

DIAGNOSES AND PROCEDURES AT LGH

What diagnoses and procedures were performed in these days?

What was the mortality rate?

1904-05

MORTALITY RATE 5.09%

TYPHOID MORTALITY RATE 14.6%

MEDICAL DEATHS

MENINGITIS	1 DEATH
TETANUS	1 DEATH
TYPHOID FEVER	6 DEATHS
INFANTS WITHIN ONE WEEK OF AGE	3 DEATHS
NEPHRITIS, ACUTE due to gas suffocation	1 DEATH
CHRONIC INTERSTITIAL NEPHRITIS	3 DEATHS
CHRONIC PARENCHYMATOUS NEPHRITIS	1 DEATH
CEREBRAL HEMORRHAGE	1 DEATH
CROUPOUS PNEUMONIA	1 DEATH

SURGICAL DEATHS

BURNS	1 DEATH
CRUSHED THIGH	1 DEATH
FRACTURES BOTH FEMURS, FIBULA AND TIBIA	1 DEATH
APPENDICITIS, due to meningitis	
secondary to mastoid condition	1 DEATH
INTUSSUSCEPTION	1 DEATH
OBSTRUCTION BY BAND	1 DEATH
PERITONITIS, NONOPERABLE APPENDICITIS	2 DEATHS
STRANGULATED FEMORAL HERNIA	1 DEATH
RUPTURED URETHRA WITH ADVANCED SEPSIS	1 DEATH
TUBERCULOUS ABSCESS OF KIDNEY POST-OP	1 DEATH
SARCOMA OF HIP	1 DEATH

1906

MORTALITY RATE OF TYPHOID FEVER 11.9%

42 CASES TYPHOID FEVER 34 CURED 3 REMAINING 5 DEATHS
CAUSES OF DEATHS FROM TYPHOID FEVER

INTESTINAL HEMORRHAGE	2 DEATHS
HYPERPYREXIA & EXHAUSTION	1 DEATH
PERFORATION OF BOWEL	1 DEATH
MENINGITIS	1 DEATH

DIAGNOSES 1893 - 1908

INFLUENZA	113 CASES	113 CURED	
TYPHOID FEVER	338 CASES	280 CURED	48 DEATHS

MORTALITY RATE FOR TYPHOID FEVER 11.2%

MAIN CAUSES OF SURGERY

ACCIDENTS
APPENDECTOMIES
INCISION AND DRAINAGE OF ABSCESSSES
FRACTURES
AMPUTATIONS

SURGERY AT LGH 1893 - 1908

APPENDECTOMY	248
CHOLECYSTECTOMY FOR CHOLELITHIASIS	13
COELIOTOMY FOR SALPINGITIS	39
COELIOTOMY FOR OVARIAN CYST	23
COELIOTOMY FOR OOPHORECTOMY FOR OVARITIS	72
COELIOTOMY FOR HYSTERECTOMY FOR FIBROID	33
COELIOTOMY FOR VENTRIFICATION FOR DISPLACEMENT	32
COELIOTOMY FOR ROUND LIGAMENT SUSPENSION FOR RETROVERSION	26
HERNIOTOMY FOR INGUINAL HERNIA	39
INCISION AND DRAINAGE OF ABSCESES	377
AMPUTATIONS	164
OPERATIONS ON BONES	192
EXCISION OF COCCYX FOR COCCYDYNIA	28
CRANIECTOMY FOR COMPOUND FRACTURE	14
ERASION OF FEMUR FOR NECROSIS	11
OPERATIONS ON JOINTS	42
DISLOCATIONS REDUCED	13
DISEASES OF EAR, NOSE AND THROAT	307
FOREIGN BODIES REMOVED	79
GENITO-URINARY AND RECTAL DISEASES	408
CIRCUMCISION FOR PHIMOSIS	97
CLAMP, CAUTERY FOR HEMORRHOIDS	38
EXCISION OF FISTULA-IN-ANO	54
EXCISION OF VEINS FOR VARICOCELE	28
INCISION AND DRAINAGE OF ISCHIO-RECTAL ABSCESES	16
GYNECOLOGICAL OPERATIONS	
CURETTEMENT FOR ENDOMETRITIS	165
DELIVERIES	72
PERINIORRAPHY	191
TRACHELORRAPHY FOR LACERATED CERVIX	171
TUMORS REMOVED	165
CANCER OF MAMMARY GLAND	26
SEBACEOUS CYST REMOVAL	31

MOST COMMON DIAGNOSES

1971

1. Normal delivery
2. Single newborn
3. Hypertrophy of tonsils & adenoids
4. Disturbances in tooth eruption
5. Inguinal hernia
6. Intermenstrual bleeding
7. Displacement of lumbar disc
8. Cholelithiasis
9. Myocardial infarction
10. Sterilization

1990

- Single newborn
- Coronary artery disease
- Normal delivery
- Congestive heart failure
- Lumbar disc displacement
- Rehabilitation
- Chest pain
- Repeat Cesarean section
- Pneumonia
- Hypovolemia

MOST COMMON PROCEDURES

1971

1. Vaginal delivery
2. Dilation and curettage
3. Appendectomy
4. Extraction of teeth
5. Tonsillectomy & Adenoidectomy
6. Inguinal hernia repair
7. Cholecystectomy
8. Hysterectomy
9. Sterilization
10. Cataract extraction

1990

- Vaginal delivery
- Cardiac catheterization
- Cesarean section
- Disc excision
- Coronary angioplasty
- Cholecystectomy
- Abdominal hysterectomy
- Spinal canal decompression
- Coronary artery bypass
- Appendectomy

MISCELLANEOUS

Dr. Charles Duttonhoffer started his general practice in Churchtown in 1922. He made daily round trips to LGH from 1925-1960 to the Outpatient Dept. which he founded. He drove a Model A Ford or a sleigh in the winter when he began his practice. He died in 1971.

Wm. Steinhauser worked in the Dietary Dept. for over 30 years.

Dr. Joseph Appleyard was a resident physician in 1922.

Dr. Roland Klemmer was the Chairman of the Dept. of Medicine in the 1930s and early 40s and died on May 9, 1944 on active duty in the U.S. Navy.

Dr. Ward O'Donnell suggested Evelyn Heitshu and Miss Falck were outstanding employees of the Laboratory during his career at LGH.

INTERVIEW WITH PAUL WEDEL 9/91
PRESIDENT AND CHIEF EXECUTIVE OFFICER LANCASTER GENERAL HOSPITAL

I started to work at the Lancaster General Hospital on Monday, April 3, 1964. I came to this hospital because I thought it was a challenge and Lancaster was a good place to raise my children. Previously the Lancaster General Hospital had medical directors and business managers. Ray Hall was a business manager. Drs. Roger DeBusk and Donald Smeltzer were hospital administrators.

When I arrived in 1964, the hospital had a six or eight bed Intensive Care Unit with no monitored beds on the 6th floor. The budget was \$4,000,000; For the year 1990-91 the total budget is about \$160,000,000. There were approximately 1100 employees which I cut back to 900+ employees. LGH now employs 2142 full-time and 829 part-time employees.

When I first arrived, I lived on 3rd West because my family was still in Williamsport. I had been on the job about three weeks, when one morning about 3:00 A.M. Dr. Robert Krissinger called me to report that John Weaver, the finance and credit manager, had died of a massive heart attack. That was my first big problem and the second serious problem occurred a few weeks later when two men from the Pennsylvania Department of Labor & Industry appeared to inspect the buildings. They told me that the Lime Street building had to be closed because of open stairwells, etc. We still had some patients on the first floor where Miss Anna Kensinger was the nurse in charge; the pharmacy was in the basement and the laboratory and radiology departments were on the first floor. Although one of our directors, Isaac Weidman, was able to take care of this order, it did bring to our immediate attention the fact that something had to be done with this old building. We moved the patients out of the old Lime Street building to 3rd West to satisfy the state officials. Architects were engaged and the nursing education building was developed. We tore the old building down as well as the row houses on Duke Street. The houses on James Street were torn down for parking. When this entire project was completed, there were more than 600 beds because the large wards and the maternity building were still used. The number of beds has decreased to the present day to 552 beds and 40 bassinets.

We built the North Wing and have subsequently done some other things so that we now have a huge structure with almost 700,000 square feet.

