my day off, because I know it was during the middle of the day, and I was either in the yard or the garden. She had real bad asthma and wanted me to come down and see her to see if I could do something for her.

Well, I picked up my doctor's bag, washed my hands, and went on down there to see her. I stepped into her living room, which was a good-sized living room, but she went "Shoo, shoo, shoo," and about fifteen or twenty little Chihuahua dogs ran to the door and hopped over this little barricade that she had there to keep the dogs out part of the time. They could jump over it all right.

I thought she got all the dogs out of the room. The place smelled like dogs too! We talked a little more at that time; then I said, "Mrs. Wyatt, I'm going to have to listen to your chest and heart a little."

She still had on her nighttime gown and a big robe she was wrapped up in. I came over to the easy chair where she was, where she could lean back. She opened up her gown, lifted up her breasts, and one little Chihuahua pup came out from under each breast! That shocked me, to say the least. I later learned that some people thought Chihuahua dogs could bring about some improvement in asthma.

Dr. Charles J. Shipp, Greenville, January 11, 2006

TROUBLESOME RIVER CROSSINGS

When a call came for my service, I only requested the name of the patient and where they resided. After getting this information I would hurry out to the stable, bridle and saddle my horse regardless of the weather, and speedily make my way to the bedside of my patient. Having no other business or thought [other than] the patient's recovery, I would remain indefinitely with the patient and occasionally stayed all night.

Sometimes after deep freezes the mud would be very deep. Occasionally there would be deep mud holes in places, rendering it almost impassable on horseback. On one occasion I had a horse on which I was riding get mired down to the extent that it could not get out. In this case I called in help, and a long rope was tied to the mired animal, and a team on firm ground was hitched to the rope and succeeded in pulling the mired horse out with no apparent injury to my horse.

Curdsville was located on the bank of Green River. Some of my work was on the other side of the river in Henderson County. The only means of crossing the river was by a ferryboat, which was operated by oars in the hands of men. Occasionally, when the current was swift, it was difficult to get the ferryboat across the stream. When the wind was strong, the progress of the boat was impeded. Excessive rainfall would cause the river to overflow its banks and make it quite a problem to cross the stream and the backwater. The river gave me considerable delay in making professional calls across the river from my home. However, having pitched my professional tent in this locality, I accepted the disadvantages as well as the blessings.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

A FABULOUS BREAKFAST

I lived on Green River, which is a very deep stream fed by springs, from its source near Mammoth Cave to its intersection with the Ohio River. Green River, being so deep and fed by springs, is seldom frozen in winter. Ice in Ohio causes the Ohio River boats to get in Green River for protection. A few nights after the severe winter and snowfall, I was called to a case of obstetrics about ten miles from home on Green River. I rode my horse to about two miles below the call on Green River. I put my horse in a stable and got a boat, which was pulled by oars, two miles up the river. I barely met the stork, who presented beautiful twin girls. The babies dressed and the mother made comfortable, I was shown into a room with a big open fire and poster bed, well supplied with a big feather bed.

I was not long in getting comfortable in those feathers, awakened only the next morning by the grind of the coffee mill and the odor of fried country ham. After a generous breakfast of white biscuits, fried ham, red gravy, eggs, cow butter, and blackberry jelly, I entered our boat and was rowed down the river to where I had left my horse. It was a beautiful trip down the river, soon after sunrise, with the trees and the banks all covered with snow. The river water was beginning to freeze, and in a short time Green River was frozen from bank to bank and from source to mouth. Ice in the river prohibited any navigation until about the last of February.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

DOCTOR WEARS A DIAPER TO STAY WARM

I used to make house calls. In fact, we all did. Some very interesting things happened on house calls. There were only three of us doctors here when I started practice. The other two doctors are dead now. Well, when I started we more or less took care of each other's patients. If you were his patient and he was gone, you could come to me. It wouldn't matter to me. You can't do that anymore, not with the younger doctors.

This doctor had to deliver a baby at St. Elizabeth in Covington. I was in my office, and he called me and said, "Darl, I've got a house call to make for a real sick gentleman out there in the country. I've got to deliver this baby, and I don't think I'm going to get done tonight." He then asked, "Would you go make it for me?"

I said, "Sure, I'll do it."

Well, no sooner than he had hung up, it started snowing. It just kept snowing, and it got about four or five o'clock in the afternoon, and I said, "I'd better go make that house call before dark. Well, I took off, and the road was indeed slick. But I'm a careful driver, so I got about five or six miles down the road and went around a curve in the road, and lo and behold I slipped off in the ditch. I wasn't going fast. I just couldn't get out of the ditch; that's all there was to it.

I said to myself, "I'll go up here and get a phone and have them

come and pull me out." So I must have walked a quarter of a mile to this house. The lights were on inside the house and everything. I knew the people, and they knew me. I walked on up to the door, and it was getting dark. I knocked on the door, and the lights went out. Well, I knocked on the door again, but nobody came to the door. I thought, "Oh, boy, I don't know what's going on." A mother and daughter were home, but they turned out the lights and crawled under the bed, as they thought it was a robber.

There was another house on down the road on the right, about another quarter of a mile. So I walked down there; just about froze my butt off. The wind was blowing, and it was snowy and cold. Of all things, I had on a Derby hat. I had been to a flea market and saw this old Derby hat. And why I wore it that day, I don't know. Anyway, I had it on, and my ears were just about froze.

When I got to the house, I knocked on the door and a woman came to the door. She says, "Dr. Shipp, come in. What are you doing out?"

So I told her I was stuck up there and asked her if I could call a wrecker to come get me. She said, "Sure."

Well, I went on into the house, and she had a young baby. Anyway, I called the wrecker service and he said he'd be there in a few minutes, and said, "You be there by the car."

I said, "All right." Well, I got ready to walk out, and I asked her, "Have you got anything I can put over my ears? They're just about froze."

She says, "My husband is not here, but I don't think he's got any hats with ear flaps on them."

I said, "Well." Then she handed me a diaper. I folded that diaper, put it over my head and under my chin, then put the Derby hat on and walked back to the car. I know when that mechanic got there, he thought, "Who in the hell is this guy standing there with a Derby hat on and a baby diaper wrapped around his head?" [Laughter]

But I went on and made the house call and everything without any problem. I made several house calls like that, but I guess when I quit making house calls around here, they just pretty well stopped.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

BABY BORN IN AN OUTHOUSE

I lived above my office for a good while before we built this house. One

night I was in bed and got a call about eleven o'clock. This woman said, "Would you come over to our house? My daughter has had a baby, and I want you to tie the cord."

I said, "She had it at home?"

She said, "Yes."

I said, "Don't you think we'd better get her someplace?"

She said, "No. Everything is all right, but she's a big girl." I knew the girl. She was fat and likely weighed over two hundred pounds.

The mother said, "We didn't even know she was pregnant. She thought she was having a bowel movement with cramps, diarrhea. She never did tell us, and she went out to the outside toilet and had this baby *down in the toilet.*"

I said, "Ma'am, that baby is in all kinds of infection and everything. Call the ambulance and let's send her to the hospital."

She did, and believe it or not, the mother and baby came home the next day, and there was never anything wrong with them. She had that baby out in the outhouse and dropped it down in the toilet! She didn't tell them she was pregnant or anything; just had the baby, and it's alive and doing fine. It's married now; got children of its own. I would say that happened in 1967 or 1968.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

SICK DOCTOR TAKES CARE OF SICK PATIENT

My first twenty-five years in practice were different than what they do now. I began practice in 1958. I practiced for a year in Shepherdsville. There were several memorable events over there, but my most memorable one was when I was sick and somebody called me at three o'clock in the morning and said, "Oh, you've got to come out and see my wife. She is terribly sick."

I said, "I don't feel very good."

He said, "Well, you've just got to come."

So I got up and dressed and went out to see her. She was just neurotic, doing everything. While I was there, I got so sick. I said, "Pardon me, could I use your bathroom?" I went into that bathroom and had to upchuck. So I was really more sick than she was.

But I went ahead and took care of her.

Dr. Harry Spalding, Bardstown, March 3, 2006

LOOK OUT FOR THOSE DOGS

When I used to make home calls out in the country, it seemed like all farmers had a pack of dogs around their house. When you got out there, a pack of dogs would come running around the house, and you felt like they were going to eat you up. But if you'd walk right past them, they'd just stand there and let you do it. I was only bitten once, and that was by a little bitty old dog that snuck up behind me, bit my ankle, and ran off. [Laughter]

There was one guy who had a German shepherd tied up out in his yard, and I went out there one night, and this dog came toward me and lunged right at me. Fortunately, he was wired and had a chain connected to the wire. It stopped him in midair. Well, if that chain had broke, I'd have been in trouble.

Dr. Harry Spalding, Bardstown, March 3, 2006

Home Call to the Gypsies

When I first opened my office in Shively, Kentucky, there was a large house on the Dixie Highway with a sign out front that said, "Fortunes Told." A large clan of gypsies lived there, and they all seemed to be named Adams. Some of the younger folks came into my office as patients occasionally. They were handsome, congenial people.

One day a young woman came in and excitedly asked me to come to the house as soon as I could because one of the children was very sick. When I got there I was taken upstairs to the room of a small boy about six years old. He was coughing incessantly, running a high fever, and dehydrated. I examined his chest and feared that he had pneumonia. When I mentioned that he should be taken to the hospital, a large older woman in elaborate clothes was summoned to the room. She did not even speak to me but simply pointed to the child in bed, then to me and to a chair beside the bed. I had met the Queen of the Gypsy Clan.

I quickly got the message. I gave the child an injection of penicillin, sponged him with cold towels, and gave him an aspirin suppository (which I did in those days). We sat there silently. I worked with my patient, and the Queen sat in a rocker with a leather pouch hanging from her waist on one side and a sheath holding what appeared to be a knife on the other. There was no telephone in evidence, but my office girl lived next door and knew where I had gone, so she told my husband. About 4:00 A.M. the little boy's fever broke, and he began to keep down ice chips. I smiled and nodded at the Queen. The Queen, ever alert, nodded at me and rose. She opened the pouch hanging at her side and handed me a generous fistful of paper money. It was a somewhat frightening but at the same time gratifying experience. The gypsies had seemingly accepted me and continued to be my patients.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 18, 2006

Allergic to Cats

Early in my practice I made a lot of home calls. Our area in Shively was made up of young families that had just one car. The fathers drove to work, leaving mothers and children at home without transportation. I was glad to make home calls because my charge was five dollars; I got only three dollars for an office visit. Can you guess how long ago that was?

At the close of office hours one day, a young woman in the neighborhood called and asked me to stop by. I found her in bed, coughing and wheezing. After examining her chest, I gave her an antibiotic shot and a prescription. As I was telling her what to do for her asthmatic bronchitis, I began wheezing too and rubbing my eyes.

She said, "My goodness, is this that contagious?"

Between sneezes, I said, "Not ordinarily. Do you by any chance have a cat?"

"Why, yes," she said. "There are two of them under the bed."

As I quickly prepared to leave, I suggested that she try to come to the office for follow-up care. I really do like cats but instead have shared my life with many good dogs, birds (including a parrot that lays eggs every spring), and even a tarantula.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 25, 2006

STRANGE MANNER OF FEEDING HOGS

Everybody talks about health care costs and how everybody should be provided with free care, regardless of who they are or where they are. Early on, when I first got here in Central City, I guess I was trying to be idealistic; thus I did make a lot of home calls. But I got over that pretty quickly. Actually, when I got over it was after I came home from Vietnam. I saw this couple who were both sick. She was an asthmatic, and they lived in a little old house up on stilts and had a couple of concrete blocks for the front step. I have no idea what I was charging them for a home call, but it probably was eight dollars. Anyway, I discounted that a little bit, and they never failed to pay. They had a son and daughter, and they were working people. The house had layers of linoleum—a spot here and there—but was always clean. They always paid me and were easy to get along with, not demanding, et cetera, et cetera...

When I came here, the UMWA [United Mine Workers Association] didn't pay for anything except in-hospital care, which was stupid because what you want to do is keep people out of the hospital for two reasons. Number one, financial; number two, you want to get people well and not have them get sick, or whatever. About six miles from Central City is a little town called Martwick. It has mostly been stripped since then. They had this lady whose name was Loretta, and she was a bad doctor shopper. So the UMWA wrote to me and asked if she could be pinned to me, and I foolishly said yes. So her husband, Fizz, was always sitting on the porch. He had a great big belly and a foghorn voice, and you could hear him talking for half a mile. He saw me coming, and he hollered out and said, "Be careful and don't run over those pigs."

So I got out of the car and did my home call thing and one thing and another. And I discovered they had a hole cut in the kitchen floor. They just dropped the garbage down through that hole, and the pigs came under the house and ate it. That was an early invention of the garbage disposal. [Laughter]

I agreed under the circumstances to see this woman, who was in her sixties. Of course, they either didn't have a car or something, so it was never convenient for them to come to town after she found out I was going to make home calls. They had a bunch of kids, which were about as unfit as their parents.

Dr. James S. Brashear, Central City, January 11, 2006

A TRAGIC EPISODE

The I-road here was opened in 1962. Just before it was opened, somewhere around Thanksgiving, I got the call to see this person. I didn't know them, so why I decided to go out there was beyond me. It was misting rain and was kind of an icky day, and I got there about dark. They ushered me in the front door; then we went past the warm morning stove with a couple of dogs here and another stove with a couple of dogs there. We finally got back to the last room, and there was a twenty-five-watt lightbulb suspended from a drop cord, and there was what looked like a skeleton in bed with skin stretched over it. This person was just a sack of bones with skin over him. Then I inquired what the deal was.

Well, unbelievably, he had worked yesterday, but he had just been feeling bad for a day or two and [they] felt like he had to see the doctor. We got him scooped up and sent him to the hospital, and he had a blood sugar in the neighborhood of seven to eight hundred, which is five to six times above normal, and he died the next day. Being a peculiar sort of person, I thought that I would inquire as to how he had worked the day before. So there was a mine in the area, and apparently somebody had felt sorry for this person, and he was the "night watchman," which meant he was basically doing nothing. I guess he just went out there in the shack and punched his time card, or didn't punch his time card, and sat there and did absolutely nothing and then went home.

Dr. James S. Brashear, Central City, January 11, 2006

WHY DOCTOR TAKES MONEY WITH HIM

Dr. Shipp had an associate whose name was Brockman, and he was something of a character. I guess you would have to say he was smarter than the average bear. I hadn't been here in Central City but weeks or months when I got a call to go out or whatever. Well, I went out to the Browder community, and somebody met me and they took me back along the road. I went into the house, which wasn't a house. It was a basement, but the house hadn't been built. They had curtains on wires like we used to have in our church to divide the Sunday school rooms off.

The reason I went out there was that they thought this guy had died, and he was only in his thirties. I was kind of curious about that, which is one of the reasons I went. Sure enough, the guy was quite dead. He had a severe valvular heart disease and rheumatic heart disease, so he had been sick forever. Well, then I get to go tell his grandmother, who was asleep in another house. And I used to carry some stuff in my bag, and at that time they were green APCs [acetaminophen]—green Tylenol. So I gave her a couple of Tylenol pills for her nerves and then decided it was time for me to go home. They asked what I charge, and it was a real fantastic number like fourteen or fifteen dollars. Well, nobody in the group had anything smaller than a hundred dollar bill. So from that day till this, if you see me, and if it is high, dry, wet, or blowing or snowing, you can pretty well bet your last dollar that I've got change for a hundred dollar bill in my pocket!

Dr. James S. Brashear, Central City, January 11, 2006

Dying Man Refuses to Go to the Hospital

I made one other home call, and I suppose this broke me from sucking eggs just as much as anything else. This guy lived real close to the fourway stop. They called me and said he wasn't feeling well. When I got there he was ashen color, ringing wet with sweat, and just having terrible pain. Because I am such a compassionate person, I gave him a shot of morphine and told him he was having a heart attack and that he had to go to the hospital and spend a lot of time there. Well, he refused by saying, "Well, I'll be just fine. I'm alright. I've just had indigestion."

I kept saying, "No, no, no; you've had a heart attack."

"No, I haven't had a heart attack. I'm just whatever."

And his wife wasn't the brightest, not the sharpest knife in the drawer. So, about an hour later they said, "Charlie is whatever."

I said, "Well, call Tucker's funeral home." Of course, he was quite dead. So, I learned from that experience [that] if anybody was having severe pain and if you gave them a shot, then life was over.

So that finished me making home calls for anybody that sounded like they were having any pain from their bellybutton up. And we doctors stopped making home calls when emergency rooms came into being, but the emergency room physicians are a bag of nuts. You can't work in the emergency room unless you are a special sort of person.

Dr. James S. Brashear, Central City, January 11, 2006

A HEAVY, HEAVY, HEAVY WOMAN

One thing that helped put home calls down was rest homes and nursing homes. So for all these patients that were chronically ill, it really was not practical to get them in a car and bring them to a doctor. We had this one lady here, and I think I saw her one time somewhere, but I don't know when. She was meaner than a yard dog. She had a family member who was on the police force, and they are both dead now. She weighed just over seven hundred pounds, and she by herself filled up a regular double bed. She cussed and railed and raised cane with everything and everybody. So getting her up and bringing her to the doctor was not practical!

Dr. James S. Brashear, Central City, January 11, 2006

HOUSE CALL PATIENT'S ILLEGAL SALES

When I came to Danville, I had quite a variety of patients. One of my favorites was this kind little lady. She asked me to come to her house one afternoon after office hours. Sure enough, she was pretty sick in her bed with pneumonia or some such problem. As I examined her, I heard the front door open and saw two men come in talking.

She recognized who it was, so she said, "Doc, go in the kitchen for a few minutes, would you, please?"

So I conceded, no problem. I heard them talking; then pretty soon they left. But before they left, I noticed one man was putting a half-pint of whiskey in his pocket. So when I went back in, I said, "What are you doing? What's going on back in here?"

So she had me look behind the bedstead. I did and saw this big apron that had many pockets, and some were filled with half-pints of whiskey. She was selling whiskey in this dry county. That didn't bother me, but I was sure glad they weren't revenue agents because I would have been caught right in the middle of an illegal transaction!

I was glad to leave, and we laughed about that later on.

Dr. James W. Ramey, Danville, March 14, 2006

MOUNTAINTOP BABY DELIVERY

I took a family practice residency in Bluefield, West Virginia, and I had every other weekend off, so I worked for a coal-camp physician nearby. Friday nights till Monday mornings, he and his wife would leave for a little rest, and I worked in his office. My wife and I stayed in his home, watched his TV, et cetera, and took care of his practice while he was gone.

I went on a house call back up a mountain road there in southern West Virginia, and while returning home, this man ran out into the road in front of me. He had recognized the doctor's car and stopped me. He said, "Come up quick, Doc. I need you." So I got my bag and went up in this steep front yard, up the steps in a little hustle. In the living room in the house there were several people around, both young and old. He led me into the bedroom, and there was his wife, in her forties, lying there. I pulled the bed covers back, and there was a baby crying in between her legs. It was bloody, et cetera. She had spontaneously delivered this baby. It scared the father, of course, so I checked things out. The mother was doing fine, and the baby was crying. The bed was in a mess associated with delivery. I thought, "Well, what am I going to do? I can't take her to the hospital." So I delivered the placenta without complication.

I asked one of the women there if there was a ribbon I could tie the cord with, like they do in the hospital. She brought a brassiere strap that came out of the dresser, and I tied the cord, and used the sewing scissors she had there to cut the cord. I checked things out and told them everything was okay and told them to go to the hospital the next day to get registered and get silver nitrate eye drops, et cetera, according to state law. Everything turned out fine, and [it was] a very inexpensive delivery for the parents.

Dr. James W. Ramey, Danville, March 14, 2006

HORSE PULLED BUGGY WHILE DOCTOR SLEPT

Before my grandfather, who was a doctor, had an automobile, he made house calls in a horse-drawn buggy. The horse was special; he seemed to have some homing pigeon in him. Grandfather would go on the house call that would sometimes be at night. When he was finished making the house call, he would get the horse started; then he could lean over and fall asleep in the buggy, and the horse would pull the buggy all the way back home. Sometimes he would be miles outside of town, and he was known to have been seen asleep with that horse just walking down the road on his way back home!

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

A NIGHT RIDER STORY

This is another story my dad told me. When my grandfather was on one of those house calls in a horse and buggy on the way out of town, he met a group of Night Riders with hoods over their heads. He didn't recognize who they were, but they had guns and torches. They stopped him; they questioned him; they asked him where he was going, who he was, et cetera. When they found out he was a physician and was on his way to make a house call, they said, "Okay, you go make your house call, but don't look back."

So they rode off, and he went on toward his house call. Of course, the temptation was too great, so in a little while he looked back and saw this big fire where they had set fire to a tobacco warehouse.

That's interesting because it relates to western Kentucky history and the Night Riders, and all the stories and traditions that we have related to tobacco and the Night Riders.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

Emergency House Call

Another story that relates to my grandfather was another particular house call that he made. I think he was in his horse and buggy, and he went way out in the country to make this house call. He had to cross a creek to get to this person's house. He'd been called to this person's house and was told it was an emergency.

He got across the creek because it wasn't very deep. When he got to the house, the person that was ill had been in a fight and had a knife wound in his abdomen, and it was a very big and serious knife wound. As a matter of fact, they said his intestines were exposed.

It was common knowledge that the people involved in this house were moonshiners and were always in trouble with the law. They wouldn't discuss how the fight and injury occurred. Of course, my grandfather said that this wounded person needed to come to town to be treated. Well, he wouldn't leave. So, my grandfather did the best he could to replace his intestines and kind of bound his abdomen, and then said, "I'll be back to check on you tomorrow."

Well, that night it rained a downpour, and the creek was so deep he couldn't get back to check on the guy. It was a week before he could get back across the creek to see this guy, and he fully expected him to be dead. When he finally got there to check on him, not only was he alive, he was doing great!

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

MIRACULOUS RAILROAD CROSSING

My father was called to deliver a baby at a house, which was commonplace in the 1940s and 1950s, as well as before then. On this particular house call, when he got to the lady's home and examined her, he recognized that her baby was in a breech, or butt first, presentation. He did not want to deliver a breech presentation at home. It was too complicated. He wanted to get her back to the hospital for her delivery, which was going to be soon, as her labor had been progressing for several hours.

He loaded her in his car and drove back to Princeton very fast. It was a very bumpy country road, with a particularly big bump when he went over a railroad track. It was a very big bump. When he got to the hospital and reexamined the lady, he recognized that the baby had turned to a headfirst position. And the lady said that she was certain that the turn had occurred when he crossed over that railroad track.

My father said that was the only external podalic version that he ever did. Of course, it was an unintentional one, and nobody does them anymore. An external podalic version is a procedure that the physician does intentionally by manipulating the baby through the abdominal wall to turn the baby from breech to headfirst. Years ago, when cesarean sections were more complicated and not as often done, external podalic versions were occasionally done and, of course, were somewhat risky as well.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

FATHER TRANSPORTED BEDBUGS

I had forgotten this story until my sister mentioned it to me a few days ago. It is about a house call where our dad did a delivery. It was a long labor, and once Dad got to the house he was unable to leave until the lady delivered the baby. So he was there for hours, and he actually took a nap in one of their beds. When he got back home over the next few days, my mother and father were devastated that they now had bedbugs. They had come on my dad from the lady's house. My mother had to use DDT to spray all the mattresses, and my sister said that Mother ruined all the mattresses. They were plastic, and the DDT melted the plastic, and all the mattresses were ruined.

We did get rid of the bedbugs, but we had to get new mattresses.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

UP ON BONES BRANCH

During my day off out of my office, I enjoyed going to an outlying area in Pike County in the Phelps, Kentucky, area. I went over there on my day off because I liked the rural area. They had no physician at that time, and I would go see them. My office was held in a little tiny place next to the jailhouse, so we had to put up with the ruckus of the jailhouse as we treated patients.

Some hadn't seen physicians in years. We would take medications there and fill it for them. I can remember one person whom I saw who lived up a branch called Bones Branch. I took a nurse or two to go visit him. He was from the old country. He spoke very little English and came here to the coal mines in the 1940s or 1950s. I went to his little two-room house built over a creek right outside of Phelps, and on his table was light bread and canned milk.

We spoke with him and asked him if he had enough to eat. He said people brought him food. We would see him as a patient occasionally thereafter. Finally, when he got to the invalid point, we got a couple of people to take him. But I'll never forget visiting up at a place called Bones Branch with a two-room hut leaning out over a creek.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

PATIENT PROMISED TO PAY BUT DIDN'T

Home calls were pretty much a lost art by the time I got into practice, but I did make a couple of home calls to people that were dying of cancer and other things.

When I first went into practice I had a senior partner. He said that when he first went into practice back in the mid-1950s, doing house calls was a very common thing. He had this patient who lived several miles from here over in the Fredonia area, at least fifteen miles away. He said the guy called him and said he couldn't come into the office; sounded like he was quite ill. This guy was wondering if my doctor friend would make a house call, and he kept saying to the doctor that money was no object.

The doctor went and made the house call, and the guy actually ended up pretty sick, and he made several house calls to see this guy. The guy assured him each time that money was no object, meaning he was going to get paid well for his services. But as it turned out, he never paid the doctor a penny for all the house calls that he did. So the doctor said he learned early that when money is no object, it means that you're not going to get paid.

Dr. Gary V. James, Marion, April 23, 2006

AN INNOVATIVE DOCTOR

Sometimes innovation was necessary back during my early practice years. House calls were frequent, and resources were sometimes scant. As a case in point, one Sunday afternoon, early in my career and fresh out of training, I was called to see a man who had sciatica pain down his leg. The treatment at that time was to apply traction. When I got there, having no resources available, I went into his barn and found a piece of rope [and] an old beat-up empty lard bucket, which I filled up with stones from his driveway. I used that bucket of stones as traction to put on his leg and create a pulley effect over the end of his bed. It worked!

Dr. Donald Chatham, Shelbyville, April 25, 2006

A RAINY, FLOODING NIGHT

It was past midnight when a phone call awakened me [and a woman told] me that her husband was having bad stomach pain. She asked me if I could make a house call. The home was several miles out, but she gave me good directions, and I found the lane where they lived in the last house. It was raining, so I parked my car in the center of the gravel road, walked across a rivulet of water running down the roadside, through the gate and pasture, toward the light in the distance.

The gentleman was suffering from pain of a kidney stone, so I gave him an injection for his pain and waited to see that he got relief so I would not have to return afterwards.

Meanwhile, the rain continued as I began my trek back to my car. The rivulet I had stepped across was now a waist-deep torrent of water eight to ten feet across. It was pitch dark and still raining. I thought surely this had happened before to the locals, so I shined my flashlight around and spotted a swinging bridge suspended on a tree, with boards nailed to the tree as a ladder.

My medical bag was heavy, as it contained medications and instruments. So, putting the flashlight into my mouth and my bag in one hand, I climbed the tree with the other hand, thus gaining access to the swinging bridge. I inched across the swollen stream, got to my car, and went back home.

My charge for that house call and shot was twelve dollars. What a night that was!

Dr. Donald Chatham, Shelbyville, April 25, 2006

THE WRONG QUESTION?

It was after the 1937 flood in Louisville that I got my first lesson about sex. We were driven out of our home by floodwaters and had to move to higher ground. While we were housed in a friend's home, my pregnant mother delivered an infant girl, and I heard her telling over and over that the doctor got there after the baby was born, so I said to her, "Mother, you always told me that the doctor brought babies in their bags, but you are telling people that the doctor came after the baby was born, so how could that be?"

Mother's reply was, "Shut your mouth."

Dr. Donald Chatham, Shelbyville, April 25, 2006

HUMOROUS, EMBARRASSING EPISODE

I used to [vaccinate] 500 Head Start children each year in this county [Pike County] and 250 over in Martin County, and I put all the money into my local budget here for the health department. On one occasion I was up at this school and was down to the last two little boys, and the teacher came in. I had one [of the boys] sitting in there, getting ready to check him. The teacher said, "Tell Dr. Fox what we said about her yesterday."

He never raised his head. He never looked at me. She said, "Oh, go ahead and tell Dr. Fox what was said about her yesterday."

His little head never came up; not a thing. Well, I knew she had probably said, "She's kind; she's gentle; she won't hurt. It will be good."

And after the third time she said that, I figured the little boy probably wouldn't say it. I said, "Oh, you probably said I was old and fat and ugly."

The little boy's head came up and the little eyeballs looked at me. He said, "Nope, that's what my daddy said." [Laughter] My Head Start nurse said, "I've never seen you speechless!"

I said, "What kind of a comeback could you come to that, pray tell me."

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

UNDERSTANDING PATIENT'S PROBLEMS AND NEEDS

This house call story is about a husband and wife who were both patients of mine. The wife was diabetic; she was in a wheelchair and was legally blind. The husband was also diabetic, had had cardiac problems, had had open-heart surgery, and was already on dialysis for his kidney failure. And they lived alone, with nobody else to take care of them. We had home health agencies working with them, and we had done everything possible we could to try to help them.

It got to the point that they just couldn't get to the office. They didn't have a phone, so I called the neighbor and asked how they were doing. She said, "Well, I'm worried about them. I really think they are getting really sick."

I said, "Well, I'm going to make a trip out there to see them."

So, when I went out there, it was the hardest visit I'd ever made in my life. They lived in a two-room house. The husband was in congestive heart failure and was in bed, very close to death. If we hadn't got there that day, he probably would have died.

The wife was sitting in her wheelchair. The first thing we did was do their vitals and check their blood sugars to see what their status was. I sent my resident down to the next house to call an ambulance for the husband. Then I sat there and talked to the wife, whom I'll call Jane, and asked her, "Jane, when is the last time you ate?"

She said, "Oh, I eat all right."

I asked her, "What have you been eating?" Then I looked over in the shelf next to her, and there were all the empty Vienna cans and anything that had a flip-top that she could eat out of a can just like it was. So she really hadn't had a hot meal in over a week, and then said that usually if she got a hot meal, the neighbors brought it down. I asked her when she'd had her last shot of insulin. She said, "Not since my husband took to bed and couldn't get up."

Then I asked Fred how long he had been in the bed, and he said, "If I'm a-counting right, I've been here four days."

So she hadn't had an insulin shot in four days and her blood sugar

was eight hundred. We ended up having to take both of them to the hospital at the same time to try to get them stable again.

Their house was cold; they had no phone; the electricity had been cut off because they couldn't pay their bill; they didn't have a lot of their medicines that we, if we didn't have samples, couldn't give them. So, their care was very poor because of the system we live in. What we finally did was contact some of the companies that manufactured the medicines and were able to get them on programs where we could get all their medicines free for them.

We were able to set up with the home health agency to have someone go out and visit with them once a week to make sure they were doing okay. We got their insulin syringes prefilled and put them in the refrigerator. We also had a special tray made so that even if the husband got sick, the wife could feel with a little braille sheet across the top which day she was to take the shots. We also numbered them so she could feel the dots and know which day she was on them.

Then we fixed it so we would do home visits with the two of them once a month. And we arranged for transportation to bring him in three days a week for his dialysis, as he had not had his dialyses in four days.

We were also able to talk to the electric company and let them know the situation, and we made an agreement with them that they would never turn the couple's electricity off. If they couldn't pay the bill, the company agreed to notify us first, so we could do something about getting their bill paid. Then we finally talked with some of the other community organizations and were able to get a phone put in their home so that they could have basic service to call for help.

Just that one home visit was able to tell us the needs of the patients and what their lifestyle was really like. But even better, it taught a young resident doctor how important it is to talk to patients and to truly know and understand the patients and what they have to deal with every day, rather than just looking at one illness in one patient.

Dr. Baretta R. Casey, Hazard, May 10, 2006

BABY'S BIRTH ASSISTED BY A TROTLINE

I was in Pineville when they called me down on the riverbank area. I always got lost; never could get to this house call. Finally I found them, and they didn't tell me what was wrong with the patient. So I went in,

and she was in the bedroom with one little lightbulb down, and she was really writhing. I thought, "Gracious me, she's either got a gallbladder that's about to explode or an ulcer that's about to explode." I got over there to the bed where I could finally see that one little lightbulb. Well, lo and behold, the baby's head was coming, crowning. The woman was in full-blown labor. There was no way I could get her to the hospital.

The other ladies were sitting in the kitchen, and I went in and bawled them out and said, "You've got me here under the guise she's having other troubles, when you knew she was . . ."

They butted in: "No, we didn't know she was having a baby. She wore them loose dresses, and her husband's in the TB hospital, and he hasn't been home in forever."

I said, "Well, he got home at least one time!" Then I said, "Now, you listen to me. I've got two clamps in my car, and that's all I have with me. You'd better find me something and boil it to tie that cord off with."

I got a call in to a couple of nurses who were fixing to go to a dance because it was the big Mountain Laurel Festival. I said, "I don't care what you are in, you bring me a precip pack," which had the things to help with that baby.

I guess that is the only child that had its cord tied off with a trotline. I got that baby, and the cord started going back up. I laid those clamps to it and said, "If you get up in there, you'll come back out with all these clamps on. Well, I got it all taken care of, and the nurses did come, and we got everything under control. Well, her daughter was old enough to be working at a drive-in restaurant up the way. So I pulled in there and said, "I want a hamburger, a Coca-Cola, and you have a baby brother."

Well, she cussed me out. I said, "Now listen honey, I don't care what you think, or what. You can take a look at me and see that I am splattered, and you'd better bring me a coke and a hamburger, and you'd better go see your baby brother."

She carried on so long, but later it was she who took care of that baby. She loved it dearly. She got its immunization; she thanked me repeatedly.

That's the only kid I know of that's ever been tied off with a trotline. We were on the river, and they did boil the trotline up for me.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

VISIT TO A BOOTLEGGER'S HOME

I went out on a house call one time during freezing weather, and I didn't realize he [the father] was a big bootlegger. It didn't bother me anyway; and they had a little stove there to thaw some medicine. I had my .38 in my jacket pocket, like the sheriff had ordered me to do. I went in to see their child, and he said, "Do you want me to take your coat, Doc?"

I said, "No, I'll just lay it over here." I thought if that gun goes clank, and here I am up here in this cabin by myself with him, so I laid [the jacket] gently down so he couldn't hear I had a .38 in it.

I took care of his child very readily.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

BIRTH IN ROOM WITHOUT A BED

I came to Paducah in 1948, a young doctor with high ambitions and a great need of finance. Therefore, I responded to almost every request for my services. It so happened that there was a street in Paducah called Mill Street. Precisely why, I just don't know, but I suppose that at one time or other there was a mill on this street, although the mill had long since passed when I came. The street has since been renamed Locust Lane. There was a grocery man who was the leading citizen of this neighborhood on the south side of Paducah, close to the Tennessee River. His name was Sam Bell, and I responded once or twice when he asked me to come and see part of his family.

Sam apparently was gratified that I came and satisfied with the treatment I gave his family. Shortly thereafter, I became the "Mill Street Doctor." Most everybody in that community, none of whom had telephones, when illness struck would go to Sam Bell's grocery and request that he call Dr. Sloan. Most of the information conveyed to me about these house calls was secondhand, but it wasn't too long before I became familiar with the community and knew my way around the floodwall up and down Mill Street.

One night I was summoned to a house, which incidentally was on the outside of the floodwall. The floodwall was only a large mound of earth that one could drive across. I walked into the house, if one could call it a house. It was actually a hut, one large fifteen-by-fifteen tarpaper shack without a floor. The patient I was called to see was an adult who had pneumonia, but I happened to notice over in the corner a baby about three or four months old lying on a piece of tow sack. A tow sack can also be called a gunnysack. In Paducah, it's a tow sack.

The baby was not particularly unhappy about this. It struck me that here I was in the twentieth century in 1948, and a baby was making its bed on a tow sack in the corner of a mud-filled hut.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archives, Western Kentucky University

PATIENT FOUND DEAD

I was summoned down by Sam Bell's telephone to see a man who was in severe straits—that is, he was quite seriously ill. No one knew exactly where his shack was located, but when I finally found it, it was in an area enclosed by boards, an area which was about six feet wide and possibly ten feet long. I dug the man out of the covers, of which he had about eight layers that all were just rags. I found that he was still warm, but he was dead.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archive, Western Kentucky University

Appreciative Mill Street Resident

Another time I was summoned from Sam Bell's grocery store to see a lady who was suffering from severe bronchial asthma. And the only information I could get was that this man would meet me at the foot of Mill Street near the floodwall and direct me to where his wife was.

I went out, bag in hand, and the man was there. He motioned me to follow him, which I did, thinking we would come to a hut. The river at this time was nearing flood stage, and with his flashlight he directed me to a rowboat.

Now, this man was well over seventy years old, and I should have fled, but I did get into his boat. He rowed me out to his shanty boat, which was anchored in the treetops out in the Ohio River, whereupon I saw his wife, who did indeed have bronchial asthma. I gave her an injection of medication, and he was very grateful. In fact, he paid me, which most of those people didn't, and he later came to my office and became a very good patient.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archive, Western Kentucky University

BACK HOUSING SECTION IN PADUCAH

There was another lady I used to go see on Vaughn Street. Actually, she was not on Vaughn Street, because in order to get to her house you had to walk through another person's backyard, then through the same person's chicken yard. And beyond the chicken yard there was a gate that went into the lady's front yard, which also contained chickens. Then I walked through the poorly hung door into her one-room house, which I might add had no screens. Being in the summer time, the flies were very, very thick, and she had saved a specimen of her sputum that she was coughing up a great deal of. She wanted me to see what she had been coughing up, and there were numerous dead flies in the pint jar that she had been saving her sputum in. Needless to say, I didn't examine it too closely.