Good medicine is practiced here and I'll stack the physicians on the medical and dental staff here against anybody including physicians in University Medical Centers.

Medicaid and Medicare, Title XVIII and XIX, became effective on July 1, 1966. All of us were concerned about the potential impact on the Lancaster General Hospital. A lot of us predicted that Medicaid, Title XIX would become a problem, and it has become the problem. Medicare pays the hospital about \$.80-.82 on the dollar, while Medicaid pays us about \$.73 on the dollar. As a result, we lose \$.27 from our charges on every patient. Since our costs are probably \$.18-.20 below our charges, we lose on every Medicaid patient. We have a loss on our contractual rates. Patients

who pay personally or by private insurance pay more to offset these losses. The hospitals have played Robin Hood ever since I started in this business in 1953. At that time we received a state subsidy of \$3.00 a day when our costs were \$8-10 a day and state auditors audited our books for weeks on end. A lot of people thought that Medicare and Medicaid were going to be answers to a maiden's prayer.

Healthcare in 1991 is driven by three things, demographics, technology and economics. As a result of the economics physicians today must receive permission or justify hospital admissions or other procedures they intend to perform on patients. Some procedures must be done as an outpatient, second opinions must be sought and some things are denied. That's economics. On the corresponding balancing side, there is technology. Magnetic Resonance Image (MRI) equipment provides a fabulous and tremendous diagnostic procedure. Laboratory and other tests are done today that weren't known ten years ago. Today there is laser surgery, lithotripter machines to crush kidney stones, balloons to dilate blood vessels, etc. The list can go on and on.

In the Spring of 1986 Dr. Victor Agusta stimulated me, and I and others put together the South Central Pennsylvania Lithotripter Alliance. It was the first time that the chief executive officers, medical and dental staffs and boards from a group of hospitals sat down together and enthusiastically agreed to work together to develop a project.

Physicians who were admitted to the medical and dental staff were assigned to clinics and ward service in the hospital. Physicians on service were called when tourists or other people without a local doctor were admitted, and they took care of these patients and if they were private patients, the physician was paid. This benefit rewarded the physician who took care of charity patients on the ward who were unable to pay.

The rules and regulations of the state and federal governments and the Joint Commission on Accreditation of Health Care Organizations require physicians to do a lot of work on various committees, which takes a lot of a physician's time. The hospital started paying physicians with these responsibilities several years ago. We started with small amounts which has increased. We started with the president of the medical and dental staff when Dr. Richard Weber was president. He was extremely conscientious and I wanted to pay him, although the staff was suspicious that I might influence him if I paid him. This was untrue.

The nursing education diploma program was retained at my urging. I had been an advocate of this for years. Some people thought hospital diploma (Registered Nurse) programs should be terminated. We became affiliated with Millersville University in 1964, then Franklin & Marshall College in May, 1967 and then returned to Millersville in 1985 and we have been very happy with this relationship. It works out well for us and gives opportunity to the students. If the nurse wants to stop after she receives her Registered Nurse Degree she can, and if she wishes to continue for a year academically at Millersville, she can obtain a Bachelor's Degree in Nursing. This is a good reservoir of nursing resources for the hospital as 45-50% of our graduates become employees of Lancaster General Hospital.

The small Intensive Care Unit (ICU) that was here when I came was enlarged. Then we built the North Wing and created ten beds for medical and ten beds for surgical patients, who required intensive care. The medical beds were closed and the surgical beds were like an open ward. Then we built an addition on the Stauffer Wing and we put thirty beds (15 surgical and 15 medical) over there. These were the only monitored beds. At that time we converted the beds in the North Wing to Intermediate Care Unit (IMCU) beds, a step down. Now we have monitored beds on 5East, 5West, 5North, Recovery Room, ICU, IMCU and the Neurosurgical Trauma Unit, and we're going to increase the latter two.

The open heart surgery program has been one of the big things that happened at the Lancaster General Hospital. A lot of people said it was going to rock the boat and become the controlling factor. People believe cardiology combined with the surgical program has given this hospital a reputation as a heart institution. The greatest revenue to the hospital comes from cardiology and cardiac surgery.

Neurosurgery and orthopedic surgery are outstanding here. Radiology is the greatest. I have never heard a disparaging remark about the Laboratory, Anesthesia or Radiology Departments. We now have six pathologists compared to one pathologist thirty years ago. We also have a frozen blood program which has been very good. We now do invasive procedures in Radiology. The James H. Steinman Foundation has been very good to us in the Radiation Department. Now we have computerized axial tomography and magnetic resonance imaging.

The Trauma Center is very rewarding. The trauma area and some of the things that the neurosurgeons and orthopedists do, are remarkable. Victims of automobile accidents have a much better chance of total survival than ever before.

The technology in surgery is unbelievable. Ten years ago 15% of our surgery was performed on outpatients; now it is 40-45%, and it's going to increase.

When I was talking to a civic group about our campus, people wanted some predictions of the future. I said, "I don't know. Technology and economics drive this healthcare business." If we don't slow the rate of increase and keep the cost of medical care down, the public is going to get even more upset about it, and they're upset now. There will be more and more restrictions and more and more demands on the entire healthcare system.

We can't get qualified help and we are "cannibalizing" ourselves. Nurse anesthetists get \$50-55,000 a year to start if they can be found. If we want physiotherapists or pharmacist or other specialists in the medical field, we must dangle a bigger carrot in front of them. These are all people, and we're not generating any more people, so we're cannibalizing ourselves.

One of the best things we ever did was create "three levels of nurses" several years ago. One level of nurses works in the clinic eight hours a day, five days a week. Grade two consists of the nurses on the medical and surgical floors. The highly skilled nurses work in the ICU, IMCU, etc.

They work Sundays, weekends, nights and holidays. They must be junior engineers, know how to read and interpret all of the technical equipment, and have many skills. We can always fill the vacancies in the clinics and the operating rooms. Trying to fill the needs in the CCU's and IMCU's - that's a different story. I would say that is one of the smartest things we ever did.

In 1966 we placed the Emergency Physicians under contract to staff our Emergency Room. Now we are the Regional Trauma Center and pay surgeons for trauma care during his/her on call time for trauma. He may do medical records, make rounds on his patients in the building, etc. He must stay in the building; there is an on-call room in the building for him.

The Renal Dialysis program, established in 1972 by Dr. John Schubert is hospital based. We've advanced a couple of generations in the dialysis machines we use, so that now the time a patient needs to be on a dialysis machine has decreased from six to two or three hours.

The John Steinman Foundation gave the hospital money to purchase an operating room microscope so that the neurosurgeons can now do micro-craniotomy procedures.

TPA or streptokinase have had tremendous effects on patients here.

The intern-resident-education program has advanced a lot from Dr. Henry Miller to Dr. John Esbenschade to Dr. Nikita Zervanos. Dr. Zervanos should receive a lot of credit for getting such a good Family Practice Residency Program started and well established here with a nationwide reputation. Some people think it's a waste of time and money, but I think it has done very well for us. I don't think we should have another residency program. We might borrow a resident from Hershey or a Philadelphia or Baltimore Medical School for a period of time, but not have a full-fledged program in another specialty.

The Oncology and Physical Therapy and Rehabilitation areas have improved, but need further improvement.

In terms of record keeping, we've gotten dictating systems that we didn't have previously. I think that we will eventually put medical records on compact disks - just like you have disks for music. We have experimented with it a few times and the difficulty is the copying process. All of these disks will be in a "jukebox". If a patient has been admitted in the past five years, you will be able to pull up the entire record and view it at the Nurse's Station. The physician will be able to get this information, laboratory reports, etc. in his office the same way some now get financial information, if the doctor is willing to spend the money for the line. This system will be available in the next five years and it will grow.

The Outpatient Department is going to grow and grow and grow because of the technology and the economy. In the near future, an expectant mother is going to come into the hospital in the morning, have her baby and go home in the afternoon. A pregnant woman is not sick and is not going to stay in the hospital.

The Labor, Delivery, Recovery, Postpartum Program has been very successful. This program and the Women's Pavilion have increased the census of women at LGH. We were having between 2200-2300 births a year and this year we're up to 3000-3100 as a result of the above. It's a better place. It's attractive and it's nicer. Women like to be by themselves and have some privacy. In the year from June 1946 - June 1947 before the birth control pill there were 2439 births at the Lancaster General Hospital which was second only to Philadelphia General Hospital in the state of Pennsylvania.