This lady eventually turned out to have tuberculosis, then was hospitalized in Madisonville and recovered. I don't think she ever did get screens on her windows or her doors. That entire area of Paducah no longer exists because of urban renewal. It is now an industrial complex. It has been cleared by the United States government. Most of the people I knew back then still exist, although they do have better housing.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archives, Western Kentucky University

STRANGE FINGER ACTIVITY TO DELIVER BABY

Shortly after I came to Paducah, I was called upon to come to a house to see a young prospective mother who had previously arranged for a physician to take care of her at home, only to find out that when she went into labor the other physician was out of town. Reluctantly, I accepted this task because of my medical school experience. But complete with my delivery bag, many gloves, and a pair of forceps of which I had little knowledge, I arrived at her place of residence that was near the floodwall. This time, however, this was a concrete floodwall and was farther down the river, very close to Lourdes Hospital.

Remembering the experience I had had as a student and as an intern, I knew the patient would be examined periodically, which I did and found that the birth opening—that is, the cervix—was not dilating as it should, although the patient continued to have very severe pains. But each time I put my finger into the opening, it remained the same size. This I did approximately every sixty minutes through an entire

night, with the patient having severe pain. Ultimately, approximately at sunrise, I called my brother, who is also a doctor and had more experience than I.

He came and examined the lady and said, "Doctor, you have been sticking your finger in the baby's rectum all night. This is a breech delivery." That means the baby's bottom came down first, instead of its head, and I had been "goosing" it all night. So we admitted the patient to the nearby hospital, and my brother located the instruments and did a breech extraction. The baby was delivered live and well.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archive, Western Kentucky University

A FIRST AND LAST DELIVERY

The next home call was down in Graves County, approximately twelve to fifteen miles from Paducah. This particular person was about nineteen years old and had had no prenatal care. When they called they said she was about to have her baby, and could I please rush. After my first experience alone, I decided I should take my wife, who, although she had had no nursing experience, had been around hospitals much of the time that I had been.

We arrived with our bag. In addition to having the neighbors, father, and other people boiling water, I set my wife to boiling water [for] the forceps and all the instruments I thought I might use in order to usher this child into birth.

The first thing I noticed about this person was that she was unusually restless; she was waving her arms up and about in an uncontrolled fashion, even when she was not having pain. So I professionally checked her blood pressure and discovered it was approximately twice what it should be. I listened to her heart, and she had a loud blowing heart murmur. I did a brief examination from below, and by now realizing the difference between the baby's rear end and the opening of the cervix, I realized that she had not dilated a bit. Whereupon I told my wife that this was not for us, so please discontinue boiling the instruments. This she did. As she took the dishpan in which the instruments were boiling out the back door, and [tried] to remove the water from the instruments, she proceeded in pouring all the water, instruments, et cetera, into the mud, from which we later extracted them. This lady was then advised to go to the big city of Paducah and find herself an obstetrician, which she did. It turned out that she had rheumatic fever, chorea; thus she had rheumatic heart disease. She had a toxemia of pregnancy, and in addition to all this, she had a generally contracted pelvis, which ultimately required cesarean section for delivery of the baby. She did survive. Her rheumatic fever was brought under control.

I might add that I knew much more about rheumatic fever than I did about delivering babies. This was my first attempt at delivering anybody in the home or in the hospital. I have not delivered a baby since.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archives, Western Kentucky University

LADY DIDN'T WANT DOCTOR TO COME

I have made a lot of house calls through the years. Not long ago, this lady had problems with her legs. She was an old maid and lived by herself, not too far from the hospital. Her legs would swell and weep with fluid, and she could barely walk. I coordinated with the physical therapy department, home health, a dietician, and others. I got all these folks together at a certain time, which was not easy to do, to meet at her house.

I called her so she would know we were coming, as she had practically begged for some time. She said, "I'd rather you not come; I've not cleaned the house yet."

I said, "That's not a problem. We're not really concerned about your house."

"Well, I'd really rather you not come."

I said, "Well, Miss [name withheld], it took me a week to get all these folks together. So, we'd better come see you to work all this stuff out, plus all this paperwork has got to be done for you to get your bills paid by Medicare and other social agencies around. They've got to come over and see you to get you to sign all these forms and check your legs, heart, et cetera. Otherwise, everything you get, you're going to have to pay for it out of your pocket."

"Well, I don't care. I don't want you all coming over this morning."

Anyhow, I went. The team was already on their way. I couldn't reach most of them to call things off. We showed up, and she was not

in a good mood and told me so. That's probably the only time I ever got chewed out for making a house call. But she did let me see her legs when we got there. The visit was beneficial for her, but she was not a happy camper one bit.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

A FEARFUL MOMENT

I did all kinds of house calls. One of the few times I was ever scared was when I got a call to make a house call in a part of town that was not very good. Of course, when you are young, you don't think much about that. It was probably three or four o'clock in the morning, and when I got there, I walked in that house and was very uneasy. When you feel that way, you think there is some reason for feeling that way.

The only people I saw around there were people I thought might walk into some bad situations here because they thought doctors kept a lot of drugs. We didn't keep enough drugs to keep an addict going twenty-four hours. But people didn't know that, and we had bags stolen all the time. I had three or four bags stolen at different times later on. They were looking primarily for narcotics and Demerol, and stuff just for pain.

When I went in to see that patient, I remember thinking that all I've got to do is do this quickly and get out of here as quick as I can.

Dr. James R. Burt, Bowling Green, June 12, 2006

LONG TRIP TO BURKESVILLE AND ALBANY

Working with me there were fine doctors all over this territory. I would go over as far as Burkesville and Albany. I'll never forget going to Albany, and Dr. Weldon went with me. We got there in the night, and we got lost on the road, but we finally made it. The man had a strangulated hernia, and we operated on him with lamps in his home. Then we went back to Burkesville and spent the night.

It took a little more than one day, and into the second day, to make the trip. But it was a good experience, and we were thankful the man got well.

Tape-recorded by Dr. Carl Clifford Howard, Glasgow, May 31, 1964; Kentucky Oral History Commission, Frankfort, Kentucky

DOCTOR'S FIRST SURGERY

A case I had back around 1912, when I first started practice, was a Mrs. Clark. She lived on Front Street. This case all came about by her just knowing my mother. Mrs. Clark's baby, Olene, got sick. She called me, and I went over to see the baby. She got well, and I don't guess she was very sick.

Then, Mrs. Clark lived with Mrs. Firkin. In a few weeks, Mrs. Firkin was getting very sick, hurting in the abdomen and vomiting. So Mrs. Clark insisted that she call the young doctor. So Mrs. Clark called me for Mrs. Firkin. I went over to see her, looked her over, and I thought at first that she must have an obstruction in the bowels. I was young, so I couldn't impress her a great deal at first. I didn't try too much, since you can't talk too much sometimes.

So I went along for two or three days, but she got worse. I definitely made up my mind that she had an obstruction and I'd have to operate on her bowel or she would die. I asked her who her doctor was, and she said, "Dr. Leech."

I said, "All right. We ought to have Dr. Leech."

They called Dr. Leech, and I went down to his Leech and Davis Drug Store. I really remember Dr. Leech's little buggy and horse. Well, he had his horse hitched out there in a buggy. I was small, so we were both able to get in it. He talked to me about the old lady going over to her house. Well, I felt I could operate on her. I thought I could open the bowel and lead the obstruction. He waited a while, then finally said to me, "Carl, you're just beginning here; you're very young, and if the old lady dies, you'd be ruined."

I said, "Well, I haven't got anything to lose, and this old lady is desperate, so I'm willing to take the chance."

We went over and saw her, and the doctor looked her over, and he told Mrs. Firkin, "Mrs. Firkin, I believe you'd better let the doctor open your bowel."

She agreed, so I called Mrs. Nelson's twin sisters who were in nursing school at that time. And they were related to Mrs. Firkin. I called them over, and they prepared the dining room and dining room table the best they could for the surgery. Then I called Rex Ellis. I'll never forget, Ellis drove a big bay horse over here from Park City and got here about eight o'clock. So, we put the old lady on the kitchen table, and I operated on her. I brought the bowel up and opened it. It was very big. Perhaps I shouldn't have opened it, but I opened it and gas came up real high.

Well, that relieved her. I sat up with her for four days and nights. I wanted to take care of her, and I didn't want to lose my first patient. Well, she got better and was in her seventies then. She lived some time after that, but it was a very fortunate thing for me. And I've always felt very kind to Dr. Leech, because he backed a young boy that he didn't hardly know.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, March 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

FAMILY APPRECIATES THE DOCTOR

This happened on a rainy night here in Central City. I had never seen this lady, and I don't know why I had agreed to go, but I did. This lady had had a stroke. There was a relative there, but not closely related. They had discovered this lady in a bad condition, so I stayed until the ambulance came, and in those days the ambulance was from the funeral home. We got her to the hospital, but by the next morning there were some other people in and I discussed everything as best I could, and she died that day.

Six weeks or so later, again it was kind of a foggy, icky night, and I got a knock on the door. The family came by and gave me this nice framed print because I had been so nice. I had done absolutely nothing, but again you can have other patients you work yourself silly on and they treat you like you are dirt under their feet.

Dr. James S. Brashear, Central City, January 11, 2006

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PERSONAL PRACTICE

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The bulk of the stories in this chapter describe personal practice experiences in doctors' medical offices and a few other locations. Some of the stories were told or written by doctors who practiced medicine in the early years of the twentieth century. In particular, Dr. Carl Clifford Howard of Glasgow tape-recorded his medical practice stories in 1964 and 1969, and Dr. William L. Tyler Sr. of Daviess County took time to write diary accounts of his medical service, which began in about 1904. Most of the other stories describe personal practice experiences from the 1950s to the present. Included are stories about a man who asked the doctor to pull two teeth for the price of one, a nurse who fainted while observing her husband's vasectomy, and a woman with a forty-five pound tumor.

DOCTOR HELPED BY LOCAL FAMILY

I often am thankful I did not pursue an occupation that necessitated one to frequently make contact with people who were made unhappy by the visit. I remember one occasion when, while [I was] making a long professional visit, it began to rain and sleet. Darkness took me, and the road became covered with ice. My horse had shoes that were worn slick. The horse had fallen two or three times, which made the going bad. I had succeeded in getting to the top of a very steep hill.

On the roadside of this hill lived a family in a small house. I approached the house and succeeded in arousing a man, to whom I stated my predicament. He immediately invited me inside and assured me they would be glad to take care of me.

After dressing, he went with me to care for my horse. When we returned, his wife had prepared the spare bed for me. I soon found myself deep in the oversized featherbed with an ample supply of homemade quilts to make me warm and comfortable. I was soon asleep and was awakened the following morning by the grinding in the kitchen of morning coffee. I soon recognized the smell of country ham in the frying pan.

Arising, I enjoyed as fine a breakfast of ham and eggs as ever was set before a king. After breakfast I found some snow had fallen in the latter part of the night, which made the roads less slippery. However, my neighbor, with the use of a saw file in his hand, filed some rough places on the shoes of my horse, which enabled me to reach home by going slowly.

I insisted that I pay for the service rendered. Nothing was accepted. They seemed to have enjoyed having the privilege of assisting me in an hour of need. I had no personal acquaintance with this family. A few weeks later I discovered they had been added to my list of clients.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

A POOR MAN'S TOOTH

I was called on frequently to relieve an aching or decayed tooth. To meet such demands, I had bought a fair supply of dental forceps. When requested to remove a tooth, I sat the patient in a chair (not a dentist's chair) and requested the patient to indicate the offending tooth. Having located the tooth, I requested the patient to open wide his mouth, and without any anesthetic I would apply my forceps and pull, and continue to pull, if necessary. With much physical effort by me and intense pain by the patient, I would either remove the tooth or break it off. In relating such an experience, I think it would more definitely describe the operation to say, "I pulled teeth." I was lucky in so much as I never broke a jaw or had a bad postoperative infection.

In my neighborhood there lived a miser who would go through the winter without any socks, [although] they could have been bought for ten cents a pair. He had money, but he would prefer suffering physical pain to spending a dime. At the midnight hour this man rang my doorbell. When I opened the door he proceeded to tell me he had a toothache, which had been going on for about two days, and he believed it would kill him if he did not get relief. He suggested that I remove the tooth. I went out to my office and lighted a kerosene lamp. At my request he placed his finger on the offending tooth. Depending on him to indicate the aching tooth, I applied my forceps well, and after [I] raised him from the chair seat twice, the tooth with all its roots came out. He proceeded to spit blood and continued to groan. In a few minutes, with an agonizing look, he informed me that I had pulled the wrong tooth. I assured him I had pulled the tooth he had suggested was aching. Seeing his agony, I suggested he open his mouth and we would proceed to remove the other tooth. He hesitated for a time and finally requested that we have an understanding. I suggested he inform me of the nature of the required understanding. With tears in his eyes and a look of distress, he asked, "If you pull the other tooth, will you charge me for pulling both of them?"

Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

COAL MINERS' DOCTOR

There was a coal mine about three miles up the [Green] River from me. This mine employed about thirty miners. The operator of this mine made a contract with me to care for his miners. Each miner was to pay a stated sum each month into a fund for medical service to him or his family. The mine was on the opposite side of the river from me, with no direct road to the mine on the opposite side of the river. To get to the mine I would go up three miles on my side of the river and get a boat across the river.

I had a pleasant association with the mine, but since it cost the miner no more to have a doctor than not to have one, I was called often for very trivial illnesses. At the end of the year I declined to renew my contract.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

WOMAN PRISONER PRETENDS DEATH

I recall having been called to the jail to see a female prisoner whom they thought was dead. Arriving at the jail, I was informed that the woman had been boisterous for two or three days or nights, giving the jailer and prisoners much annoyance, but she had fallen back on her bed, speechless and apparently dead. I went to her bedside and suggested she open her mouth—no response; requested she open her eyes—no response. I raised her arm, which fell back limp. I raised her leg, which fell limp. With a stethoscope I found her heart action good, respiration feeble but nearly normal. I then stuck my finger in her eye and failed to get the response of a dead woman. I was convinced that she was playing possum. I went to the cell door and requested that the jailer call the coroner to come immediately and bring something to embalm [her].

As I approached her bed, she sat up and said, "You ain't going to embalm me, 'cause I ain't dead." I then told her if she created any further disturbance while in jail, I would bring the coroner with me when I came again. She was a model prisoner from there till she left the jail.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

LITTLE BOY'S LEUKEMIA HEALED

One of the hardest things I've ever had to do was with a family I had taken care of, and [I had taken care of their] little boy since he was a child. The mother had been to another doctor. Anyway, this boy was about ten years old, I guess, and when he came in he just didn't look right. You have a feeling after a while that says, I can look at you and watch you walk, and I can tell something about you. But the child came in, and he just didn't look right. So we got to talking about him, and I ordered a blood test on him. When it came back it just scared the heck out of me. He had leukemia. Right then, when I found it around two o'clock in the afternoon, I called Children's Hospital in Cincinnati. The doctor there said, "You get him down here by six o'clock if you can. It's very important that we get started on this, the kind that he has."

So I got on the phone and told her, like I had many times, "It is the hardest thing I've ever had to do, to call you and tell you your son has got leukemia." And it was, but believe it or not, the kid is about twenty years old and is doing wonderfully. But I still think about that maybe if we had waited till the next day he wouldn't be here. But the doctor said, "Get him here immediately."

That was probably one of the hardest things I've ever had to do, but I'm glad I did it.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

Old Man Couldn't Hear

I had an old man in his seventies come into my office, and he said, "I can't hear out of my right ear."

I said, "Why?"

He said, "I imagine it is full of wax."

Well, I looked at it, and sure enough it was full of wax. I cleaned it out, and he said, "That's good."

I said, "Well, let's look at the other one."

He said, "Oh, there's no use. I've been deaf in that ear since I was a child, but I don't know what happened. My mother didn't know either, but I've been deaf in that ear since I was a baby."

I said, "Well, we'll look at it anyway." So I looked in it, and yes, it was full of wax. I cleaned what wax I could out of it and looked down in there, and there was something green in there. Then I said, "Did you know you've got something in your ear?"

He said, "No, I haven't."

I said, "Well, has any doctor ever looked at your ear?" "No."

Well, I went into the other room and got a pair of what we call bayonet forceps. They are long, little pinchers that are very narrow. Then I went back in there and I pulled it out. It was a piece of paper, about two square inches when unfolded. When I pulled it out, he says real loud, "My God, I can hear! I can hear!"

I said, "Look here at what we got." And I unfolded it. It had been wadded up, and it was a piece of a Sears-Roebuck catalog. You could read the word "Sears" on it, and it had a picture and a price of something I couldn't tell what was. Apparently, he had put that in his ear when he was a baby—wadded it up and stuck it in there, and it had been there all those years.

He was a good patient from then on, but he had gone through his entire life not hearing out of that ear because nobody had ever looked in there. I gave him the piece of paper, and he took it home, but I don't know what he ever did with it.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

PEA IN BOY'S NOSE

One time this woman came in with a child that was about four years

old. She said, "He's got the awfulest cold I've ever seen. The funny thing of it is, there's blood and everything running out of just one side of his nose."

Well, that's pretty well known, when that happens there is something wrong. So I cleaned what I could and looked back up in there, and there was a pea in there. And it was already sprouted! It had two little tiny leaves already, so I took the pea out and that stopped the bleeding. It had been there about one month, I imagine, but in the moisture it had sprouted.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

PERFORMING A MIRACLE

A patient of mine came to my office one day, complaining of a ringing in his ears. He had been in military service and was a veteran who usually went to the VA hospital in Lexington. How he got in the army, I'll never know. His mentality was very low, but I guess it doesn't take much to pull the trigger on a gun.

He had a lot of debris in his ears that I cleaned out. Later that month he went to the VA Hospital for his regular checkup, and he told them I had taken a bell out of his ear. He also told them it was a miracle, and I guess it was.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

SUFFERING FAMILY MEMBERS

I can remember so well when I was young and had a young family for which I was caring. This young wife/mother had unfortunately had a stroke and had lost the use of one side of her body and couldn't speak. She was being cared for in the home, where I would go and visit with her and with her family. We were able to provide very good care for her, but at the same time I could watch the suffering going on from the other members of the family, especially the husband. I realized what a devastating problem it was to them, not just the problems represented by the patient herself, but having to deal with these problems over many years. It was a very rewarding opportunity for me, but also something that gives you a lot of cause for concern.

She lived for about fifteen years after that episode.

Dr. William L. Tyler III, Owensboro, January 30, 2006

YOUNG PREGNANT GIRL

This woman brought this young girl in who was fourteen years old. She says, "She's just not acting right; she won't eat, she just mopes around, she cries, et cetera."

Well, I checked the girl over and couldn't find too much wrong with her. So I thought we should check her kidneys. We checked her urine, and I told the nurse who was out of hearing of the mother, "Run a pregnancy test on that girl." Lo and behold, she was pregnant.

When we went back in the room, I asked the young girl in the presence of her mother, "Could you be pregnant?"

She hummed and hawed around, then said, "Yes."

I told her mother, "Well, her pregnancy test turned up positive. She's going to have a baby."

She says, "Well, what are you going to do about it?"

I said, "Mother, I ain't the father of the baby! There isn't anything I can do about it."

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

DEVASTATING HIGHWAY ACCIDENT

We used to go and put our patients in St. Joe Hospital in Louisville, and I was coming back from the hospital and making rounds when they had the tollbooth on I-65. And when I was coming through one side, there was a big accident on the other side. Somebody yelled, "Look out," and all of a sudden this truck rams this car from behind. I was right there and saw it all.

One woman was killed, and her husband was badly injured. So I happened to be there and pronounced her dead right at the time. Of course, we sent her husband on to the hospital.

Dr. Harry Spalding, Bardstown, March 3, 2006

HUMOROUS HEART PROBLEM

This is funny. I had this fellow in one time that had been running a temperature for three or four days. He had a hernia. I said, "Is that bothering you?"

He said, "No, not too much."

I pressed on it, and it was a little sore. Then I checked him over,

and he had this real loud heart murmur. I'd been looking for acute bacterial endocarditis (infection in the lining of the heart—the valves of the heart) ever since I went into practice. I said to myself, "Boy, I'll bet this guy's got it." You usually have a fever with it and get a murmur. We ran blood cultures on him and everything.

All of a sudden, we went in one day and he said, "Oh, by the way, my hernia ruptured last night." I looked down there, and the big abscess was draining! That's where his temperature was coming from. [Laughter]

But he still had this murmur, and we had to treat him for it. That's another lesson in humility.

Dr. Harry Spalding, Bardstown, March 3, 2006

BROTHER'S EKG

My brother and I were together in this office when I first opened. I was coming up the hall to come to this office, and he was coming out. He said, "I've got an EKG [electrocardiogram] I want to show you."

I said, "Okay."

So we consulted with each other. I looked at the EKG and said, "This guy's got trouble. This EKG is abnormal. Whose is it?"

He said, "It's mine." [Laughter]

We put him in an ambulance and sent him in to Louisville, and he had a bypass procedure done shortly thereafter.

Dr. Harry Spalding, Bardstown, March 3, 2006

FRONT PORCH PRACTICE

Living just three blocks from my office in Shively when I started practicing family medicine was a classical mixed blessing. Entirely too early some mornings, mothers would arrive at my front door with children in tow. They were desperate to know, "Does Charley have pink eye?" "Does this rash look like measles? "Can you just check Mary's tonsils?"

Going to church or the grocery store also resulted in numerous curbside consultations. Sometimes on Sundays I'd work the soda fountain at my father's drugstore across the street from my office. At first, people would say, "You look a lot like the doctor down the street." Then they realized that I was [that doctor] and came by for free medical advice with their ice cream sundaes. You do what you have to do to build a practice. On the day that I arrived home from the hospital with my newborn daughter, a truck pulled into our drive behind us. It was Jimmy, a longtime patient. He followed us into the house, much to my husband's displeasure. I asked Jimmy what he wanted, and he said, "I gog a hish hone in my froat."

Handing the new baby to Grammy, I got my kitchen pick-ups and, with my husband holding a flashlight, extracted a fishbone from Jimmy's throat. He was very grateful. Eventually we decided that it was good to be appreciated, wherever and whenever.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 26, 2006

AN INFLUX OF PATIENTS

With the introduction of Medicare coverage for people over the age of sixty-five years, I had an influx of geriatric patients from down in the country, requesting hospitalization "for a complete physical." It was difficult to convince them that without a specific diagnosis, their insurance would not pay for such an admission. Some of my patients even asked if I would just put Grandma in the hospital for a week while they went on vacation.

There were, however, some old folks who were much in need for conditions long ignored. One old lady was brought into my office with a goiter so large that it had become pedunculated (on the stem) and hung down on her chest. She was referred to a surgeon and finally got relief from her condition.

On another occasion, a farmer arrived with an old laceration, which was filled with maggots. This was a challenge to clean up and treat. Even worse, if possible, was the little boy who had fallen out of the hayloft and cut his head badly. His grandmother, who had brought him in, proudly announced that she had finally gotten the bleeding stopped. She had packed the cut with cobwebs.

Late one afternoon I saw a little neighbor boy in the office for a significant pinworm infection. I gave his mother a prescription and detailed instructions as to hygienic measures. I had promised my family a cookout that evening, and they were eagerly awaiting me when I got home. Along with my four children in the backyard was this very same little neighbor boy. He was sitting on our picnic table in shorts.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 25, 2006

LITTLE OLD LADY WANTED TO SHOW IT ALL

Everybody in the medical business knows this. You can see a patient in the office, et cetera, and you can pretty well think you know what you're dealing with. Trust me, you frequently don't have any idea as to what you are dealing with until you make a home call. I went up here right in town to see this old lady that was a character. She had every complaint from head to toe. There were several people around the stove, and a spittoon was there. I kept wondering if I were going to be able to dodge three or four people who were chewing tobacco and spitting into the spittoon, and I did. I finally decided I wasn't doing anything that was worth my time, so I quit seeing her.

She had had rectal surgery by one of the surgeons here who shall remain nameless. His methods were antique for his day, and they would be totally unacceptable now. If he did a surgery today as he did it then, it would be malpractice. What he always ended up with was stenosis [narrowness] of the anus. So these people would have to take laxatives, and they had pain, and every so often you would have to get them in and dilate them, and it was not good.

So this old lady complained of this just when she woke up. We had a pharmacist here who is now eighty-four. We're still friends. He had a little old drugstore that was about thirty feet wide, and he made a fortune there. So every time this old lady came in, she would eventually get the conversation around to saying, "Let me just show you what a situation I've got." She wanted to raise her skirt and show him her rear end, but he would always say, "Now Mrs. Brown, I'm not into that sort of thing. You just talk to your doctor about that." [Laughter]

Dr. James S. Brashear, Central City, January 11, 2006

LEARNING TO BE MORE SELECTIVE

I went off to Vietnam and came back and was on call every other night. When I got back, this one fool woman was, I think, in the same bed as she was the day I left. I later on found out she was a closet alcoholic, or maybe not so closet. Most of her problem was that she wanted to be admitted to the hospital periodically to dry out. She had a United Mine Workers Association card; that was the big deal. I kind of got the idea after seeing a few of those persons that the world had survived without me being in Muhlenberg County, U.S.A. So that changed my attitude somewhat and I became a little bit more selective and a little more skeptical of people.

Dr. James S. Brashear, Central City, January 11, 2006

SAVING LIVES OF TWO COAL MINERS

When Sinclair Mine was going on out here early on, it was a big tourist attraction. That was before OSHA [Occupational Safety and Health Association], et cetera. I knew all the guys that worked out there, and this gigantic shovel that was, I guess, at the time the largest piece of ground-moving equipment in the world.

This physician came into Central City to cover for one of the other fellows for a day or two, and I had taken him out to Sinclair to see the shovel. We were coming back along the Drakesboro Road and came upon this automobile accident. I got out of the car, and they immediately recognized me and said, "Take a look at this fellow."

I have no explanation as to how this happened, but anyway it was a young man, a teenager, and it looked like he had used his mouth for a front-end loader. His mouth was just packed with leaves and dirt and one thing or another. I got a little finger bite or two, but I took my fingers and dug all of the stuff out of his mouth. Well, he kinda woke up, and we got him to the hospital and he did all right.

Sometime after that, I got a call one night, and of all the times I've ever had in my life waking up, this was the worst. I thought I would never get my feet on the floor and get my eyes open. But it wasn't too far, so I went over there, and it was a fire. By then the ambulance people, firemen, and so on had dragged this person to the door, and their mouth was full of what looked like the ash that you would have from burning newspaper.

So I dug everything out. Dr. Givens, who is another physician here, took another one and that one was really in bad shape too.

We got them to the hospital, and there is no doubt in my mind that we saved both of their lives. One of these fellows then—I think it was the one Dr. Givens saw—went on to Madisonville and had to have a tracheotomy and the whole nine yards.

Well, the tragic or interesting thing was that [the fire] was [in] a shotgun house on a slant, and trust me, the windows on the upside of the hill were no more than waist high. So all they had to do was to raise the window and step out on the ground. One person died, and these other two had a terrible time. Well, once I got there and saw the situation, I woke up then! And I rode with one to the hospital, and Givens rode with the other one to the hospital. There's no doubt in my mind; we saved the two lives. Had we not been there, they would not have made it.

Dr. James S. Brashear, Central City, January 11, 2006

SEVEN KILLED IN MINING ACCIDENT

We had a mine accident here. I guess I was just back from Vietnam in the early 1970s. It was an underground mine accident here, and seven people perished. The company called all the people there. We went out there, and I stayed a couple of hours and got the impression things weren't going to go well, so I went home.

These people were used to investigating these things pretty well. The rescue people that came figured things out pretty well in a few minutes. So from then on their modus operandi was not to endanger the life of anybody who was trying to rescue them.

This thing happened about suppertime, and I don't think they brought the bodies out until about noon the next day. A lobby in the old hospital, which was not large, was used for a morgue so the family members could come in there and identify the dead. The husband of a walking LPN was one of the ones killed. And there was another gal here who married somebody else [who was killed], but I can't remember what her name was. Those were two of the people that lost husbands.

Dr. James S. Brashear, Central City, January 11, 2006

MINER GOT FIRED

If somebody got injured in the mines, they wanted a physician there. So there was a mine called Crescent out on Highway 70 toward Madisonville. We had this character here that is now deceased, who was the biggest liar that ever lived and was somewhat worthless. I don't guess he could read or write his own name, which was short, but he spit and sputtered, et cetera.

They called me out there two or three times to see him. They would bring him out, and he would have his dirty clothes on. Bear in mind, he worked the third shift where they weren't running coal. They would take supplies in and they did rock dusting—spraying white lime on the walls—and that makes it, when you are running back and forth with your head lamp, easier to see.

Finally, I gave up because this fellow would come running out of the mine with a minor or a faked injury so he could get off work for a few days and be paid while not working. But they paid me, and I could charge them from portal to portal. So I got to where I would look at my watch when I left the house, and I would charge whatever until I got back. We brought this guy up two, three, four, or five times. Finally, they called and I said, "I don't mean to be hard to get along with, but is this the same man again?"

The caller said, "Well, doctor, I'm not supposed to say, but I believe it is."

I said, "Well, I think I'll just stay here and when the ambulance gets here, if you have any problems, call me."

Then a little later on, another patient of mine turned out to be his superintendent, his boss on that shift. And he finally told this man, "If you don't quit, I'm going to fire you."

So he decided to quit. Then they took his boots and hung them up in the bathhouse and sprayed them with gold paint!

Let me say here that underground mining was and still is dangerous. So the guys that go down there to dig coal out, they put their lives on the line. It doesn't happen very often, but sometimes it does.

Dr. James S. Brashear, Central City, January 11, 2006

A REVEALING CLASS RING

I was stationed in the air force at a small base near the Mexican border in Yuma, Arizona, in 1956. The base commander's wife came to me as a patient with some sort of gynecological problem. After the nurse prepared her, I was examining her while she had her hands beside her body on the end of the table.

We were both a little bit nervous. I noticed on her right hand that she had a class ring. I looked a little closer, and it was from Women's College in North Carolina, which was nearby where I went to medical school, and I was familiar with it. So I just casually said, "I see you went to Women's College in North Carolina."

All of a sudden she jumped and raised her head up and blurted, "How can you tell? How can you tell? Does something down there show that?"

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I said, "No, no." I reassured her that I had noticed her ring, and that was the clue. We both had a laugh over that, and we both relaxed then.

Dr. James W. Ramey, Danville, March 14, 2006

PATIENT WITH A BULLET IN TONGUE

On another summer trip I went to Santa Rosa, Honduras, in 1974. The Christian Medical Society had a list of hospitals you could go to and volunteer your time and work. Santa Rosa is a little town up in Mountain Valley in western Honduras, with maybe three thousand population, more or less. They had a little hospital, and we also took care of a regional prison there. Every day the families would bring the food; otherwise the prisoners wouldn't have any food. I thought that was interesting compared to our country.

They asked me to go down to the prison and look at this young man. Apparently, maybe two or so weeks before, he had been shot in the cheek with a small caliber pistol as a result of some sort of disagreement. His cheek was healing up well, but the missile of the gunshot was still lodged in his tongue. He could hardly eat or swallow because of his swollen tongue. And he couldn't talk; just made mumble noises. I looked at his tongue and thought about it. Anyway, the guard brought him to the office, and in fear and anxiety I numbed his tongue and took that little bullet out of his tongue without too much bleeding. I sewed up his tongue, and he was most relieved, and his family were all happy. I'd never seen a case like that before or since, but I did him a good service.

Dr. James W. Ramey, Danville, March 14, 2006

DOCTOR RECEIVED A POSSUM

Dealing with the people in this area has been an educational experience. The people are of Anglo-Saxon heritage [and] came here during rough times in the 1800s—into an area about which people knew, like Daniel Boone coming through the Cumberland Gap. They settled in the Appalachian Mountains, a rugged place to enter into and have to initially survive in this place. It was really tough living to begin with. The main thing that led these people into any kind of good times was the discovery of black gold, known as coal, in the mountains of Appalachia. And when that started, it gave the people something to do, food on the table, income. Before that, they were quite poor. Coal has been the biggest work thing in eastern Kentucky to provide people with jobs. And coal is still the number one thing in this area right now that provides Appalachian people with work.

During that time my practice took place by taking care of people from the rural areas of the mountains, learning their ways. A lot of them had nothing. They appreciated any kind of medical care they could get, and they trusted their physicians as much as their finest friends. They would often bring different kinds of food to the physician. One day a patient of mine came in with a large tray covered with a cloth. She proceeded to walk over and present it to me and lay it on my lap.

A few physicians were sitting around. When the cover was removed, it was a broiled possum. The lady said she thought it was the greatest thing. When I looked at it, I asked her, "Should I eat it now or wait till later?"

Anyway, I proceeded to give parts of it to my colleagues, who decided they wanted it. So I went ahead and had possum for dinner that day, but it was one of the many, many things we had! [Laughter]

She gave that possum to me because that was the way she looked up to a physician at that time. I never will forget it. When she found out I was from Alabama, where we had possum and potato, here came a whole fried possum laid in my lap. It wasn't given to me as payment, but just because she liked her doctor.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

BACK WHEN SHOTS WERE REJECTED

When the concept of immunizing kids came to be, to protect them from disease, we actually had parents [refuse]— and particularly a father figure who said he would not allow his kids to get shots. He didn't believe in them. It went to that point, and that was back some years ago. It was so far-fetched [to him] that he felt the shots were not right for his kids, so there was nothing you could do about it at that time.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

DOCTOR'S HEART ATTACK

This happened on December 26, 2001, the day after Christmas. We'd had a little Christmas celebration here Christmas night, and perhaps

I'd eaten a little more than I usually do. Well, I got up at my usual time on the morning of the 26th, and while I was shaving I started having a chest pain. I just knew it was heartburn or indigestion, or something related to what I had eaten the night before, but it hurt pretty bad. I was kind of interested in getting down to the office and getting some antacid or something for my stomach. So I finished up getting dressed, went down to the office at probably 6:30 or 7:00 that morning.

When I got to the office, I took some antacid, I took some Pepcid, I took some Prilosec, and I took this and I took that, but nothing seemed to help. I just kind of knew it was my stomach and didn't want it to be my heart. So I waited until the office staff got there, and I had my nurse do an EKG on me. Of course, the EKG showed I was having a heart attack. I had my nurse drive me across the street to the hospital, and I walked into the emergency room. The emergency room physician was one of my friends, so I handed my EKG to him and said, "Brian, I think I'm having a heart attack."

He looked at my EKG and said, "My goodness, I believe you are too."

They did all the first-aid stuff there in the emergency room and called to try to get hold of my family, but it just happened that my wife and one of my daughters had left early to go shopping in Evansville. So they weren't here, but my other daughter was here. She was in the shower. My nurse went to my home, got her out of the shower, and rushed her to the hospital. They ended up transferring me to Madisonville, and one daughter went with me.

My wife and other daughter heard over the intercom in the mall in Evansville, "Mrs. Betty Cash, would you contact Customer Information?" She didn't have a cell phone, so she found out that way, and they ended up going straight to Madisonville.

Anyway, all's well that ends well. I was taken care of and recovered fully, but that was a very unusual personal event for me.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

WIFE FAINTED DURING HUSBAND'S VASECTOMY

This is about a vasectomy and a fainting episode that happened not long ago. I do vasectomies in my office, and during the procedure the man lays on the examining table. The procedure takes maybe half an hour. The wife always comes in for the pre-vasectomy consultation. It's good to have permission and awareness of both husband and wife, so I request that the wife come in for the pre-vasectomy consultation. So once we get all of that out of the way, a week or two later I do the vasectomy.

Usually the wife brings the man to the office for the procedure because there's a little bit of sedation involved in the procedure, so when the man leaves after the procedure, someone needs to drive him home.

It's a little bit uncommon for the woman to want to be in the room for the vasectomy, but in this particular case the wife was a home health nurse, an RN. So she seemed interested in being there in the room to see the vasectomy. I said, "Fine, you can be there."

So I'm here on this side of the examining table doing the procedure, and I said, "The best place for you to be is right over there sitting on that chair, and you won't be in the way. You'll be able to see what you want to see."

I then proceeded to do the vasectomy, and I'm busy trying to get the job done as I had patients to see later. I was doing my work and was not talking a lot. I was just focusing on what I was doing.

What I recall is that I noticed some sounds coming from where she was, but it didn't hit me that the sounds were odd until I started hearing some shaking. I then looked up, and she had fainted. Not only had she fainted, she had slumped over against the examining table and was having some jerking movements that sometimes occur in really bad fainting episodes, particularly if the person doesn't get on the ground. I mean, the object of fainting is to get you on the ground. If you are in a standing position, your body loses its blood pressure, the heart rate slows down, so you need to get on the ground. When indeed you faint, if you get on the ground, the body begins to recover.

Well, she didn't get on the ground. She kinda fainted in a sitting position and was leaning against the examining table. She'd probably been like that for a moment or two. Anyway, it was a terrible fainting episode. I had to immediately break scrub, come around, get her, put her on the floor, and kinda revive and resuscitate her. She didn't have cardiac arrest or anything, but we had to get her on the floor, raise her feet up, get her some smelling salts, and gently slap her face a little bit in order to get her awake. Finally, she woke up and she was fine, but it was a terribly frightening thing because it was a really bad fainting episode. Of course, she was embarrassed. She was a nurse and thus needed to be used to these things. Since then, I'm pretty reluctant for women to be in the room for vasectomies. But in this case, both the husband and wife did fine.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

DOCTOR KEEPS BABY ALIVE IN AN AMBULANCE

Several years ago we didn't have an EMT paramedic service here in Franklin. What we had here was actually that the funeral homes had a van-type vehicle with stretchers in it. They would serve to go on calls. What comes to mind is about this little baby that had arrested or was on the verge of arresting. My wife Judy and I went in the ambulance to Vanderbilt Hospital with the baby. They did not have suction in the ambulance, so I kept giving it mouth-to-mouth resuscitation with my own mouth to keep it alive. Likely not too many doctors would ever do anything like that.

The cardiac team met us in the parking lot at Vanderbilt, and the baby was still alive. The baby died on the table later. But I think Vanderbilt had been waiting for a long time for a baby like this with this particular heart problem.