There has been a lot of progress in Ophthalmology with lens implants and laser surgery.

The Lancaster County Council of Churches started the chaplaincy program here and paid the ministers. We have had several chaplains. They have been fantastic and there are now two full-time chaplain employees of the hospital.

It concerns me that some children don't get their immunizations. It's a tragedy and I don't know what we can do to convince the uneducated and the Amish. Then there are some who don't want to spend the money for them and some don't do anything about it if they aren't hurting.

The Gray Ladies began during WWII and are associated with the Red Cross. We probably have the largest group here. Some of the women you can depend on just like, you know, the sun is going to come up in the morning. Alma Mueller used to come in every Saturday. You can always depend on Petie Foster and Carrie Steinman and John Shirk's mother and Lucy Hartman and on and on. We rely on these women. They maintain an interest out in the community for us.

"How are conflicts resolved?" Bill Adams asked me this question the other day.

Some of them I don't think will ever be resolved, but I think as I said to Bill, and Vic Augusta was sitting there, "Vic had his point and I had my point. He'd push me as hard as he could and I pushed him as hard as I could and we'd come to - I won't say that either of us was satisfied- but we came to a level of understanding. That's what we did. I think it was true with Dick Weber. It was true with "Hoppy" Jones and Marlin Wenger. It was true with Ward O'Donnell. It was true with Ian Hodge, Tom Stuart and other Presidents of the Medical Staff. I don't think either one of us ever won about some things but we pushed each other as far as we could. And when we couldn't push anymore, we had an understanding. And that's what happens."

One of the biggest mistakes we ever made was not building a physicians' office building here on this site. I think it was a mistake - a serious mistake. It should have been done. Paul Wedel is not going to control the medicine. You can go up and down this building. Ask Gerry Faus if I ever controlled how he practiced medicine - or Bill Young down in Radiology - or Bill Porter, John Eshleman or John Schubert. I've never controlled how they practiced medicine. It never has happened. There's a big mystic out there that Paul Wedel is going to control the practice of medicine. Anything that I've ever done here has been done to try to make this a better place for the patients tomorrow than it is today.

I don't think we're going to have National Health Insurance for at least five years. We've got to reduce our costs - our charges. I hear all of these national statistics and all the money we spend on healthcare as far as our gross national product (GNP). We have some of the highest infant mortality rates. I don't know if other countries have the same drug problems that we do. I'm sure they don't have the same handgun problems that we do or suicide rates of youngsters that we do. We have to take automobiles away from people who drive and drink. That's all there is to it. We've got to do it! If you drive and you drink and you kill somebody, then no more driving, period. It's got to happen and that's just. Those are symptoms of what I'm talking about. "We've got to bite the bullet," as Gerry McManus says, "Instead of sucking on it." We've got to make some of these hard decisions. In England and Sweden, you can't do those things.

DR. CHARLES PATTERSON STAHR

Dr. Charles P. Stahr was Division Surgeon of the 28th Division and retired as a Brigadier General in 1941. He was the Medical Director of the Lancaster General Hospital from 1919 to 1940. He was Secretary of the Lancaster City & County Medical Society from 1916 to 1952. He was the Medical Director of Armstrong Cork Co. for 36 years. Dr. Stahr was a living example that if you want a job well done, give it to a busy man.

Dr. Charles P. Stahr was born in Lancaster on April 27, 1877. He was educated at Franklin & Marshall Academy, Franklin & Marshall College and received his medical degree from the Medical School of the University of Pennsylvania in 1900. He married Ruth Clark whom he had met while interning at the Methodist Episcopal Hospital of Philadelphia in 1900-01.

Dr. Stahr returned to Lancaster to begin his medical practice and joined the Medical and Dental Staff of the Lancaster General Hospital. In 1902 he spoke at the cornerstone laying of a new building at the hospital in the absence of Dr. Theodore B. Appel, Medical Director, who was attending a meeting of the Pennsylvania Medical Society. In 1903 the first laboratory was established at LGH with Dr. Charles Stahr in charge. As many general practitioners did in those days, he did a fair amount of surgery consisting of cholecystectomies, appendectomies, herniorrhaphies in addition to incision and drainage of abscesses, repair of lacerations and care of fractures.

In 1919 he became Medical Director of the Lancaster General Hospital, a post which he held until 1940. At that time the Medical Director was the administrator of the hospital with the help of a Business Manager. He was general supervisor of professional and technical affairs of the hospital and passed on all requisitions of a technical nature from any department. In 1936 there were four Departments: Internal Medicine, Surgery, Obstetrics and Eye, Ear, Nose and Throat.

Dr. Irene Davis says that Dr. Stahr and three interns including Dr. Davis provided artificial respiration for a 12 year old girl with polio who was unable to breathe on her own. They spared each other for three days and Dr. Stahr, Medical Director, did his share. They were hoping to tide her over until she could regain breathing herself, but this never happened and she died. This was before iron lungs were available.

Another story told about him occurred in the Receiving Ward - the name for the Emergency Room. Dr. Stahr was a tall, thin, erect individual who usually had a stern expression on his face, the picture of a military officer. Many of his patients held him in awe - but not so children - they loved him and he loved them. Though of grim countenance he did have a good sense of humor which was not always recognized. He was seeing a patient with a broken arm. He had reduced the fracture and he asked the student nurse to get him a splint. The student nurse opened the cabinet where the splints were kept and all of them fell out on the floor. While she was stooped over to pick them up, she looked up at him and burst out, "You laughed."

He joined the Pennsylvania National Guard and drilled his military unit on the campus of F. & M. Academy riding his favorite horse, Roxy, and marching up and down the athletic field. He kept

his horse in a stable across from Sacred Heart Church. As a member of the Pa. National Guard, he served in the Mexican border conflicts in 1916. He organized the 111th Ambulance Co. of the 28th Division of the Pennsylvania National Guard in 1917 and led the local unit through some of the fiercest fighting in WWI. He was known as "The Skipper" to many local doughboys. In 1956 the local National Guard Armory was named in his honor and he was appointed a Brigadier General. Soon after being called to active duty as Division Surgeon of the 28th Division in 1941 for WWII, General Charles P. Stahr was retired at 65 years of age.

Always interested in community affairs, he became the first Medical Inspector of the Lancaster Public Schools and during his tenure introduced the first vaccination and immunization program against diphtheria for the pupils. For several years he also lectured on Anatomy and Hygiene at F.& M. College following the death of Dr. Martin L. Herr in 1902, who had revived the Department of Anatomy, Physiology and Hygiene.

As Secretary of the Lancaster City Board of Health, a position which he held for many years, he wrote Lancaster's first Pure Milk Ordinance which became a model for other Pennsylvania communities. Dairymen fought against the law which required pasteurization and testing of herds for bovine tuberculosis. The case was contested through the courts and Dr. Stahr won. He also made regulations about meat handling in the city markets and improved the sanitary conditions in restaurants. He was responsible for the construction of the filter plant ending the use of unfiltered water by city residents.

He was a member of the American Medical Association, Pennsylvania Medical Society and the American College of Surgeons. Other posts which he held included physician to the Reading Railroad, Medical Director for Civil Defense, President of the Alumni Council of Franklin & Marshall College and a member of the Alumni Athletic Council of that institution. He was deputy coroner for the city of Lancaster for more than two decades.

As the Medical Director for Armstrong Cork Co., he instituted a plant dispensary, a visiting nurse service for employees and round-the-clock nursing service.

He was one of the first physicians to own an automobile. His first car was a Maxwell and at one time he drove a Stutz Bearcat.

Dr. Appleyard once said of Dr. Stahr, "You may not always agree with Charlie, but there's no question of where he stands."

INTERVIEW WITH WILLIAM JEFFERSON AND KATHY HARRISON

William Jefferson started his work with the LGH X-ray Dept. in 1966. In February 1966 there was a big snow so people were unable to get to work. John Sturgeon and Betty Dommel walked to work - a significant distance to provide service to the hospital. Betty Dommel was a very devoted employee.

At that time the main thoroughfare went through the X-ray Dept and disrupted the work of the X-ray Dept.