Dr. Larry Maynard, Franklin, April 18, 2006

DEATH OF ELDERLY PATIENT

I had an elderly gentleman that came in one day, and it was a bad day; we were as busy as all get-out. He waited about an hour to see me, give or take a little. The girls said when he came in he said he was sure glad his turn had come because he really felt bad. He sat down in a chair, and he was just as white as a sheet.

I looked at his eyelids and they looked pretty pale, so I said, "Looks to me like you might be anemic." That was the only complaint he had. He just felt terrible. I went out to tell the girls to go in and do a blood count, then went on to see somebody else while they did that. When the girls went in there to draw the blood, he was sitting in the chair dead.

He was having coronary trouble, but he didn't complain. He sat out there very patiently.

The people who get upset, cry, holler, and carry on, don't let them worry you. They're not very sick.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

INFECTED FEMALE MUSLIM PHYSICIAN

This female Muslim doctor had become pregnant by her boyfriend, who was also from the same country, and she had had a criminal abortion by someone. She became infected, then somehow or another got in touch with our superintendent of nurses, a fine Christian lady, who brought me into the picture. The nurse told me that if the lady's family learned of her pregnancy, her life would be in danger, which truly meant that she was in peril, not only from the present infection but also from the customs of her country.

It was necessary to clean out her infected uterus, successfully treat the infection, and return her to her hospital training, keeping her privacy intact. All of these things were accomplished successfully.

Dr. Donald Chatham, Shelbyville, April 25, 2006

DOCTOR RESPONSIBLE FOR PATIENT COSTS?

I got a call from this family and was told their mother was not acting normally. I responded by checking her out and learned they were correct. The woman was "goofy," so I advised that she be taken to and admitted to a psychiatric hospital.

The next day, the daughter-in-law called to inform me that the hospital needed their money prior to admission. She concluded by telling me that since I had recommended admission, I should pay the cost!

Dr. Donald Chatham, Shelbyville, April 25, 2006

Addicted to Barbiturates

This fellow was a dentist who graduated in the upper level of his class. Unfortunately, however, he had lost his dental practice and also his family because of his addiction to barbiturates. He had come here to live with his sister, who called me for help.

I don't recall what I did for him, but over time he seemed better and got back in dental practice. He had a lady friend and was doing well for several months, but eventually his sister called me again for help. This dentist was in Louisville, living in a second-class hotel and not doing well. So I drove down to see him, found his room, knocked on his door. When he responded, I asked for his capsules, which he handed over to me. Then he told me I was the only man in the world who could do this to him.

I never knew what happened to him after that.

Dr. Donald Chatham, Shelbyville, April 25, 2006

SURPRISE CAUSE OF DEATH

During the years when I was the doctor for the Shelby County athletic teams, we went to and won the state basketball tournament. However, prior to going to the game one evening, I was called by a person at the hotel desk and asked if I would check on a guest who had fainted in the dining room. In the dining room I was referred to the men's restroom. On entering the restroom, I found a man lying on the floor and two buddies talking to each other.

Bending down in this dimly lit room, I informed the two friends that the man on the floor was dead. Then they asked me who I was to make such a decision. And of course I identified myself. The victim's wife appeared and begged him to get up, but unfortunately he could not.

I asked the two men if the dead man had been drinking, and they replied that he had. Then I asked them if he had been eating steak, and they again replied that he had. That led me to conclude he had choked on a piece of meat, so I then told the policeman who had arrived, "This is a coroner's case."

I scanned the newspaper the next few days, and a news article mentioned the coroner's report that said a man at a local hotel had choked on a piece of steak.

Dr. Donald Chatham, Shelbyville, April 25, 2006

A HUMANE PHYSICIAN

Back about 1990 I was raking the yard at our bed and breakfast when a Spanish-speaking man came by asking for work. His English was very limited, as was my Spanish. The cut on his arm got my attention; it seemed he was robbed and cut in the process.

It was a very hot and sultry day, and this fellow looked very distressed. Using our medical kit, I cleaned off his wound; then I took him to my home, put him in the shower, gave him several changes of underwear and sports shirts and a small bag. He, being without money and unable to speak English, and having no place to stay, presented a problem, but he became my responsibility.

The remainder of the morning was spent trying to find a place for him to sleep. That was done by leaning heavily on a renter whom I had helped get through a heart attack. I continued to ask myself, "Am I my brother's keeper?"

Dr. Donald Chatham, Shelbyville, April 25, 2006

SMARTER THAN BIG CITY DOCTORS!

A twelve-year-old girl brought her nine-year-old sister to me because she had a sore neck. She also [had] perforated ear lobes, a custom handed down for generations, consisting of running a needle with thread through the lobe, creating an opening through which a broom straw was later used in keeping it open. This was the entrance of the tetanus bacteria in the body.

My judgment was that the home, like most, had a coal-burning stove with a broom nearby, and the straw plucked from the dirty broom carried the tetanus spores, which were found in the small amount of pus in that wound.

After I reported the case to the state laboratory, two investigators were sent to confirm my diagnosis, which they did. They asked me how I had diagnosed and treated the case so quickly, since the last case reported was from Lexington and took five days to recognize.

My reply was very modest. "I am just smarter than those city guys!"

Dr. Donald Chatham, Shelbyville, April 25, 2006

THE WAY A FEMALE PHYSICIAN SHOULD LOOK

I was the first woman physician in Bell County in the late fifties. I was in practice with my cousin at that time. This lady came into the office and said, "You don't look like a woman doctor."

I said, "Excuse me; what's a woman doctor supposed to look like?"

She said, "You're supposed to be old and fat and have gray hair." I was telling the Legislative Research Council about four years ago

that if I lived until the next day for my birthday, I would be seventy years old. I'm now seventy-four, and thank God, I've finally lived long enough

to look like what a woman doctor is supposed to look like! [Laughter] I am getting gray, I am fat, and I'm getting old. [Laughter]

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

PATIENT CALLED THE DOCTOR HIS "ROSE"

I was in solo practice in Pikeville for eight years before I went to work for the University of Kentucky. During that time I saw a tremendous number of patients, and I saw a lot of families. I would see four generations in a family. This one particular family was just such a special group of people. The husband and father of this family, every time he would come in to see me, I would go into the waiting room and say, "How are you doing, James?"

He would look at me and say, "No, Doc, first I want to know how you're doing?"

He wanted to make sure I was feeling okay before I took care of him. And this went on for seven years. He would do that every time I saw him. And I'd see him every three months because he had lots of medical problems.

He got real ill, and his wife was going to go on a vacation with their children, and he was too ill to go. So, unbeknown to me, he told his wife when she went on vacation that she had to bring me back a gift. He wanted me to have that gift.

When she came back, the very next office visit they were there together, as were all their office visits. She had a paperweight that had flowers inside. He looked at me, then handed it to me and said, "Now, I told her to get you flowers, and I told her I wanted them to last forever. So she listens pretty good; thus these flowers will last forever."

Well, that paperweight still lays on my desk at work, because six months after he gave that to me, he became critically ill and passed away right before Christmas. I went to the funeral, and on Christmas Eve, which was the last mail before Christmas, I got this beautiful Christmas card from his wife. In the card she said that she appreciated all the care I had given James and her through the years, and that she knew how much I appreciated the flowers he had given me because he always called me his rose and said I was his flower.

I still have that card. It is one of the small benefits of truly caring about your patients and being their friend, not just their doctor.

Dr. Baretta R. Casey, Hazard, May 10, 2006

SERVING HEAD START CHILDREN

Over the years, Head Start children were my favorite people to check because they told you exactly how it was. They would not mess around; just whatever it was, they would tell me. So I heard an awful lot over the years from the children. Some of it is not printable, but some of it is precious. And if those kids loved you, they really loved you. They'd just hang all over you, give you chocolate kisses, and things like that. They were my favorite people to get checked, because in the early days a lot of the doctors would not fool with them. That was because they were children, five years old, and they were indigent, so doctors didn't particularly care about them, but I did. So I made sure they got their check-ups and that they got referred. A lot of them were not getting referred that should have been. We discovered a lot of things that should have been picked up by the other doctors that weren't, because I would double-check them just to be sure. Then we began to work very hard to get the clinics to come into our area instead of our people having to [go to] Louisville and Lexington to handicapped children's clinics, et cetera. It took me a long time of beating and banging and trying to convince them.

I was at a meeting one time, and we were introducing ourselves. I introduced myself, and this man raised up and said, "You are Dr. Fox?"

I said, "Yes, I am."

He said, "All these years, I thought you weighed three hundred pounds and carried a baseball bat, trying to get us to come into eastern Kentucky."

I said, "It worked, didn't it?"

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

BRINGING CLINICS TO PIKEVILLE

I got the second TB clinic into Leslie County, and I got the roving diabetic clinic. I had to raise the money because the University of Kentucky would not help them in those days. When they lost their grant, I raised the money. And we got the neurology clinic back, which had gone before I got here, and I raised that money, and then we got the handicapped children to move over to our area in orthopedics, and we got the heart clinic in here. That one may have been here before I got all these clinics to come into this area.

In those days [1970s and early 1980s], it was an eight-hour trip to get to Louisville and you had to spend the night. And if you'd never gone even down into Pikeville from some of the areas in our county, that's scary. That would be scary to me today, even to travel that far. So we had to work hard to get patients there to be met by either the Red Cross or the Salvation Army to get them overnight, and then to get back to Pikeville, and then to get them back to where they lived.

So, we finally convinced the University of Kentucky, various clinics, and the Crippled Children's Commission. We got some of our own doctors, who were just as good as theirs, and we got Dr. Elvis Thompson to do ENT [ear, nose, and throat]. So we now have a lot of clinics coming into our area.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

PATIENT THOUGHT OF LEXINGTON AS OUT OF STATE

I'll tell you about a young man who came in to see me the first ten to fifteen years I practiced in Pikeville. I saw an awful lot of mine accident injuries, including a lot of hand injuries. This young man, age nineteen, had been injured in the mine two days before and had a broken finger, a badly unstable broken finger that needed repair. He told me he had been in the emergency room two nights before, and they just taped it to the next finger and told him to see another surgeon in town the next day. The other surgeon was not of the mind to do any hand surgery, which is tedious. So he referred him to an orthopedic surgeon, a hand surgeon in Lexington.

The young man came to me and said, "Doc, I got up there to the edge of that town and I saw all them big buildings and all them cars, and all them people. And Doc, I hain't been out of Kentucky before and I comed home. Jist do what you can."

Lexington was out of Kentucky for him!

Dr. Mary L. Wiss, Pikeville, May 10, 2006

OUT OF SYNC WITH RURAL REALITY

When I worked in Leslie County, we had patients who had been referred many times up to hospitals in Lexington or sent home with instructions to take sitz baths [sitting in a tub of warm water]. What they didn't realize was that in Leslie County back in the 1960s only 10 percent of the homes had indoor plumbing. If you tell somebody to go take a sitz bath, they say, "Where? How?"

Many of the patients got their water from a creek, and they put it through a filter. They got water from the creek if they had a washing machine that was on the front porch, so they could carry the water from the creek to the washing machine.

Referring patients to big cities, when these patients lived in rural areas, especially at that time when the roads were so bad and communications were poor, left the patients high and dry, really. They couldn't manage in their minds to go to Lexington, which was the referral point back then and another world.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

THE PATRIARCH'S INSISTENCE

I had this man who was the patriarch of the entire Flat Creek area in Bell County, who had to see me one time instead of the other physician, who was my great-uncle. This man said he was so impressed that he went back and ordered his wife, his daughter, his daughter-in-law, and his grandchildren to come see me. From then on, they were my patients because of that man's one visit in the office with me. And as the patriarch, he told them all what to do.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

POINTED ADVICE

My great-uncle, when I went into practice with him before he became ill, told me, "Now you need to remember four things, young lady. You'll probably make some addicts; you probably won't realize it, but you'll probably make some addicts." He said, "Never let the patient know you don't know what they're talking about; always remember to collect your fee; and tincture of time will cure more illnesses than you ever thought about."

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

UNACCUSTOMED TO DIALECT

During my first day in Leslie County I was still accustomed to my six years in India and was accustomed to what we there called "dehath" Hindi [country bumpkin], but I was not accustomed to eastern Kentucky language.

The lady who came to my office the first day I was in Leslie County brought in a boy of about ten years old and said to me, "Doc, my young'un has been a-punishin mightly. Last week, hit's head done riz, and now it bust and run. Hit don't hyar [hear] so good."

I must say that I said, "Please?"

So she repeated it, and I began to sort the language out since I was accustomed to assorted languages due to my time spent in India.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

FORTUNATE TRAINING IN ORTHOPEDIC SURGERY

Early in my training as a general surgeon, I had orthopedic surgeons to teach me everything I could learn. I was very grateful for every bit of it, and it has always stood me in good stead. When I came to Pikeville, there were no orthopedic surgeons anywhere close around here—the nearest one being Huntington, West Virginia, probably. And our transportation was not good. These new highways hadn't been built, and the coal mines were very active, and we were doing broken bones and assorted orthopedic surgery every day. I was very grateful for my training in orthopedics because we had a lot of needy patients.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

SMARTER THAN THE OTHER DOCTOR

When I was in Knott County doing public health, I was in the health department. And I had helped build that health department. I built three health departments in eastern Kentucky, literally by raising the money and everything.

On this particular day, the nurse said to me, "Dr. Fox, this lady wants to know if you'll look at her child's ear. It's having some problems."

I said, "Sure." And I'd been thinking to myself, "What am I doing in this little place, in this little health department, when my classmates are driving Lincolns and Cadillacs and making big money, and here I am driving my secondhand car practically, feeling awful sorry for myself."

I took care of the little girl. She had a real bad earache. I called my classmate who was in Hindman and said, "She needs antibiotics but can't afford them. If I send her up and you see it, then I'll buy her antibiotics if you'll agree to it."

This girl had walked way far in to get to us, and she got to the little office door and she stopped and turned around and said, "I thank you, doctor. I figured you did know a little more about it than she [the mother] did."

I said, "God, I now know why I am here. You put me in here because I did know just a little bit more about it than she did." [Laughter]

I never felt sorry for myself after that.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

BENEFICIAL TRIP TO FRANKFORT

I had a child who needed special education and needed a special teacher because of his medical problems. This county school kept telling me I needed to call Frankfort to get approval to have a special teacher. Well, I made five or six phone calls and wrote two or three letters over a period of about six months.

Finally, I got hold of someone else in Frankfort, and I said, "Look, if I can't get something done, I'm coming down there."

They said, "Well, maybe that's what you ought to do."

Well, that was a big mistake. Anyhow, I just climbed in a car and went to Frankfort. At that time, all that security wasn't there, so you didn't have to go through all those offices and tell them who you wanted to see. So, I just walked up to the person who was commissioner at that time of Cabinet for Families and Children. I told him, "I want to talk to you."

He said, "Well, who are you?"

I said, "I'm Dr. Baretta Casey from Pikeville, Kentucky."

He said, "Oh, wait a minute." Then he pulled out this paper, and he started flipping through it and said, "Man, I shore thought you was going to be a lot taller."

I said, "What do you mean?"

He said, "Well, from the stories I've heard I figured you were going to be six foot tall."

I said, "No, but I sure do want to get something done."

He said, "Well, what do you want?"

I told him, and we talked for a while, and he said, "Lady, you will get it done."

So we got the child a special teacher.

Dr. Baretta R. Casey, Hazard, May 10, 2006

BENEFICIAL FEMALE HELPERS

There were no nurses in Glasgow, but there were a lot of good, fine women that knew how to help out in time of sickness. And I still say one of the finest things that's ever been in the neighborhood is a good woman who knows how to help you.

It wasn't long until sometime in my practice I met Mrs. Hattie Lowe. Well, I didn't do any surgery or anything for years when Mrs. Lowe wasn't right there. I never had a patient to ask her what she was going to charge them or anything. And I never had her to refuse anyone. She'd stay with them day and night. She was loyal.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, March 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

OFFICE GIRL'S MISTAKE

Dr. Porter had an office up on the corner, and he asked me to come over and set up an office with him, which I did. And I remember we had the first office girl. Her name was Ella, but I can't think of her last name. She'd take down notes when somebody would be calling. And any practice that was done in the home then wasn't done like it is now.

I went in and asked her if anybody had called, and she said, "Yes, Mr. Frank Mill called. I believe it was Mr. Frank Mill Road."

I said, "Ella, I believe that's the name of the road, not the man." She said, "I don't know. I thought it was Mr. Frank Mill Road."

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, March 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

DOCTOR'S HUMOROUS PRACTICE

I've always practiced using a lot of humor. So I'm always doing something that sort of helps to break the ice. Children especially can relate to humor, and I have a lot of props like rubber noses and things of that sort that I put on for kids. That keeps them laughing. It's much easier to deal with them if they and their parents are in a better mood, instead of worrying about this or that. So I use a lot of humor and always have. Sometimes I probably get too carried away. However, people in a good humor are more likely to pay their bill (unless they look at it too closely!).

Dr. Hal E. Houston Jr., Murray, June 5, 2006

Some Humorous Stories . . . Well, Maybe

When [you're] involved in sports medicine, and a person is knocked out, you ask them different questions, like, "What number is on your jersey? What play did we run? Whom are we playing today?"

So I was asking this fellow some questions, and I asked him, "What's your wife's name?"

He looked up and said in an angry voice, "Why do you want to know?"

The referees started laughing.

In another case, this kid got knocked down in a basketball game and was confused, and I'm asking him, "Marcellus, do you know where you are?"

He said, "No."

Well, our trainer, who was kind of a cocky fellow, looked at the referees and said, "He hasn't known where he was since he got here. He's okay. Get back in the game."

That was another take, but I keep track of all these various and sundry sports instances that turn out to be humorous. But at the time, many are not humorous.

We had a referee who had a cardiac arrest here four years ago. I ended up having to perform CPR and defibrillate him on the football field. Well, while I was performing the CPR, the paramedic hit the wrong button and shocked me pretty strongly, and it hurt. That was like four thousand volts, but I didn't get the majority of the current or it probably would have killed me. But the referee lived. So, that's sort of a humorous incident on my part, but not the referee. He now is the supervisor of the Ohio Valley Conference Football Referees. . . .

In certain Indian tribes, if you save someone's life you become responsible for their soul. This referee fellow was quite prominent. He had been chief of police in Paducah, Kentucky, and was also a retired FBI agent. His name was L. V. McGintee, an Irish name, and every time I see him, I'll say, "Now, L.V., be sure you're leading a clean life because I'm still responsible for your soul."

That sort of added a humorous take, but it wasn't funny at the time.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

PATIENTS SOMETIMES FAKE IT

This story is about something that happened recently at a local grocery store. I was going in to get some grapes, and there was a crowd gathered around the checkout counter. I went over and there was a girl lying on the floor. Someone in the crowd said, "Dr. Hal, check on this girl. Something just happened to her."

I said, "Does anybody know what happened?"

Someone said, "Well, she and her boyfriend had an argument, and he stomped out, and she fell down on the floor."

They'd already called 911, and the ambulance was arriving with its siren screaming. So I go over and look at her, and on her nametag was "Debbie" [pseudonym]. She was lying there, but her eyelids were fluttering. First off, I was a little suspicious of the situation since she passed out as they argued. Her pulse was normal, making me more suspicious that she probably faked it. "Fainting" from being upset is a so-called vagal nerve effect, resulting in a slow pulse.

But that's a strong get-even when you call the ambulance. So I whispered, "Debbie, get up."

She kind of opened her eyes a little bit, and I could hear someone in the crowd muttering in a negative tone, "What did he say to her?"

I said, "Debbie, get up. I'm in a hurry." She got up.

So, I ask students, "Do you flutter your eyelids when you are unconscious?" Of course not; you don't have control over anything. So that was a miracle, and they gave me the grapes for "saving her." But the crowd was astounded at my skills when all I did was say, "Get up."

You run into a lot of situations like that, and you hope your decision is correct. If not, you're going to have pie in your face or possibly a real legal problem later.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

MISS KENTUCKY

I may have been responsible for a young lady winning the Miss Kentucky contest one year, 1973 or 1974. Her mother called me around three o'clock in the morning and told me her daughter had a big abscess on her chin, and they were driving to Louisville for the contest that morning. She asked me if I would see her daughter.

I said, "Well, you can drive to my house; you can make a house call and I'll see her out in the driveway." They showed up shortly thereafter, and she had a big pimple on her chin. So, I said, "Let me see that, Linda."

I just gave it a quick squeeze, and it popped pus all the way to the windshield, which is sort of a gross story. But that let the pus out and she put ice on it all the way to Louisville. With makeup, this was not noticeable. She was chosen as Miss Kentucky. They asked her, "Who is responsible for your achievements," et cetera. Usually, they say their minister or their father, their teacher, et cetera. There's always somebody who helped them along. She didn't mention my name. I see her every year at homecoming, and I still complain to her, "If it weren't for me, you wouldn't have been Miss Kentucky, and you never told anybody. So I'm still upset about that."

She just laughingly says, "I know I should have said something, but I didn't know how it would sound if I mentioned a surgeon who popped my pimple."

Dr. Hal E. Houston Jr., Murray, June 5, 2006

DOCTOR'S SURGERY RESTORED OPERA SINGER'S VOICE

A music teacher at Murray State, Hank Bannon, had an enlarged uvula, or a so-called baby tongue, in the back of his throat. It was felt to have enlarged through the years because he had sung so much. Whenever he'd try to hold a high note, it would hit the back of his tongue, causing him to gag; thus he couldn't sing opera.

He came to see me. I didn't know what he did; had no clue. He had already seen two throat specialists in Nashville, both of whom told him, "If you touch this, it's going to ruin your voice, and you may sue us."

I didn't know that, so I said, "Yeah, we can fix this." So the next morning we took him over to surgery, and I just took an electric knife (cautery) and *zip*, cut it in half. It took two seconds. The next day my phone rings, and he was singing opera on the phone. His voice had [improved] 100 percent, which enabled him to return to the New Orleans Opera in the summers and some other engagements. He was supplementing his income and doing what he liked best—singing opera.

We became good friends, and I became very interested in opera. That's one of my most famous cures, particularly not knowing the rest of the story.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

OTHER PATIENTS' DISPLEASURE

We had a fellow who'd come into the clinic where I practiced, whom my nurse didn't know. He was about six-foot-six, thin, and looked like a gunslinger in a Western movie. She asked him, "What is your problem today?"

He'd turn his head sideways and sort of open his eyes, and a glass eye would fall out. And some of the older eyes were actually marbles. They weren't the half-eye types. There was a wooden floor in the waiting room, which was full of people also waiting for other doctors. Well, his eye hit the wooden floor and bounced up several feet. He grabbed the eye, spit on it, rubbed it on his pants, put it back in the hole/socket, and turned to the nurse and said, "I have a sore throat." You talk about clearing a waiting room out—that will get rid of them in a hurry!

I said, "Bob, you can't do that here around these patients." I had seen his act before.

My nurse just about freaked out. Anyhow, the entire scene was quite humorous. He could sure clear the waiting room quickly and go to the head of the line.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

SURGERY ON A LADY'S TUMOR

I remember the grandmother of Miss Grooms, who teaches here. She was brought in when she was seventy-five. She had a big tumor in the pelvis, and I thought it was a little hazardous to give her an anesthetic, and I decided that we could do it under local. Dr. Clark went with me. He said yes, he'd talk to her and would drop a little perfume on the mask.

He did it, and I injected it with novocaine, and we took out a forty-five pound tumor. She got well and lived six or eight years after that. She was a heroic patient or she couldn't have stood all that. Some of that blood has come on down in her family—the Bradshaw boys and the Grooms here.

At that time we saw many more large tumors in women than we do now. They were neglected, and in contemporary medicine you see them earlier.

Tape-recorded by Dr. Carl Clifford Howard, Glasgow, May 31, 1964; Kentucky Oral History Commission, Frankfort, Kentucky

A WORLD WAR I MILITARY HERO

World War I came along, and it was a difficult problem to decide whether or not to enlist, but I was very young and on the draft board, and Dr. Turner was on the draft board too. So we discussed what to do, and after having to send so many young men our age, we couldn't feel right to not volunteer ourselves. So we volunteered, and they called me first, and then they later called him, and we joined a medical outfit that was to be a hospital in France.

We joined a group mainly from Louisville and out in the state. We trained down at Camp Shelby, Mississippi, and went overseas. We were together all through the war and were separated only after the war was over. We ran into quite a few boys from here. I'll never forget one outstanding thing that happened one night, a cold night in October. We were getting men in from the [Argonne], and they brought all the men in on a train. There was no light in the camp. You had to just go along with a little flashlight that you had to turn down to the ground.

The men there were out in barracks and in little tents in the mud. A boy came over to me and said, "Doctor, there's a boy over here in the tent right nearby who says he heard you and knows your voice. He wants to see you."

I told him, "All right, I'll be over to see him."

I went over there, and there was a little fellow that weighed about 110 pounds. He raised up on his knees, and he looked woebegone, and he said, "Didn't you come from Summer Shade?"

I said, "Yes, I came from Summer Shade."

He said, "You and I used to pick blackberries there. I'm Jimmy D. Watson. We picked blackberries for my grandfather, Green Berry Lee."

That was right. He would visit his grandfather in the summertime, and he and I picked blackberries. I told him to lie back down. I saw he was very weak. He'd been gassed in the Argonne. So we kept him there, and I said to Turner, "Turner, this boy came over with Pershing, one of the first men, and we ought to see to him and take care of him.

Turner said, "Sure."

I said, "We'll see about him." So we got him assigned to our outfit, to the kitchen. Then, he got to telling me that he had a citation coming to him, but he'd never had time to see about it and didn't know what it was. When Christmas time came around, I took him in a little pickup truck up to Pershing's headquarters. We had a blanket around us in the back of the truck. We got out and Watson went in. Then they came out, and the general came out along with three or four other officers, and they stood him up, read his citation, then pinned a medal on him. He was cited and honored with a medal for stopping three machine gun nests....

Well, he stayed with us, then after the war he was living up in North Dakota. He came back to Summer Shade every summer to visit his mother and have dinner with Turner and me. He died only one or two years ago.

Tape-recorded by Dr. Carl Clifford Howard, Glasgow, May 31, 1964; Kentucky Oral History Commission, Frankfort, Kentucky

THE DOCTOR'S LONG BEARD

This story is about the time I grew a beard. In approximately 1980 my wife and I went with a local banker and his wife to Florida. Both of us were golfers; we enjoyed golf. So we played golf for a couple of weeks besides visiting around, being ordinary tourists. I decided to let my beard grow. That was in January. I said that I hadn't had a beard in a long time, so I was going to let my beard grow. When we got back home, I had a pretty good growth of beard, and I just let it grow through the remainder of the winter. When it got up in May, I still had a beard. It looked like a pretty nice beard.

A lady came into my office, and I had never really seen her in the office before. She had been a hospital employee for thirty years. She was a pleasant, outgoing, obese lady who worked in the laundry. She was a hard worker and just lived right across the road from the hospital. She raised chickens, she had a cow, she worked in the garden, and I made a few house calls to her house because she had an elderly mother who was in her eighties there with her. You could hardly go in her house, visit, or make a house call without having something to carry away when you went home. If it was garden time, she had some fresh stuff out of the garden; she might have a chicken she had just killed and dressed. If she didn't have anything like that, she would get something out of the freezer. If she didn't have anything in the freezer, she would give you two or three jars of something she had canned. You simply couldn't get away without her giving you something. And we had a lot of fun, as she had a lot of fun about her. She would joke, kid, and give you a hard time. Well, when she came in the office that day, she wanted to be examined about something, but I don't remember what it was. But she let me know right away, when she first saw me in the office, she didn't like my beard. Well, we got through that all right—at least I thought we got through it all right—then I checked her about her heart or blood pressure, or whatever she complained about. She went back out in the waiting room, so I thought she had gone, because she didn't drive; someone else had to pick her up. Well, in a little bit, the door from the waiting room into the hall opened, and she stepped in that doorway and said, "Dr. Shipp, I don't like your beard, and if you don't shave it off, I'm not going to show you my titties any more." [Laughter]

I think she planned all that. I was just set up!

Dr. Charles J. Shipp, Greenville, January 11, 2006

FLIRTATIOUS FEMALE PATIENT

You read about doctors taking advantage of patients. I never took advantage of a woman or anything in my life while I was in practice. We've had several doctors to give us a bad reputation because of that. I never will forget a woman that had been with me eighteen, twenty, twenty-five years, worked with me. And they knew everything and all.

One day I was seeing this young lady, and I could tell she was flirting with me. Anyway, one of the nurses told me, "You'd better let me go in with you."

I said, "All right."

So she went in with me, and we got the woman treated. This woman said, "Do you care if I go to the bathroom before we finish?"

I said, "No, that's all right."

Well, she came back and we finished up. The nurse was still with me. In a few minutes this woman went out. Then one of the nurses went to the bathroom and found this woman's panties she had left in there. I don't know what she was planning on, but she had left her panties in there!! [Laughter]

I always respected the women that came to see me, but the chances were there. I often think about this woman leaving her panties there. And they were pretty pink, too. But I always resisted that temptation, and I was around women and nurses a lot.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

AN EXCELLENT NURSE

I have had a good practice across the years and have had a lot of good experiences with my patients. After I came to Campbellsville I had a nurse that was apparently having some trouble with her husband near Christmas time, the second Christmas I was here. She and I had conversed at depths before she left the office.

She went out the Old Lebanon Road near a park and ran head on into a truck and was killed. So the girls in Dr. Chambers's office recommended Ann Coakley as her replacement. Ann is now Ann DeSpain. She hadn't had any experience at all in a doctor's office, so she didn't come to work for me with any long-term expectancy.

I had no problem keeping her. She didn't quit until I did in 1997. She started January 1, 1965, and worked for me all that time. She was very good. She was always there. She never missed. I don't think she missed more than a couple of days during the many years she worked for me. I'm sure she worked at times when she didn't feel like it. She told me that I couldn't retire until she did. She was a good employee, and we have kept up with her since then.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

ONE OF KENTUCKY'S BEST NURSES

During my first years in practice, we had no nurses and no laboratory technicians. So Dr. Turner said to me one day, "There's a bright girl that's graduating from high school this year, a Miss Ollie Bell. We ought to send her to school and make a technician out of her."

I said, "Well, we'll do it. You just call her in and call her mother, and we'll put up the money and send her to St. Louis." Let me say that Ollie Bell made one of the finest technicians ever in Kentucky. She died here last year. She came back home here at her sister's house. She stayed with us fifteen to twenty years; then she went to Louisville and worked at the Baptist Hospital.

We were so proud that we did that for Ollie, because she was the first and one of the best. I can remember well when we'd be operating, and Ollie would come up and take a smear of the abdomen and then tell us the next day, "There's a bug in it," and we'd do what we could. However, we had no penicillin. About the only thing we had was quinine and a little courage. But I will say this: People seemed to have a lot of resistance, and they had a lot of courage, so most of them got well.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, April 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

MEDICAL CAREERS ATTRACT HYPOCHONDRIACS

We had this fairly intelligent nurse, a little better than usual. She was tall and skinny and kinda jittery, jumpy. One morning she was opening some IVs, to start the IVs, and she opened something like twenty of them but didn't get them going. So some other nurse came by and said, "What are you doing?"

She said, "Well, I can't get this open. I'm contaminating everything that I open."

She had an obsessive-compulsive disorder. She had practically rubbed all the skin off her hands in the process of doing this, so they shipped her off to the psychiatrist to get her treated for whatever. After that, she came back to work and she was better.

Years ago I went to the KMA Scroggins, which was a management company that I ended up using later on for whatever reason, had a little packet of material. There was one little piece of paper, four pages, in [the packet] that was the size of an envelope. One of the things it said was, "When you hire employees, look out for people who have a lot of physical complaints." It went on to say that people who are hypochondriacs love the idea of working for a doctor because [they think], "When he gets to know me and gets to know what a terrible shape I'm in, he will take interest in me personally, sexually, or otherwise, and get me well."

I threw that paper away after I read it, but I would give anything to have that paper back, because there are in all phases of health care a tremendous number of hypochondriacs. I had a gal working for me, and we had some injectables here, and she would take some out and fill it with water. So I got rid of her and got rid of the injectables also.

Dr. James S. Brashear, Central City, January 11, 2006

COOL SENSATIONS

The best story I have that involved me took place in eastern Kentucky.

When you got out of medical school, you had a license to practice medicine in Kentucky. So I was fairly up high in the class, and one of the surgeons advised his friend in eastern Kentucky that there was a student who worked with another doctor that could take over his practice while he was gone on vacation. So my wife Margaret and I drove to eastern Kentucky to a little town called Jenkins. We lived in the doctor's house, and he was gone for a month. Well, he was under contract medicine. I think he paid me twenty-five dollars a day. He was under contract, so when patients came to him, they didn't pay him a bill. I think they paid something like three dollars a month for each member of the family. Anyway, the first night I was there I got a call to come see Mary. So I got in my new Pontiac car and started driving up this hollow, but I couldn't get to the houses because it was too steep. So I had to park my car and walk. When I went in, there was a man sitting in the front room who said, "Mary is back there."

So I went back into the bedroom, and there was Mary. She was about twenty-two years old and had lipstick on. She had on the sleekest negligee you could ever imagine! It was one of these things I guess she got out of a magazine. She was more nude than naked! I sat down with my little bag on my lap and said, "Mary, what's the trouble?"

"I heard you were coming to this town today. Well, tonight when I was taking my bath, I had this cool sensation to pass up through my vagina, so I thought maybe you ought to come up here to see about it!"

I said, "Well, Mary, I don't think that's the proper thing to do, but if you really think there's something wrong with your private, you come to the office, and the nurse will help me, and we will examine you."

The first patient the next morning was that woman! The nurse put her up on the table and had her all draped and ready. And the minute I sat down to examine her, she had an orgasm on the table. Just shook all over!

She came to the office every day I was there for a month for something. I learned that whatever it was to not pay any attention to it. The last day I was there, and that was in July, she said, "Doctor, I was coming to town." She was hot and the sweat was just pouring off her. "When I was coming to town, I thought about you again, and I had that cool sensation again!" [Heavy laughter]

I tell that story often at party get-togethers and always get a laugh.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

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HOSPITAL PRACTICE

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Some Kentucky physicians used to have to send their patients to large cities such as Louisville, Lexington, and Nashville in order for them to get the hospital care they needed. Others did the best they could with limited facilities. In this chapter, several storytellers describe their experiences with the start-up of new hospitals. The first story reveals how badly a local hospital was needed, although the physicians somehow managed to operate on the wounded man at the scene. The chapter also includes unusual accounts of patients in the emergency room as well as stories about an ambulance running out of gas on the way to the hospital, a patient who died on the examination table, the rescue of a climber from a cave, and a doctor who won a countersuit against a litigious patient.

INTESTINES CUT OUT DURING A FIGHT

The most interesting thing I ever saw Dr. Sherman do was during the time I was more or less living with him. We went to a camp of woodcutters or timber cutters. They had a little old shack out in the woods, and they had had a fight. When we got there, the man we had gone to see was sitting in the leaves, and his intestine that had been cut out during the fight was lying between his legs. He was sitting there playing with his intestines!

That happened during the time before the hospital was built, and we didn't have a surgeon. The only way to get him help with a surgeon was to put him on a train or an ambulance and take him all the way to Louisville. Well, there was no way we could have hauled him out of there without him going into shock and dying. So what did we do? We laid that man down and made a little kind of table. And they boiled a big amount of water, and we laid those intestines out on that table, washed them off the best we could, sewed him up. That was before penicillin, and he lived!

Dr. Aubrey L. Embry, Millwood, November 18, 2005

HOSPITAL PATIENT ATTACKS RESIDENT

Another interesting thing happened when I was in psychiatry back in the days when you gave [patients] electric shock. We would just line them up. Didn't give them an anesthetic or anything. Well, this one old boy wasn't aiming to take his. And you could hardly blame him. They didn't remember taking it, but they dreaded it. He was in this little narrow cell, and when the psychiatric resident went in to get him, he attacked the resident and got him by the tie and was choking him. Well, his face got really blue! I climbed over the resident and got hold of the patient and pulled him off the resident. Whew!

Dr. Aubrey L. Embry, Millwood, November 18, 2005

THE OATMEAL STORY

I had not known Mrs. Sparks until she was somewhat past age eighty. She was widowed and lived with her son and daughter-in-law, who operated a small grocery store in the coal-mining town of Graham. She was not an office patient as such, but was acquired by my occasional stopping at their grocery store to check on her son, who was a patient with a malignant condition. They would ask me to see his mother, who had a few complaints. Her condition appeared very good for her attained age. She was alert and argumentative and was well nourished without any obesity. Her main complaint was stomach and gastric discomfort, which she'd describe as heartburn and indigestion, gas, et cetera. Some mild stomach relaxant or antispasmodic was tried, and we instructed her about food that might aggravate and suggested that she try to get some mild exercise by walking about the house, rather than sitting or lying down each time after she ate.

She had a tendency to be somewhat crotchety. We had very poor results with improving her complaints, though her general health remained good. She finally decided, with her family blessings, that she must go to the local hospital for some studies. Her family had UMWA [United Mine Workers Association] medical benefits at that time. That was the thing to do. Her general exam and condition were very satisfactory, and we hardly could suspect any problem other than gastritis, maybe esophageal reflux irritation. These days we would call it GERD, which means gastro-esophageal reflux disease, if you have heartburn frequently. An upper GI exam revealed a hiatal hernia with a portion of stomach sliding upward through the diaphragm at times and causing the symptoms described above.

More conversation and explanation, et cetera, with Mrs. Sparks was attempted. [We knew] that at her age and general condition and nourishment, no surgeon would try an operation. This was fifty years ago. They were not operating on hiatal hernias for her condition. She was somewhat argumentative about most suggestions and thought that it could all be fixed.

The morning that I planned on her going home, I was at the hospital early and was in her room shortly after her breakfast tray had arrived. I was at her bedside, looking over the food, and saw what appeared to be cooked cereal. And it was black with pepper. I asked if it was oatmeal, and she confirmed that it was. I asked, "What is that on the oatmeal, Mrs. Sparks?"

Very abruptly, she yelled, "Pepper. What do you use, sugar and cream?"

Well, we learn something new at times, but I never did try pepper on my oatmeal!

Dr. Charles J. Shipp, Greenville, January 11, 2006

THREE BABIES IN DIFFERENT HOSPITALS

I will never forget—and if it happened today somebody would have tried to sue me or something. I delivered several babies, but one afternoon I got a call from a woman who said, "I'm in labor."

I said, "All right, go on to the hospital."

Well, she went on to St. Elizabeth; then it wasn't an hour later I got another call, and this woman says, "I'm in labor,"

I said, "Where are you going?"

She said, "St. Luke's," which was a different hospital.

Well, I get in the car and go to St. Elizabeth and fool around there. About the time I'm getting ready to deliver that baby, I get a call from the local hospital here telling me, "So-and-so is in here and she's in labor too. She's going to have a baby."

So I had three people in three hospitals forty miles apart who were going to have babies. So I delivered the baby at St. Elizabeth, and I called St. Luke's and the nurse said, "She's not doing much, Darl. She's in labor, but she's not doing anything." Then I called the hospital here in Grant County, and the nurse said, "She is in labor. You'd better get here."

Well, there I am. I'm down there and up here and at another one in between. So I called over to St. Luke's and said, "Put her on the phone."

The nurse said, "All right." So the woman got on the phone, and I said, "Would you care if your baby is born in Grant County Hospital?"

She says, "No."

I said, "Get ready." Then I went over and picked her up in my car, brought her back to this hospital, and then delivered both babies up here! Anymore, if somebody had done that and something had happened to that baby on the way, or if she had it and it died, I'd have been sued for everything there was.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

OBSTETRICS IN OLD AND NEW HOSPITALS

Not long after I had established my family practice in Shively, one of my prenatal patients rushed into the office well into the second stage of labor. Hurriedly, I loaded her into my car and we rapidly headed for the old SS. Mary and Elizabeth Hospital. At the time, I was within weeks of having my third child.

While the patient was being admitted, I headed for the doctors' lounge. The nun in charge of the obstetric unit, not knowing who I was, said, "Patients can't go in there. That's the doctor's dressing room."

When I identified myself, the sister shook her head and said, "Then I better get you a scrub suit."

Glancing down at my long absent waistline, I suggested, "Maybe you could find me an extra large nurse's scrub dress, and I can change in the nurses' lounge."

I may have been the first female physician to practice OB at the old SS. M and E Hospital. Sister was obviously taken by surprise, but the delivery went well and she greeted me cordially thereafter.

It wasn't long after that when the hospital was moved to a new

location nearer my office. Moving an entire hospital, including the inpatients, was a tremendous undertaking. On the very night of the move, one of my patients went into labor. She was already in the delivery room when I arrived. The stirrups for the delivery table were nowhere to be found. Two nurses were hastily summoned to hold up the patient's legs. When the overhead light failed to rotate properly, another nurse procured a large flashlight and held it so that I could see what I was doing. The delivery was accomplished satisfactorily. Mother and baby left the delivery room in good condition. I breathed a sigh of relief. I'd had the dubious honor of delivering the first baby at the *new* SS. Mary and Elizabeth Hospital.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 27, 2006

MOTHER SHOWS DOCTOR HOW BABIES ARE DELIVERED

I had this one lady while I was in practice in Bell County who had eleven children at home by the old camp doctor. Our physicians were trying to get them to come in to the hospital. So this lady's husband had gotten a UMWA medical card, so she decided her twelfth child would be born in the hospital, and I was elected to do the delivery, being the woman she wanted to do that.

So the great day came and we went into the delivery room. She called me "Mury." She said, "Now, Mury, I don't want my legs in them there stirrups."

I said, "Well, that's fine. I can break the table."

Then she said, "I don't want none of that thar gas stuff."

I said, "That's fine. I'd rather have a squalling baby than a blue baby anytime."

She said, "When I grunt twice, you catch."

I thought, well that's gone too far. And about that time, she gave two great big grunts, and I caught a nine-pound baby boy flying out of there in midair. I said, "Oh, I should have known that due to eleven children prior to that, there was nothing to hold this baby back." I mean, it came out like a watermelon seed!

Well, to add insult to injury, as we were going by where all the other ladies were still in labor and had this mother on the gurney, she raised up and said, "Okay girls, you all can have her now. I showed her how it's done." [Laughter]

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

AUNT HANNAH'S FEELINGS

This is a story from Leslie County. I worked at Frontier Nursing Service between 1965 and 1969. We had a family with a lady named Ruby who was about forty or forty-one. She had raised up her husband, Danny, from a small child and then married him when he got old enough to marry. They had an old aunt, Aunt Hannah, whom they kept pretty well liquored up. She was a diabetic, had lost both legs, and stayed very happy in their care.

They were having a party. Danny's brother, who had been in the pen, got out. I have no idea what his crime was, but that was an odd bunch. The party got wild. A brother pushed Ruby off the porch and broke her leg. Then Danny hit the brother over the head with a carbide can and lacerated it. I forget what injury Danny had, but anyway the whole lot came into our emergency room, including Aunt Hannah in a diabetic coma. We sent the brother off with the police; we sewed up Danny and fixed Ruby's leg.

Meanwhile, the next day this older lady came into the office and asked, "How's Ruby a-doing?"

I said, "Well, her leg is going to be all right if she keeps her cast on." But she didn't. That's another story. Anyway, this older lady says, "You know, the landlord has done thrown them out, and I'm shore gonna miss 'um. I've got the next cabin above them, and I ain't got no television. And I sit on the porch and watch them 'cause they's better'n *Gunsmoke*. I'm shore gonna miss 'um."

Dr. Mary L. Wiss, Pikeville, May 10, 2006

How to Get along with the Mayor

When I first came to Pikeville as an X-ray tech, Mayor Hambley, who was also a general surgeon here, was still working and was also still mayor of the town. The first time I was ever called to surgery to Xray a fractured hip that he had fixed, it happened to be for him. Well, Mayor Hambley had a little bit of a temper and a little bit of crude vocabulary to boot.

I got up to surgery, and the machine that was in surgery was broken. I couldn't take the X-ray. Well, here stands Mayor Hambley, and he starts cussing and swearing and having a cow fit. I turned around to walk away, and he hollered, "Where do you think you're going?" I turned back around, looked at him, and said, "Now, Mayor, I can do one of two things. I can stand here and listen to you go on ranting and raving, or I can go downstairs, get a portable machine, and come back up here and take the X-ray you need so you can take care of this patient. So, which one do you want me to do?"

You could have heard a pin drop, and everybody in that room looked like they were about ready to faint, fall away. He looked at me and just started dying laughing, then said, "Man, I like you. You've got backbone. Go get you a machine."

After that, we got along superior; never had a problem. He was a fellow who wanted you to do a good job, and you didn't sass him back unless you had a reason to. But if you were right and you stood your ground, he liked you.

Dr. Baretta R. Casey, Hazard, May 10, 2006

HUMOROUS RESPONSE TO PRAYER REQUEST

Doctors often get asked various things by families. Early one morning I was going to remove a gallbladder from this lady. There was a big crowd in the room, and I went to say hello. She asks, "Would you lead us in prayer?"

Well, the minister was there, so I turned to him, and I said, "If you'll take out her gallbladder, I'll lead the prayer."

So I got out of that deal! [Laughter]

Dr. Hal E. Houston Jr., Murray, June 5, 2006

DOCTOR'S VISIT WORTH "NOTHING"

A lady was in intensive care with intestinal bleeding. She was in a coma, and her internist asked me to come in several times to see her for various problems. Well, I sent her a bill for twenty-five dollars, which was pretty cheap even fifteen years ago. She called me on the phone, wanting to know what I sent her a bill for, and I explained the situation to her.

She said, "I don't remember seeing you."

I said, "No, you were in a coma."

"My family didn't see you."

I said, "Well, for some reason they weren't around during my visits. Doctor So-and-so was keeping them informed, and I just missed them when I was there." "Well, I'm just not happy at all."

I said, "I'll tell you what. You don't owe me a dime. Forget it."

So that ended our conversation. Well, about a month later I get a check for twenty-five dollars, and where it says "for" on the check, she wrote "nothing." [Laughter] Believe me, I still have that check framed today. I never did cash it. I have received more than twenty-five dollars worth of laughs through the years. That was my value in that situation.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

THE SHISH KEBAB MAN

This is about a patient I saw in the emergency room with a "sexual problem." I've seen many of these of various types. One patient I shall call the "shish kebab man" was a student at Murray State. He came to the emergency room with something in his rear end. As it turned out, it was a shish kebab skewer—a metal rod that's got a little circle for a handle. He couldn't remove this after several hours, resulting in more internal swelling. So we put him under anesthesia, then inserted a bolt cutter, cut the metal ring and removed the pieces.

He actually had a hole in his colon. He had free air up under his diaphragm, and he could have died from it [or] possibly [have needed] a colostomy, et cetera.

His wife came in the next day and asked, "What happened?"

Well, he told his nurse that his wife did this deed. She said, "The SOB said what?!"

She told me to put him in some kind of a "home."

I said, "I'm not aware of any homes in west Kentucky for shish kebab abusers." I didn't think we had any such homes around here, even elsewhere in Kentucky.

He recovered, left the hospital, and disappeared.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

THE SIX-FOOT CORD STORY

This is another emergency room sexual story. A twelve-year-old kid came in, and I could hear this buzzing sound. I asked his mother, "What sort of problem does this young man have?"

She, who was very antagonistic, said to her son, "You tell him." Then she turned and left the room, leaving this little kid there to explain. Well, somehow he's gotten hold of a vibrator that belonged to someone in his family. He pushed it up his rear, and it got away from him. It was still turned on and you could hear it buzzing. So we took him to the operating room, put him to sleep, and got some tools to get it out. Well, his mother acted like it was my fault. I was trying to talk to her when she said, "Doctor, what can we do to prevent this?"

I said, "Well, first off, I'd get an electric model. They've got about a six-foot cord on them and won't get away from you as much." She didn't like that response very well.

That's the story about the six-foot cord.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

The Need to Be Discreet

One Saturday morning a few years ago, one of our distinguished Chamber of Commerce and City Council members wanted to meet me in my office. He had on a house robe. I said, "Well, what sort of problem do you have?"

"I had an accident Thursday evening."

He pulled out a .38 caliber pistol from his pocket, and said, "If you laugh, I'll shoot you."

I said, "You don't have to worry about my laughing."

So, he takes off his robe, and [one of] these little shovels that kids use in sand piles was broken off, and it was up his rear with just the handle sticking out. It was hard not to laugh; very difficult. I bit my lip so hard it was bleeding. Anyway, I had to put him to sleep and get that handle out.

These are the things you don't see in newspaper reports. So the general surgeons get the bottom of the pile in these weird situations. So you have to be very discreet. You can make a fortune with blackmail, if you are so inclined. Or you can just get shot!

Dr. Hal E. Houston Jr., Murray, June 5, 2006

ESCALATING MEDICAL COSTS

What the hospital first charged when they opened in the 1950s was thirteen dollars for a private room; a two-bedroom was eight dollars. And I used to take patients to the hospital and deliver their babies, and they only charged fifteen dollars for the delivery room, and I would watch them for a while and let them go home. Well, I was terribly criticized for that. Of course, they do that now. And when I worked with Dr. Sherman, Dr. Thomas, the surgeon, didn't do T&As [tonsils and adenoids], but I did. So I did T&As for people. [I would] put them in the operating room, do their tonsils and adenoids, keep them in the recovery room until they quit bleeding, and let them go home. That way, the operating room only cost them thirty-five dollars, and I charged them thirty-five dollars. A delivery room at that time was fifteen dollars. So, I would take care of the woman all through her pregnancy and furnish her vitamins, deliver her baby, and circumcise him if it was a boy; take care of the mother and the baby until it was six weeks old; and furnish both of them their vitamins for fifty dollars.

People who had insurance and could pay on their own, unless they were a friend or something, I advised them to go somewhere else, as I was busy. But most of the time my interests were like Dr. Sherman's. I just wanted to help people who needed help. So I kept my charges at a bare minimum. That way they would get their baby delivered for sixty-five dollars for everything.

Hospital costs began escalating in 1964 due to Medicare, government. In 1964 the cost for senior citizens for one illness was \$34.70 on the average. But when Medicare and Medicaid took effect in 1964, from there until today the cost for a senior citizen on the average for one illness is over \$7,000, and going up every day....

I helped do the first cardiac catheterization that was done in Louisville. I watched the first cardiac surgery that was done in Louisville. It was very crude. But today look what we do. But the quality of medicine in terms of patient care has gone the other way. It has become a business. When you go to the doctor anymore, the first thing they do is start tapping your card with lab work. One of the things I did after I retired, I went over to Scottsville and covered the emergency room on weekends—every other weekend for about a year. One day the administrator came in and said, "Dr. Embry, we sure appreciate your coming over here. The people just love you. And we have never had a complaint against you." Then he went on to say, "But there is a problem. When you're here, we don't make any money."

You can tell when people don't have insurance et cetera. We had samples I would go give them, and I wouldn't load them up on lab work. A lot of times I would do it myself. A lot of them were Amish; had to pay out of their pockets. After I would leave there on Sunday afternoons, a lot of times I would go make home calls with the Amish people over at Scottsville. Thus I made home calls until the last day I practiced in 1992.

When I was busy I could make only two or three home calls per day. Sometimes it would be more. The trouble was back in those early days, there were only three doctors in Grayson County. They were Dr. Bland, Dr. Nickols, and myself. We were all three terribly busy. Now we have about seventy-five doctors here. Dr. Nickols's nephew, or Dr. George Nickols's son, was the pathologist for the State of Kentucky until a few years ago.

After 1964, when Medicare came in, they started dictating what happened....

Dr. Aubrey L. Embry, Millwood, November 18, 2005

PATIENT ATTEMPTS TO RUN FROM SURGERY

The place in which we did surgery in Louisa was a two-story building. A male patient was in a downstairs room taking oxygen under an oxygen mask when he got agitated. He jumped out of the bed, out from under the oxygen tent, ran down the hall, ran into a room, and recognized the fact that a window was open. So he jumped out. We had to chase him, literally, about half a block up the road from the hospital before we caught him. No trouble. He lived all right; didn't have any bad reactions.

The reason why he tried to escape was that the oxygen likely stirred up his brain in such a way [that] it just agitated him, and he thought we were coming after him.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

CATHOLIC COMMUNITY'S TRUST OF DR. EMBRY

There's a big Catholic community, St. Paul, up in Big Clifty, and many came to me as a doctor. They passed by the other two doctors in the county to get here. One of the older doctors was a Catholic, and he took care of them. Then he retired and got sick and died, and I took care of him. I guess that's the reason they all came to me. They all trusted me implicitly. I could tell any of them anything.

I had this one family that all members came to me. This old

grandfather got sick, and he came to my office. I did a chest X-ray and found that he had cancer of the lungs, or I thought he did. So I sent him to Louisville, and I said, "Let's go find out for sure. But if you go up there, if you want my advice, don't let them start operating on you or anything. If it's carcinoma of the lung, just come home and we'll take care of you here, and you'll die in peace. And that's exactly what he did. They called me to come see him just a day or two before he died, and he thanked me for taking care of him.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

GENEROUS LOCAL ENTREPRENEURS

Dr. Phillip Carter and I practiced together, and we rented an old hospital that had been partially closed. Then Dr. Hayes, who owned the hospital, was retired. So Phillip and I eventually bought the hospital.

There was an older gentleman who lived about a mile up the railroad from the hospital. Dr. Carter and I went with Dr. Hayes, who was the owner, to see Mr. Preece, who just looked and acted like a country farmer, but he was worth a million. He was a millionaire. He loaned Carter and me enough money to start a hospital practice. Drug companies, wholesale companies, and so forth were all good to us. But we got behind one month or two in paying this one company for something we had bought. I well remember they got a little bit nervous about the bill and were threatening to cut off our credit.

My wife, Bobbie, and I had the responsibility of paying the bills. We would sit down each month and try to allocate the money so that we had enough to satisfy everybody. After this company decided to give us trouble, we decided not to conduct business with them. It's hard to say how much we would have done business with this company, but due to the manner this company treated Dr. Carter and I, we stopped doing business with them. We continued to need the services that this company provided, so we just simply divided out our purchases amongst others. And George Ransdell, who has given Campbellsville University money for a chapel building, was a provider for us in Louisa. He used to send a sack of pecans to my family for Christmas. That's the first I remember pecans. Now he is responsible for the major gifts to Campbellsville University.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

NURSE'S CUTE WORDS

I retired in good health at age fifty-nine, and within two months I had my first angina, which ended up in bypass surgery on my heart. But that was in early days, and I got in trouble with chest pain again. I came to our local hospital and was put in the CCU [coronary care unit] until we could decide what to do. Apparently, where they bypassed an artery it had stenosed [tightened up] a little bit, and it wasn't letting enough circulation in my heart coronary arteries. So all of a sudden, I went into cardiac arrest in the coronary care unit. It's kind of a peaceful feeling, like you're going to sleep. But anyway, all of a sudden I felt a "pop" on my chest that woke me up, and my heart started beating again. Then I saw this nurse, whom I had known for a long time, standing beside me. When I could get around to talking satisfactorily, I said, "I thank you very much for what you had done."

She delightfully said, "Oh, the pleasure was all mine. I've always wanted to sock a doctor on the chest with all my might, and I finally got a chance to!"

So we all laughed, and I am still around to tell it.

Dr. James W. Ramey, Danville, March 14, 2006

IMPORTANCE OF GOOD NURSES

I don't have any bad stories about nurses, as I have the greatest admiration for nurses. In the emergency room, you live and die by your nurses. They are the ones who have to evaluate the patients. They have to tell you if somebody needs to be seen now, or if you are way behind, if you can put them on the bottom of the visitation file, so to speak.

I had a wonderful group of nurses at Baptist Hospital here in Paducah that knew how to evaluate and triage, and that's the best thing you should have. They were cool under crisis and great under code situations, when somebody comes in really in acute distress.

I can think of the fact that at certain times physicians would call in certain medications and dosage that maybe would not be correct. The nurses would be able to catch that and correct it sometimes. You live and die by your nurses' skills. If you don't have good relationships with them, that's a bad situation. And there's nothing worse than a doctor that screams at a nurse. There's just no excuse for that.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

SHORT AMBULANCE RIDE

At the old hospital up on the hill, after I first started in practice, up on the third floor just outside the emergency room was a psychiatric ward. One of the patients, a young male, one afternoon jumped out that window through the screen and everything. He went running down there, took a big leap, and that was it. He landed about twenty feet from the entrance to the emergency room.

One of the ER nurses that worked down there for a long time was just really something. She was a funny person to begin with, but really nervous. She looks out there and sees this guy jump out the window and hit the pavement. She goes back to the desk and calls for an ambulance! They said, "What do you mean? Why an ambulance?"

One of the other nurses standing there said, "Get the stretcher and let's go pick him up and bring him in."

The other nurse had called for an ambulance just twenty feet from the emergency room entrance! [Laughter]

Dr. James R. Burt, Bowling Green, June 12, 2006

HAVING SEX IN A SEMIPRIVATE ROOM

This is a true story and funny too. When I was a resident, we had this girl who had back pain. But nowadays you would never put anybody in the hospital for just back pain, for traction and analgesics and things like that. This young girl was fairly attractive when I was a resident at Good Sam in Phoenix. She was in a semiprivate room up on the ward. I guess she had a boyfriend, but I'm not sure. Anyway, she'd been in the hospital several days, and she was coming on to all of us after several days. I guess she was needing some male companionship.

On a Monday morning I was up there making rounds, and they had brought these girls in. I'm not sure, but I think they were nursing students. They had just started nursing school, and they were getting some ward experience. They walked into this little girl's room, and she came out screaming, sobbing, and carrying on. Well, what happened was this girl and her boyfriend were having sex in the room, a semiprivate room on Monday morning about nine o'clock.

So we figured her back was good enough that she could go home!

Dr. Gary V. James, Marion, April 23, 2006

THE WELL-BAITED HOOK

I'd spent a Saturday night in the hospital, where I had delivered a baby and had another lady in labor. I was also taking care of the emergency room. At approximately 5:00 A.M. on a nice, warm, early June day, I was called to the emergency room. Four young fellows, ages approximately nine to twelve, spent Saturday night and Sunday morning fishing on a nice local pond. They had gotten up at daylight to continue their previous night's fishing. I found one young fisherman with a hook well loaded with worms dangling over his nose, and the hook was through and through the skin near the middle part of his nose. He knew me but showed considerable anxiety about this hook being removed, as any movement of the hook was causing him pain. [I explained] to him what I wanted, what I would do with a good pair of side-cutters, to cut the hook close to the skin, and then the remainder of the hook would come out with very little discomfort.

With considerable bravery, the procedure was accomplished with only two visible skin puncture wounds [that] only required proper cleaning. The patient received a booster tetanus shot, and he and his parents were much relieved.

We didn't have a camera available for his life story and no record. All that I have left in the picture of my mind is this very anxious child who had a very unusual and uncomfortable predicament.

Dr. Charles J. Shipp, Greenville, January 11, 2006

THE PATIENT I SCARED TO DEATH

This took place in the late 1950s or early 1960s. We were just learning about cardiac resuscitation and the use of the cardiac defibrillator. There was one defibrillator in the county, and that was in the hospital emergency room. I had been in practice in Greenville since July 1954, practicing with George Brockman, one of the most brilliant men I've been associated with. Dr. Brockman was later president of the KMA [Kentucky Medical Association].

Three sisters had brought their brother, age fifty-four, to the doctor at approximately 10:00 A.M. from Butler County because of some chest discomfort the previous day. By questioning, it had taken all the pleading, coaxing, and demanding of his sisters that he see an M.D. With his three sisters, he was brought into the examining room for information and questions. He was made to feel as comfortable as possible. The door to the exam room was open and near the front desk, where he could see and hear everything that was going on. After he had been in the room for four or five minutes, I came to the door and just stood there in the door and chatted with him. He was sitting on the examining table, with his sisters around the wall.

I chatted with him about what kind of work he had done, and he was a farmer. We talked about what kind of pain he had had, what his problem was, but he had never had a sick day. He couldn't remember when he saw a doctor. I thought I had developed a real good rapport with him just by standing there and chatting, talking about different things. I said, "Well, let's just check this out a little." I had my stethoscope around my neck and stepped over to him. He was still sitting up. We undid his shirt; I put my stethoscope on his chest, and I never heard a heartbeat! Just in a few seconds he made a loud painful voice, then died. He laid back and he was gone.

Dr. Brockman was in the building, so I called him immediately. We tried everything: gave him a shot or two and tried cardiac resuscitation. We did what we could do; of course, he was gone. We later learned that he had had four brothers, and all of them had died in their fifties.

Dr. Charles J. Shipp, Greenville, January 11, 2006

RARE CASE OF LOCKJAW

One of the most severe cases back then, which young physicians these days rarely ever see, is a case of lockjaw. While in the emergency room in an Appalachian regional hospital, or maybe the UMW [United Mine Workers] Hospital, a car drove up with the horn blowing, and they reached in and pulled a man out into a wheelchair that was sent out to him. After he got out of the car, and when I saw him outside the emergency room, I walked up and observed him. I knew that he had lockjaw and clinical tetanus. Most physicians had never seen a case of lockjaw.

We brought the man in and decided we didn't have the facilities here, so I got in an ambulance and took him to the Williamson Appalachian Regional Hospital, where they had a renowned surgeon by the name of Dr. Crowley, who met me at the entrance to the hospital and took care of this patient, who lived only about two weeks on general anesthesia and finally [died]. I remember that as one of the most severe cases but one that we rarely ever see because of immunization. Most physicians have never seen a case.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

Emergency Medical Service

I got interested in emergency medicine in 1974. It just grew on me. I went to St. Thomas Hospital in Nashville and started the first full-time emergency medicine physicians group at St. Thomas, which was on Church Street at that time. One of my classmates, Dr. Prerost, came to Franklin at the same time I did, came down to St. Thomas and joined me. He and I ran the emergency room and had one or two other physicians. During that year there, I would practice medicine here in Franklin, then leave here and drive to Nashville, spend the night in Nashville, and drive back the next morning to Franklin. I did that for about a year. Dr. Prerost and I alternated days.

After a year or so driving to and from Nashville, I decided to go to Bowling Green and start a group there in 1975 at the old city/county hospital. After I started that group, I quit practice here in Franklin and began working in full-time emergency medicine. I have a love for emergency medicine, but after eight years of emergency medicine, I reestablished my private practice in Franklin and have been here since.

Dr. Larry Maynard, Franklin, April 18, 2006

ROUGH, TOUGH, MEAN PATIENTS

We had some really bad eggs that came into the emergency room. The police would bring drunks, and you had to fix them up. You had to suture their wounds and take care of them the best way you could. And I've had juvenile officers, state police, and everybody holding people while I tried to stitch and suture them while they were spitting on me, cussing me, the nurses, and everyone else, and just really doing bad. Those were the days when you did whatever you had to do to take care of the patient.

Dr. Larry Maynard, Franklin, April 18, 2006

HARD TREK IN THE COAL MINE

There is a big belt in a coal mine that brings out the coal. Actually, it

is not one continuous belt; it is a series of belts. So when one belt gets to the next belt, it drops the coal down onto that next belt. That's what they call a header. It has to do with getting the coal onto the next belt so it can go on.

They brought a man into the emergency room at the hospital one day, and he was beat all over. He was bruised everywhere. When I asked him what happened, he said, "Well, Doc, I got up on the belt to ride out of the mines when my shift was over, and I didn't know it when I sat down, but I sat down on a splice."

When a belt broke, they'd put it back together and splice it with metal hooks. And one of those metal hooks was not bent down quite properly, and it hooked into his coveralls. So when he saw the header coming up he tried to jump off the belt to walk around the header, but he couldn't get off. The belt threw him through that header, and he was just beat up all over. So I asked him, "How far back there were you when that happened?"

He said, "About three miles."

I said, "Well, how did you get out?"

He said, "I walked."

I said, "You walked beat up like that?" "Yeah."

I said, "Well, why didn't you get back on the belt?"

He said, "Doc, one of the headers is enough!!" [Heavy laughter]

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

DEADLY SHOOTINGS

On New Year's Day back in 1972, which was a cold, wet day, I was on hospital call, a duty that five of us doctors served on a rotation basis one week at a time. Back then there was no emergency staff at the hospital. I was called to the hospital because the ambulance brought a man and woman who had been shot. My observation immediately revealed that the man was beyond helping due to the fact that his head had been bashed in so badly by what I assumed to be a blunt instrument, as well as [his] having been shot.

The woman, who was conscious, informed me that the man was her husband and that they were tenants on a farm. She went on to say that the farm owner had shot them over disagreements they had. The woman was admitted to the hospital. After I returned home that night, another call came from the hospital telling me that another gunshot patient had come in, and I immediately recognized him as a patient of mine. He was the farm owner, who, after shooting the tenants, then shot himself. Of the three, only the woman survived. She later remarried, and I delivered a baby boy for her. He is now a grown man.

Dr. Donald Chatham, Shelbyville, April 23, 2006

FOUNDING A SMALL HOSPITAL

I give Mr. Powell Barlow more credit than myself. He decided that we needed a small hospital to operate. He came to me and said, "Doctor, you need somewhere to operate. If you'll find the place, I'll put up the money."

Well, that was unusual. Anyway, I found a place up on Columbia Avenue, and Powell Barlow put up the money and bought it, and I paid him off gradually. But he never asked me about it or anything. He just did it generously. That's a thing I'll never forget.

So we started a hospital, and Mrs. Hallie Garnett was in the office about something I hadn't recorded. I guess it was a deed. I went down to her, and she named the place Maplewood Infirmary. I thought it was a very good name.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, March 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

WOW, WHAT A MAN! (WELL, NOT REALLY)

This is a story about a guy that fashioned himself as quite a dancer. He liked to wear tight leather pants and go to Crazy Larry's, which was a disco we had here in Paducah at that time. They brought this guy in one night, and he was bleeding pretty badly from an inner thigh wound. It wasn't known for sure whether he'd hit a major artery or what when he was stabbed on the dance floor.

They brought him in on the stretcher. In order to see where the wound was, you had to get his tight leather pants off. But regardless of how hard everybody would pull, he'd pull them back up. We'd pull them down a little, and he'd pull them back up. Finally, we got his hands restrained and pulled his pants down. And taped to the inside of his thigh was an Eckrich sausage—a big long sausage that he had taped to the inside of his thigh to likely make all the young ladies think that he was endowed like a race horse. That was a waste of a perfectly good sausage! [Laughter]

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

Embarrassing Patient Episodes

I've taken out more things than I ever want to admit taking out of various orifices of people who come into the emergency room, including one guy that didn't even have to tell us what was wrong with him because we could hear the vibrating sound coming from his buttocks when he came in. He had somehow misplaced his vibrator, and it was still on, so we managed to get that delivered.

A lot of things like that happen. People come in, and the last resort is when you come to the emergency room in that shape. You are in bad shape because you have to overcome your embarrassment to seek medical care.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

CONSTANT RETURN OF A MENTALLY DISABLED PATIENT

We had a guy come into the emergency room one time, and he was just not the brightest person in the world. We all knew him, and he came in all the time in a panic. He would often just ride the city bus to the hospital and jump off and come running through the emergency room lot to the emergency room and scream out that some terrible affliction had attacked him.

One day he came running in and cried, "Hurry, hurry, I think my testicle is turned on me."

And the nurse, because she knew him, said, "Well, if you can't trust your testicle, what can you trust?" [Laughter]

Of course, nothing was wrong with him; just another panic he had from time to time.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

NAVAJO BELIEF ABOUT SPIRITS OF DECEASED

In 1968 I worked on a Navajo reservation in Granada, Arizona, in the

Presbyterian Church Hospital, which had a clinic and about twenty-five beds. One night in the ward I had an elderly lady who was dying with some terminal illness. As I was going down the hall, I saw the nurse rush her out of her room and down the hall into a room at the end of the hall.

That struck me as kind of unusual, so I went down to see what the emergency was. The nurse said, "No emergency. She's taking her last breath, and we always take them down to this room."

Apparently, it was a custom or their religious belief that their spirits remained in the room where the person died. And that explains why you see so many empty hogans (Indian one-room houses) on the reservation. They abandon it because the spirits remain there after the person dies. Otherwise, when a person dies in the room, other patients wouldn't want to go back into that same room again when they got sick. They couldn't afford to abandon every room someone died in except that one that was reserved.

The Indian Health Service had ambulances that would bring patients in from the reservation to the hospital. The ambulance drivers told me that they have a problem when they bring a person in and notice that the patient is about to die before they get to the hospital. They have to stop and set the patient out on the side of the road until they take their last breath, because they want to be able to use that ambulance again.

Dr. James W. Ramey, Danville, March 14, 2006

PIKEVILLE FLOODS

The biggest thing that most people don't realize is that Pikeville has been destroyed by floods. Way back in the 1950s the town was covered up by a flood, and also in 1963. There have been three or four floods here since 1955. The Big Sandy River came through town, and due to heavy rains the town was flooded by the river, which since then has been diverted away from town, something that is now protecting the town from such floods.

I rode around in a boat in this hospital during one flood because the patients had to be on the second floor and flown out of here by helicopter during that flood.

The river was diverted by a man's thinking—former mayor William C. Hambley, who had a vision far ahead of his time. He conceived of the

cut-through of the mountain outside of Pikeville that would reroute the railroad, the river, and the highway getting into Pikeville. As a result of that, it has acted as a great protector from the floods in this town.

That was a great concept of a fine mayor at that time. Nobody believed it could be done, but more dirt was removed here than from almost any other place in the state during that time. Now it is a modern cut-through with a beautiful entrance into the town.

There were some people drowned during the floods, but I don't remember the number and that kind of thing. I was too busy taking care of people here in the emergency room. They hardly had a way to get victims, except to fly them out of here in helicopters. But it was a devastating thing, I can tell you that. It was a major disaster for this area.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

Rescue from a Cave

While serving in the emergency medical room in Bowling Green, I had become good friends with the state police and all the other law enforcement departments. A state trooper came to our home here out of Franklin on the Scottsville Road one Saturday and told me there was a fellow trapped in a cave about ten miles west of Munfordville near Bonnieville. They [the family] were from out of state, maybe from Chicago, and had been down here caving, and one of them had fallen and was trapped. The state police wanted me to go up and go in with the rescue team to help bring the fellow out of the cave.

That was really an experience. We had to squeeze through a little hole between two rocks to get into the cave. Then you had to crawl and wiggle to move along in the cave, as there was no stand-up walking space hardly anywhere until we got back to where he was. There was about a ninety-foot drop-off, and we had to descend down this rope ladder. This fellow had actually leaned over on a stalactite to look down, and it broke and he fell off down in this dark area of the cave. When we got down to him, he had a compound fracture of his femur. So we administered first aid, stabilized him, strapped him to the stretcher, and brought him back up over the cliff. We got him out of there and on to the hospital. He had a rough course following his injury and a long time in the hospital with the infection. But he survived and was a very lucky person.

Other people who were there were all trying to help in different

ways, such as bringing food, et cetera. And that event was described in various newspapers and other forms of national news across the country. It was a big event.

Dr. Larry Maynard, Franklin, April 18, 2006

DOCTOR WINS COUNTERSUIT

This happened during my time in the emergency room in Bowling Green. I had a physician from Germantown, Tennessee, that came up and worked a week at a time. He would commute back and forth. He was a surgeon and was very good.

This lady came in one night and had a cut across her index finger. Well, the physician from Germantown was on duty. Also being a surgeon, he examined the patient, sutured her up, and let her go home. She came back about a week later for me to take the stitches out. Well, I took the stitches out, and everything looked fine. She came back a few days later and had a little abscess where the stitches had been, so I put her on antibiotics.

Then all of a sudden she comes in about a month later, and she had a complaint. She went to the administrator and was going to bring suit because the doctor who had originally treated her had left metal pieces in her finger. The way she found that out was she had gone to the emergency room somewhere with her husband, who had a sprained ankle or something, and she was helping hold his leg while the technician took X-rays. And her finger happened to get in the X-ray and it was there in the picture, and lo and behold, there were little metallic fragments in her finger.

When the administrator brought the X-ray over for me to look at with this complaint, I looked at it and said, "Huh, if you've ever seen an old gunshot wound, one gunshot wound looks like all gunshot wounds." Well, the thing about this was there were lead fragments on the other side of the bone from where the laceration was. So she sued us. I told them that it looked like an old gunshot wound. She wouldn't admit to anything, so we went to court after two years of depositions; just a never-ending thing.

In court, during all the testimony, the X-rays came up. So she admitted that she had had an old gunshot wound to that finger years ago. The fragments were not from the grass cycle she cut her hand with, but in fact were from the old gunshot fragments. So we won the case, and during that same time our attorney filed a countersuit against her and her attorney. The jury gave us judgment against her, which is actually a landmark case in the state of Kentucky for a doctor countersuing a patient and winning. That was the first case that had ever been, and we won that case.

I've always been kind of a rowdy person. Dr. Lovett and Dr. Mc-Guire and all the others in the emergency room knew me. When you're in the emergency room, you get a lot of rough stuff, so you've got to be tough with them. We were out for recess during the above case, and they called everybody back in. The woman's attorney was standing over there, and his nose started bleeding. I mean gushing a lot. I went over there and used compression to stop it from bleeding. Well, my partners and our attorney came back out looking for me, and here I am holding his nose and blood was gushing everywhere. Believe it or not, they thought I had busted his nose!! [Laughter]

The court went on recess because I had to leave the court and take him up to the hospital and fix his nose. So the court had to adjourn while I went up there and fixed his nose. That was her attorney who was suing me. I am sure he appreciated my taking care of him, but he continued his case against me.

Dr. Larry Maynard, Franklin, April 18, 2006

TRAGIC MOTORCYCLE EVENT

Back in 1977, when they had a big motorcycle rally at Beech Bend in Warren County, was probably the goriest event ever. They would run motorcycles together. There was a gang of motorcyclists going into Beech Bend, and another gang coming out. And I mean they just ran right through each other.

We got some of them in the emergency room that were dead on arrival, and there were others with legs broken, bones sticking out. It was horrible. That was a really bad weekend. I've never seen as much trauma during any one weekend as I did that weekend.

Some motorcyclists were Hell's Angels; other gangs like that came from all over the United States and congregated at Beech Bend. I'm sure there were a lot of bikers who were not a part of any gang. It was a bike week at Beech Bend. These motorcyclists pretty much took over a lot of places in Bowling Green. It was really dangerous for anybody to come to Bowling Green.

The police had to call reinforcements. And some National Guardsmen were there. After that traumatic weekend, the park cancelled any future motorcycle events.

Dr. Larry Maynard, Franklin, April 18, 2006

FATAL BURNS

We have a laundry in town that has stream presses, and there is a steam trap into which excess steam is directed. Unfortunately, a metal cover is over the floor level. Someone had removed the metal cover, and when another employee walked in carrying an armful of clothes, he did not see the uncovered steam trap and thus fell into it, suffering severe and fatal burns.

I happened to be in the hospital and gave the poor man morphine for pain till his doctor arrived. He died as a result of the burns. That was a very sad event.

Dr. Donald Chatham, Shelbyville, April 25, 2006

LEAD POISONING FROM MOONSHINE

This is about moonshine in Leslie County. Moonshine is illegal, but it is still there, or at that time it was there. I had a patient who was suffering from a bad case of lead colic. Well, moonshine can be made very well through a copper coil and tubing, but this one had been put through a lead radiator. So this guy had been drinking too much of the stuff, and he had lead poisoning, which gives one a very bad colicky abdominal pain. And he was moaning and groaning in my emergency room, and one of his buddies came in and said, "Joe, where did you get that stuff? What'cha been drinking?"

Joe said, "Oh, from that little place over on [name of place not included]."