There was a ramp at the entrance to the X-ray Dept. Bob Dennison would stop the wheelchair at the head of the ramp, push the wheelchair over it and then slide down the ramp sliding his feet so the color was worn off of the tiles on the floor. When student x-ray technicians pushed patients down the ramp, it took all of their weight and strength to hold back the patient and the wheelchair going down the ramp.

An orderly who transported patients abused alcohol. Methylene blue was used in alcohol and alcohol sponges to deter this activity. He was noted for taking a patient down the short (the stairs were low stairs) wooden stairs at the corridor intersection between X-ray and Pathology in the Lime Street building in a wheelchair.

Paul Eyler had a view of a new facility for the X-ray Dept. and one of the functions assigned to William Jefferson was to design a new X-ray Dept. Dr. Eyler and Bill Jefferson spent many evenings until 9 P.M. arranging designs for this new department sketching many drawings and concepts.

When it was presented to Mr. Wedel, the location was not the place he would have liked it. It is now located on the Ground Floor which has proved to be the most desirable location for the X-ray Dept. This was the time that it was determined to place the X-ray Dept. and the Emergency Room in close proximity on the Ground Floor.

It was designed with a central service area and arranged so that it could be expanded like a book. In the second phase there would be two entrances - an inpatient and a separate outpatient entrance - which came to fruition in 1975. Kathy Harrison says that she has been told that no X-ray Dept. has been laid out as well as our Department which is practically all contained on one floor. Mr. Jefferson was the Director of the X-ray Dept. for 15 years and is responsible for making it the way it is.

We now have 28 students in the School of X-ray Technology. We are certified to handle 30 students - 15 in each class. We have graduated over 220 students. A very high percentage have completed their board certification -95% - which is very good compared to other training programs. One of the products of this school was an outstanding technologist, Kathy Harrison. We are looking

at what we need to do to expand our School of X-ray Technology to 20 in each class because X-ray Technologists are in such demand. This program is not affiliated with a college. It is a two year self-standing program at this point. It started with a basic radiology training program. Nuclear medicine was added and it was affiliated with Harrisburg Hospital and Millersville University. Ultrasound was added in cooperation with Episcopal Hospital; radiation therapy was annexed in cooperation with Misericordia Hospital. Now they are working on adding angiography.

Portable x-rays were provided outside of the Lancaster General Hospital in 1977. This service was very much needed and 293 patients took advantage of this service during the first year, 1977.

The Magnetic Resonance Imaging began at LGH in 1985. The Rohrerstown Diagnostic Imaging Center opened in 1986 as a joint venture with the LGH Services Corp. and the Lancaster Radiology Associates. LGH has also set up x-ray centers in Crooked Oaks in 1976-78 and at Willow Lakes in 1987.

Dr. Dwayne Goldman came to LGH X-ray in 1966. Equipment was purchased so that angiography, cardiac catheterization and insertion of cardiac pacemakers could be done. All of these things were performed in the X-ray Dept. When Dr. John Esbenshade arrived in 1968, cardiac catheterization was begun. The first cardiac catheterization was done by Drs Goldman and Esbenshade with the help of William Jefferson and John Spurgeon; the catheter was placed in the right heart at that time. In 1971 coronary angiography was being done by Drs. Goldman and Richard Mann with the coronary arteries being catheterized for the first time at LGH.

Dr. Emmet Cooper began Nuclear Medicine - Wm. Jefferson was the first certified nuclear medicine technologist.

Dr. William Young wanted to do a decubitus view of a patient's chest. The patient was on a fiber board and it was thought that the patient was balanced perfectly. The Franklin changer caused some vibration of the board on which the patient was lying. The patient became unbalanced and the patient and the board slid off of the table. We got the patient and the board up again and she asked us to warn her when the board was going to move like that so she could be prepared.

In 1973 Dr. William Young started using ultrasound. Robert Hess, an x-ray technologist, became very involved in this area and marketed this service to physicians. He performed ultrasound studies of patients with gall bladder symptoms free of charge for physicians at that time.

The X-ray Dept. is fully staffed 24 hours a day, 7 days a week. The technologists are committed, hard working people. Ms. Kathy Harrison is the Administrative Director.

Dr. Andrew Koch had started a School for X-ray Technologists in 1960. Dr. Paul Eyler, Chief of the Radiology Dept. promoted a division of diagnostic and therapeutic radiology. This change was begun by the hiring of Dr. John (Jack) Ebersole as a full time radiation therapist. The gift in 1970 of a cobalt unit for therapy and the installation of the Linear Accelerator in 1972 in the James Hale

Steinman Radiation Center as gifts from the Steinman Foundation placed LGH in the forefront of cancer therapy by radiation. A second linear accelerator, one of only six in the nation, was purchased in 1982 to replace the cobalt treatment equipment that had been used since 1970.

Diagnostic radiology was also undergoing rapid and dramatic changes during this time. Dr. Andrew Koch says, " the discovery of X-ray was the most important medical advance in history. Prior to that there was no way of knowing what was inside the body except by seeing and feeling. X-ray has essentially opened the body up."

An entirely new field was started at LGH with the purchase and operation of a MRI (Magnetic Response Imaging), which was a joint venture of LGH Services Corp. and the Lancaster Diagnostic Imaging Associates.

It became apparent in the 80's that off-site imaging centers were becoming quite popular. In conjunction with the Lancaster General Hospital Services Corporation, the Lancaster Radiology Associates established the Rohrerstown Imaging Center in 1986. An MRI became operational at the Rohrerstown facility in 1991.

X-ray and Laboratory Facilities were established by LGH at Crooked Oak Medical Services in the mid 70's and in 1987 at Willow Valley Lakes Healthcare.

In 1955 there were two radiologists; in 1991 there are 19.

In 1985, there were divisions of general diagnosis, radiation oncology, special procedures, nuclear medicine, ultrasound, neuroradiology, CT, MRI, and mammography. In the 1950's about 50 patients were seen each day in the X-ray Dept. In 1990, approximately 450 patients are seen in one day.

In 1965 there were 25 employees; in 1991, 140 employees work in the X-ray Department. In 1965, 30,000 patients were seen in the X-ray Department. In 1990 over 200,000 patients were seen and almost 221,000 procedures were performed.

INTERVIEW WITH NURSES
ANNA MARY DINGS, ANNA MAY NYE AND ANNIE KENSINGER

Dr. Wentz: Tell me a little about yourself.

Anna Mary Dings: I was Anna Mary Eshbach and I was born in Manor Township. My father died at the age of 42 when I was 18 years old. When my father died, my mother was left with three children. I graduated from Millersville High School. I think it was decided that I should become a nurse. Our family physician, Dr. Smith? said that I should become a nurse rather than go to work in the watch factory. That was fine with me. I went in nurses' training at the Lancaster General Hospital in 1925 and graduated in 1928. I did general duty on women's surgical ward for 6 weeks and then I went to Chambersburg as a night supervisor in 1929 and 1930. I came back to Lancaster and went to work in the Operating Room in 1930 to the fall of 1931. I was married and stopped nursing. I had three children. In 1939 I went back to work. I did general duty on nights with Mrs. Owens. In 1942 I became a supervisor on the second floor of the Lancaster General Hospital and worked during the day. I was a supervisor until 1969 and then I was demoted and was the head nurse on 4th West until I retired in 1971.

Anna Mae Nye: I lived on a farm all of my life, Marietta RD1, and in 1926 I graduated from Maytown High School. In 1923 I was a freshman in high school and I was a patient in Columbia Hospital with a perforated appendix. I was in the hospital for 23 days and during that time I decided if I was a nurse I would do so and so. Also, another girl in my class went into nurses' training at St. Joseph's Hospital. October 1, 1926 I came in nurses' training at the Lancaster General Hospital and graduated in 1929. I did private duty for six months, which meant I waited and waited for a job because it was during the Depression and there wasn't very much private duty. In March 1930 I was called to come on duty as a floor nurse for 3rd Old. This nurses' station provided nurses for private rooms, four beds in a boys' ward and EENT Operating Rooms. Along with that position I was a circulating nurse in the Operating Room in Eye, Ear, Nose and Throat.

In 1931 I was supposed to go on vacation in September and Dr. Stahr, Medical Director, said to me, "You go on vacation now, but when you come back you will be going to work in the Operating Room."