The fellow said, "Hey, I got a gallon there last night. I'm going home and pour it out."

Anyway, we cured his lead colic and advised him to steer clear of that place thereafter.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

AMBULANCE RUNS OUT OF GASOLINE

I received a call one evening when I was working on a ditch in my backyard.... The call was from the emergency room, and a patient of mine was there and had been kicked in the chest by a horse. They were having a problem getting his pulse and blood pressure. I rushed over to the emergency room, and sure enough I felt he had what's called a cardiac tamponade, where there's blood around the heart inside this sac, or membrane, called the pericardium. You need to put a needle under the breastbone to draw the blood out, or the heart fails fairly quickly because it can't beat properly.

I did that with some improvement. That was long before we had scanners to find out exactly what happened. We just knew something was going wrong with his heart, probably a tear, and something needed to be done quickly. We then headed to Memphis to a cardiac surgeon.

Anyway, on the way to Memphis, I had to draw the blood off two or three times. It was awkward if you try to stick the heart left-handed. I was right-handed, and he was on the wrong side of the ambulance. From the back you can't stand up because of the height of the ceiling. I was trying to draw blood off, and about that time we're on I-40 almost to Memphis, and we run out of gasoline. The patient is arrested, and I'm beating on his chest and trying to draw blood, while the ambulance driver is running down the highway trying to get to the service station we could see in the distance.

He got our gas, and we went on into Memphis to Baptist Hospital. They put him on a heart-lung machine immediately and sewed up a hole in his heart. The next morning he wakes up and says, "What happened after the horse kicked?"

I said, "It's going to be difficult to explain, and you probably won't believe the story." Anyway, things like running out of gas shouldn't happen. In movies you don't see people run out of gas in ambulances. But in real life, the driver didn't have his tank filled. That wasn't very humorous that night, but the patient is still alive today, many years later.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

7

MEDICATIONS

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This chapter includes stories about a doctor's devotion to the use of penicillin, a patient who refused to pay for medication, and a middleaged wife who was fearful of pregnancy. Several of the stories deal with patients' experiences with Viagra and with contraceptives.

PATIENT FLEES TO AVOID SURGERY

I practiced with a Methodist [doctor] in Louisa. He and I would have pretty heated conversations about our religion. I was a Baptist and he was a Methodist. Dr. George Phillip Carter was a great man. He and I never had any serious disagreements about ideologies, or how to practice medicine, except we would disagree about religion.

I gave the anesthesia; he did moderate surgery on tonsillectomies, appendectomies, and things like that. We had a surgeon from Ashland that came to Louisa to do major surgery. I gave many, many spinals. I dropped a lot of ether. It was always given out of an ether can, and dripped on a mask and held in front of patients. Every once in a while we would get into trouble, but not very much. It was a fairly good anesthesia. I don't remember any specific bad reactions or anything even close to trouble. I do remember one time having the patient to get off the table after I thought I had him anesthetized. I had given him a spinal, I believe, but it hadn't worked. So he got out of the operating room, and we had to chase him down!

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

THE IMPORTANCE OF PENICILLIN

Dr. Sherman had two things he talked about constantly. One of the two things was his jeep. It took him off [replaced] his horse, [thus] he would go wherever. The other thing was penicillin. I'd go with him, and we'd go see an old man. Before then, if he was over sixty years old and had pneumonia, which was quite common in those days, no matter what you did, the old man would die.

So Dr. Sherman would give him a shot of penicillin, and three days later I'd go back to give him another shot, but that person would likely be up moving around, going. Unbelievable!

Dr. Aubrey L. Embry, Millwood, November 18, 2005

INTRODUCING PENICILLIN

Eli Lilly was a major dog in the penicillin fight. And they had warehouse upon warehouse upon warehouse, with racks upon racks upon racks of one-liter jugs of penicillin fermenting. They would put this stuff in there, then stick cotton in the vial, then in due time they would come by and pour it in the vat to be further processed.

So somebody else came along with the continuous process of putting the raw ingredients in one end, and penicillin came out the other. Well, that nearly broke Eli Lilly. They had so much invested in this penicillin thing that it was racks and racks and racks of one-liter jugs.

Well, a physician who is dead (and his patient is also dead) gave this guy twenty-three penicillin shots on twenty-three consecutive working days.... The patient was allergic, so finally he came to me. We got him on antihistamines and other medicine, and it cured his hay fever and he never did have to have any more penicillin.

Dr. James S. Brashear, Central City, January 11, 2006

THE NON-PAYING PATIENT

I had a box that I had made up to put in the backseat of my car—with cough medicine, penicillin, and different medicines that you might need on a house call. Usually you made calls at night, and drug stores weren't open. So I'd take the medicine along with me. I never will forget the time I made a call to an old man out in the country. He had pneumonia, so I went out to the car and got his medicine and everything. I charged him fifteen dollars for the call.

He said, "That's too much."

I said, "I gave you about twenty dollars worth of medicine."

"Still too much," and to this day, he's never paid me for any of it one way or the other." [Laughter]

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

PREACHER EXPERIENCES HEAVEN?

This gentleman was an interim Baptist minister. He had retired, but he preached at different churches if their minister went on vacation or was sick or something. And that was what he did—a wonderful gentleman. The church had gotten together, and they were going to send him on a trip to the Holy Land and pay all his expenses. He was in his early seventies.

Well, he came in one day and had to have some shots. I said, "You're not allergic to anything, are you?"

He said, "No, I'm not."

Well, I forget what all he had to have to go to this country where he was going. Anyway, I told him that I didn't have what he needed and that he needed to go to the health department and get everything, and we'd give them to him.

He came in and we gave him his shots. I think the nurse had given him the last one, and just as she walked out, he fell down on the floor, just like you had hit him with an axe. She hollered for me. Actually, he'd quit breathing. His heart had stopped, so we gave him artificial respiration and he came out of it all right. And he insisted he was fine. It wasn't the medicine. He was scared of shots, and he reacted to the injection. But I sent him to the hospital, and they sent him right on home because he was all right.

Well, he came back in after he had made his trip. That was about two months later, I guess. He said, "I want you to do something special for me, and you've got to promise me that as a Christian you [will] do that." He went on to say, "If that ever happens to me again, don't bring me back."

I said, "What are you talking about?"

He said, "Dr. Shipp, I was in the most beautiful place that you

could ever imagine. I may not have been breathing, and I guess I was dead, but I was in a place that was just wonderful, and I didn't want to come back. So, if it ever happens again, don't bring me back."

He's dead now. He died with cancer about two years ago. He was always just a wonderful old gentleman.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

A VIAGRA STORY

I took care of this man and woman for years, and we always kidded and joked around. His wife came in one day to the office with him. I don't remember what was wrong with him. It wasn't anything bad, but after we got done we walked out in the passageway there to go up to the waiting room. His wife was standing at the window, paying the bill. So he and I finished talking, and just as we walked up there, I jokingly said, "Oh, by the way, Bill, how is your Viagra doing?"

Well, she turns and shouts out, "Well, if he's using Viagra, he ain't using it at home." [Laughter]

He says to me, "For God's sake, tell her the truth." [Laughter]

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

OOPS! WRONG WAY TO USE MEDICINE

I wondered why this patient wasn't getting well with the medication I gave her, and she also wondered about it. She came in one day and said, "Doctor, I have worn it around my neck for a month and it hasn't done me any good."

She was referring to her iron tablets I had prescribed. When she went to the local village doctor, he told her, "You will wear this charm around your neck" and do this sort of thing. "You will feel better. You will kill the rooster and offer the sacrifice to the gods."

So she took all her nice little pills we had prescribed and put them in her bag and wore them around her neck. She wore them in her charm bag for a month, but it didn't do a bit of good! [Laughter]

So doctors had to be really patient to be sure that the patients knew what you meant, and how. You also have to be careful with that in Kentucky, for people do strange things at times.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

HUSBAND IS COMING HOME

I had one lady that came in when she was fifty-two, as I remember, and she wanted some of them birth control pills. I said, "You are fifty-two years old. What do you want birth control pills for?"

She said, "My ma had me when she was fifty-two, and my old man has been in the pen for the past ten years for shining [moonshining]. He's coming home next week, and I ain't taking no chances!" [Laughter]

That is a true story.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

NATURAL WELLNESS ENTREPRENEUR

I'm no longer seeing patients. I have a nutritional supplement business. I've always had a real interest in wellness and nutrition, and in preventive medicine. I'm associated with a company, and my son, Rob III, works with me in our company called 4-Life Research, and we have all kinds of supplements, vitamins, minerals, antioxidants, immune system stimulants, et cetera. We go all over the country and literally all over the world trying to teach the fact that wellness is a natural state and illness is an aberration. So we've kind of gotten out of the mainstream and into what I call progressive medicine, which is prevention and wellness, a field that is sorely lacking in the traditional medical establishments. Most doctors react to illness and don't try to prevent it. But more and more physicians are getting into it.

All of the health benefits we have come from a strong natural defense, which is our immune system, so we have a product called Transfer Factor, which educates and stimulates the natural immune system. Everybody ought to be on it.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

NEW MEDICATIONS IN THE ER

The last year I was in emergency room practice, which was 1994, our department saw over fifty thousand patients, and that's a huge practice. We were the second busiest emergency room in the state of Kentucky. Lourdes Hospital here in Paducah also had a fair number of patients. A lot of the people that came in were not true emergencies. They were people who didn't have a doctor or didn't have access to medicine. So we did a lot of just plain practice, like family-practice pediatric-type coverage for the community. For that we just used typical medications of antibiotics and whatever people would need—anti-inflammatories, et cetera. But the particular medicines in emergency medicine were for acute trauma or for major medical catastrophes like a heart attack, stroke, et cetera.

I haven't been in the ER since 1994, but I don't think I would be competent to go back in the ER without a year of training, because things change so quickly in medicine. The medicines, the medications, have probably evolved to a point to where I would need a real refresher.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

HUSBAND AND WIFE'S DISAGREEMENTS

I was the first doctor in this county to prescribe oral contraceptives. So this little gal came in who was nineteen or maybe in her early twenties. The reason she came to see me was that her husband was too aggressive sexually, and she just couldn't stand it. So I said, "Let me give you these birth control pills," and I explained how they worked, et cetera, and then gave her the prescription.

By the time she had finished the first package, or maybe she was on the second one, she came in and said, "I want you to give my husband some medicine."

I said, "For what?"

She said, "To take care of his sexual abilities."

I said, "I don't understand, because the last time you were here you were complaining about him being too aggressive."

She said, "That was when I was worried about getting pregnant. Now that I don't have to worry about getting pregnant, I really like it, so I want you to give my husband something."

So I should have gone out that day and bought stock in that company, as I knew we had a winner. That stock went up almost a hundred times what it was when they came out with the pill.

Dr. James S. Brashear, Central City, January 11, 2006

BEATING AROUND THE BUSH

Patients come in sometimes and bring the subject up that they are hav-

ing trouble. I ask them what kind of trouble, and they'll finally get into telling me. Then they say, "I've heard there is something that can help men. Is it really that good?"

We discuss that, and then they get into it without any hesitation and ask if we can write them a prescription for it. Later they'll call back and tell me how well it worked! [Laughter]

Viagra has gotten out of hand. I think it was developed while I was in Australia, and they even kidded down there about Viagra. There are other products that compete, but they all have a similar effect. A couple of weeks ago, another doctor came in and told me that somebody came in with an overdose of it. I don't know what you'd do with that.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

A VIAGRA JOKE

I used this joke in our high school class reunion ten or twenty years ago. I happened to be the master of ceremonies at that particular reunion, and I needed to come up with a couple of jokes. So I used a particular couple, Phillip and Celeste, as the butt of my joke. They were good sports and are still my friends.

I was addressing the class at the banquet dinner and started out like this: I said, "Last night about midnight, my wife and I were interrupted by a phone call while we were asleep. The desk clerk at the hotel was on the phone. She wanted to know if I would be able to help them with a medical emergency. I said, 'Well, I don't have my stethoscope; I don't have any medicines; I don't have my black bag; I really didn't really mean to practice medicine here at the class reunion, but I'll be glad to help if I can.'

"The clerk said, 'Meet us at room 202.'

"So I got some clothes on real quick and went to room 202, and lo and behold, when I went in the room there was Celeste, my friend, who is sitting in a chair, ringing her hands, worried sick about her husband, Phillip, also my friend, who is sitting in the bed writhing in pain from a terribly contorted stiff neck. And I said, 'Phillip, Celeste, what in the world happened?'

"Celeste said, 'Well, we were in a little bit of a hurry, so Phillip took his Viagra with hot water." [Laughter]

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

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Special Deliveries

Many physicians' most memorable and meaningful experiences relate to the birth of babies. The stories in this chapter reveal the special role that physicians have played in the lives of rural families and communities and how adaptable they must be in responding to the call when the time for delivery arrives. The stories cover a range of unusual circumstances, from a delivery-room wedding ceremony to the surprise birth of twins, and in every case the physician's interest in the family's well-being is conveyed through the retelling of the experience. It is no wonder that, as several of the stories show, many women return to the same doctor for the delivery of all of their children and have even gone so far as to name their babies after their doctors!

BOND BETWEEN DOCTOR AND FAMILY

Making professional calls and serving people in their homes gave doctors a better opportunity to know intimately the people they was serving. Being called when they were in distress made them in a way delighted with your presence. Being in need of your immediate service was not the only consideration given the family physician. The rural folks were usually industrious, depending solely on individual efforts to secure the necessities of life.

When these people became ill, they fully realized they were to a very great extent helpless and were willing and anxious to summon the needed dependable assistance. So they had some family doctor on whom they felt free to call and on whom they could depend to assist [them] in combating the illness. The country doctor came in contact with his clientele in hours of distress, a time when you might see him different than in his Sunday garb.

I doubt that any individual was nearer to the family than the family doctor. He was present at the birth of the children, which made him feel as though he was to some extent a godfather to the babies he delivered. This was an occasion that cemented the family and doctor ties. Many times, immediately after the birth of a baby, I have had the mother hold my hand and remark, "I hope you will live till I cease having babies." There must have been something mutual in these experiences.

My wife, in later life, remarked that when someone informed me that I was present at his or her birth, I was anxious to respond to any favor requested. Many times I have lingered at the bedside of an ill child, possibly as much for the mother's comfort and consolation as for the child's benefit.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

MOTHER SAVED IN OBSTETRIC EMERGENCY

Here in Bardstown I think my most memorable events happened around obstetrics—deliveries. They don't do it anymore, but one year we delivered twins, delivered breeches, delivered all sorts of difficult births. One year I had five sets of twins, which was kind of unusual.

Another time I was taking care of a woman who was pregnant with twins, and I had a call from her husband. He said, "Doctor, can you come out right away? My wife's having a lot of pain." Of course, I knew she was pregnant for about seven months. So I said, "Can't you bring her in?"

He said, "No, I can't move her."

That was before the days of EMTs and ambulances. I thought the quickest thing for me to do was jump in my car and go out there. So I jumped in my station wagon, left the office full of patients, and went out there. When I got out there, the husband was standing at the front door, wringing his hands. He was just completely helpless, didn't know what to do.

I went on back to see her, and she was as white as the sheet she was lying on and diaphoretic. Her blood pressure was down. I felt her belly, and something was catastrophic. So I picked her up bodily and laid her in the back of my station wagon. Of course, she passed out. I drove as fast as I could to the hospital emergency room. We got her in and started an IV on her and called a surgeon. He couldn't hear any heartbeats from the babies, so obviously she had ruptured her uterus.

The surgeon said, "Well, we've got to operate." So we got her pressure up to about sixty or seventy with fluids and took her up. Of course, when we opened her, her blood just run out everywhere. While he was trying to stop the bleeding, her heart stopped. She had a cardiac arrest. And this was before the days of defibrillators. He was just a plain old country surgeon. He opened up her chest, massaged her heart, and brought her back. That's the first time it's ever been done, I think, in Nelson County; probably the only time.

She came back slowly, but she finally came back and pinked up. Despite her lack of oxygen, she didn't lose any brain function at all. Of course, the babies were dead due to the ruptured uterus, but he saved her. I've often thought how heroic he was to do that.

Dr. Harry Spalding, Bardstown, March 3, 2006

THANKFUL NEW PARENTS

There was an obese woman from Chicago who was going through Bardstown as a tourist. She started having severe abdominal pain and went to the local emergency room. When I checked her out, I found she was in labor and about to deliver. The funny thing about it was she had had no previous children and didn't know she was pregnant. [Her pregnancy was] obscured by the fact she was obese, and she thought she was menopausal. She and her husband had always wanted children but felt they couldn't have any.

She delivered a big fat baby boy, and both did fine. She and her husband were overjoyed. They brought the baby back a year later for me to see, as proud as peacocks.

Dr. Harry Spalding, Bardstown, March 23, 2006

AWESOME BIRTH OF BABY

I had this woman who had a prima gravida breech—her first baby. Back in those days we did all our own deliveries. Nowadays the obstetricians routinely do C-sections on prima gravida breeches because of the danger of the after-coming head. You get the body out, but the head may be too big to come through. But back then it was standard procedure for doctors to deliver them from below. So I got the body out, but the head was turned around the wrong way with the chin tucked up under the pubic bone. I twisted and turned and tried to do everything to get the baby out, and finally did. It seemed like it took half an hour, but I'm sure it was only three or four minutes. But I sweated blood! I'll tell you that.

I finally got the baby out. Of course, it was flaccid, so I had to give it mouth-to-mouth resuscitation (this was before the days of tracheal intubation) and bring the baby back. I fixed the mother up and thought if I ever delivered a brain-damaged child, this is it. But it turned out that the kid turned out to be an honor student later on at school, so you never know.

Dr. Harry Spalding, Bardstown, March 3, 2006

PARENTS WED JUST BEFORE BABY BORN

Another case I had was a young pregnant girl. She was unmarried, and her mother brought her to my office when I took care of her during her prenatal months. When it came time for delivery, the nurse at the hospital called me when she was in the labor room having normal labor.

So I came to check on her, then went home to eat supper. No problem with her, and when I went back her mother was still with her. But also there was this young man who was about twenty years old, pale and scared. And a gruff older man who did not seem to be happy at all was also there. I was introduced to this older man, who was this young lady's father, and the young man there was the father of the tobe newborn baby.

I didn't see a weapon, but the older man had indicated to the nurse that he had one. The nurse had requested a local minister here to come to the labor hall. He rushed up there in order to perform the wedding in the labor room.

In between groans and painful contractions, we had the ceremony just before we took her to the delivery room. The child was given its father's name, and I signed as a witness and everybody was happy. It wasn't a shotgun wedding, but it was almost! I don't know if the little girl's father had a pistol or not; I didn't ask. He was there to make sure this boy married his daughter so they'd have a legitimate child.

That was about 1962. My, how things have changed since then.

Dr. James W. Ramey, Danville, March 14, 2006

A BABY, NOT A KIDNEY STONE

I had this lady patient whom I'd never seen before in my life. I was working in the office one morning, and she was a large lady. Dr. Graham was my medical partner at that time. He'd seen this lady in the afternoon before for the first time, and she was having an abdominal pain. She apparently had a history of kidney stones, as he had gotten a urinalysis and there was some blood in it, so he thought she had a kidney stone. He ordered an IVP [intravenous pylogram] on her, which is an X-ray of the kidneys.

She was up at the hospital the next day getting this IVP. My office was next door to the hospital, maybe fifty yards away. The first thing they do with an IVP is just take an X-ray of the abdomen. When they took it, there was a mature fetal skeleton in there. She was pregnant at term but did not know that she was pregnant. She had a previous cesarean section, and the hospital, rather than completing an IVP, called me and asked me to come over to take a look at her. I went over and checked her, and she was in labor at that time, and of course the pain she was having was labor pain. So I took her back and did a C-section on her and delivered an eight-pound healthy baby.

I've always kidded my partner by telling him she delivered that eight-pound kidney stone he was trying to find!

Dr. Gary V. James, Marion, April 23, 2006

THIRTEENTH BABY DELIVERED ON FRIDAY THE 13TH

I had an Amish gal once that was in her thirteenth pregnancy. She had never had a miscarriage, and it was Friday the 13th. She had what is called a single footling breech, which means that the baby had one leg laid up on its chest and abdomen, and the other leg was sticking out through the vagina. You could actually see the baby's foot. Normally you'd want to do a cesarean section, but she would not permit that to be done. So all you can do is wait for them to deliver, and when it comes time to deliver, you just sort of grab the foot and pull. I talked to the doctor who was my partner and had been in practice since the mid-1950s. I asked him about delivering a single footling breech, and he said, "All you do is pull."

It was funny that it was her thirteenth baby and it was delivered

on Friday the 13th, and when it came time to deliver it there was no problem at all. I delivered it, so I thought I was certainly not superstitious if [I was] willing to do that.

Dr. Gary V. James, Marion, April 23, 2006

SURPRISING BIRTH OF TWINS

I had this gal once back early in my practice. She was pregnant, and I had her back in the delivery room, and her husband was back there. It was very common to do that. His name was Gene, and he was somebody I had known all my life. She was a pretty good-sized lady, and she pushed out this baby. No problem at all. But I looked up at her and I thought, "Well, she didn't get a whole lot smaller after the baby was born." Her belly was still pretty good sized, so I put my hands up there and sure enough there was another baby head.

We did not know she had twins. I guess she thought I had lost my mind because she had just had her baby, and I said, "Push, push, push," just like that. And about thirty seconds later, out pops another baby, and the thing that was amazing was that her husband was standing there and he didn't realize that she had twins. And the first thing he said was, "I'm going to have to build another room on the house." [Laughter]

Her having twins kind of shocked everybody.

Dr. Gary V. James, Marion, April 23, 2006

SUCCESSFUL DELIVERIES AFTER RAPE AND ATTEMPTED ABORTION

I delivered about 2,500 babies across the years, give or take a few. There are two deliveries that stand out. One of them was a girl who came in after she had been to see an abortionist. She came in bleeding and infected. What you have to do in that situation is to get the uterus empty, because until you get the uterus empty you can't deal with infection, even with antibiotics.

So we put her on the table to get the uterus empty, and pretty soon things were working out all right. She was laboring along, and it came breech. Both lower extremities were out, and I was sitting there waiting for the rest of it to pop out right quick, which wouldn't take long because it was a little tiny baby. Then one of those legs kicked. That was in this little hospital down here, years and years ago. That baby weighed two pounds and three ounces, and we raised it. All we had in the hospital back then was an incubator, but what raised that baby were the untrained nurse ladies that worked there. One of them was looking at that baby twenty-four hours a day. If it got a little bubble of mucus in its nose, something was done about it. If it would stop breathing, somebody would help it a little bit. So what brought that baby through was somebody literally looking straight at it, not now and again, but looking at it for twenty-four hours a day.

It weighed four and one-half pounds when we let it go home. That baby was supposed to be an abortion, but it wasn't.

I delivered another baby for a girl. When her father brought her to me, he said she had been raped. She didn't go through an abortion; she elected to have that baby. But she knew what the community would think. After I saw her deliver that baby and then raise it, I knew that she was indeed raped.

So there was one baby that was supposed to be an abortion, and there was one baby that was the result of rape.

Let me tell you that those are the handsomest, finest kids I ever delivered. I watched them grow up. To me, when people start talking about abortion, or when they start talking about rape and say she certainly should have an abortion, all I can say is that the baby that was supposed to be aborted and the one that was unequivocally the result of rape were the two handsomest, finest children I ever delivered. Both of them are now grown men and are now wonderful members of the community. It's hard to quantify my admiration for that little girl who was raped but accepted ridicule from the community rather than kill that baby.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

BABIES NAMED FOR DOCTORS

I think every woman in the county came to me to be delivered. . . . Babies were either named Mary, Mary Pauline, Paul, or Paul Edward, after my associate doctor. This is true. The Associated Press fellow who was here but is now in Frankfort met me one day on the street and said, "Are you the Doctor Fox that was in Bell County?"

I said, "Yes." There was only one Doctor Fox at the time in the state.

He said, "You delivered my sister's twins."

I looked at him, and he asked, "How come one is named Paul and one is named Edward?"

I said, "Well, Mary Pauline was for me, and Edward was for my associate then."

He said, "You know they're over forty years old, don't you?"

I said, "You could have gone all day and never told me that!" And I aged right there on the street.

Anyway, that was my first set of twins.

Dr. Mary Pauline Fox, Pikeville, May 10, 2006

NO PAY FOR THE DOCTOR

Back in the sixties, the six of us here in Danville who were doing deliveries at the time in a family practice took turns on what we called "service calls" in the emergency room. When anybody came in without a doctor, one of us would take care of them, including pregnant women that came in.

One winter night, around two or three o'clock, when there was deep snow on the ground, the nurse called me and said, "This young lady here is just about ready to have her baby. Can you come on?"

I dressed and jumped in the car as standard procedure. I lived about two miles from the hospital. So on the way I hit a snow bank, and the car stalled. Well, I got out and went to a neighbor's house that was close by and woke him up. It scared him, but he let me in, and we called a friend who runs a wrecker service here in town. We got him out of bed and he came out, but [he was] not too happy about it because of the time of day.

He pulled me out of the snow, and when I got to the hospital, the mother was in her room; the baby was in the nursery. The nurse had delivered the baby successfully. You don't usually get paid on those kinds of cases. So I was up all night and got two other people up. It cost me twenty-five dollars to pay for the wrecker, [and I] lost two hours of sleep and [got] no fee.

That happened in 1968. Those were the days. What happened that night just proves the old adage that they had babies before they had doctors.

Dr. James W. Ramey, Danville, March 14, 2006

THREE GENERATIONS DELIVERED BY SAME FAMILY OF DOCS

This is a story about me, but it involves my father and my grandfather a little bit. When I was in my three-year family practice residency in Louisville, one day I was seeing a new prenatal patient. She was a young woman with her first pregnancy. I was seeing her for the first time. I don't recall her name, but I took all of her history, and she found out who I was and that I was going to be taking care of her pregnancy.

The next visit, her mother came with her. Once I came into the room, her mother asked me if I happened to be kin to the Dr. Cash in Princeton, Kentucky.

I said, "Of course; he's my father."

It turned out that twenty years earlier my father had delivered the prenatal patient I was seeing, and twenty or thirty years before that, my grandfather had delivered the mother who was talking to me. Both of these deliveries had occurred in Princeton. And six months later, I delivered my patient's baby in Louisville. It was a remarkable coincidence that she actually ran into me to be her physician in Louisville, and my father delivered her and my grandfather delivered her mother.

Subsequently, when I got back to Princeton, it was not uncommon for me to deliver a baby for a lady who had been delivered by my father. But that was the only time that I delivered a baby for a lady who was delivered by my father, and her mother had been delivered by my grandfather. That was a remarkable coincidence.

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

BABY MIX-UP

Our first daughter, Emily, was born in Louisville during my third year of family practice residency. She was delivered by another physician at Baptist East Hospital in 1978. Our second daughter, Heather, was born a year later here in Princeton about a year or so after we moved back here. At that time there were three or four doctors in Princeton delivering babies. There was no obstetrician here. I delivered babies at that time and my father did. I just felt that I was the best person to provide prenatal care to my wife and to deliver my wife's baby. So I delivered Heather, and fortunately everything turned out well. There was no complication, but there was a mix-up.

Everything went well; the hospital stay lasted three days, which was traditional at that time. But the hospital staff was a little bit nervous about

my wife being in the hospital as a patient and me being the attending physician, and my baby daughter was a patient. So I'm sure they were a bit nervous. However, they were proud of all that had taken place.

It was a good experience. I remember I was proud as a father and proud as a physician. I was just proud all the way around.

Well, on the day Heather was to go home, my wife was breastfeeding, and all was going well. That morning, the nurse brought Heather to my wife to breastfeed before discharge. My wife breastfed Heather, but she noticed that Heather didn't seem to nurse quite as well as she had during previous nursings. However, my wife didn't think too much about it.

After that nursing, my wife put Heather in her bassinet in the room and let her sleep. It was discharge time, so I came in to help my wife get ready to go home. I was acting as father now. I wasn't the physician; I was the father who was going to take his wife and baby home.

Well, my baby was sleeping in the bassinet, and I picked her up and held her and looked at her, and then said to myself, "She is not nearly as cute as I thought she was." And I looked at her arm band, and it said, "Baby boy Smith; Dr. Giannini."

It turned out that they had brought my wife the wrong baby to take home, and my wife had nursed the baby. And if it hadn't been for the armband, who knows what would have happened! Of course, we made a quick switch, and I still joke with that nurse who brought the wrong baby to my wife.

On occasion, the opportunity will arise and I'll tell that story in that nurse's presence. I'll say, "Let me tell you a story about this nurse when I delivered my daughter," and she'll say, "Oh, Dr. Cash, don't tell that story again on me!"

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

WOMAN RETURNS TO DOCTOR FOR DELIVERY OF BABY

This is an odd story, but absolutely true. I had this woman once whom I delivered by cesarean section, and I never saw her again when she left the hospital. She did not come in for any postoperative care and didn't bring the baby or anything like that.

I hadn't seen her, and then about two and a half years later, probably in the fall of the year and during an overcast, cold rainy day, I was at the hospital. There was a Greyhound bus stopped out in front of the hospital, and the hospital was just off U.S. 60. I thought that it was kind of odd, and we looked out there and there's this woman getting off the bus. She came into the hospital, drenched by the rain. Believe it or not, it was this same woman I had discharged from the hospital two and one half years before.

She was living in Texas and was pregnant. She'd had no prenatal care whatsoever, and she had decided she wanted to come back up to see me to have her baby. Well, en route on the bus, she went into labor. She came into the hospital, and we did some preliminary stuff and checked her. Sure enough, she was in labor at term; repeat cesarean section. We took her back, did a cesarean section on her, and delivered a healthy baby.

That's the honest-to-God truth. They stopped the bus in front of the hospital, and she was in labor. That's just amazing!

Dr. Gary V. James, Marion, April 23, 2006

BABY BORN IN COMMODE

I had this woman whom I had been seeing pretty regularly, and she was in an uncomplicated pregnancy with her first baby. After about eight and one-half months, her husband called and said, "Can you come up here? I think we are in trouble."

So I jumped in my car and drove up there, and she had had her baby in the commode! [Laughter] The baby did fine. I pulled it out of the commode and got it to breathing again. What happens is that when their head gets down on the mother's pelvis, she feels like her bowels have to move.

So she thought that was what was going on. So she had the baby in the commode, and we pulled it out and got it going. It did real good. Usually, with the first baby, the mother has a long labor, but she didn't have much of a labor. It happened that quickly.

They wouldn't let me take her to the nursery in the hospital, though, because of contaminated cases. But the parents kept the baby at home, and it did well.

Dr. Harry Spalding, Bardstown, March 3, 2006

BABY BORN IN TAXICAB

Before I came to Danville and entered private practice, I did a family practice residency in Bluefield, West Virginia, in a little hospital there.

We covered the emergency room every other night, worked the days, and slept when we could. One night I was awakened by the nurse, who told me to come down to the emergency room real quick: "We've got a problem."

I went down but didn't see anybody till she took me outside to a taxicab. I opened the door, and lo and behold, this lady had had her baby in the back seat of her cab, spontaneously. There was blood and amniotic fluid all over the backseat area. She was screaming, and the cab driver was saying naughty words. The nurse and I got her out and took [her] and the baby into the emergency room. All was well, except the taxicab driver, who wasn't a happy camper at all.

Dr. James W. Ramey, Danville, March 14, 2006

TWINS BORN ON DIFFERENT DAYS

I did obstetrics, like all the seven or eight family doctors did here in Danville. One of my favorite patients was with her first baby, and she just kept growing and growing bigger and bigger. She was just about eighteen. I heard two heartbeats, so I was expecting twins. Sure enough, she went into labor and had no complications, except one was born ten minutes till twelve midnight, and the other was born ten minutes after twelve. So, twin boys, not identical but paternal, had different birthdays, which is a little unusual.

Now those two babies are men and are successful as contractors here in town. That's my only case of twins born on two different days.

Dr. James W. Ramey, Danville, March 14, 2006

WOMAN IN HER SEVENTIES THOUGHT SHE WAS PREGNANT

By the time I got into practice I had already delivered 500 babies, and I delivered more babies from 1980 until 2000. During that time frame I delivered another 2,500 and also did C-sections. So in 2000 I quit delivering. I'd done 3,000 deliveries.

One of the most interesting OB patients I took care of was a lady who was in her seventies. She had remarried an older fellow, and she came in one day and told me that she thought she was pregnant. She had pseudocyesis, which means false pregnancy and is a psychiatric disorder. She was convinced that she was pregnant, and it is a well-documented psychiatric disorder. She had a classic case of it. What happened is her breasts were enlarged; she actually got milk in her breasts; her abdomen enlarged, so she looked exactly like she was pregnant. You could actually put your hand on her belly and feel movement. I don't know how they did it; it was probably muscular movement and stuff like that. Of course, she wasn't pregnant, but we did an ultrasound and pregnancy test just to make sure.

She was truly anticipating the delivery. Her husband finished a nursery. They bought baby clothes and a baby carriage they would push up and down the street here in Marion with a baby doll in it. Everybody in town knew about it.

But what happened was a very difficult thing to deal with because you have to somehow convince them that they are not pregnant. Well, one day she fell real hard, and I think she had a compression fracture of her back. She was put in the hospital and was in a lot of pain. I don't know why I did this, but it worked. It might be borderline unethical, but I went in one day and told her, "Mae, you know you fell pretty hard."

She said, "Yeah."

I said, "When you fell, I think you lost the baby."

She started crying, and she believed everything I said, and within three to four weeks her abdomen was back to normal; her breasts were back to normal. She went through like a mourning period, and that was it. She was fine from that point on.

Her husband was older than Mae, and she told me, "I knew when I got pregnant," just like God had given them a child like He did for Sarah and Abraham in later life.

Dr. Gary V. James, Marion, April 23, 2006

Amish Couple's Fifteenth Child

I've got this Amish couple right now, and not too long ago they had their fourteenth baby. This woman had been pregnant I guess from the day she started having periods. She had seven girls and seven boys, and they were perfectly healthy. The oldest daughter, who was twenty-two or twenty-three, was still living at home, which is unusual for an Amish girl. Usually they've got five or six of their own by that age.

They had just had this fourteenth baby, and I thought that he might want a vasectomy or something like that. They were talking about it, and he kind of looked at me and grinned, and then said, "You know, we're hoping we don't have any more." I thought that might be a lead into a vasectomy, so I looked at him and said, "Surely to God you've figured out by now what's causing them."

They laughed, but believe it or not they came in with number fifteen about a year later! She's had her fifteenth now, and it was a healthy baby.

Dr. Gary V. James, Marion, April 23, 2006

DOCTOR'S MOST EMBARRASSING EPISODE

This could perhaps be called one of the most embarrassing stories of my career, which afterwards and even now still is funny when I think back on it. It was a few years back, while I was still practicing obstetrics. It was late in the afternoon, after a long day in the office, and I was obviously tired. My assistant and I were in the room doing a routine exam on an expectant mother who was probably in her third trimester—in other words, getting close to delivery. I was using a battery-powered Doppler instrument to listen to the baby's heartbeat. While attempting to listen, I realized that the batteries in the instrument were dead, and without thinking I looked up at the assistant. Using an old term, which I had heard all my life, I said, "You know, this thing is dead as a doornail."

In the nanosecond [it took] for my brain to realize what the patient must have thought, I looked at her and her face showed what you would expect, abject fear. I immediately apologized to her, explained what I really meant, got a new Doppler, and then demonstrated to her that the baby was alive and well. Then all of us had a good laugh over it.

My staff and I often think back to that moment and laugh, probably thinking that if a doctor was ever to say anything of that nature in a situation where the baby was in real jeopardy, he certainly could not claim to have good bedside manners!

Dr. Gary V. James, Marion, May 27, 2006

PRE-DELIVERY ROOM BIRTH

We thought this girl was going to have twins, and she went into labor. Why people dilly-dally around on their way to the hospital, I don't know. Anyway, her husband called me and said, "She's in labor. We'll meet you at the hospital."

I said, "Okay." When I get to the hospital, he's standing there

admitting her. The nurse puts her on the cart (stretcher), and she says, "I'll take her upstairs."

Well, I told the husband, "You finish up, then come on upstairs."

About the time we got about two floors up, or about halfway, the woman says, "They're coming." And I delivered twin boys right there on that cart, halfway up to the delivery room! The father comes up and says, "How's she doing?"

I said, "Well, everything is doing fine. Here's your boys right here." [Laughter] I had a lot of wonderful experiences delivering babies like that.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

MIDDLE-AGED COUPLE FINALLY HAS BABY GIRL

We had a family that moved in here. She was in her forties, and he was in his fifties. She was about seven or eight months pregnant, and she asked me if I would take care of her. I said yes. And I only charged seventy-five dollars for delivering a baby at that time.

The husband said, "Well, being as you're not going to have to take care of her for those first five or six months, would you give us a cut rate?"

I said, "No. I just set it at seventy-five dollars, and that's the way it will be."

He said, "Well, all right."

She had no trouble during birth, and with a woman in her late forties, you can expect some trouble.

The nurse had gotten all the history and everything on her. She had had eight previous pregnancies. She went into labor and sure enough went to the hospital. She gave birth to a beautiful little girl. Well, mother is back in the room, daddy is also in the room, and I come back out carrying the baby. I handed it to the daddy and said, "Here, you've got a really beautiful little girl."

He looked over at his wife and said, "Honey, I guess we can quit now."

I said, "What do you mean, quit?"

He said, "We've got eight boys at home, and this is our first girl." [Laughter]

They'd been trying to have a girl all the while. I guess if she'd had a boy, she'd have had another baby.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

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REGRETTABLE CASES

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Not many of the doctors interviewed for this book willingly shared accounts of poor decisions, but several told stories about cases in which they were unsure of the right course to take or had to take a novel approach in order to deal with an uncooperative patient. They also told painful stories about cases with painful outcomes. Included in this chapter are stories describing a baby who was born retarded, a patient treated for the wrong medical ailment, a doctor's misinterpretation of a patient's problem, and a doctor's fear of treating patients who had appendicitis.