I said, "I don't want to work in the Operating Room." In those days you did as you were told. I was the circulating nurse in the Operating Room and relieved Anna Mary Dings. In 1936 the Operating Room Supervisor left to get married. I became the Operating Room Supervisor that year and continued to 1973 when I retired and returned to Maytown to live.

Anna Elizabeth Kensinger: I lived in Leacock and went to Upper Leacock High School. Since this school only had a two year high school I finished my high school education at New Holland in 1930. I wanted to be a nurse from the time I can remember. My mother was very strict and said, "No way are you going to be a nurse; the work is too hard." But what else was there to do. I went to business

college and I hated every day of it. Business college was bookkeeping, typing and shorthand. I finished during the Depression and it was hard to get a job. I worked over the holidays at Shenk's tourist office and when the work was taken care of, they closed down. Later my aunt needed a girl in Strasburg to help in the greenhouse and do some housework. I worked there for three years and came home on weekends. While I was there my aunt developed cancer.

While I worked there, my mother finally consented that I could go into nurses' training. She knew I was determined and she had no other choice. I sent applications to Reading General and Lancaster General Hospitals and was accepted at both. My mother said, "You are going to Lancaster. That is closer to home." I was out of high school from 1930 to 1937. I went into training and graduated in 1940. I was the head nurse on men's medical and then was transferred to men's surgical ward. I was there until the new wing was built and then I went to 4th West. I retired in 1973 and I was never sorry that my mother gave consent that I could go into nurses' training because I was really happy

Dr. Wentz: Tell me about nurses' training in those years.

Nurses: The first year of nursing school we went on night duty. We were responsible for the whole floor and we had to obtain narcotics from Mrs. Owens, the night supervisor. The nurses from other floors came down to Men's Surgical Ward to get their narcotics for the night. The nurse on Men's Surgical was responsible for narcotics, giving medications and all other duties. If the narcotics count didn't come out right the next morning, it was too bad. It was a responsibility, believe me. Besides giving your own medications, you might be interrupted and you were taking care of the other floor's nurses wanting their narcotics and you had to drop what you were doing and go get them. You had to really keep your wits about you that you didn't make any mistakes. We always thanked the good Lord every morning when the narcotics count came out right. We really did have responsibilities as student nurses.

Dr. Wentz: How did you do all of this?

Nurses: It was dedication. As student nurses we were not responsible for the blood pressures; the interns were responsible for this. After a surgical operation, the patients were first on nothing by mouth, then liquids. When a patient was gotten out of bed the first time many fainted for lack of nourishment. In those days nursing care was a lot of tender loving care (tlc). For patients with pneumonia, we had to push their beds out on to the sun porch and put up the windows so they could get fresh air. We had to fluff up the pillows and straighten out the bed sheets on their beds. Every morning we had to damp dust the ward with Lysol solution and wash every table and bed stand. We didn't have nurses' aides. Some of our classes during our training were from 8 to 9 A.M. You came off night duty, went to breakfast and went to class at 8:00 A.M. In the afternoon you had to get up again for a couple of classes before we went back to duty at 7:00 P.M. We worked 12 hours from 7 P.M. to 7 A.M. when we were on night duty. On day duty we worked from 7 A.M. to 7 P.M. with 2 hours off (usually 2-4 P.M.). We had a half day off a week and every other Sunday and a weekend once a month. As a supervisor we had to make out the schedules for the student nurses on our floors.

Miss Nye: I was on call one Saturday night. Dr. John Atlee, Sr. called me on the phone and said, "Miss Nye, I have a patient with a stab wound of the heart and surgery must be done immediately. Unfortunately, I must go to St. Joseph's Hospital to operate and Dr. Atlee, Jr. is going to do it." I got out of bed and went to the Operating Room. Dr. Atlee, Jr. was there and the patient was there. Dr. John Atlee, Jr. said, "Just give me the instruments the way you think without taking too much time." I gathered the instruments and put them in a dose of alcohol and the anesthesiologist said, "I'll carry them down to the room and said to the student nurse, 'Put these right out on the table.'" Well, we got going on the case and the patient was absolutely gone with no reaction at all from the patient. We operated. The thing I remember about it was that Dr. Atlee, Jr. had that heart in his hand and I could see the heart beating and he sutured it. Later I saw something in the paper about it. That was a Saturday night and that patient talked to us before he left the O.R. There was no reaction from the patient at one time, but the patient survived. At 4 A.M. Dr. Atlee, Jr. called again and said, "I have another patient that has to be done." So we got up again and did another operation.

Many years later, Dr. Atlee, Jr. called me and said, "Miss Nye, do you remember the patient we did the heart operation on."

I said, "Yes, I do."

"That patient just died over at St. Joseph's Hospital and they are going to do an autopsy on him. Would you like to come over?"

"Yes, I would, but I don't think I can."

Dr. Wentz: How were infectious diseases treated before antibiotics? What did you do for pneumonia?

Nurses: We pushed them out in the sun porch to get fresh air. Sometimes we used an oxygen tent. I remember when penicillin first became available. It was a miracle and a joy to see that temperature nosedive within 24 hours. It was a miracle drug. There is no doubt about it.

Blood transfusions were done in the Operating Room. Donor and recipient were in beds side by side. The doctor was responsible for blood transfusions and the intern was there as well as two nurses. There was an apparatus between the two. One was the syringe taking blood from the donor and then the blood was transferred over to the patient. The syringe acted as a measuring device. They put something in the syringe to make the solution go smoothly and the procedure took two hours.

We used tap water for proctoclysis and a saline solution for hypodermoclysis. We made the intravenous solutions in the operating room.

Every day before we went off duty we had to make sure there were sterile supplies as surgical gloves, gauze, cotton balls, etc. Before we went off duty, even if it was after 7 o'clock, if the supplies were not made, we sat and made them and took them to the Operating Room to be autoclaved. One

of the supervisors always said, "We need to have supplies if we ever have a train wreck." We never had a train wreck while she was here.

You know the square tapes and the long tapes that are used. We made them, sewed them and put a long tape on the end. These were gauze with tapes on the end. We'd count them. We'd fold them and cut the gauze. We had an electric cutter and then the student nurses would fold them and I'd sew them on the sewing machine. We had a sewing machine in the Operating Room. We did this on Sunday afternoons. If an emergency arrived, we'd stop what we were doing and take care of the emergency. We were on call from 3 P.M. on Saturday afternoon until 7 A.M. Monday morning. And Monday morning at 7 A. M. we got up regardless of how much emergency work we had over the weekend and worked until 3:30 P.M.

Dr. John Atlee, Sr. had a patient on whom he performed a hysterectomy. When the sponges were counted we were one short. I counted again and they were still one short. At an autopsy years later the sponge was found in the vagina. I was right. Dr. Atlee came and told me. If he told you that he needed a sponge and you said you didn't have it and you kept insisting and you were right, he would give you a 2 lb. box of Miesse's candy.

We mopped the floor in the big wards every Friday afternoon before the visitors arrived to make sure everything was clean. In the morning we bathed the patients and damp dusted the ward with Lysol solution, washing every chair, table and bed so that there was no infection. We scrubbed the bed pans and urinals and placed them in the large sterilizer to be sterilized.

We had a clothes closet in the back of the ward. When the patients came into the ward they would undress, tag their clothing and place them in this closet. I remember an orderly, Chester, got the clothing for an Amishman. The orderly placed the hat on his head and everybody in the ward roared with laughter. He carried on like that many times and that was therapy for the patients. Better than anything that could have been done for them.

On night duty I had a diabetic patient who had a gangrenous foot and cradle over his leg. I made rounds every two hours. I had checked the patients in the ward and went out to check the patients in the private rooms. When I returned the man and cradle fell out of bed. I flew in there and I picked him up and put him back to bed myself. I don't know how I ever did it. The next morning the other men in the ward said, "I don't know how you ever did that alone." I think I was so frightened and scared that I wanted to get him back. I couldn't have called anyone because I felt I had to get him back in bed and I guess the good Lord was with me and gave me the strength to do it. I felt bad about things like that because I had to report them to my supervisor and you never knew whether you would get a black mark for it, but she was very understanding.