BABY BORN RETARDED

This was part of [a] large Catholic family at St. Paul. I delivered nine or ten kids for them. One of them was retarded. That haunted me. He would come to the office, and I would think there was something I did wrong in delivery or he wouldn't be like this. Well, when I got ready to retire, we put a notice in the paper that anybody that wanted their charts [could] come and we would summarize them for them.

I had this secretary who couldn't read my writing, so I would take these charts and summarize them, and she would type what I said. That's what we gave the patients to take to their doctor.

Well, while I was summarizing this boy's mother, I saw where she had bled profusely during her pregnancy. Of course, that's what caused the boy to be retarded. We put her to bed, and that's about all we could do in those days. That made me feel better, but I have other memories that are not too good.

Dr. Aubrey L. Emery, Millwood, November 18, 2005

Amish Patient Dies of Food Poisoning

A bad memory I had was when I was working in the emergency room, and that's what caused me to quit. They brought one of the Amish boys in, and when he walked through the door I just happened to be looking up at the emergency room door, and there were two men kinda carrying him. I thought he was drunk, because he was flopping around. These Amish told me he had been sick and had been going to his doctor. This doctor was like the ones that like to get the dollars, so he had been giving this boy penicillin shots.

After examining him, I realized that wasn't what was wrong with him, but I didn't know what was wrong. So I called the doctor. I didn't usually do that. I told him, "This patient doesn't have strep throat. There is something else bad wrong."

The doctor came over at two or three o'clock in the morning and looked at him and said, "I'll have to agree." Then he asked, "Have you ever seen anything like this?"

I said, "The only thing I've ever seen like it is diphtheria."

Well, evidentially he was one of those doctors that just made snap decisions and started treating him for diphtheria. I saw an old diphtheria patient here in my old office years ago. But the man didn't have diphtheria, and it dawned on me after he died what he had. He had botulism, which is food poisoning. You get that from canned food. Food cans that are bulged on the top [may contain] anaerobic bacteria that produce a gas [that can be] fatal. He had gone into the basement and had taken the can top off and eaten the food right out of the can. And his brother told me that. This Amish fellow would have still died, but I don't know why I didn't think of that.

I went out to the home and apologized. I just felt terrible about that, so I never did go back and do emergency work any more. I just decided I'm too old for that.

Dr. Aubrey L. Embry, Millwood, November 18, 2005

PATIENT HEALED BY DISOBEYING DOCTOR

[When I arrived] home after having spent the night out professionally, my wife reported that St. Joseph Academy had requested me to call some time during the day. The academy had a nurse of many years' experience with diseases and people. After having breakfast, I hitched my horse to my buggy and drove to the academy, a distance of about three miles. I was met at the infirmary office by the mother superior and sister nurse. They stated they were very much concerned about one of the students, who was from a distant part of the state. This student was brought there possibly to get her away from some influence of her home neighborhood. She was dissatisfied and seemed determined not to remain in the institution.

They were very much alarmed because she refused to take food. I was taken to her room, where I prevailed on her to take food. When I saw her the following day, she yet refused food. I then requested the nurse to take her some form of liquid food every three hours and insisted she should take no [solid] food. By this time the mother superior and nurse were getting uneasy. Having [failed] by coaxing and persuasion to get the patient to take food, we decided to change our procedure.

We entered the room, saying nothing to the patient. I proceeded to take [her] temperature, count pulse, respiration, blood pressure, and other minor means of diagnosis. I had the nurse record my findings on the chart. I then stated in the presence of the patient that I forbade her of having any food of any nature till I saw her the following day, when I would compare conditions then with the present [ones]. I repeatedly emphasized she should have no food of any description till I saw her the following day. When I appeared the following day, the nurse met me smiling. She stated, "I suspect I owe you an apology, as I have not obeyed your orders of yesterday."

She reported the student had rung her bell about midnight requesting that she have some food. To this request, the nurse replied, "The doctor forbade your having any food until he sees you again." The student replied, "God durn the doctor. I am going to have some food right now."

We doctors know that it is very necessary often to change treatment to get satisfactory results. This sure was one of those times.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

BABY BORN DEAD

I delivered a lot of babies but lost only one baby in all my time. I guess I delivered close to a thousand babies. This baby that died wasn't my fault. I used to deliver babies at St. Elizabeth Hospital and St. Luke's in Covington, and then after this hospital near Dry Ridge was built, I delivered babies here too.

This girl I had taken care of, she liked two cents having one cent in her brain. She was pregnant and was doing fine and everything. Her sister called me and said, "She's in labor, and we think she ought to go to the hospital."

I said, "All right. I'll be there in about a half-hour." Well, it takes between thirty and forty-five minutes to get from here to the hospital down there. So sure enough, I took off and got there about forty-five minutes later, and she wasn't there. They lived between me and the hospital, so I asked the nurse, "Isn't she here?"

"No."

Well, I called all the other hospitals. I thought maybe I'd made a mistake and she's gone to another hospital. Anyway, I'm on the phone and the nurse yells for me, "Come here quick, Dr. Shipp."

Well, I go rushing out, not even changed into my scrub suits or anything to deliver the baby. And her water had broken, and the cord had come out and it was ice cold. There was no circulation. There was another doctor there, and I said, "Let's get this baby out quick."

We delivered it, and it never did breathe. The cord had gotten caught between the bone and the baby, and it just died right there. So after I brought the baby out and told her, I asked her, "What in the world happened here? Didn't you know that this baby was coming?"

"Well, yeah," she said. "My water busted and the cord popped out, but I didn't have any baby clothes, and we stopped at a store before we got here and I went in and got some baby clothes. And it was dead."

That's the only baby I ever lost that way.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

DOCTOR'S MISINTERPRETATION

I saw this young man about thirty years old who came in and said he had some chest pain. So I looked at him, checked him over. I did an EKG on him, but it was all right. He had a long history of an ulcer, indigestion, and heartburn, so I thought that's what it was. So I gave him some medicine to take, and two days later he died of a heart attack.

I wouldn't call that a mistake on my part, just a misinterpretation.

Dr. Harry Spalding, Bardstown, March 3, 2006

DOCTORS' FEAR OF APPENDICITIS

I nearly died of a ruptured appendix when I was merely eight years old. This doctor had been a school teacher, and he graduated from medical school when he was forty. He had kind of a high-pitched, whiney voice. Everybody said he was just the best doctor in the world in delivering babies.

He came to the house to see me and so forth. They had bedded me down at school and let me ride home on the bus. Of course, now if a kid gets sick at school, somebody is going to take him home, whether it's the principal, superintendent, or whomever. So this doctor came and did nothing. My dad knew a guy who had been a friend of his father, and he was a World War II surgeon. The doctor said, "I'm going to take Jimmy to see Dr. Arnold." So he did.

That was in 1944, and I was the first patient that this old doctor had ever used penicillin on. I think there were ten thousand units, and it was five or ten CCs [cubic centimeters]. This is hard to believe, but I was very, very small then, maybe a little smaller than average. So I did whatever, and then they kicked me out of the hospital in about a week because I developed mumps!

So it took me many years to figure out why all this happened. The reason this happened was because the old doctor had in his mind that most people who went to the hospital and got operated on for appendicitis died. So the doctor was leaning over backwards to have nobody operated on, and without antibiotics, you needed to operate yesterday. So we had an elderly doctor here who said that prior to penicillin, onethird of the people operated on for appendicitis died.

I had one patient here who was a college student, and he was a smart aleck little dude, and you wanted to pinch his head off every time you saw him. He was going to school at Western, and the student health doctor saw him and gave him some medicine and sent him home. Then I saw him and gave him some medicine, and I missed the diagnosis. Then another doctor here saw him and sent him to the hospital, and he had acute appendicitis. His appendix was up under his gallbladder, under his liver. Well, he was one sick little dude, but he did survive.

Dr. James S. Brashear, Central City, January 11, 2006

Two Left Feet

I had a patient who needed his leg amputated. We had just begun put-

ting a prosthesis, or artificial limb, on the patients in the operating room before they awoke. Mentally, you wake up and you've got two feet. So this helps when losing a leg. So, afterwards, I went up to check on him. He was just becoming conscious. A sheet was over his feet.

His family was all gathered around, and I said to him, "Let me show you your new foot." So I pulled the sheet back, and he had two left feet. The prosthetic tech from physical therapy fitted him at the bottom of the bed instead of looking at it correctly, and he connected the wrong foot.

Then I said, "Get another foot up here and let's get this straight."

I turned to his family and said, "Well, as long as he goes to the right, he'll be okay."

The family didn't think it was very funny, but it was pretty humorous to me when I started thinking about it later. Anyway, he might have done okay with two left feet, which we accuse clumsy athletes of having today.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

DOCTOR OFTEN USED CAMERA

This happened in the operating room. My senior partner, Dr. C. C. Lowry, and I were operating on a lady one day who had intestinal bleeding because of growths inside her intestines.

That was the day I was leaving to go to a Murray State basketball game in the NCAA. These [surgery cases] are so unusual, and it's always been a hobby of mine to take photographs of interesting things; so I said to my senior partner, "Do you mind if I get my camera?" I hadn't been here very long, and I could tell he wasn't too happy over it, and he wasn't too much on pictures. To him it was a waste of time. But he was a gentleman and didn't say anything.

So I got my instamatic camera, and I leaned over the top of the table where the sterile towels, et cetera, are and shot a picture. The flash bulb jumped off the camera right in the middle of the sterile field. He didn't say anything, but I could tell it wasn't good. I never forgot that particular shot, and fortunately the patient didn't have any infection problems. I've always been big on taking photographs for many reasons. A lot are good for teaching purposes, patient education, et cetera.

Dr. Hal E. Houston Jr., Murray, June 5, 2006

A PARTIAL ABORTION

Once when I first came into practice in Danville, I was assigned this lady who came in without a doctor. That was a service call, as we called it. She was ready to deliver her baby, which was a breech. I started delivery and delivered the feet and legs, but I could not continue the delivery, as she just would not pass this infant's upper body.

We got an X-ray, and it showed that the fetus was a hydrocephalic, which was a large head full of water, a congenital malformation which is rare. A great big head, which would not even come out of the uterus. The lower half of her body was delivered to the outside. I didn't know what to do, so I asked one of the older men on the hospital staff, who had done many, many deliveries in his time, to help me out. After reviewing the X-ray, he said the only thing we could do, which we did, was to get a trocar.

He stuck the trocar, which is a long, sharp instrument, up into the uterus and punctured the fetus's head, and the water all drained out on the table, and the dead fetus delivered spontaneously then.

That's what you call a partial abortion, I guess. That was fortyfive years ago when that happened, but I still remember every minute. I don't know whether it was legal or not, but that was all we could do at the time. It was a distressing, depressing event, and something I still remember.

Dr. James W. Ramey, Danville, March 14, 2006

Respirator Not Chosen

Another distressing case I had was a young man in his twenties. I had known his parents for a long time. He had a neuromuscular disease that was paralyzing in nature. He had had it for a few years, and it had progressively gotten worse. And they came to my office on several visits. He had been under the care of a neurologist in Lexington, and there was no treatment for it. He had told the parents and the young, unmarried man that it would slowly and progressively get worse, and it did.

The doctor told them it would eventually affect his respiratory muscles to where he couldn't breathe, and that the only way to preserve his life was to be on a respirator for the rest of his life. He had no other medical problems, and that was what he was facing.

They asked me if I would help them out and do all I could with

him, and I agreed to. Well, sure enough, one day his parents brought him into the hospital, and he was having difficulty getting his breath. In the meanwhile, I had received a letter from the neurologist confirming what they had said about there being no treatment, and that it was going to come to the time when he would have to be on a respirator, as that was the only way for him to live.

So the three of them had agreed, prayed, and talked it over. When that fateful time came, he didn't want to be on a respirator. I could understand his feeling, and the family went along with his desire. They just didn't like the thought of seeing this at home, so when he came to the hospital the three of us sat there for about two hours. His breath got slower and weaker, and it finally stopped, and he just peacefully went to sleep and died right there in our hands.

I wondered if we did the right thing or not, but he and the family agreed, so that's what we did.

Dr. James W. Ramey, Danville, March 14, 2006

RARE CONDITIONS IN RURAL AREAS

In medical school we were taught about many horrible, weird diseases. When I came down here, I thought, "Well, I'm in the country, so I'm never going to see any of those. After forty years, I have seen a lot. We had a gal here, and I won't go through all of her history, but she was a beauty queen, and she was indeed gorgeous. She was almost six feet tall, and she had platinum blond hair and great big blue eyes. Everything else was right where it should be.

I was up on OB one night, and this doctor said to me, "Would you give this girl an anesthetic?"

Well, I did anesthesia. The other doctor also did anesthesia. So basically what I did was hold a mask over her face so you couldn't hear her yell. She pops out this baby, and there was nothing from its eyebrows up. It's just like you'd taken a knife and cut its head right off.

It turns out she had had another baby, and it didn't survive. We did this and that on the new baby and got it to Louisville before it died. It had osteogenesis imperfecta congenita. Well, her first baby was diagnosed as osteogenesis imperfecta. But the way you diagnosed osteogenesis imperfecta congenita without DNA and all the stuff they do now is that the baby has fractures that did not heal in the uterus and deep blue conjunctiva. When the young woman had the first baby, she went up to Louisville and they did DNA studies on her and her husband. And they said it would be okay to get pregnant again and that the condition was not genetic. Then the couple went back after the second baby was born. The doctors said, "Oh no. You're done."

So she had two pregnancies, and both were osteogenesis imperfecti congenita, and both babies died. This is a very rare condition.

The mother went to a doctor in an adjoining county who did a thyroidectomy on her. In the process of doing that, he snipped out one or all of her parathyroids, which control calcium metabolism in the body. With this type of low calcium the patient has seizures. Thus, the patient has to take either a calcium supplement or parathyroid hormone. She sued that doctor, but I don't know what happened. The last time I heard from her, she had left Kentucky for another state.

So here was a gal who had these terribly weird infants, and then she turned out to have a very unusual, tragic situation with her thyroid.

Dr. James S. Brashear, Central City, January 11, 2006

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EPIDEMICS AND OUTBREAKS

Medical epidemics seriously threatened Kentucky families throughout the early twentieth century. Although doctors' medical treatments eventually cured most of these ailments, the epidemics claimed the lives of many local people. For example, typhoid had a 10 percent mortality rate during the early years of the twentieth century. Back then, and even in more recent times, many patients preferred to fight their illness by natural means, rather than be vaccinated by doctors. The stories in this chapter describe outbreaks of measles, malaria, diphtheria, typhoid, smallpox, influenza, and other diseases.

Measles

One of the first patients I saw after I established my practice in Louisa took place in December of 1949. Mother and Dad, who lived in Lawrenceburg, had come up to Louisa to visit us for Christmas. After they got to Louisa, I was asked to go see a child that had a rash. I saw this little boy but didn't know what kind of rash he had. I went back out to the car and told Dad that I didn't know exactly what rash the boy had, but I thought he had the measles. That was the beginning of about three months of a long, hard measles epidemic that passed through Louisa. Just about everybody was susceptible; even adults had the measles. The measles were [rampant]. They took over the country.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

DOCTOR COOKED FOR SICK PATIENTS

My wife and I moved to Sturgis in 1956, when I began practice here. The old doctor at that time was Dr. Gordon Carr. He was an old man in the county, and he did everything. He operated on folks and he delivered babies. He was here through the 1917 flu epidemic. I asked him about that once, and he said, "Well, I closed my office and just made house calls. I'd go to a house where there might be two people in bed and three people up. And I'd go back in a week to see how they were doing, and there might be two people dead and the rest of them in bed."

I asked him, "Well, what did you do for them?"

He said, "Well, I'd go back into the kitchen and see if I could scratch up a few things and make a pot of soup and leave it on the stove. Anybody that had enough strength to get up and get to the kitchen could have a little nourishment."

That was all he had to offer. I don't know how they stayed sane in those days. That happened right here in Sturgis.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

DEFENSE AGAINST COMMUNICABLE DISEASES

When Dad was practicing medicine, they had actual quarantines. When he was city physician, if someone had a communicable disease, they would literally put yellow tapes or ribbons around the house and put "Quarantine" on there. Thus, nobody could go in and nobody could go out of that house until that person had become noninfectious. Groceries would be delivered on the porch, and they would leave money on the porch to pay for the groceries. Family members would bring the food into the house. It was almost like they were in jail. But that was the only way to keep things from spreading back then.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

Malaria

In the lowlands there was much stagnant water, a breeding place for mosquitoes and malaria. The inhabitants had no screens to protect them from flies and mosquitoes, and malaria was very prevalent. The most common type was where they had a severe chill followed by a high temperature and severe aching. The chill would be repeated on every other day. On one occasion I had a call to see a family that had seven children. As I alighted from my horse, a lad of about eight years of age met me and stated that all of them but [he] had a chill today.

I asked, "Why didn't you have a chill?"

He replied, "I had mine yesterday."

It was unfortunate for the public that sanitation was so poor. People had open wells or springs as water supply. They had no screens to protect them from flies and other carriers of disease. I was busy most of the time attending people ill with acute diseases, and they were really sick people. Some of them died in spite of the treatment. It was very consoling to the attending physician when he lost a patient to have the clergyman conducting the funeral state, "The Lord knows best."

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

PUBLIC OPPOSITION TO ANTITOXIN FOR DIPHTHERIA

Diphtheria was very prevalent in those days, and diphtheric antioxidant had not been generally accepted by the older members of the profession or the public. The public had the impression that if it did not cure, it would kill. I saw two or three lives of children sacrificed because of objections to the administration of antitoxin. However, the prejudice died out and we seldom lost a case of diphtheria, if we saw it early enough.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

TYPHOID FEVER

About the worst disease I had to contend with was typhoid fever. It was to be encountered at all times of the year, but mostly in the summer and autumn months. The first year after marriage, I had nineteen cases of typhoid fever.

It was a long, drawn-out illness. The acute illness would last for weeks, and the mortality was about 10 percent. Many times a patient would make a decided improvement and then suffer a relapse. The disease had two very serious complications—namely, hemorrhage and perforation. Typhoid fever was characterized by ulceration of the intestines. If the ulcer eroded a hole in the intestines, we had a perforation, which nearly always resulted in death. If the ulcer was situated over a blood vessel in the intestine and eroded the blood vessel, we had a hemorrhage, which we were almost helpless [to control]. Results in hemorrhage depended on the size of the blood vessel eroded and the extent of the hemorrhage.

Recovery from a severe attack of typhoid fever left the patient so emaciated that it required several weeks to be physically strong enough to return to work. Today it makes me shudder when I think of my years of experience with typhoid patients. It most often occurred in youths and young adults. I feel a deep sense of gratitude that science and sanitation have practically eliminated the scourge of typhoid fever.

Many times I have sat at the bedside of patients with hemorrhage or perforation and watched them passing into eternity, knowing what was producing death but feeling utterly helpless. Such an experience is anything but pleasant. However, these experiences were not so bad, as I considered it my duty. Nothing is really so bad if you can consider it your duty and meet the situation with no effort to evade the issue.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

SMALLPOX VACCINATIONS

For a generation or two there had not been any smallpox in my territory. There had been no effort to have public vaccination. People had neglected to be immunized against smallpox. During the flood, smallpox became an epidemic in my territory. It was in most instances in a mild form. Some people refused to be vaccinated, stating they preferred the disease to vaccination.

On one occasion, I was called in a hurry. A man, wife, and children had been exposed to smallpox. The father stated that the wife and children could be vaccinated, and he refused to let me vaccinate him. The vaccination on the wife and children were successful, and before time to develop the disease, each had a very sore arm. In a few days I was called back to the home and found the father complaining of symptoms, which I recognized as the early symptoms of smallpox. He unfortunately had a severe case of smallpox, which makes one feel bad and suffer much. Some of the family who were vaccinated had the disease. This being true, I am sure he realized his mistake.

One day when he was at his worst, I remarked to him, "I once heard a man say he would rather have smallpox than be vaccinated." He readily replied, "Any damn fool who would make a statement like that never had smallpox."

In this epidemic a farm worker on the St. Joseph Academy farm developed smallpox. Before knowing definitely what the illness was, many students and some of the sisters had been exposed. I went to the academy and vaccinated the entire student body and all the nuns. The vaccination was successful in prohibiting any spread of the disease there.

I might record here that I was present at the birth of two babies to mothers with well-developed cases of smallpox. Notwithstanding [the fact that] the mother and other members of the family had smallpox in the home, neither baby developed the disease.

Those who did not have smallpox in the epidemic were vaccinated, and vaccination was made compulsory before entering school. This being true, we had no more smallpox.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

THE TRAGIC INFLUENZA EPIDEMIC OF 1918–1919

The armistice [treaty ending World War I] had barely been signed before an epidemic of disease became very prevalent among the soldiers and spread to the civilians, which was very fatal. It was a disease rather kindred to influenza but much less responsive to treatment and much more fatal. The illness was rather deceptive. It was abrupt in the initial symptoms, but early patients did not seem to be violently ill. In less than forty-eight hours there would be a decided lung condition, with expectoration of a peculiar green sputum, which seemed to involve the entire lung area, and death occurred before we could scarcely consider the patient seriously ill. Mortality in the army camps was astounding, and I am sure the death [rate] from the disease was near the mortality [rate] in active combat. Persons surviving the disease had a very long, drawn-out illness and convalescence. This epidemic lasted through nearly all the winter months of 1919.

I often saw entire families stricken at once, and the disease was so

serious and fatal that the well people hesitated to go to the assistance of those ill. I saw three deaths in one family in less than forty-eight hours.

The illness missed very few families. The demand for my service was so great that I would arise, eat breakfast before day, get on my horse, and not get back home till the night. I remember in one home where a father, mother, and four children were so ill, no one was able to prepare food. For three successive days I milked the cows and drew drinking water from the well. I saw other families where neighbors placed food on the porch for the ill, being afraid of direct contact with the illness. I remember taking the soiled clothes from an ill family a short distance to a washwoman. The woman refused to take the clothes in her house.

I think December 1918 and January and February 1919 were the busiest months I ever experienced in the practice of medicine. I'm sure I signed more death certificates then than in any other period in my career. I was in personal contact with the malady many times daily, but for some unexplainable reason I escaped the disease and never had an ill day during the entire epidemic; nor did any members of my family.

With the advent of spring, the epidemic disappeared entirely, and I appreciated the opportunity to relax, rest, and have my meals with my family at regular intervals.

Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

MOTHER'S STUBBORNNESS MAY HAVE CAUSED SON'S DEATH

The local school nurse called me, stating she had sent a boy home from school suffering with a suspicious case of laryngeal diphtheria. She requested me to see the child. In consideration of the fact I had not been requested to see the child by its parents, I took the county health officer (a doctor) with me. Suspecting diphtheria, we took some large doses of diphtheria antitoxin with us. Arriving at the residence, we were met at the door by the mother, who refused to let us see the child, saying she put her trust in the Lord and did not believe in doctors.

The health officer, having police authority, entered the house under protest from the mother. He then requested me to come in and examine the child. Upon examination, we found the child suffering an attack of malignant diphtheria. We explained to the woman that her child was seriously and dangerously ill and that we had at his bedside a remedy, which, if given in time, would save his life. She turned a deaf ear to our pleadings, stating she did not want any of that stuff given to her child. She said the Lord had not refused her in sixteen years and she knew He would get the child well.

I was provoked to the extent that my religious indignation was aroused. I said, "My good woman, the Lord never failed anybody at any time, but you are refusing to do your duty to your child. This is one of the saddest occasions of my entire professional career. I am gazing into the face of a bright little lad who is dangerously ill, and I have in my hand a remedy, which I feel sure will cure him and save his life."

His mother refused to let me render any assistance. She said, "No, I wish you men would go and let me alone."

By then I was provoked to an intolerable degree, and I said, "My good woman, if this lad dies, his blood will be on you, and if you don't go to hell for such conduct, I don't think we will ever have any use for a hell." We departed and the child died before morning. After the death of the child the neighbors became indignant and demanded she be dealt with legally. A friend of the poor mother told me he died while she was praying for him. I believe in prayer but was sure the mother was praying on this occasion when [she] should have been doing otherwise. I may be wrong, but I think the Almighty has left something for us to do.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

ST. LOUIS ENCEPHALITIS

Here is an interesting story about a medical epidemic. I was a resident in internal medicine at Parkland Memorial Hospital in Dallas back in 1967. At that time I had a rotation in the emergency room, where we were seeing a lot of patients with acute headaches and fever. It turns out there was a minor epidemic of St. Louis encephalitis, a disease that was carried by mosquitoes. We saw several patients with this, and some of them were really sick.

At that time I had two young babies at home, and we were living in a small apartment not far from the hospital. In the courtyard of this apartment complex, there was a fountain that did have water that floated up and spurted out. But in association with this fountain, I could notice that there were a lot of mosquitoes. I mentioned this to the manager of the apartment and told him that I had concerns about the number of mosquitoes flying around this little water structure right outside our apartment door, and especially because of the young children that were involved.

Well, nothing happened for a couple of days, and I took it on my own one day to go out and spray the fountain rather vigorously with insecticide, and sure enough we eliminated the mosquito problem, but unfortunately we also eliminated all the fish that were in the pond. And my popularity in the apartment was not too great.

Anyway, we took care of that local epidemic in our apartment complex by taking care of the mosquitoes.

Dr. William L. Tyler III, Owensboro, January 30, 2006

CHOLERA FROM A CEMETERY

We had a young man come in who was an engineer on the L&N Railroad. He was likely in his thirties. He just didn't look good. I had taken care of him before, and I couldn't understand what was wrong with him. We ran a bunch of tests, but nothing showed up; he just didn't get better. I said, "I don't know what's wrong." And I never was ashamed to admit that I didn't know what was wrong. But I said, "I'll try to get you to somebody that will find out."

So I have a good friend who was a specialist covering internal medicine. I called him and told him the situation, and sent all the copies of his [the patient's] reports, X-rays, and everything. He said, "Well, Darl, we'd better look for something unusual, shouldn't we?"

I said, "Yes."

Well, he called me later and told me what happened. It turned out that, while serving as an engineer on the L&N Railroad, about once a week he would take a load of empty coal cars to London, Kentucky, and down in that area. He'd stay at least one night, maybe two nights, while they loaded him up or hooked him to another train to bring back.

The L&N always had rooms for them at a hotel down there. And they'd go there and stay all night and everything until their train called them and said, "Your train is ready to take back."

Well, this young man had a girlfriend down there. He'd check in at the hotel and then go out to her house. She lived way out in a hollow somewhere. It turned out that he had a dose of cholera. So they checked all the water and everything around. They couldn't find out where he had got it or anything. That was before the story came out. When the story came out, and he finally admitted it, they went down there, and sure enough she had a well behind her house. They checked the well, and it was full of cholera germs. It so happened that up on the hill behind her house was an old cemetery. They began investigating, and according to the legend, some of the old-timers—a lot of people with cholera—were buried up there. So the germs in that water had seeped down the hill and into her well.

But he got well, and his wife divorced him after that. That was the only exotic epidemic case I ever had.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

SEVENTEEN OVERNIGHT HOUSE CALLS

One time we had an epidemic of flu around here, and it was bad. Nobody had been given flu shots or anything. I called my brother one night and said, "I've got some house calls I've got to make, and I'm just worn out. Could you go with me and drive?"

He said, "Sure," and he drove me that night and we got in at daylight. I made seventeen house calls that night to people with the flu. I never will forget this one house I went to. The people there were both old. I had my box of stuff, and I took in some cough medicine. The woman says, "Dr. Shipp, that won't do any good. The best thing is to just take some honey and whiskey and rock candy, and you put that together and that will stop all this coughing."

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

VIRAL MENINGITIS

Back around 1980 I saw a child with a headache and a stiff neck, so I did a spinal tap. It came back with thirty lymphs or so in the spinal fluid. So it was viral meningitis. We put the child in the hospital, and he was fine. But we then began having other cases like it.

After a while you didn't need to do a tap on them. You knew what it was. We called the state health department in Frankfort, and they came down and studied on it. I forget which virus it was, but they had an adenovirus of some kind that was causing it. It ended up with about forty cases.

Dr. Harry Spalding, Bardstown, March 3, 2006

Polio

I was still practicing when they were having polio epidemics. Of course, we tapped them. I never had any of them to die, but several ended up with paralysis. We had one we sent in [to the hospital] who ended up with an iron lung, which was the treatment for it then. They couldn't breathe. It was tragic to see some of these people. I still see some of them with a brace on their leg, thirty years later.

Dr. Harry Spalding, Bardstown, March 3, 2006

BAD, BAD TIMES FOR CHILDREN

This is something that didn't happen while I was in practice, but it happened when I was a resident at Good Sam Hospital. This has to do with Reyes syndrome, which is a pretty rare disorder. It usually occurs after you've had chicken pox, and it occurs in children, and it affects their liver and causes the brain to swell. Reyes syndrome is why you shouldn't give children aspirin if you think they've got the flu, because that's one of the things they think may have triggered it.

Lots of times Reyes syndrome is fatal, and even if it isn't fatal, lots of times children are left brain-dead because they get a tremendous swelling of their brain while they have this disease, and it affects their brain.

It's rather unusual, but we actually had a small epidemic of it when I was in Phoenix, Arizona, I think either the winter of 1979 or the spring of 1980. We had about a dozen cases, and the CDC [Centers for Disease Control and Prevention] actually came out there and investigated it because you just don't see that many cases at one time. But we had six cases at Good Sam, which is the hospital where I was working in the pediatric ICU at the time. What you do basically is if the children don't die from increased intracranial pressure, they will survive. But we had these children with what is called intracranial pressure transducers. They drill a hole in their skull, put a pressure transducer in there, and you could read the intracranial pressure off of monitors. So basically what we were doing, we were doing everything that was physically, humanly possible at the time to keep their brain from swelling. And what we were doing was a thing called a phenobarb coma, and we'd give them massive doses of phenobarbital, and they would be just completely unconscious. Of course, they were on a ventilator, and periodically we would wake them up and do neuro checks on them to see how they were doing.

I'll never forget this because it was like on Easter morning, and we were trying to wake this kid up. At that particular time we realized that when he woke up this time he was alert and was going to be just fine. The timing was just amazing, but anyway the kid woke up and did fine.

Dr. Gary V. James, Marion, April 23, 2006

1957 INFLUENZA EPIDEMIC

The worst epidemic we've had since I've been here in Sturgis is the influenza pandemic we had in 1957. There was so much illness in the community that we closed the office and moved into the hospital. We saw patients only in the hospital, but we used the hospital as an office. The patients would come in, and we'd see them just like you would in the regular office. But by staying in the hospital, we could take care of our hospital needs too.

Influenza is a viral disease, but the name comes from a bacterium called haemophilus influenzae. In the 1917 epidemic thousands and thousands of people died, but they didn't die from the viral infection. They died of secondary pneumonia from haemophilus influenzae. But because of what they were dying with, they started calling the viral illness that was the antecedent factor the influenza.

Back during the 1957 epidemic, we made a lot of house calls. There wasn't a whole lot of sleeping to do. I'd get home sometimes around ten or eleven o'clock, then make two or three house calls during the night, get up in the morning, and go back to the hospital.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

Source of Most Infections

I have a theory about things like bird flu, et cetera. Many of us doctors feel that infections are the cause of all diseases. You wouldn't think that heart disease would be caused by infection, but we now know there are

certain germs that cause gingivitis, for instance—a gum disease—that are actually the precipitators of an inflammatory response, and that inflammatory response results in ultimate vascular problems, heart attacks, and most strokes. Ulcers are also caused by bacteria. For years, how have we treated ulcers? We put people on a couch and try to get them to try not to be a type A personality. We put them on a bland diet, and we treat them with antacids between meals, or whatever, and put them on medications like Tagamet, et cetera. But it is an infection. We're finding out more and more that the common diseases are infectious in origin. And I think many of the neurological illnesses are infections with slow viruses that simply haven't been diagnosed.

There is a fellow I got to come to our meeting to talk to our group down in Orlando, Florida. His name is Paul Ewald, and Paul has a tenured chair at the University of Louisville. He believes in the evolutionary theory that all illnesses, other than genetically defined illnesses, are caused by infection. So that's why a lot of us are trying to get into immune system modulation, because if everything is caused by infection, we need to go back to the future again and start looking at the immune system and our own natural defense, instead of just treating things after they have been diagnosed. Forty or fifty years ago, before antibiotics became so prevalent, people were thinking along these lines. And then we thought we could outsmart the bad guys, the germs, by producing more and more antibiotics. Now we're into the seventh and eighth generation of antibiotics, and we created these super bugs, some of which we have no treatment for at all....

One of the worst places you can go if you are sick is the hospital, because all the people there are sick! [Laughter] You'd need to try to stay away from a place where everybody is sick, wouldn't you?

Back to epidemics, who knows what's going to happen with the bird flu? I don't think it's going to jump from the bird to human, but it has infected humans, but only if they have eaten or handled birds that are infected. Those of us who are in this particular field don't think bird flu is going to become an epidemic, but you never know....

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

Spanish Influenza Epidemic

The Spanish influenza was in 1918, and at that time Dad was fifteen years old. He was born and raised in Elizabethtown. The way influ-

enza came into Elizabethtown is that Elizabethtown was on the L&N Railroad, and troop trains carrying young men who had come—often from Kansas, where the actual epidemic began—would stop, and [the men would] get off and visit in Elizabethtown for a while and mingle with the locals. Well, these young men were the carriers of the Spanish influenza. Several people in Elizabethtown died from influenza, so Dad told me that his mother and father would not even let him go from one house to the next without a mask. They all wore masks because influenza was so virulent.

Nobody in our family that I know of had the Spanish influenza. It was misnamed, as it had nothing to do with Spain. It actually began in Kansas, and we took it over on the troop ships; then we brought it back, and it became a more serious strain when it came back, and that's when it went through the country. It mutated in the trenches in France and Germany, and when they sent the sick soldiers home and it got over here, it had mutated to an even more serious form. After that, we lost a huge number of people here in this country. There was no treatment for the Spanish influenza.

Dr. Robert W. Robertson Jr., Paducab, June 5, 2006

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FOLK HEALING

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In the early years of medical practice, many patients attempted natural remedies that were thought to be crucial to the healing process, and even some doctors resorted to alternative approaches to care. Many persons still believe that cures for all human ailments exist in the natural universe; all that is needed is knowledge as to which approaches and products should be used for which ailments. The stories in this chapter tell about practices such as the use of mustard plaster to cure pneumonia, the use of heated stove caps to cure hysteria, the use of quinine and castor oil to induce childbirth labor, and other natural healing treatments.

LADY'S USE OF MUSTARD PLASTER

About a month after my arrival [in Curdsville], I was called to see an elderly patient who had a very severe chill and intense pain in his chest. I immediately diagnosed pneumonia since he had consumed large quantities of whiskey and was about seventy years old. He was expected to die by the town folks and his attending physician.

However, I had no other patients and made frequent trips to see him. The neighborhood did the nursing. One morning while examining him, something began to spill out of a sack applied to his chest, which I discovered was mustard seed. Removing the mustard seed, I observed a blister larger than my hand well filled with water. I learned that a certain elderly lady in the town, who had a local reputation for caring for the sick, had applied the mustard plaster the day before. The Lord was with me in this case, as the patient recovered from the pneumonia, but I was obliged to nurse the blister from the mustard plaster for several weeks.

I never collected any money from this patient but was delighted to have patients regardless of income. The old lady nurse of the town was free to tell the public that I was the best doctor in pneumonia that she had ever known, but she would actually remark that her mustard plaster saved his life.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

HEATED STOVE CAPS HEAL WOMAN

On one occasion I drove up in front of our house, and my wife rushed out before I could get out of the buggy and reported that I was wanted immediately at Esq. Carey's, a prominent farmer living about four miles from my home. Knowing Esq. Carey had a son studying medicine, [who was] then at home, I hurried out [to his house] and found a woman whom I had seen previously in a tenant house on the farm. I went to the house and found the woman speechless and apparently unable to open her mouth. Several neighbor women were there, very much alarmed. I looked the patient over and decided the patient was a victim of hysteria.

I called the medical student out of the house and stated my diagnosis. The neighbors were busy trying to do something for the patient. They had a fire in the cooking stove and were trying to warm her up by placing warm stove caps under the bed cover. I had the medical student to get on one side of the narrow bed and I on the other. Each of us had a hot stove cap wrapped in some cloth. Under cover he would unwrap the stove cap and push it into her ribs. When she would roll over toward me I would apply the hot cap to her chest.

After repeating our treatments for a few minutes, she raised up and climbed out over the footboard and proceeded to address us in a profuse flow of language, which was by no means complimentary. Mat Carey, the medical student, who was a witty Irish lad, turned to the neighborhood women and said, "You see, we smoked her out."

I saw her after that, but she was never unconscious. Carey graduated in medicine and located in Alabama.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

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NEIGHBOR WOMAN HEALS BURNED CHILD

The practice of medicine in rural districts years ago required judgment regarding the procedure. I was called one day to see a small child on a farm where they were raising hogs for home consumption. Along with the slaughter of the hogs was the cooking of some of the fat cut from the slaughtered hogs. This fat was placed in large kettles and cooked into what was called lard, and it was used in cooking. A small child had fallen into a kettle of this hot lard and was severely burned. When I arrived, I found the child in shock and suffering severe pain. The grandmother, who was present, had made a good judgment. She had saturated a cloth with some [unknown word] and applied it to the burns. After giving the child something to relieve pain, we proceeded to apply dressings to the burned area. Just as I was preparing to leave, a rather elderly woman appeared. She was a neighbor and had heard of the accident and hurried over. She informed me she could blow her breath on a burn and draw the fire out of the burn. I was glad to get any assistance available and consented to the treatment since the burns were very extensive and were very slow in healing. After many weeks, the child made a recovery. The good samaritan who drew the fire from the burn claimed the honor of the relief. I never cared to dispute her claims. I was only delighted to see the child recover.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

EARLY OBSTETRICS PRACTICES

I haven't had any real experience with traditional healing practices, but I did use some of the old practices that the doctors had been using that would be taboo now. For example, if you had somebody that you wanted to start in labor, you would give them quinine and castor oil. Of course, doctors wouldn't think about doing that today. But it worked. I think that today if you mentioned that to an obstetrician, he'd throw his hands up in the air!