My first night on the Ear, Eye, Nose and Throat floor, I had this patient who had just had a cataract operation. At that time cataract patients were flat on their back in bed with sandbags at each side of their head for at least three days. While I was in another area checking on another patient, this cataract patient, who was an alcoholic, got out of bed and was lying on the floor with the sandbags

scattered in all directions. I had to report this incident to the night supervisor, Mrs. Owens. I was horrified because I thought I'd probably get kicked out of nursing school and I didn't know what the doctor, Hess Lefever was going to say. I called Mrs. Owens and she said, "Oh, don't worry about that. I'll tell Dr. Lefever and let you know tomorrow night." She told me the next night that Dr. Lefever said, "He'll probably get along better than some patients that are immobile." And he did.

I went into the diet kitchen. When we started in training we had to help set up for breakfasts. As the weeks went by we were graduated to different duties; some had to make desserts, some were responsible for the chicken and some were responsible for the vegetables. Still later we had to help prepare the dinners. There was a very large electrically operated stainless steel potato masher. The girl that was assigned to prepare the dinners had cooked the potatoes and they were ready to be mashed. She put them in the potato masher and turned the switch too high. These whole potatoes started flying out of this large container all over the diet kitchen and out into the hall. Drs. Solomon Pontius and Appel, surgeons, were walking by. Dr. Pontius said, "My God, what is happening in there?"

The poor girl was so excited and said, "I don't know what to do." The supervisor was so mad at her with potatoes flying in all directions.

A man came into the Emergency Room and was intoxicated. I called the intern and said to him, "You have a burden down here." That was the wrong thing to say. The patient got really mad at me. I thought he was going to hit me.

I lived in the nurses' home the whole time it was being moved. It took weeks and weeks and months to jack up the nurses' home. We were without water one night.

Prior to 1938-40 all of the Operating Room notes were hand written. While the surgeon was closing the incision, he would dictate to a nurse what was done to the patient. And then the operating room nurse made a record of that to be placed on the chart.

INTERVIEW WITH VELMA HART

I was born and raised in Mt. Nebo. I was transplanted into the Lancaster area during my first year in high school to the Manheim Twp. area and graduated from Manheim Township High School in 1937. I think, at first I thought about being a teacher. I became familiar with medical care through the illness of my father. I was ten years old when my father died. I believe that gave me the idea - I felt comfortable with sick people, etc. My first year in high school, I decided I wanted to go into training to be a nurse. At that time you couldn't enter nurses' training until you were 17. Since I was too young, I went to Millersville Normal School for one semester. I think that experience also told me I didn't want to be a teacher.

I entered Lancaster General Hospital Nursing School in March, 1938. In those times, they had two sections in each class, so that some started in Sept. and some in March. There were 36 in my class; 12 in my section. If you were married, you could not be a student nurse. We had a probationary period for six months during which we had class work. After that our training was on the floor and work in class. The length of the school work for a R. N. degree was three years. We had 12 hour duty 7-7. We learned how to take care of the patient. There were not all the technical things and all of the equipment that there is at this time. The medications were very few in comparison to now. We gave an awful lot of patient care. After an appendectomy, the patient was in bed for 10 days; then you dangled your feet and eventually were allowed out of bed. We gave all of the care; there was nobody else to help you - no nurses' aides, LPN's, etc. There were a couple of orderlies. We served the trays and fed the patient if they had to be fed. We made the beds. There were many more bed patients. There were not many ambulatory patients. They became ambulatory a few days before they went home. We had very ill patients at that time with pneumonia, etc. We had no antibiotics at that time. I graduated in 1941 and some of the new drugs were just beginning. We used mustard plasters, oxygen tents, and some antipneumococcal serum.

We gave direct transfusions in the 30's. I remember that the donor and patient were hooked up. I think it was done in the operating room under the supervision of the laboratory technicians or workers. The nurses did not have much to do with that.

Student nurses even at the end of the first year were in charge of sections of the hospital at night with an occasional supervisor on duty. During the day there were graduate nurses on every floor. Student nurses also made up supplies, cotton balls, gauze, etc. and saw that everything was sterilized. Miss Aucher was in charge - there was no central supply - and she always said, "Keep plenty of supplies on hand in case there is a train wreck." Fortunately there never was a train wreck.

Student nurses went to The Lancaster County Hospital for their rotation in Psychiatric nursing. There were several typhoid fever patients in the hospital during my training years. Homes for nurses were the FonDersmith Home at the corner of Lime and Frederick Streets, and the Frain and Bowman Houses on Lime Street. Ray Hall was the hospital manager and Sarah Rinehart was the Directress of Nurses.

We used to "baby" patients by doing everything for them, whereas now they must do things for themselves, which is much better for them. Private Duty nurses really waited on patients hand and foot. We did not rush patients as they do now. We knew our patients better, had more contact with them and it was a more personal relationship. We were closer to our patients.

After I graduated I went into Public Health and went to Philadelphia. I worked as a nurse in Phila. and went to the University of Pennsylvania and got my degree, B. S. in Nursing. I worked in Phila. for four years. Then I returned to Lancaster and did Public Health Nursing with the Tuberculosis Society. I worked at Rossmere Sanitarium. We had mostly wards with a few private rooms for the very sick patients. All patients had positive sputum for tuberculosis when they were admitted. Before I arrived at Rossmere, I think there may have been a few personnel who contracted tuberculosis, but during my time, the patients were so well trained how to care for themselves that I don't think there was any direct contact of tuberculosis that was known among our personnel. Treatment previously had been sunshine and fresh air and rest. By this time it was believed that the people who were helped by vacations at the seashore and mountains probably benefitted more from the rest. Bed rest was the main treatment. Diet high in calcium was also believed to be beneficial, so milk and eggs were emphasized in their diet.

The main emphasis was spent on the spread of the disease; the family and close contacts were studied and watched for any sign of disease activity. This was mainly done by skin testing and chest x-rays. Since so many people had positive skin tests in those days, chest x-rays became the main diagnostic tool.

The average stay in Rossmere was 2-3 years. Pneumothorax with Bed rest was the main treatment. Streptomycin became available in the early 50's; later isoniazid, or a combination of the drugs were used. By the mid 50's pneumothorax was not used or used very little and by the end of the 50's, Rossmere was no longer needed. Rossmere was really only for the overflow of state sanitariums, many of which were located in the mountains. Children were not taken at Rossmere - only adults. Children went to State Sanitariums. Later Drs. Wm. Atlee and Robert Witmer performed thoracic surgery on selected patients, performing thoracoplasty, lobectomy, and occasional pneumonectomy. Also crushing or cutting the phrenic nerve was done to paralyze that side of the diaphragm and decrease expansion of the diseased lung.

Miss Ida Mary Herr was the Superintendent at Rossmere from its inception in 1925 to its closure in the late 50's. There was a home for nurses connected with the institution and student nurses did not go to Rossmere for training.

**INTERVIEW WITH DR. JOHN PONTIUS ABOUT HIS FATHER,
DR S. GILMORE PONTIUS
and John's comments about changes in the surgical practice of today**

Dr. S. Gilmore Pontius was born in Martinsburg, Pa in 1892. His father was a minister and the family had moved around and because of this I was never aware of a lot of the details of his childhood. I gather that my father's youth was not a happy one because of not having much money available, and I do know that he had a deep and abiding dislike for sausage because it was apparently the custom in those days to reward the minister and his family with food from the farms in lieu of money and tons of sausage would appear regularly.

I do recall my father telling me that there were many requirements upon his time with regard to church. Sunday morning, Sunday evening and Wednesday evening were the routine.

I do remember a funny story that my father told on himself. He was helping with a funeral when the ground was wet from rain. My father's rubbers had very little tread on them and he suddenly slipped and fell into the grave on top of the coffin.

My uncle told me there was a time when a Sunday evening service was beginning and no organist was available. My father crawled up on the organ bench and played for the service. He learned to play the piano on his own and later the electric organ.

One of my friends was visiting a girl in our neighborhood and was walking home late one evening and was scared to death when my father, who had come home from the hospital at a very late hour, was playing the organ with the doors wide open.

My father spent one summer building railroad cars. He got the job, not because he was good at building railroad cars, but because he was a really good baseball player and played centerfield for the company team.

He went to Mercersburg Academy and then to Franklin & Marshall College and was graduated in 1914. I think that he led the Glee Club and I understand he was president of his class. He graduated from the University of Pennsylvania Medical School in 1918.