When I first started practice, they were using chloroform as an anesthetic, as the open-drop chloroform for maternity cases. Of course, that's taboo now. Nobody uses chloroform any more.

Dr. Harry Spalding, Bardstown, March 3, 2006

TRADITIONAL HOME CURES

I've had lots of patients that have had problems with cancer, high cholesterol, and things like that, and they have gone to a local iridologist and got his herbs and things and tried them for five, six, or seven months, and they didn't work. But I've had other patients to come in and say, "You know, Aunt So-and-so had this, and it's gone now."

I was never that acquainted with him and never talked to him to see what his philosophy was or what his belief was. It would have been interesting to talk to someone like that. I've heard from my patients that there are doctors in Nashville, like oncologists, who have cancer patients and have done all they can do. Then we'd give them this local fellow's name.

I have several of my own home remedies. For example, I use meat tenderizer on stings, like wasp stings and mosquito bites. It will actually stop the sting and take the itch out. But I'm very careful to make patients aware that if they are allergic, it won't prevent them from having an allergic reaction, but it will counteract the toxicity of the sting. Meat tenderizer actually works. We put it on the sting and tell them to leave it on for ten or fifteen minutes, or until it dries, and then just brush it off. It really does work.

Rice water is good to use for children when they have diarrhea. You cook rice with a little more water than you normally would, then dip the water off and put a little sugar in it to make it tasty for a child/infant. When the CB [citizens' band radio] craze was going on, my handle was "Witch Doctor" to the local state police. They had names they used, so they named me Witch Doctor. And to this day, one of my patients now is a retired state trooper who drives with NASCAR, and he still calls me Witch Doctor. I don't know why they began calling me Witch Doctor, but it wasn't because I practiced any type of witchcraft! [Laughter]

Bourbon and sugar together are good for coughs. You can get a tablespoon of sugar, put two or three drops of bourbon whiskey on it. When it dissolves in your mouth, you swallow it, and it will stop most bad, persistent coughs. Truth of the matter is I've heard some people say, "Yeah, I started out with that, but I ended up pouring me a little bourbon in the bottom of the glass." [Laughter]

There is also a home remedy for hiccups, and that is sugar. My grandson, who is now ten years old, when he was little, he had hiccups all the time. He would run to the sugar bowl, or go get little packs of sugar; then he'd say, "I have the hiccups. I think I'm going to have to have

some sugar." Actually, what one should do is take a packet or spoonful of sugar, put it in your mouth and let it dissolve just enough to swallow. Within two or three minutes most hiccups will be gone.

I really didn't try to get out and do this, but it involves an ostrich and an emu, one of the ratite bird families. The emu is the next smallest bird to the ostrich, and we raised them for a while. Back several years ago they became pretty popular. People would buy them for the fat they could render off when you slaughtered them. And the meat is very, very close to beef, except there is no grease in it; none whatsoever. But the texture is exactly like beef. Trying to get the emu meat on the market nationally as a low-fat, low-cholesterol red meat got pretty big for a while. But the beef industry was so big and powerful that the emu just never received approval by national food associations. Anyway, we found out that the fat that is on the skin you take off the meat can be processed and put through two refining cycles.

Supposedly, at Texas A&M, the big burn center did a study relative to the use of emu oil on burns. I have used emu for that purpose probably for the past ten years in my office. As a matter of fact, I treated a patient today with it. He had a gasoline burn on his hand and arm. I have used all the other preparations for burns, and I have found emu not only takes a lot of the actual sting and pain of the burn away, it lubricates it and you probably have less scar formation. This is from my own observations; no scientific study at all. People in the medical community are not persons who readily accept the use of something as being satisfactory, or appropriate, unless it has been approved by the FDA. I also put together some ingredients using emu along with a nonsteroidal cream, which is an anti-inflammatory for arthritis. I put that in solution with emu and got one of the local pharmacists at Gamaliel, Kentucky, to compound this for me. And I have this available today. One of the drug stores has been selling it for me. It is really, really good for people with joint sprains, aches, or arthritic, inflamed joints. There is no doubt but what it works. I had a shoulder that was bad, and I finally wound up having surgery on it. But I would get up at night when it was hurting so bad and take that cream and rub it in. Then after I got my hands washed and got back in bed, within ten minutes the pain was gone. The cream is called Essence from the Down Under, and it actually penetrates the skin into the tissue.

Teabags and tobacco juice are good to use on injection sites when allergy shots are given. Just take a tea bag and wet it and place it on the injection site. That helps prevent swelling, just like the meat tenderizer does. Possibly one of the acids in meat tenderizer, tea, and coffee helps counteract swelling.

Dr. Larry Maynard, Franklin, April 18, 2006

Relationship with the Amish

One of the things I do here in Marion is take care of Amish people. A lot of people have misunderstandings about them. A lot of people think they distrust conventional medicine, which is not true. They are usually pretty intelligent, and they seek medical care when they need it or feel like they need it. But they are very frugal and will basically try anything to keep from coming to see a doctor. They do a lot of folk stuff—herbal remedies and stuff like that, but I enjoy taking care of them.

The Amish here actually have midwives that deliver their babies at home, unless they get into trouble. If they do get into trouble during childbirth, they come into the hospital.

Dr. Gary V. James, Marion, April 23, 2006

FOLK MEDICINE, BOTH GOOD AND BAD

Almost all folk medicine has something really valid in it somewhere, but it is not easy to find. In the 1700s an English physician managed to get his hands on a granny woman's recipe for dropsy tonic. It had twentyeight herbs in it, and he tried them on his patients one at a time until he found digitalis purpurea, and we still use digitalis today.

There is a lot of folk medicine that isn't valid. People used to give the kids kerosene for worms. I guess it might have stirred the worms up a little bit, but it sure didn't get rid of them. However, I'm convinced that most folk medicine has a valid basis, but it's like that old granny woman's dropsy tonic—sometimes it is buried pretty deep.

Dr. Jerry B. McKenney, Sturgis, April 23, 2006

FAMILY'S BABY THERAPY

One day I was called to Vaughn Street, and at that time I was doing general practice. I was supposed to come see a baby that was ill. The baby was approximately six months old and allegedly had been having convulsions. When I arrived, I could not see the baby in the room. But that was not the mud-hut type room. This was a little high-grade—a two-room house. When the baby was presented to me, it was covered from its head to its feet with an onion poultice that was made with finely chopped onions. It was applied locally to the skin and wrapped throughout with flannel. The baby's feet were in ice water, and they had put hot packs on its head. Holding my nose from the aroma not only of the onions but of the household in general, I peeled the onion poultice from the baby, removed its feet from the ice water, took the hot packs from its head, and discovered it had pneumonia. I gave it a shot of penicillin and advised them to keep the baby warm, then told them to stop all this nonprescribed therapy.

I might add that this baby recovered.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 26, 1973; provided by Folklife Archives, Western Kentucky University 12

ANIMAL STORIES

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This chapter includes tales about a dying dog that was rushed to the hospital in an ambulance, a doctor who rode a mule, two physicians who amputated a horse's leg, and a physician who borrowed a frog leg to surprise her husband at mealtime. The chapter includes several stories about pet dogs, including one about a dog that liked to go on house calls. And just wait until you read about the young medical doctor whose first patient was a cow!

THE AMBULANCE RUN

This family was hardly known by me, as we had contact only on one or two occasions. They were Mr. and Mrs. Pratt, and they are both dead. They had two beautiful daughters, ages approximately eight and ten years old at that time. I had made a house call to their place and had visited for a short time with the husband and wife. They lived approximately twelve miles from my practice in Greenville. We were all rather new members of the county and community. We'd had some contact when this family came to my office.

One afternoon near 4:00 P.M., I had an urgent call from Mrs. Pratt. She was so excited and anxious that there was nearly unintelligible conversation on the phone. But I could understand that she was having extreme difficulty in breathing. Knowing that it was unlikely that I could do anything at her home, I asked if she could come immediately to the hospital emergency room, that I could be there immediately to see her because I was about ready to leave for the hospital.

She said there was some problem about transportation. That was

still at the time when we depended on the funeral home to furnish ambulance runs. I suggested to her that there was a funeral home only about two miles from their residence. In gathering my material to take to the hospital, we heard the ambulance siren coming through town and turning the corner right at our office. That's when we were still downtown at the stoplight there. I went out the door and was behind the ambulance to the hospital. When we arrived and rushed to the back of the ambulance to see about the patient, the door was open and there lay a big, beautiful collie dog that had already had its last breath.

... I apologized to the ambulance driver and said that it was my understanding that someone was near death, and I had assumed it was one of their children because of the state that Mrs. Pratt was in.

Mrs. Pratt excused her anxiety and urgency by saying, "Just ten days ago, someone offered us three thousand dollars for this show dog collie."

I hope the funeral home received some payment for their gracious, urgent run.

Dr. Charles J. Shipp, Greenville, January 11, 2006

UNFRIENDLY MULE

In the territory served by me were some small creeks emptying into Green River, which in times of heavy local rains would overflow their banks. I have driven through water many times, which came up in the buggy bed, causing me to hold my medicine case in my hand to keep the medicine from being damaged and rendered unfit by the water. You can imagine that a dependable horse was a valuable asset on such occasions. I am yet convinced that a well-trained horse was a more dependable means of transportation under all conditions than the automobile.

The horse is a living animal, something to which you could become attached, something for which you had sympathy and a corresponding appreciation. Next to my family and personal friends, my horse came next. The modern doctor, who has never known any other means of professional transportation on hard-surfaced roads but by automobile, cannot fully realize how dependent the old doctor was on his horse.

We had a very [heavy] rainfall in January 1913, which continued through February and March, causing the worst flood in the Ohio and Green River valleys ever known to that date. In 1883 the water was about that high, but it did not stay up as long as 1913. The water did not get in the principal part of the town of Curdsville where I lived. However, the water did get in some houses on the river bank.

The town of Curdsville had some territory between it and the adjacent surroundings, which became flooded and left the town surrounded by water, which became too deep to cross with horses. Before the water got too deep to ride through, I took two horses out to a neighbor's farm, situated safely out of the floodwaters. I then secured a boat and would cross the water with my boat, walk to the barn, saddle my horse, and proceed to make my professional calls. With raincoat and rubber boots, my horse and I defied the muddy roads night and day. I sometimes would leave home in the night or early morning and be gone for hours. Believing that my professional duty demanded such, it was not so bad. But I can assure you that home was appreciated after a day on horseback in the rain and on muddy roads. The floodwaters prohibited the operation of the ferryboat. To make calls across the river I would row myself across the water in a boat and walk, if the call was not a great distance.

I would sometimes get a horse from some neighbor and make my calls. A neighbor offered me a nice young mule to ride. He said I might have the mule any time I called for him and agreed to keep him in the stable for me, where he would be at my service when wanted. I found it rather difficult to mount the mule for some time, and he was not delighted to have me on his back with my saddlebags flapping on his sides as we galloped along. Early in my association with this mule, I sometimes would call on someone to hold him while I got in the saddle. The flood lasted for several weeks, and the mule and I became better acquainted and made a fair adjustment. Some months later I learned the mule had never been ridden before my introduction to him. This having been true, I could understand his discourtesy to me when I first met him. Being a real mule, I then knew why he desired the nearest road home.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

AMPUTATION OF A HORSE'S LEG

This story was told on my dad, who was in practice here in Owensboro. A patient of his, who was subsequently a patient of mine, had this favorite horse that she was really concerned about. The horse had fallen and most likely broke its leg, and the veterinarian said he'd just simply have to put the horse down. Well, she didn't appreciate that, so she called my dad, who came out to see the horse. He told her that just nothing could be done with the horse, and that she had to do something about its suffering.

She said, "Well, we've just got to get something done. This horse is too valuable to me just to let him die."

Well, my dad got one of his friends who was a surgeon, and they came out and eventually amputated the horse's leg, and the horse amazingly did well. Two medical doctors did that amputation to a horse! I don't know what all they did to anesthetize the horse right there in the barn, but I'm sure they did something.

Their surgery on the horse was a friendship sort of thing. You had to know this lady. She was very insistent that her horse be taken care of. She would not take no for an answer. So they did it, and the horse did survive for a while.

Dr. William L. Tyler III, Owensboro, January 30, 2006

FROG PASSES POT INSPECTION

My husband, Truman Weldon DeMunbrun, and I took turns going to medical school, so it was as though we both went to school for eight years. We didn't learn twice as much, just suffered twice as long! While I was in school, I got home first and usually had dinner on the stove when he arrived home from work. He'd bounce in and go check on what was cooking, taking the lids off the pots, one after another. Somehow I found this irritating, because I was not a great cook and always wondered if he were quietly comparing my meals with the good ones his mother had provided.

During my second year of physiology we worked on laboratory animals, including frogs. One afternoon as I was leaving the lab, I asked the animal attendant if I might borrow a frog for the night. He grudgingly agreed when I told him that I would take very good care of it and bring it back the next day intact. Happily, he did not insist on knowing why I wanted to borrow a frog. What did he think?

When my husband, as usual, began the pot perusal, my knees began to knock. Right on cue, when he took the lid off the "frog pot," the big beast let out a loud "croak," and in a minute we both started to laugh. I really pushed my luck on that one, but not only did I get by with it, there were no more pot inspections. I got the frog back to the lab safe and sound, and no questions were asked. Actually, the frog would probably have made a better meal than what was in the other pots.

Dr. Donne O'Donnell DeMunbrun-Harmon, Louisville, March 19, 2006

SNAKES, SNAKES, SNAKES

We've had animals that were brought in needing to be sutured, and I did this several times in the past on dogs, just like you'd suture human beings, just laceration of animals right there before they ever had a veterinarian in the area.

Of course, we've had a variety of every kind of injury from bites you can think of. We've had everything from human bites to dog bites, cat bites, bat bites, snakebites, insect bites, and spider bites. I've taken care of every bite you can think of in this area right here.

There's a lot of folklore about snakes, and it will surprise you how little people know about the truth about snake lore. Some people think all snakes are bad, but in the summertime in the wilderness area right here, people get several snake bites each year.

I recall when they brought one in, they wanted me to tell them whether it was poisonous or not. So when they brought the snake in, it was mutilated. I said, "Is the head intact? Okay, get everybody around."

We got down on the floor, and I took my ophthalmoscope and said, "I want you all to look here. This snake's eye has a vertical slit in it and not round. That makes it a poisonous snake." If it doesn't have the rattle on it, it can be a copperhead or moccasin.

So I get down and show them the snake's eyes, and when they see this vertical slit, they've learned it's got a pit there, and the head is triangular shaped, so that's a poisonous snake.

Most people don't even know a poisonous snake when they see one.... Most snakes are not bad. Most snakes are fine, as they are part of the world we live in. But most of the snakebites in this area are by copperheads. The worst snakebite is by a rattlesnake, though, particularly if they've bitten a younger or older person.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

WHAT HAPPENED TO HOBO?

When I was in middle school and high school, mainly in the 1960s, we had a pet dog that we named Hobo because he just showed up on our doorstep one night and started sleeping on the porch. After a few weeks we would pet him, but we didn't really own him. But he just kept coming back to sleep on our porch. Finally, Dad took a liking to him and told Mom to take him to the vet, get his shots, get him a dog tag, get him a collar, and we would just call him our dog. And we named him Hobo.

Hobo and my dad had a special relationship. Every morning when my dad left the house, he would go to the hospital first to make his rounds. Well, Hobo would hop in the backseat and ride with him from our home to the hospital. Then Hobo would get out and make his way back home. We found out that he made about a half-dozen stops on the way back home at different people's houses where they would feed him. He did that every morning after he was let out of the car at the hospital, and he would end up back home.

When Dad made house calls at night, Hobo would go with him. He would get in the backseat, and if the weather was reasonable, Dad would roll down the window, and Hobo would stick his head out. Sometimes Hobo would get restless, and particularly if the house call was out in the country, he would want to get out of the car. So my dad would let him out of the car, and he would run beside the car over on the shoulder. He would just run, and my dad would go slow, maybe ten or fifteen miles an hour, and Hobo would run a few miles.

Once they got to the house, my dad would let Hobo out, and then he would make the house call. Then when he was ready to leave the house, sometimes Hobo wouldn't be there. So my dad would come on back to town, and Hobo was always there at home the next morning, ready to go to the hospital.

We didn't have Hobo declawed, so the backseat in my dad's car was totally shredded by Hobo's claws. You couldn't sit on it.

That dog was with us for five or six years, then disappeared as mysteriously as he showed up. We figured he got run over or was killed. Anyway, he disappeared one day and we never saw him again. Actually, we never found out about all the stops he made on his way back from the hospital every morning until after he was gone. Everybody knew that Hobo was Dr. Cash's dog, but when he disappeared people started calling Dad to ask, "Where's Hobo? What happened to Hobo? We feed him every morning on his way back from the hospital."

Dr. Ralph "Buddy" Cash Jr., Princeton, March 19, 2006

RUNAWAY BEAR

A friend, farmer, and horse trader had taken in a trade a cub black bear that, as it grew, made the horses that shared the barn a bit skittish, so he asked me for a favor. He wanted to know if I could neuter that bear cub. When I replied that I would, we set up a date. With my friend holding the bear, I injected IV anesthesia and began my surgical work. However, before I completed my work, the bear awakened, threw off my friend, and scampered away.

The bear had my smell, so since that time I suppose that a black bear with one nut is looking for me!

Dr. Donald Chatham, Shelbyville, April 25, 2006

PHYSICIAN CARED FOR LOCAL ANIMALS

There was this real quiet hill man who had a beautiful hunting dog that had done an injury to its foreleg. We didn't need chloroform with that dog; I just used local anesthesia. The man stood there, and when the dog would move, he would just say, "Stay." And the dog would stay still. This was an hour-and-a-quarter procedure. I was able to do the whole thing under a little bit of local anesthesia with a dog that was well trained.

I've also delivered a few dogs. We had one dog that was brought in and was in labor and had a transverse lie [lying sideways]. One of the pups was cross-wise and couldn't be delivered. I wasn't sure what to do with that, so we called the nearest veterinarian, who at that time was in Corbin. He told us to use a ring forceps to deliver it, and I hadn't thought of that. It's a standard tool in an operating room that is used for various things. So we—the doctor and three midwives in attendance—delivered the little doggie. We got the little dead doggie delivered, and then she delivered about seven more pups, and was then taken care of on the midwives' porch. She got excellent postpartum care.

We had another little doggie that came in choking, choking on a bone. They X-rayed it and waited for me to get back in from my clinic.

I tried to get it out of the little doggie's throat, but it wouldn't come out. So, we put it to sleep, with the nurse anesthetist, the director of nurses, two midwives, a board surgeon, and a general practitioner. I managed to get a scope down, got hold of the pork chop bone, brought it out, and saved the little dog. I said that there's not anybody in the United States that had that much care at that time as that cute doggie did. The nurse told the little girl, "Now, tomorrow your doggie won't be able to eat due to going through all of this." A little voice called the next morning and said, "He's fine, he's eating; thank you, thank you." That was a happy little girl.

On another occasion, I had to go over to the Frontier Nursing Service, and somebody had a horse there. Every day I had to go over and change the bandage on its little rump. I just thought that I'd never be doing this in my medical career.

Dr. Mary L. Wiss, Pikeville, May 10, 2006

A GINWHACKER STORY ABOUT A DOG

We had a family that wasn't too well off, but they had a little beagle pup that meant everything to the three kids in this family. This beagle pup got hit one day in the road in its hindquarters, and that basically paralyzed it. So when they brought it in, the pup was trying to walk with its two front paws and dragging his back. So we X-rayed him and told them what was wrong, that he wasn't going to be able to walk and wouldn't live too long that way.

This is a little bit about my dad. I said to them, "I'll tell you what; I think we can help him."

They said, "What do you mean?"

I said, "Well, my dad is a little bit of a ginwhacker. He can make a lot of things and do a lot of things. So let's take the dog over to my dad's house and let him look at him and see what he thinks."

The reason I thought about this is because my dad had done a similar thing for a dog when I was a child, and that's what made me remember it. So we took the dog over there, and dad made him a harness and put his hindquarters in a harness with wheels. And that dog lived for several years after that and walked around and did anything he wanted to do with his wheels. And he had him a little harness made, and it tickled those kids to death.

Dr. Baretta R. Casey, Hazard, May 10, 2006

DOCTORING A COW

I came to Glasgow fifty-seven years ago, 1912. It took four hours to drive over here from Summer Shade in the summertime; that's about fifteen miles. And it took a full day in the winter, and maybe you didn't get here. I was a young doctor, and I remember when I came, my mother told me I needed to go and see this man from church, Mr. W. H. Jones.

I said, "All right. I'll do that."

My office back then was in the LaPoint Building here in Glasgow....

Well, I met Mr. Jones, and I introduced myself. He said, "Carl, I want you to go up and meet Jim Richardson just up the street. So I went up there and met Mr. Richardson. He was sitting at his desk and bent over; didn't have much to say.

Mr. Jones said, "Jim, I want you to help this boy [a young physician]. He needs your help."

I helped him, and he did help me. Both of those men meant a lot to me.

Then next, I had to find a place to live. I graduated in school with Dr. L. S. Starr. So I knew that family, and Mr. Jones had married a Starr. I told them I'd like to put up with them, and so they took me in. I hadn't been there but a short time, and they had a nice jersey cow that got sick with a foot and mouth disease and couldn't swallow. I said, "Well, we're going to lose the cow if we can't get some water down her. So that cow was my first patient! We'd tie her up in the front yard twice a day, and I'd turn on the hose and stick it down her throat and fill her up with water twice a day, and she got well.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, March 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky 13

DOCTORS' SOCIAL EVENTS

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Although doctors most often congregate for formal gatherings of medical societies, during which business and professional matters are discussed, sometimes local doctors get together for social events that include beverage drinking and storytelling. Some doctors can't find time to meet because they are overly busy or need to spend time at home with family members, but most do find brief moments to share medical-practice episodes with friends and colleagues.

Social Times Together

We doctors typically got together one night each month. We usually met at one of the local restaurants. We talked about whatever came up. Generally, whatever happened that day would be the topic, but we didn't share things about what had happened with our patients. We simply talked about other things and told stories. They were all good storytellers.

Most of these doctors drank beer or whiskey when we got together, but I don't think any of them ever got drunk.

Dr. George Estill, Maysville, December 9, 2005

Doctors' Parties

We doctors used to get together socially quite a bit, especially at Christmas parties. The doctors used to give a Christmas party for the hospital, and for a while we had a theme for each party. We had these events at different places. We had one of them up at the tavern, some of them down at the club, one of them out at a Holiday Inn, and just different places. One year we had a Hawaiian Christmas Party, then a Disney Christmas Party, a Western Christmas Party, and a Mexican Christmas Party. We'd come in dressed like those things. It was interesting when we had the Disney Christmas Party; two new surgeons came in dressed as Minnie and Mickey Mouse, and if you knew them you'd really get a kick out of it. I was Pinocchio, and we had Dr. Brown— who was a nice person, a very quiet and very staid person—who came out dressed as Prince Charming. Everybody got a laugh out of that. He had a good sense of humor.

All of this took place about fifteen years ago. But when we get together now, we laugh about those things. For the Mexican party, we had a piñata, and one of the persons from the hospital who was there had a stick that he swung and missed the piñata, but he hit one of the administrative assistants! [Laughter]

He knocked her out, but she came to and was all right. Those events were just good fun, clean fun. Nobody did anything hankypanky or anything; just fun. For the Hawaiian party, four guys came out dressed—just had their bodies in something that made them look like they were Hawaiians with brown suntan lotion. The only clothes they had on was just a little sarong down on their waist. They did the Hawaiian war dance in their sarongs!

Dr. Harry Spalding, Bardstown, March 3, 2006

THE TRUE SYMBOL OF MEDICINE

Doctors around here have social get-togethers. It has to be realized that the medical staff is composed of the physicians who are active on the medical staff of their hospital. They also have a separate group called the Medical Society. Ours is the Pike County Medical Society, and it is entirely separate from the staff, although the same people can belong to both of them. The medical society is concerned with the political aspects of what's going on in the field of medicine relative to laws that have to do with physicians' practices on the state and government level. It is separate from the discussions of the medical staff, and they meet every so often and have dinner together and a speaker.

I was president of the Pike County Medical Society until this last year. We'll have a speaker come in; we'll have dinner; then we'll have a discussion on what went on in Frankfort or what might be going on that affects the field of medicine in the United States.

Every county has a society, and it is separate from the medical staff. There may be some counties that don't have a society. Each society is affiliated directly with the Kentucky Medical Association in Louisville. Some of them are hardly active at all. Here in Pike County we meet once each month; some counties meet every two months, and others meet only once or twice a year. They can have amusing things that take place or most serious situations.

A serious thing came up last year about what is the official symbol of the practice of medicine. I decided I would research this and found out what you see on a lot of the news broadcasts and other things is the false symbol of medicine. The true symbol of medicine is the Staff of Asclepius, with one serpent entwined around it. The false symbol of medicine is the Caduceus, with two wings and two snakes. It has nothing to do with the practice of medicine. It is the god of commerce, shipping, and even goes beyond that. It was known as the god of thieves in Roman and Greek mythology. The reason it has got to be seen and used more is because it may have a slightly more aesthetic-type appeal, with two wings and two snakes, rather than the one snake entwined.

Every time I see that symbol I know it does not represent the true sign of the medical profession. There is so much that is left out with so many memorable experiences in the great profession of medicine. As the years go by, the practicing physician should keep always in his thoughts the saying of the ancient Latin proverb, "Primum non nocere," or "First do no harm." This should be part of the physician's thinking when he analyzes the approach to a patient's illness.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

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MEDICAL PRACTICE THEN AND NOW

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The practice of medicine has changed a lot since the early twentieth century, as has the social and economic environment in which Kentucky doctors practice. The landscape for physicians has been transformed not only by the explosion of medical research, the development of pharmaceuticals, and vast improvements in medical technology but also by the increasing importance of insurance companies, malpractice liability, and government regulation. In the stories in this chapter, the physicianstorytellers reflect on some of these changes and how far physicians have come, both individually and as a community, from the days of making house calls on horseback and performing kitchen-table surgeries.

TIME CHANGES EVERYTHING

Drs. Mitchel and Harry Denham were both good, hardworking doctors. They really stayed busy all the time. I joined them in medical practice, and we eventually formed the Maysville Family Medical Clinic.

Our generation of doctors was the first here that had their own lab, their own X-ray machine, and that sort of thing. Every doctor here before my time practiced individually out of their homes.

Dr. George Estill, Maysville, December 9, 2005

FATHER'S PRACTICE

In my time, although I have not personally observed it, I have spoken personally to physicians that have done kitchen-table appendectomies in Paducah. Dr. Frank Boyd has described to me the process by which, by kerosene lamp, chloroform was administered by a member of the family, and he [did] appendectomies on the kitchen table.

My father, a physician himself who has two older sons who are doctors, graduated from the University of Louisville School of Medicine in 1916. He was a horse and buggy doctor during the 1918 flu epidemic. At that time, physicians had very little influence over the outcome of the illnesses, except for the administration of symptomatic treatment. I can vividly recall his description of his first Model T Ford and how much it helped him. I can more vividly recall his description of the first sulfadiazine. He gave it to a patient with pneumonia, in which the temperature subsided within approximately forty-eight hours instead of following the usual two-week course—lysis by crisis or lysis by death. This means that the patient either died from pneumonia after a two-week period of time, or [as] was customary in those days, after a two-week period of time the crisis would occur, and lysis, which is the rapid drop of temperature, would occur. And the patient would get well, but that was a rarity.

My final statement has to do with the fact that over a period of the last twenty-five years there has been an amazing change in the practice of medicine, mostly due to improved laboratory facilities and, more than anything, to improved pharmaceuticals. We may be at a standstill if the federal government does continue to harass the pharmaceutical houses, and if the Department of Health, Education, and Welfare continues to harass the private physician.

Dr. Warren Eugene Sloan, Paducah; recorded by Jane Sloan, April 16, 1973; provided by Folklife Archives, Western Kentucky University

FATHER'S TRAVEL MEANS DURING THE LATE 1800s

In the summer of 1892 I remember coming to Glasgow with my father, [Dr. Thomas S. Howard], a physician in the Summer Shade community, sixteen miles from Glasgow. As we came over the hill into Glasgow, they were digging holes and putting in little posts. Well, they were fairly good-sized posts, and Father told us what they were doing. They were going to stretch a wire on this post, and they were going into Burkesville with this [telephone] line. And you could talk over the phone, talk with people. He went into details to tell us about it.

Months later that line reached Summer Shade. So they lined up

in a little small town of two to three hundred people—not all of them, but a great number—to listen over the telephone. And I was in the tail end, a little fellow, and people were coming back and telling what they could hear. Some of them were saying they heard a man sell his oxen. Well, I had that on my mind, and I got up there but couldn't hear anything. It was just buzzing. So, I worried and worried about it. There was something the matter with me. I couldn't hear right.

But I only relate this to show you what was happening in that age compared with this age. That was the time and the year that our present constitution was adopted, the constitution of Kentucky that we're living under now. Just think what all has happened in change since then; that would show you that the present constitution could not cover all the needs for this day and time and why we have to review it and bring it up to date.

The buggy had just begun to come into our community. While I was still little, my father did all his practice practically on horseback, and then I remember he had a cart, and then he soon bought a surrey, then the buggy. I do not think that he ever had the advantage of riding in a buggy, because he died in 1894 from typhoid fever. He bled to death. That was an ordinary thing in the community every summer and fall for typhoid fever epidemics to occur. Many, many families fell victim to typhoid fever, and usually if there were two or three or four sick in a family, there would be one death.

Tape-recorded by Dr. Carl Clifford Howard, Glasgow, May 31, 1964; Kentucky Oral History Commission, Frankfort, Kentucky

Loss of Medicines in the River

Once I went on a house call to Patrick, Kentucky, in Lawrence County, with my pastor. He was my chauffeur, and he took the boat across the river for me. Just as we got across the river, he helped me get the medical bag out of the boat, but he allowed it to slip. Those drugs scattered everywhere, but we salvaged the contents of the bag, and I went ahead and made my round. However, I had nearly lost everything in the river.

Back then we carried a lot of medicines with us, far more than we did here in Campbellsville.

Dr. Forest Franklin Shely, Campbellsville, December 23, 2005

MAKING HOME CALLS

My first year in practice, and probably the next twenty years, we were still doing home calls. Every night when we got out of the office, we'd have four to seven home calls to make. That was just a routine. We always did it. In addition to deliveries, we just stayed busy. I was in practice with my brother, but we delivered our own babies, saw our own patients, and were on 24/7. But it was good to have a partner, because you could go on vacation and have somebody to cover for you.

My brother is retired now.

Dr. Harry Spalding, Bardstown, March 3, 2006

VIRTUALLY NO HOUSE CALLS THESE DAYS

House calls are seldom done now. In the early years, the physicians in this area who were established fifty to one hundred years ago all made house calls. That has been evolving—because of the size of Pike County, which is the largest county in Kentucky—into a situation where the patients, if they are that ill, are expected to be seen in a hospital rather than in the home environment. Usually, that has been the way it is looked at throughout the United States, with some exceptions.

Most of my time has been spent within the hospital confines, even when I had my practice here before I went into full-time in the hospital. Of course, the idea of house calls sounds real good. If the patient is that ill, and you find them that ill in the home environment, the patient usually has to be sent to the hospital for further evaluation and care. Minor things can be taken care of.

In the early days, home deliveries were things that were common in those days. But the treatment of some of the ills, such as complicated pneumonia, cardiovascular disease, and cancer, things of that sort, had to be treated in the hospital with intensive care and evaluation.

Back in earlier times, patients were brought in with ambulances, or family would bring them in. I guess the physician would occasionally bring them to the hospital, but they would usually say to let the family bring them in by car. But those were pretty crude days. Rarely do physicians make house calls out in rural areas these days.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

MEDICAL MATTERS WERE DIFFERENT BACK THEN

My father always made house calls, especially during his city physician days during the Depression. His pride and joy was an Oldsmobile automobile. They used to have cars that were two-door and were kind of salesmen's cars. On the backseat, they put their suitcases, et cetera. Well, he put his equipment in the back and made calls all the time. He delivered babies in the middle of the night and did all that sort of thing.

He called his career in his time in medicine "The Golden Age of Medicine." Back then you had none of the paperwork, none of the insurance restrictions, none of the "have to call first" to get permission to do so and so. If he felt it needed to be done, it was done.

It really began to change when I got into medicine. It was already becoming what I call "the medical-industrial complex." Today medicine is literally run by insurance companies, pharmaceutical companies, and hospitals.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

OLD DOCTORS ASKED LITTLE

There were some very elderly doctors of the old school in an adjoining territory to me. I visited these older doctors and stated [that] if they had a call when weather or roads were bad, I would be more than pleased to answer their call for them. I had only a few such calls, but I gained the friendship of these good old saints, which proved very much to my professional standing in later years. I had the honor of caring for the wives of two of these old doctors after they had answered the last call.

I was getting along professionally better than I had expected, but the people for whom I practiced had never been sent a bill for medical services by other doctors. They made but little money and, with large families, had need for their income and more. They had been scheduled to pay the doctor when they had change, or to pay in eggs, hams, chickens, or possibly a pig to consume [the doctor's] household slop.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

FRACTURED BONES

Before the days of the automobile, accidents and broken bones were

not seen so frequently as at the present. Before the availability of the X-ray for diagnosis, broken bones were not as accurately diagnosed as at the present. Possibly some fractures were overlooked. Notwithstanding these facts, I did the very best I could do under the existing circumstances.

In most cases I would call a neighbor doctor. The patient would be anesthetized and the fracture reduced to the best of our ability. After reduction we would apply splints well padded with cotton and secure the splints with bandages. The bandages were usually made from strips of cloth torn from fabric in the home. The splints were from some wood shingles or strong pasteboard. Later we would purchase some wire from which we would cut and mold splints or wire splints designed for certain fractures. The reduction and application of dressing was a matter of individual judgment. When a fracture was in the lower limb, I could determine without an X-ray whether the ends of the bones were overriding. If the bones were overriding there would be a corresponding shortening of the broken leg. Knowing no splint applied would correct the overriding of the bones, I would apply traction to the broken leg.

In such fractures the patient was confined in bed with homemade sandbags on each side of the leg to keep it straight and prevent its rotation. Below the fracture would be attached some bandage, which extended well below the foot. To the bandage below the foot, some stout string or small rope to the distal end were fastened with a brick or hand iron, which was hung over the foot of the bed. The constant pull of the weight over the foot of the bed overcame muscular contraction and let the ends of the broken bones assume approximation in as near normal a position as possible.

It would be necessary to remain in the recumbent position for several weeks before trying to use the broken leg. This is not in conformity with the modern treatment. However, I had some very satisfactory results from treatment.

I was called hurriedly one night to see a patient who had been injured in a coal mine. When I arrived, I found among his injuries a broken lower jaw. Careful examination revealed a longitudinal break in the median area of the lower jaw. I could think of no way to make or apply a suitable bandage to his lower jaw. Upon examination I found he had a mouth full of teeth well preserved. I had with me some strong silk thread, then used for suturing wounds. I proceeded to work a strand of this thread between teeth on each side of the broken jaw. I then securely tied the ends of the thread, which held the ends of the broken jaw in apposition. The patient was permitted to have only liquid food, which required no chewing, for six weeks. He made a very satisfactory recovery, with no noticeable deformity. Having this result with this case, I repeated it in another with very happy results.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

DOCTOR'S UNPLEASANT FIRST CAR MEMORIES

Having experienced a severe winter and almost impassable roads on horseback, I decided to invest in an automobile in June 1914. . . . I considered I could economize time in making public calls, which would give me more time at home with my family. My wife and I agreed that we could afford to make the investment in a good car.

I decided to buy a Ford Model T runabout car. Considering it unnecessary to go to Owensboro to make the purchase, I telephoned the Ford agency to send the car out, with an instructor. The car arrived promptly with a party to teach me to operate the machine. He took me out on the dirt road and proceeded to instruct me in the management of the machine, about which I knew nothing. After three or four hours he departed with my check in full payment for the car....

My first few days with my Ford were so unsatisfactory that I almost wished Henry Ford had never been born. That was before the day of self-starters, and I would often work up a profuse perspiration before I had cranked sufficiently to start the engine. The engine having been started, I would get in the car and consider what to do in order to get moving. Not being certain of my ability to prevent a collision with approaching vehicles on the road, I would stop my car until they were safely beyond any damage I might inflict.

Having used horses for all my previous life, I sometimes found myself pushing on the steering wheel or verbally coaxing it to move on. The motor having died, no method but a laborious use of the crank would persuade a motionless Ford to move.

The horses and mules were very much scared by an approaching automobile, which would cause one to stop the car and assist the horsedrawn vehicles by the silent car. These were some of the things that prevented a driver [from] exceeding the speed limit. I had a guidebook concerning the management of the stubborn machine. I bought an additional book of instructions for a chauffeur. I also purchased a book of instructions for an auto mechanic. I studied these books religiously. Not having much mechanical ability, I was unable to make a practical application of their contents.

After a few weeks of personal contact with the Ford, I had acquired a fair knowledge of how to start and manage it while moving. When it ceased to move, I was more confused than with a balky mule. A balky mule could be induced to move on, usually by twisting its tail. Such persuasion would have no influence with balked Model Ts.