He interned at the Lancaster General Hospital in 1918 when the "flu" epidemic was rampant. Apparently the hospital was overflowing. Patients were in offices and hallways. The Moose Hall was opened as an emergency hospital and according to my father, Dr. Sol Pontius, about 1/3 of the people that were admitted to the hospital died during the epidemic.

Following his internship he went to the Mayo Clinic in Rochester, Minnesota for a surgical residency, and eventually became the first residency-trained surgeon in Lancaster. His choice of the Mayo Clinic was based on the fact that there seemed to be very little knowledge about thyroid disease and more particularly, thyrotoxicosis. These were the glory days of Drs. Will and Charles Mayo, Henry Plummer, Edward Judge and John Pemberton all of whom were writing about thyroid disease.

There was a fair amount of thyroid disease in this area, which was part of the well-known goiter belt, before iodized salt and refrigerated fish were available.

I do remember my father telling me about Sid Luckman, who at that time was a quarterback for the Chicago Bears professional football team, and he apparently had developed a toxic thyroid. He went to the Mayo Clinic to have his surgery believing that the loss of a vocal chord in his situation would have been a disaster. Dr. Pemberton, whom my father knew and under whom he apparently had trained, operated on the quarterback.

He also told a story about a surgeon on the Mayo Clinic staff, Dr. Tack Harrington, who had been a famous football player at the University of Pennsylvania and now was famous for his surgery for diaphragmatic hernias. According to the stories, someone was leaving to go to Europe and looked in the operating room where Dr. Harrington was operating on a patient with a diaphragmatic hernia. When this individual returned from Europe, he looked in the same operating room and Dr. Harrington was operating on a patient with a diaphragmatic hernia. This intruder said, "My God, Tack are you still doing that operation?"

I also heard many stories about Drs. Will and Charlie Mayo as well as Dr. Henry Plummer who was famous for his absent mindedness and his genius.

My father returned to Lancaster and began his surgical practice in 1922 which I suspect was related to his planning to marry my mother, whom he met while he was still in college. She was working at the Lancaster Public Library and also in the library at Wilmington. She was a local girl and her father, John Holman, was in the livery stable business. I have some vague recollection of his owning a three-story building at 322 North Queen Street that was used as the original Lancaster General Hospital.

My father joined the active staff of the Lancaster General Hospital in 1922 and eventually became the Chairman of the Surgical Department in 1939, a position he held through 1957. He was known for his thyroid surgery. General surgeons did all of the surgery in those days. There were no neurosurgeons, no urologists, no orthopedists, nor gynecologists. General surgeons did all of the Cesarean sections. (Incidentally, Dr. John Pontius says, "When I came to town in 1958, there were only two orthopedic surgeons in the entire city.") The surgeons bought their own instruments. My father delivered twins for somebody by Cesarean Section and they remembered him each year with a bottle of whiskey at Christmas time.

He did bring the canopy idea to LGH from the Mayo Clinic. The concept was that a nurse, who faced the canopy containing all of the instruments for the day's surgery using sterile technique, would transfer the necessary instruments to the nurse working at a specific operation. Her job was to stay there throughout the day without any interruption until all elective surgical operations were completed. Obviously, this assignment required excellent bladder control.

Dr. Edward Ford came to the Lancaster General Hospital as the first residency-trained anesthesiologist. Nurse anesthetists provided anesthesia for most of the operations.

When my father first came to town, he became interested in golf and apparently was able to play 2-3 times a week. Although he was called off the golf course occasionally, there wasn't the constant demand on his time as there is today. He was able to improve his game to a six handicap. Dr. James Z. Appel took calls for him until I came to town.

Our family accepted the disruption of family schedules because of his work. It happened! He'd have to go to the hospital and that was that. We didn't pay any attention to it and accepted interruptions as normal. I don't think doctors were called as much as today. I don't know whether it is the beeper or malpractice or both, but we're constantly called from the hospital now.

There was a little room over the garage where some of the staff physicians would gather after staff meetings. There was a lot of comradery among the staff, which was small in number. My father would play the piano and they would sing and on one occasion somebody spilled a pitcher of beer down his back, but the music continued.

One time Dr. Pontius had just had a birthday. He was there and took his tie out from under his vest and he said, "This I love. My wife got it and she paid \$10 for it." It was a very pretty tie.

An intern, Dr. Tom Andes said, "I'd like to see it." He took hold of it as if to examine it more closely, pulled out his bandage scissors and cut off the lower portion.

The silence that followed was deadly.

I think one of his great feelings of accomplishment was making the Community Concert a viable organization. He was underwriting it out of his own pocket for a while, got together a group who was interested, and made it a very successful organization. He would have parties after the concert and the performing artists were invited. I would meet the artists at the train station, drive them to the Brunswick Hotel and take them from the Brunswick to McCaskey High School for the concert and then to our house afterwards if they wished to come. It was really very interesting to meet all of these talented people.

Egor Piatagorsky, the famous cellist, came into the house carrying his instrument and he didn't know where to put it. He finally saw the piano and said, "Oh, I can put it under there. Who will be under there?"

The answer was, "Nobody but the dog."

Later in the evening, I walked into the living room and he was sitting on the floor cross-legged in his tails. He had the case open and he was showing this cello worth \$60,000 and each bow which

was worth \$10,000 - a lot of money in those days - to some of the assemblage who had ended up on the floor, too. He would never answer any questions about Russia.

I can remember coming home from school one day and somebody was brilliantly playing the piano - a young Austrian girl named Hilda Summers, who was practicing Tsaikowsky's Piano Concerto on our piano at home before the concert that night.

I remember two - I can't remember their names - dual pianists. They had played a beautiful concert and later at our home they had trouble gripping the ping-pong paddles because of the arthritis in their hands. One of these artists had never seen pretzels and somebody filled their formal dress tails with pretzels - in a place where they used to put their gloves.

Saturday nights at our house were Open House. My parents' friends came on an informal basis. My father loved mystery stories and had an arrangement with local bookstores that certain mysteries would be sent to his house automatically. These books moved in and out of our house as people came on Saturday nights, borrowed some, brought them back and took more. There were conversation, ping pong playing and listening to classical music early in the evening, followed later by watching television. At 11 o'clock my mother would go into the kitchen and get some snacks for the group.

Paul Mueller, Sr. was on the Board of the Lancaster General Hospital. At one time he asked my father, "What can I do for you?"

Father replied, "Put me on the Board."

In 1946 my father was the first physician on the Board of Directors of the Lancaster General Hospital and that decision upset a lot of business men in the community - quite a change from then to the present.

Dr. Sol Pontius encouraged and made arrangements for several physicians, who interned at LGH, to take their residencies and receive further training at the Mayo Clinic in Rochester, Minnesota. These physicians include Drs. John Grosh, William Tinney and Joseph Medwick, all of whom returned to practice in Lancaster and Drs. Richard Hill and Eugene Di Magno who stayed on the staff of Mayo Clinic.

My father-in-law, Dr. Joseph Appleyard, has said that part of the problem with medicine today is brought about by the fact that the patient and family no longer have the same personal financial responsibility as in the past. Obviously, the changes in billing in medicine because of the third party have led to categories, prices and the dreaded bundling and coding. Other changes in medicine that I have seen in Lancaster are the increased specialization with many sub specialties, technology, group practice and the malpractice problems. I find it interesting that in my father's time one of the rooms in our house would be filled with gifts from grateful patients. You don't see that anymore. It is different now; there used to be a more personal relationship.

I came home in 1958 and I engaged in the practice of surgery with my father. This was a very rewarding time for me. Prior to the institution of insurance, my father would get paid for 48% of his work in a bad year and 52% in a good year. That has certainly changed, as have a lot of other things in medicine.

My father was President and Board Chairman of the Lancaster Community Concert Association. He had also been a Board member of the Fulton Bank and the Lancaster Chamber of Commerce. He served as a trustee of the Franklin & Marshall College. In 1937 he was awarded an honorary doctorate in science from Franklin & Marshall College.