In the early days of automobiles, I bought gasoline in fifty-barrel metal drums, delivered to my garage for eight or ten cents per gallon. The horse-drawn wagons would pick up the empty drum and leave a full one. I drew the gasoline from the drum into a five-gallon can and then poured it in the tank of my automobile. Automobile tires at that date had a very short life. Three thousand miles was a very unusual life of a tire.

The dirt roads had many nails or other materials that produced punctures. We had no spare tires. When one had a puncture it was necessary to stop, take off the tire, and with patch and cement material (always carried), patch the puncture; then replace the tube and tire and proceed to inflate the tire with a hand pump. Such an experience occurred often and would add some to your appreciation of your meals when you got home. The automobile tires of that day had a smooth tread, which would permit them to spin when on muddy or icy roads. ... Early on we had no antifreeze solution. In any near-freezing temperature, it was necessary to drain the water from the radiator when the car was not used for a few hours. When the cold weather and bad roads put in their appearances, it became necessary to make daily contact with your horses. After two or three years' association with the Model T, I learned more about its management. ...

Early Fords had a carbide system of lighting, which was not very dependable. Late one afternoon I insisted on my wife to go with me on a call. I was detained in the home longer than I had anticipated. Dark overtook us before we got back home. My car light failed to work, and my wife sat on the radiator hood and held a flashlight to furnish light for me to drive home. She was very much dissatisfied with her trip and refused further invitations for a ride in the late afternoon. Following this event I installed a tank of acetylene gas, which furnished me depend[able] light.

> Written by Dr. William L. Tyler Sr.; provided by Dr. William L. Tyler III, Owensboro

THE RELATIONSHIP WITH PATIENTS

I'll have to say the most important story or aspect of [my] practice of medicine has been the relationship that I've built up with certain patients and their families, and being able to see patients in my office who had been cared for by my grandfather and father. It was wonderful to hear them tell the stories that my grandfather had told from the other side of the story and to realize how much they appreciated him—how much they appreciated my dad and how much I've appreciated their stories and being able to follow up in the care of these families. I liked to hear them tell stories of having my grandfather come to their homes to deliver babies, or even to come to their home to be involved in surgical procedures. On one occasion I know about, they actually did an appendectomy in their home.

To listen to these stories and then to think of how relatively easy we have it these days—even though there were certainly times when I spent really long hours in the practice of medicine, it certainly is nothing like what they had to go through. And the opportunities I've had to visit with these families and be able to go into their homes on several occasions, and to realize the longtime continuity this represented, have been so very meaningful in my life. It is sort of the essence of what we need to keep in mind as far as being able to not only prescribe medicines and do surgeries that quickly relieve particular symptoms, but also be involved in total body healing and compassion for the patients.

Dr. William L. Tyler III, Owensboro, January 30, 2006

REASONS FOR RETIREMENT

I've had some fantastic experiences, and I've enjoyed being a doctor. It's awful, and I sympathize a lot with these people that go into a profession that causes them to hate to go to work in the morning. I never hated to go to work. I enjoyed it because I was like them and I could talk with them, and I think that was one reason that I finally retired.

I would have probably stayed another couple of years, but we got bought out by a medical firm that had about fifteen or sixteen offices. Of course, they are a profit-making thing. I had been working for them two years or so when we got a note from them telling us, "Profits are down. We want you to spend less time with the patients, and the prices are going to be raised." I said, "That's not my philosophy. I didn't start that here. When I started, office calls were three dollars, and house calls were ten." When I left, office calls were sixty-five or seventy-five, and they didn't make house calls. So I said, "This isn't for me. I grew up here, and these people don't expect that," and I retired.

The medical profession has hurt itself. And they talk about down in eastern Kentucky that they can't get ob-gyn doctors, and that's the reason. Last year I talked to a friend of mine who delivered babies in Lexington, and he had quit delivering babies because, in his words, "I only made about \$120,000 a year delivering babies, and would you believe that my insurance was \$100,000? For \$20,000, I didn't want to put up with that."

So he quit delivering babies, and that's why there are none down in eastern Kentucky now.

Dr. Darl B. Shipp, Dry Ridge, February 13, 2006

MEDICAL SERVICES REGARDLESS OF ABILITY TO PAY

The concept of a patient not being able to pay is seen every day now. The big concept of this is called EMTALA [Emergency Medical Treatment and Active Labor Act]. This is a modern concept put out by Human Services [the Department of Health and Human Services] and the U.S. government: "Everybody that comes to a hospital has to at least be screened and seen for what the problem is."

I don't know that anybody could ever turn any patient away, as some of these things go from life-threatening immediately to things like the common cold that can do as well with over-the-counter medicines at home. But there is everything in between. Chronic cases have come in that have been going on and put off to the point that the person has an advanced disease. They will put the symptoms off, and you come in and realize they are already in advanced heart failure; they are already in advanced cancer; they have a serious pneumonia that they didn't come in with last week because they thought they would get over it.

Of course, the payment business is insurance, or most of it is insurance covered by Medicaid or Medicare. And there are people that are seen every day that don't have any way to pay their bill. They are seen and treated. They are never turned away. If they have to be admitted with appendix, acute gall bladder, acute heart attack, or stroke, they are admitted regardless of the pay situation. That's the way it has to be; it can't be any other way.

Dr. Lowell James Black Jr., Pikeville, March 26, 2003

HORSE AND BUGGY TIMES

Back when I first started practice, everybody had to have a horse and buggy to travel around or a horse to ride in the winter. Well, I didn't have a horse, so I just walked over the town. When I got a call, I'd just take my goods and walk. I did that for months; then finally I bought me a horse. But I didn't need it. I made the trade with Will Jones. He bought the pony, and I got a little buggy, and the children used the buggy and pony when I wasn't using it. That made a combination so that this pony never did want to leave town. If I'd start out of town, the pony would stop. I'd have to get out and get a brush and have a line with him. But even with that, it was better than walking, much better.

Tape-recorded interview with Dr. Carl Clifford Howard, Glasgow, March 24, 1969; Kentucky Oral History Commission, Frankfort, Kentucky

DOCTOR'S WELLNESS CENTER

In 1997 I opened a wellness and preventive medicine practice, named Doctor's Nutrition System. My son, who has his M.B.A. degree, helped me with the business side of that, and our plan was to develop protocols for other physicians to teach wellness and prevention with nutritional intervention and weight loss, exercising, et cetera.

We had a nurse, two dieticians, two exercise physiologists, a secretary, and myself. We learned that it's very easy to get weight off of people and get them into new habits, but it's very hard to keep them into those habits. You know the old saying, "Well, I've gotten my weight off; now I can get off this diet."

That's the same you hear all the time, such as, "I don't know why I have to take this blood pressure medicine. My blood pressure is normal now." Well, maybe it's normal because you're taking that blood pressure medicine.

Dr. Robert W. Robertson Jr., Paducah, June 5, 2006

HOME SURGERIES BACK THEN

When I first came to Glasgow on July 16, 1912, it was still dirt roads, and people traveled by horseback and buggy. In the winter it was by horseback. So I have seen all the modern changes in travel and all the modern changes that have come along in medicine. We had no health department back then, we had no hospital, we had no nurses. We had a doctor in almost every village and at a great many crossroads. And we had some very, very fine men [local doctors]. They were intelligent, had a lot of judgment, and did excellent jobs under the circumstances.

The closest hospitals at that time were in Louisville and Nashville. So, it was quite an undertaking for anybody to go to a hospital. You'd have to get on the train and ride them. That was a long trip, and rarely anybody went. Gradually, medicine and everything changed. Our first undertaking was a small hospital here in Glasgow, located in a building over on Columbia Avenue. A good friend of mine, one of the best I ever had, Mr. Powell Barlow, put up the money to buy it. So he bought it, and then I gave him the money for my part. We established a small hospital of about twelve to fifteen beds.

Before the beginning of this hospital, all the surgery was done in the home, and for four or five years I had gone to many homes with their family doctor and operated on the patient. I think I had the advantage in these cases many times. They were well walled-off abscesses, appendixes, hernia that had strangulated, or tumors of the pelvis.

As I look back over it, I think it must have been a very strong, sturdy people that stood up under this kitchen surgery. But we lost very few people, and it was the only way at that time to go along and to save lives....

Tape-recorded by Dr. Carl Clifford Howard, Glasgow, May 31, 1964; Kentucky Oral History Commission, Frankfort, Kentucky

PIKEVILLE HOSPITALS ACROSS THE YEARS

One of the things has been the trustworthiness of the patients in the Appalachian area of eastern Kentucky toward their physicians. They put the greatest confidence in the physicians here of any group in the United States, especially in early times. The United Mine Workers set up ten hospitals in West Virginia, Kentucky, and Virginia, which would totally take care of all the medical ills of the United Mine Workers, which was the large coal workers' union at that time. Those hospitals had brought people in, like myself, from other areas, and a lot of them were extremely well trained—surgeons, obstetricians, pediatricians, and the like—which had not been a part of this medical community ever before. And it introduced a new phase of medical care to people who had not had that much expertise before the United Mine Workers hospitals were built, and for that reason they took care of every need the miner had right there. And if they couldn't handle it here locally in these hospitals, they would fly them out to Charleston, Louisville, Lexington, or other centers where they could take care of the problem.

But these UMW hospitals had some well-trained physicians that came into the Appalachian area for the first time under the auspices of the United Mine Workers, which made it quite interesting. Most people don't know about this historical background, and most of the doctors that come here now don't have any concept of what went on before.

The United Mine Workers' hospitals were unable to keep this thing going when the union member numbers began to get smaller. They didn't have the money to finance the UMW hospitals, so then they were sold to a group called the Appalachian Regional Hospitals. There were also ten of them, and they were headquartered in Lexington.

They were similar to the UMW hospitals, as they still had the expertise of many out-of-state physicians on their medical staffs. So that led us into the ARH group, which still has several hospitals. However, some of them are closed. The one here in Pikeville was bought by the Methodist Hospital of Pikeville.

There was a little dissension among physicians that had been here for many years in regard to the new physicians that came on and had that set-up in a hospital. The new physicians in the ARH and the United Mine Workers Hospital were paid by the United Mine Workers, and there were some little tensions among those and local physicians who were established older practitioners and had their own offices with a different type of private practice background. That created a little bit of early dissension between them. As a matter of fact, there was quite a bit there for a while, but it finally got settled down....

Finally, the medical staff of the Appalachian Regional Hospital, which was a Pikeville United Mine Workers Hospital, and the staff of

the new hospital began to get along with each other and worked back and forth. Finally, the local hospital was sold to the Methodists, who created a more unified practice for everyone involved.

The medical practice in Pikeville has moved along over the years with a good direction and has gone from the UMW Hospital to the ARH hospital; and then a new unit was added, which was called the Elliott Building, which added another 150–200 beds to the medical practice. And that was followed by the recently completed giant hospital with the name of Pikeville Medical Center, rather than Pikeville Methodist Hospital, and it now has approximately 150 physicians on the staff, representing multiple specialties, and has become an outstanding medical center that serves the people in this area. We serve Virginia, West Virginia, and Kentucky in distances of fifty to sixty miles around here.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

CHANGES IN NURSING ACROSS THE YEARS

Nurses have been a vital part of American medicine, but things have changed though quite a bit. I'm sure that Florence Nightingale would not be pleased with some of the things that go on right now. The concept of bedside nursing has changed to a large extent with the evolvement of technology and medicine. And assuming a higher responsibility with nurses, they no longer adhere to just the concept of bedside nursing like it was when it was promoted by the older nursing teaching.

They are concerned with recordkeeping more than anything else and less with the personal touch of nurses, with some exceptions. They are concerned with recordkeeping on the patient's chart: When was the medicine given? How was it given? How much was given? Everything has to be recorded on the patient's chart, and less time is spent at the bedside because the nurse is doing this required secretarial paperwork on her part.

That's what's changed nursing. It has made it a little less personal than it used to be. And not all of that is necessarily good either. It's okay to quote me on this, and I challenge any physician who thinks otherwise. That's exactly what they would tell you about the nursing profession.

Dr. Lowell James Black Jr., Pikeville, March 26, 2006

CONTEMPORARY MEDICINE

I don't know that I've ever regretted my decision to become a doctor. I'm thirty-nine years old and in my ninth year of practice. I started to medical school in 1989–1990, so I've been in practice for a while now. I think with age I've gotten a little tired and frustrated. But not from being a doctor, but from a lot of ancillary stuff—insurance companies, hospitals, unrealistic expectations from some patients. On days when I can actually come in and see sick people and make decisions, and make them well, I still love those days. But I may get only one, two, or three of those days per month. Most days are filled with having to get approval from insurance companies on tests I want to do, or insurance companies influencing either the medicines I'm able to write or changing recommendations that I write. There's increasing pressure locally. However, a local hospital is a wonderful hospital. They're sort of moving to eat up all us private guys and sort of control the entire medical market.

So there's a lot of business pressures, insurance pressures, cost of threat of lawsuits, all of which sort of wear you out. But I don't know any other tangible job I could see myself doing. I think this is what I was meant to do. If I could play professional athletics, or if I had long hair and could play rock guitar, then I probably would do that. But I have no hair and can't play the guitar, and my athletic days are way, way past. So I'm sort of left with this, and I'm content with it for the most part.

Dr. Loren J. Ledford, Ashland, May 11, 2006; recorded by Stacia Caldwell

BIOGRAPHIES OF STORYTELLERS

Dr. Lowell James Black Jr. was born in Birmingham, Alabama, on November 3, 1928. He graduated from Huntington College, Montgomery, Alabama, in 1951 and attended Emory University School of Medicine in Atlanta as the first student from Huntington College to be accepted there. Upon completion of his medical degree at Emory University (1955), Dr. Black entered the University of Alabama School of Medicine for a rotating internship (1966). He volunteered and served in the U.S. Navy (1956–1960), was promoted to the rank of lieutenant, and served as a flight surgeon. He worked as a staff physician at the Launceston General Hospital in Tasmania, Australia, and in the Northern Territory in the outback town of Tenant Creek. In 1960 he became staff physician for the United Mine Workers of America's hospital system, which served ten hospitals throughout Appalachia. In 1966 he set up his private practice of general medicine in Pikeville and soon became a board-certified family physician. Along with his private practice, in 1992 Dr. Black began work in the emergency department at the Methodist Hospital in Pikeville, a unit that takes care of approximately thirty thousand patients each year. Across the years he has been a member of various medical associations and local organizations, and in 1991–1992 he was voted Citizen of the Year by the Pike County Chamber of Commerce.

Dr. James S. Brashear graduated from Georgetown College, Georgetown, Kentucky, in 1957 and attended the University of Louisville School of Medicine, where he earned an M.D. degree in 1961. He served as a rotating intern at St. Joseph Infirmary, Louisville, from July 1, 1961, through June 30, 1962. Dr. Brashear performed general practice in Central City from July 1962 through February 1, 1966, and then entered the U.S. Army and served as anesthesiologist and surgeon during the Vietnam War. His experience in anesthesia and allergy, along with minor surgery and orthopedics, formed the basis for his general practice in Central City across the years. He has been a member of the Kentucky Medical Association from 1962 to the present time.

Dr. James R. Burt was born in Covington, Kentucky, in 1944. He graduated from Highlands High School, Ft. Thomas, Kentucky, and enrolled as an undergraduate student at Western Kentucky University, where he graduated in 1965 with a B.S. degree. As an athlete at Western Kentucky, he played baseball (1961–1962) and football (1961–1964). He attended medical school at the University of Kentucky and received an M.D. degree in 1969. Dr. Burt served a rotating internship (1969–1970) in Savannah, Georgia, and then moved to Bowling Green in 1970 to establish a family medical practice. He still practices there today. Across the years Dr. Burt served as chief of staff at the medical center at Bowling Green (1975–1976); as chief of staff at Greenview Hospital (1979–1980); as a member of Kentucky Medical Association Sports Medicine Board; as an American Academy of Family Practice diplomat; and as a member of Greenwood Hospital's board of trustees.

Dr. Baretta R. Casey graduated with a degree in biology and chemistry from Pikeville College in 1985 and then was accepted into the University of Kentucky College of Medicine,

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from which she earned an M.D. degree in 1991. She has received several additional health care certifications and has delivered many, many presentations about medicinal practice across the United States. She is a member of countless professional medical societies, the author of several medical journal articles, and the recipient of many awards and honors. She is a full professor at the University of Kentucky in the Department of Family and Community Medicine. A physician devoted to caring for the people in Kentucky's mountain terrain, Dr. Casey is the director of the University of Kentucky's Center of Excellence in Rural Health, located in Hazard. Previously, she was in solo private practice in Pikeville for a number of years. While in Pikeville, she devoted much time to the Pike County Domestic Violence Board and the Big Sandy Child Advocacy Center. Thanks to her work along these lines and her teaching in the medical field, Dr. Casey received the Kentucky Medical Association's Educational Achievement Award. She served as president of the Kentucky Medical Association for 2006-2007. Dr. Casey is active in the American Medical Association, where she serves on the Council on Medical Education. Because of the time devoted by her husband, their three children and two grandchildren, Dr. Casey's life has been rewarding. Thanks to them and the people of eastern Kentucky, Dr. Casey received an honorary doctorate degree from the Pikeville College School of Osteopathic Medicine. She serves on the Berea Appalachian Fund Board.

Dr. Ralph "Buddy" Cash Jr. was born and raised in Princeton, Kentucky. He graduated from Caldwell County High School in 1968. He completed his undergraduate premedical education at the University of Kentucky, graduating in 1971. He then received his medical degree from the University of Louisville School of Medicine in 1975. After a three-year family practice residency in Louisville, Dr. Cash began medical practice in Princeton, where his father, Dr. Ralph L. Cash Sr., and his grandfather, Dr. W. L. Cash, were outstanding medical practitioners. Dr. Ralph Cash Jr. is affiliated with the Princeton Trover Clinic; is a staff member of the Caldwell County Hospital; and is an assistant clinical professor in the Department of Family and Community Medicine at the University of Louisville School of Medicine. Dr. Cash has received the American Medical Association's Physician's Recognition Award for Continuing Medical Education nine times since 1982, including the year 2006. Dr. Cash and his wife, Betty, have two daughters: Emily, who works at Gouverneur Healthcare Services in New York City, and Heather, who is a law student at the University of Louisville.

Dr. Donald Chatham was born in Louisville, Kentucky, on September 25, 1926. After serving two and a half years in the navy, Chatham enrolled at Georgetown College, where he graduated in 1948 with a B.S. degree in mathematics and chemistry. In 1952 he received his medical degree at age twenty-five from the University of Louisville School of Medicine. He then served a one-year rotating internship at Louisville General Hospital. Dr. Chatham began his private practice in Shelbyville in July 1953, and he remained active there until his retirement in 1991. He was one of twelve physicians active in Shelbyville when the new hospital was opened there in 1954, and he is now the sole survivor of that group. He and his wife, Betty Jean (Lindle) Chatham, are the parents of five children. Dr. Chatham's notable professional memberships across the years include the Kentucky Medical Association, the American Academy of Family Practice, the Southern Medical Society, the Association of Railway Surgeons, and numerous other national, state, and local public affiliations. In addition, Dr. Chatham served as president of King's Daughters Hospital. In 1971, after a five-day family practice examination, 250 doctors, including Dr. Chatham, were invited by the Family Practice Board to Madison Square Garden in New York City to receive the designation of family physician, rather than general practitioner.

Dr. Donne O'Donnell DeMunbrun-Harmon was born on August 26, 1926, in St. Paul, Minnesota. She graduated from the University of Kentucky with a B.S. degree in 1948 and an M.S. degree in 1949. She then enrolled at the University of Louisville Medical School and became an M.D. in 1954. Dr. DeMunbrun-Harmon served as a rotating intern at St. Anthony Hospital in Louisville in 1955–1956 and then was in private practice from 1956 until 1985. During that time, she also served as medical director at SS. Mary and Elizabeth Hospital, Louisville (1971–1976); Parkway Medical Center (1976–1999); and the Family Health Centers, Louisville (1985–1990). She was an assistant clinical professor of family medicine at the University of Louisville Medical School (1987–1990) and was board certified in family medicine (1978 and 1985). She was a member and officer of various professional organizations across the years, and she received numerous professional awards and distinctions, including being featured in the twenty-third edition (2006) of *Who's Who in the World*. Dr. DeMunbrun-Harmon is the mother of one son and two daughters, who are well known for services rendered in their professional careers as a physician, an attorney, and a nurse practitioner.

Dr. Aubrey L. Embry was born in 1927 and graduated from Horse Branch High School, from Western Kentucky University in 1950, and from the University of Louisville Medical School in 1954. Dr. Embry interned at Good Samaritan Hospital in Lexington for one year, then moved to Millwood in Grayson County, where he remained in medical practice until 1999. The Embrys' eldest daughter and son-in-law are physicians in Corydon, Indiana.

Dr. George Estill was born in Mays Lick, in Mason County, and graduated from Mays Lick High School in 1943. He joined the U.S. Navy in 1943 and served in the medical corps as a lab technician throughout the remaining years of World War II. He subsequently enrolled in the University of Kentucky, and he graduated in 1948. Estill then attended and graduated from the medical school at Georgetown University in Washington, D.C. He served as an intern at Emergency Hospital and then as a resident physician of internal medicine at Mount Alto Veterans Hospital, both in Washington, D.C. Because of his mother's illness, Dr. Estill returned to Maysville, where he practiced medicine throughout his remaining active years. He eventually helped two other local doctors establish the Maysville Family Medical Clinic. Over the years he delivered more than three thousand babies. He was the founder of special education in Mason County and helped establish the county's Head Start program. He also served as a member of and helped to establish several area health and public boards. Dr. Estill and his wife have six children.

Information from Betty Coutant, "Dr. Estill Announces Retirement," Maysville (KY) Ledger-Independent, March 31, 1999, 1–2.

Dr. Mary Pauline Fox was born on November 9, 1931, in Artemus in Knox County, Kentucky. She graduated from Union College in 1951 and then attended the University of Louisville Medical School. She received her M.D. degree in 1956, before female physicians were accepted in the profession. While attending medical school, she became the first woman member of the ROTC in the United States. During her medical career, Dr. Fox was in general practice in Pineville and served as a health officer in Leslie, Perry, and Knott counties; as regional director for the department of public health in twenty counties; as assistant medical director of Frontier Nursing Service in Hyden, Kentucky; and as a health officer for the Pike County health department. Dr. Fox's numerous honors and awards include being named Outstanding Club Woman of the Year by the Pikeville Women's Club; Distinguished Person of the Year by the Kentucky Nursing Association; and Outstanding Citizen by Pikeville Kiwanis Club. She received honorary doctoral degrees from Pikeville and Union colleges and the Private Citizen Award from East Kentucky Leadership Foundation. She was inducted into the University of Kentucky's School of Public Health Hall of Fame, was included in *Who's Who of American Women* (first edition), and served as a board member of Jewish Sky Care.

Dr. Hal E. Houston Jr. was born in Calloway County, the son and grandson of physicians. He graduated from Murray High School in 1955, from Murray State University in 1958, and from the University of Louisville School of Medicine in 1962. He served as an intern at the University of Washington in Seattle (1962–1963) and as a resident at Mayo Clinic in Rochester, Minnesota (1963–1967). He served in later years as vice president and president of the Mayo Clinic Surgical Alumni. In 1968 Dr. Houston became a diplomat of the American Board of Surgery and a fellow of the American College of Surgeons. He was licensed in Minnesota (1963–1970) and in Kentucky (1963–present). He served in various military positions for forty-one years and received numerous military awards. He has been and is a member of numerous professional medical societies. He

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taught and continues to teach advanced cardiac life support, advanced pediatric life support, and advanced trauma life support at Vanderbilt University and other schools.

Dr. Houston has three grown children, one of whom is a bariatric surgeon in Nashville. He and his second wife, a pediatrician, have a nine-month-old daughter. He serves as an athletic team physician for Murray State University and continues to practice general surgery.

Dr. Carl Clifford Howard was born on January 5, 1888, to Dr. Thomas S. Howard and Queen Langford Howard in Summer Shade, Kentucky. He graduated from the University of Louisville School of Medicine in 1911 and began medical practice in Glasgow the following year. In 1914 he founded a twelve-bed hospital in Glasgow, but he closed it in 1917 when he entered the U.S. Medical Corps. He served in Europe until the end of World War I. After the war, Dr. Howard returned to Glasgow, where in 1921 he gave the first direct blood transfusion and the first insulin in south-central Kentucky. That same year, he and Dr. C. C. Turner brought the first radium into the area. In 1929 Dr. Howard also helped establish T. J. Samson Hospital in Glasgow. He was elected president of Kentucky State Medical Society, a group that in 1934 erected the monument to Jane Todd Crawford in Danville, Kentucky. Through Dr. Howard's efforts, six regional hospitals were established in Kentucky in 1943. In 1946 he helped create the Rural Kentucky Medical Scholarship Fund in order to recruit more rural doctors. He was elected president of Southeastern Surgical Congress in 1951. Across the years, Dr. Howard received awards from Transylvania University and the University of Louisville, and numerous awards from fellow citizens. He and his wife, Julia Franklin, were the parents of four daughters. Dr. Carl C. Howard died on June 2, 1971.

Information provided by Dr. Howard's daughter, Carolyn Howard McKinley, M.D.

Dr. Gary V. James was born on January 19, 1951, in Paducah, Kentucky. He graduated from Livingston Central High School in 1969 and from Centre College in Danville in 1973, with a double major in biochemistry and molecular biology. At that point in his career, he enrolled in the University of Louisville School of Medicine, from which he graduated with high honors in May 1977. As a postgraduate, Dr. James served a three-year residency in family practice at Good Samaritan Hospital in Phoenix, Arizona (1977–1980). While there, he was selected as Intern of the Year in 1978 and served as chief resident in 1980. Dr. James's board certification memberships include the American Board of Family Practice and the American Academy of Family Physicians. He is also a member of the American Medical Association, the Kentucky Medical Association, and the Southern Medical Association, and has teaching affiliations with medical schools at the University of Louisville and the University of Kentucky. He has been in private family medical practice at Marion, Kentucky, since July 15, 1980.

Dr. Loren J. Ledford, a native of Ashland, received an A.S. degree at Ashland Community College in 1987 and a Regents B.A. degree at Marshall University in Huntington, West Virginia, in 1989. He graduated from Marshall University School of Medicine in 1994. Subsequently, Dr. Ledford served as an intern in family medicine (1994–1995) and as resident in family medicine (1995–1996) at Marshall University–affiliated hospitals. He was certified by the American Board of Family Medicine in 1997, the same year he began private practice with a partner in Ashland Family Medicine. In 2002, still in private practice, Dr. Ledford opened Ledford Family Care, which continues to serve patients. He is also affiliated with King's Daughters Medical Center in Ashland. Dr. Ledford has faculty appointments in the medical schools at Marshall University, the University of Louisville, and the University of Kentucky. He has conducted research projects, served on numerous committees, and spoken at pharmaceutical bureau meetings, and has received numerous honors and awards since the mid-1980s. He is the friend and physician of Charlie Reliford and Greg Gibson, two major league baseball umpires from Ashland. Dr. Ledford and his wife, Amy, have a young son, Preston, and a daughter, Bethany.

Dr. Larry Maynard was born in Pike County in 1937. He graduated from Dorton High School in Pikeville in 1955 and then attended Morehead State College, Pikeville College, and the University of Kentucky. He graduated from the latter in 1968 and from the University of Kentucky's

College of Medicine in 1972. Dr. Maynard interned at Memorial Medical Center in Savannah, Georgia, in 1972–1973, then moved to Franklin, Kentucky, where he was in family practice from 1973 to 1975. Subsequently, he established full-time service in the emergency room at Bowling Green City-County Hospital. He also served as director of paramedic services for Region IV in Kentucky and as medical director of the first paramedic group at the Bowling Green City-County Hospital. He left emergency medical service in Bowling Green in 1982 and reestablished a family practice in Franklin. A member of the Zion Lutheran Church, Dr. Maynard has two children from his first marriage. He and his second wife, Judy Cardwell, have three grandchildren.

Dr. Jerry B. McKenney was born in Good Samaritan Hospital in Lexington, Kentucky, on January 11, 1926. Upon graduation from Lafayette High School, he enlisted in the U.S. Army Air Corps cadet program and then went into the army in January 1944. Upon completion of military service in 1946, he enrolled at the University of Kentucky, and he graduated in June 1950. He then entered the University of Louisville's School of Medicine, graduating in June 1954, and then served a one-year rotating internship at Good Samaritan Hospital. Subsequently, he and his wife, Betty, whom he married in 1952, moved to Marion, Kentucky, where he practiced medicine for one year before moving to Sturgis, in Union County, where he remained in practice as a country doctor until 1993. He saw forty to seventy patients each day, charging four dollars per office visit when he first began practice and twenty dollars thereafter. Dr. McKenney and Betty both retired in order to do missionary medicine in Haiti. They have four children and nine grandchildren.

Dr. James W. Ramey was born in Mt. Sterling, Kentucky, in 1928. Raised on a dairy and tobacco farm, James graduated from Mt. Sterling High School in 1946. He then attended the University of Kentucky and graduated in 1950 with a degree in zoology. While there, he played musical percussion instruments in the marching band. Dr. Ramey attended Duke University School of Medicine and graduated in 1954, then had a rotating internship in 1955 at Denver General Hospital in Colorado. Dr. Ramey served in the U.S. Air Force as a general medical officer (1955–1957). He was a resident in family practice at Bluefield Sanitorium in Bluefield, West Virginia, in 1958. He practiced in a solo family practice in Danville, Kentucky (1959–1978), and in a three-man partnership practice in Danville from 1978 to 1988. In various short-term "vacation practices" across the years, he was active in Castiner, Puerto Rico, in 1969 and 1971; Santa Rosa, Honduras, in 1977; and Navajo and Sioux Indian reservations in 1969, 1982, and 1991. Dr. Ramey has served as the Boyle County coroner since 1965, and is a member of a local brass band, the Advocate Brass Band, which he helped to found in 1987.

Dr. Robert W. Robertson Jr. was born in Paducah, Kentucky, in 1941. He attended Centre College in Danville and graduated with an A.B. degree in 1963. He graduated from the University of Louisville School of Medicine in 1974 and then served an internship and residency at the University of Louisville affiliated hospitals (1974–1977). Dr. Robertson was the director of emergency services at Western Baptist Hospital in Paducah (1977–1994). During that same time period, he was medical director of Angels of Mercy Emergency Services, Jackson Purchase Paramedics, and Education/Paramedic Training in Jackson Purchase (1977–1988). He was affiliated with Western Baptist Hospital and Lourdes Hospital, both located in Paducah. Dr. Robertson founded Doctors Nutrition System and RediCare Medical Clinics. He is presently an independent distributor for 4Life Research, which was founded in 1998, the year he retired from active practice. He has been a member of the McCracken County Medical Society and the American College of Emergency Physicians.

Dr. Forest Franklin Shely was born on June 20, 1924, in Lawrenceburg, Kentucky. He graduated from Western High School in Sinai, Kentucky, in 1941, and was class valedictorian. He attended Campbellsville Junior College (1941–1943) and was selected as Best All-Around Student. He attended Georgetown College and Washington and Jefferson University, and finished premed training at Yale University. He attended Tufts Medical School in Boston, Massachusetts, and graduated from the University of Louisville Medical School in 1949. Dr. Shely interned at Good Samaritan Hospital in Lexington (1949–1950). He then established a medical practice in

Louisa, Kentucky, with Dr. Phillip Carter as his partner. Shely, Carter, and colleagues opened the Louisa General Hospital and operated it from 1950 until 1963. In 1963 Dr. Carter moved to Campbellsville, where he practiced with several other physicians. Throughout his career, Dr. Shely served in numerous church, medical, banking, and civic organizations. After forty-seven years of practice, he retired from family practice in 1997, but he remains busy directing nursing homes in Campbellsville and Columbia.

Dr. Charles J. Shipp was born in Owensboro, Kentucky, on November 17, 1921. He graduated from Hartford High School in Ohio County in 1939, then worked at various jobs in Illinois (1939–1942). He served for thirty months in the U.S. Army (1942–1945) in Southern, Mid, and North Pacific theaters in the Air Force Weather Squadrons. He enrolled at the University of Louisville in 1947 and graduated from the University of Louisville Medical School in 1953. During the summer of 1952 Shipp served in the university's preceptor program under Dr. G. F. Brockman III, who, along with Dr. G. L. Simpson, persuaded Shipp to start medical practice in Greenville in July 1954. Working with and under Brockman and Simpson, Shipp spent forty-three years there in family practice, becoming a life member of the Kentucky Medical Association and the American Academy Family Practice. He married Martha Schultz in 1949, and the couple has two children, Ted and Barbara.

Dr. Darl B. Shipp was born on June 12, 1930, in Moores Hill, Indiana. He graduated from Mason High School in Mason, Kentucky, and attended Georgetown College in Georgetown, Kentucky. He received a B.S. degree from the latter, completing a four-year degree in two and one-half years. He graduated from the University of Louisville Medical School and then practiced medicine for forty-three years in Dry Ridge, Kentucky, before retiring. Dr. Shipp married Linda Blackburn and became the father of three sons, two of whom are twins. He has eight grandchildren.

Dr. Warren Eugene Sloan was born in Oblong, Illinois, on May 28, 1921. His father was a physician. He graduated from Oblong Township High School in 1939 and enrolled in a premed program at the University of Illinois. Because of his high academic achievement, he was permitted to skip his fourth year as a premed student. During the summer of 1943, the U.S. Army took over all medical schools, and Sloan began being paid as a medical student and serving as a lieutenant. He graduated from University of Louisville Medical School in September 1944. Dr. Sloan and his wife moved to Indianapolis, where he served as an intern at Methodist Hospital for nine months. They then moved to Iowa City, Iowa, where he served nine months as a resident in internal medicine. However, because the army had paid for much of his schooling, he served as chief of medicine and as radiologist in army base hospitals. He was discharged as a captain in early 1948 and immediately went to Paducah, Kentucky, where he established a very successful medical practice. Across the years, he served on various committees of the Kentucky Medical Association and the American Medical Association.

Information provided by Dr. Sloan's daughter, Jane Sloan, and the Folklife Archives, Western Kentucky University.

Dr. Harry Spalding was born on June 28, 1927, in Bardstown, Kentucky, where his ancestral families have lived for more than two hundred years. He graduated from St. Joseph High School and attended both Loras College in Dubuque, Iowa, and the University of Kentucky, where he graduated in 1951. He served in the army for nineteen months during 1951–1952, taught high school in 1952–1953, and then enrolled in medical school at the University of Louisville, from which he graduated in 1957. Dr. Spalding then served as an intern at Louisville General Hospital for one year. He was in medical practice in Shepherdsville (1958–1959) and then moved to Bardstown, where he has practiced since 1959, operating a free clinic since 2002.

He served as a trustee of the Kentucky Medical Association for three years and served for numerous years in various public offices, including the Bardstown mayoral office for five years. He also has helped to establish significant memorials and museums in Bardstown, especially two Civil War museums, and has authored and published the following books: *VietNam, A Time to Remember (World War II), My America*, and *Tales of a Kentucky Town*. **Dr. William L. Tyler Sr.** was born in Masonville, in Daviess County, Kentucky, on June 10, 1875. He attended public and private schools in Daviess County. He taught public school for seven years at Red Hill and Habit, beginning in 1896. On July 4, 1904, he graduated from the Hospital College of Medicine, Louisville, Kentucky, and began the practice of medicine in Curdsville, along with his brother-in-law, Dr. J. H. McCain. He also served as house physician for St. Joseph Academy while living in Curdsville. Dr. Tyler then moved to Owensboro in 1923 and began medical practice with Dr. W. F. Stirman. Dr. Tyler served as president of various local medical and community organizations. He was a practicing physician in Daviess and surrounding counties, even across the Green River in southern Indiana at times, for sixty-five years. Dr. Tyler died at age ninety-three on January 3, 1969, and was preceded in death by his wife, Laura McCain, who died on June 21, 1966. The Tylers were the parents and grandparents of physicians William L. Tyler Jr. and William L. Tyler III.

Dr. William L. Tyler III was born in Owensboro, Kentucky, on February 23, 1939, the son and grandson of local physicians. He graduated from Indiana University in 1961 with an A.B. degree in zoology. He attended Indiana University School of Medicine and earned an M.D. degree in 1965, then moved to Dallas, Texas, where he served a medical internship at Parkland Memorial Hospital (1965–1966). He then served a residency in internal medicine at the same hospital (1966–1967). Dr. Tyler served as a resident at Vanderbilt Hospital, Vanderbilt Medical School, in Nashville, Tennessee (1967–1969). During the next two years, he was in the U.S. Army and served as chief of the department of medicine at Darnell Army Hospital, Fort Hood, Texas. Upon completion of that service, he moved home to Owensboro in 1971 and began private practice with an emphasis on internal medicine, which he continues today. Dr. Tyler has been actively affiliated with medical societies and associations, hospitals, civic clubs, the Owensboro Symphony Orchestra, the Western Kentucky Botanical Garden in Owensboro, and other local organizations.

Dr. Mary L. Wiss was born in Harvey, Illinois. She lived in the Chicago area until she was ten years old and then in Columbus, Ohio, until age twenty. She entered Sisters of Charity, a convent in Nazareth, Kentucky, in 1945. Subsequently, she enrolled in Georgetown Medical School, Washington, D.C., where she graduated in 1953. Dr. Wiss then served an internship and surgical residency in Louisville, finishing in 1958. She passed the board examination for surgery and became a fellow of American College of Surgeons, a fellow of Royal College of Surgeons in Canada, and a fellow of International College of Surgeons. Dr. Wiss was a medical surgeon in India from 1950 to 1964, and returned to the United States in late 1964 because of several severe illnesses. She left the Sisterhood in 1965 but subsequently assisted in their several health care missions. From 1965 until 1969 she served as medical director at Frontier Nursing Service in Hyden, Kentucky, and she was in private surgical practice in Pikeville (1969–1990). Dr. Wiss was president of the Kentucky chapter of the American College of Surgeons for one year during the 1980s and was the first female to serve in this position.