The major changes in surgery that I've seen are in the area of anesthesia, antibiotics, and instruments. There have been major changes in finding pathology by ultrasound, computerized axial tomography and magnetic resonance imaging. Much of the technology has obviously improved diagnostic techniques, both invasive and radiologic. In my youth we treated thyrotoxicosis surgically and now that operation is performed rarely since it can be treated medically. Today laparoscopic procedures for all sorts of things are becoming popular. There has also been a tremendous improvement in the care of the patients in the hospital and I think a lot of this reflects the significant improvement in our nurses, their training as well as their devotion. Early in my career in Lancaster, I encouraged the administration to give "combat pay" to the nurses in critical areas, as the Emergency Room, Constant Care Units and the like. I also felt it was not quite right to ask personnel that worked in the operating room to work all day and be up all night and work the next day. I thought that they should be compensated appropriately. Some of these changes have taken place.

I have difficulty coming up with miracles that have occurred in my father's career, or in mine. I am impressed by the manner and rapidity tremendous talent of medical personnel can be mobilized. As a result of this effort and all of the available resources, many patients are alive today, who wouldn't have survived in the past. Postoperatively, there are also a tremendous number of people with great skill and perseverance who help get patients through catastrophic events.

My father worked rather late in life. At the end, he had three episodes when his blood pressure rose precipitously and he passed out. When he awoke, there were no neurological deficits, but his slowing down was obvious. I think he was operating until he was almost 75 without any impairment of his skills in the operating room, but his endurance was obviously reduced.

The practice of medicine today is changing, in my opinion, not for the better. Technology is improving but the delivery system is not, and I am sure my father would have a terrible time with the extraneous factors present and pending, if he was alive today.

INTERVIEW WITH ROBERT H. WITMER, M.D.

Dr. Robert H. Witmer, a third generation Lancaster physician, was born in 1918. His father was Dr. C. Howard Witmer and his grandfather, Dr. Elias H. Witmer. He graduated from Manheim Township High School, Franklin & Marshall College in 1940 and University of Pennsylvania Medical School in 1943. He served his internship at the University of Pennsylvania Hospital from 1944 - 1946 and his residency in thoracic surgery at the University of Pennsylvania Hospital from 1948 - 1951. Dr. Witmer assisted in an operation at the University Hospital that made history; it was transmitted in natural color over closed circuit television. He studied under Dr. Isidor S. Ravdin, who was the only civilian surgeon that performed an abdominal operation on President Dwight "Ike" Eisenhower for intestinal obstruction.

He was a Harrison Fellow in Surgical Research and a clinical assistant professor of surgery at the University of Pennsylvania School of Medicine and a clinical associate professor at the former Pennsylvania State University College of Medicine, now Penn State Geisinger Medical Center at Hershey. In 1952 he became a Fellow in the American College of Surgeons, a Diplomat of the American Board of Surgery in 1951 and of the American Board of Thoracic Surgery in 1953.

In spite of all of his honors and affiliations at his alma mater, he chose to return to Lancaster to continue the family tradition of service to the community. He brought back to Lancaster the latest skills and knowledge from his training and studies in Philadelphia. In fact, he was the first certified thoracic surgeon between Philadelphia and Pittsburgh in the Commonwealth of Pennsylvania.

Dr. Robert Witmer performed a number of thoracic and cardiovascular operations for the first time at Lancaster. He was the first physician to operate on the heart in Lancaster before the introduction of the heart-lung machine. On January 31, 1953, he performed a mitral commissurotomy, the first intracardiac surgery at LGH. On April 3, 1953, he did the first resection of an infantile coarctation of the aorta and insertion of an aortic homograft at the hospital. The next day he conducted the first resection of an adult coarctation of the aorta and end to end anastomoses. On June 5, 1953, he divided a patent ductus arteriosus. On June 19, 1953, he did the first resection of an abdominal aortic aneurysm and insertion of an aortic homograft at the Lancaster General Hospital. The next day he inserted the first internal cardiac pacemaker.

In 1953 he established the Division of Thoracic - Cardiovascular Surgery in the Department of Surgery at the Lancaster General Hospital and was the first Chief of the Division. He was instrumental in upgrading the present Department of Anesthesia by bringing anesthesiologists to the Lancaster General Hospital. He established a surgical residency program bringing surgical residents from the University of Pennsylvania from the late 1950s to 1971 when the family practice residency began. This surgical residency program elevated the standard of care for ward patients and gave practical experience to residents in a community general hospital. At his urging bylaws were adopted at the Lancaster General Hospital in 1975 requiring board certification for specific clinical privileges, to ensure a higher standard of medical care. He defended these high standards on two occasions.

Dr. Witmer documented some of the major improvements in surgical care at the Lancaster General Hospital between 1950 and 1970. Dr. George Heid started the Blood Bank in 1949. Dr. John Polcyn began performing operations in Neurosurgery in the late 1950s. Dr. John Farmer became the Chairman of the Department of Surgery at LGH in 1957. Dr. William Porter was the first specialist in Pulmonary Medicine at LGH in 1970. Dr. J. Howard Esbenshade, a cardiologist at LGH was a great promoter of Dr. Robert Witmer,

Dr. Witmer was a lieutenant in the Medical Corps of the U. S. Naval Reserves from 1946 to 1948. He went to Algeria in 1962 and Saigon, Vietnam in 1963-64 as a volunteer surgeon in Medico-Care. He received a certificate of humanitarian service from the American Medical Association in recognition of his meritorious service for the medical profession to the U. S. government and the people of South Vietnam by treating the ill and injured during his volunteer medical mission in South Vietnam.

Editor's note: It is interesting to note that, although the Lancaster newspapers heralded many of the "Firsts" performed at LGH and wrote front page articles about the patient and his/her family, Dr. Robert H. Witmer's name was never mentioned. He was called "the local surgeon" in every press release. This lack of publicity by members of the medical profession constitutes quite a contrast to the promotion and advertising by physicians today.

INTERVIEW WITH DR. JOHN L. FARMER

I was born August 8, 1912 at the Lancaster General Hospital (being born at a hospital was a little unusual at that time). Dr. Atlee, Sr. delivered me. I was always interested in medicine, but I wasn't really sure that I wanted to be a doctor. I went to F. & M., and at one point I thought I might study law and majored in Political Science and Government. Part of that decision was influenced by Prof. Arthur Kunkle who was Professor of Political Science and Government. I liked him very much and I took every course that he gave and I could have gone to law school. However I also had the idea that I might go to medical school, and I was careful to take all of the premedical subjects that I would need to get into medical school. In the Fall of my Senior year my father asked me, "Well, are you going to go to medical school or aren't you? If you want to go, you better get an application in." I decided I would apply for medical school. I applied to Johns Hopkins and Harvard and Jefferson. I was accepted at Johns Hopkins and Harvard, and had not heard from Jefferson.

I told my father, "I think I'll go to Johns Hopkins." My father didn't like that, because he wanted me to go to Jefferson.

He said, "We'll go to Phila."

We hadn't heard from the Dean of Jefferson, Ross Patterson. So we went down to Phila. and went in to see Ross Patterson. He was sort of a gruff old fellow, and I told him, "I've heard from the other places to which I applied, but have not heard from Jefferson."

He replied, "You'll hear." We went home and in a few days I received my acceptance from Jefferson. So I decided to go from F. & M. to Jefferson.

I guess I didn't decide to go into Surgery until I was an intern at Penna. Hospital which was a two year internship. I was really on Dr. John Flick's service - he did General Surgery but he did a fair amount of Thoracic Surgery (thoracoplasties were done more than anything else for tuberculosis - a few lobectomies). Somewhere along this time I decided I would like to be a surgeon. I applied for two surgical residencies. There was no vacancy available on Dr. Flick's residencies where I would like to have stayed. I applied to Dr. Lee's Service and was accepted. I had also applied at the Leahy Clinic for a Fellowship.

After I finished my two year internship I started my surgical residency at Pennsylvania Hospital on the Lee Service. He also had a service at Bryn Mawr, Germantown, and Children's Hospitals. General Surgery included the care of trauma and fractures, gynecology, etc. Urological Surgery was always separate and Dr. Leon Herman was the Chief of Urology. Dr. Herman had been born and raised in Paradise and went to Yates School and F. & M.

As an intern at Pennsylvania Hospital, we had to do our own laboratory work. One night a gangster by the name of Avena was brought into the Emergency Room with multiple gunshot

wounds. I was instructed to type and crossmatch blood for him. When I had finished crossmatching for two pints of blood, I took them to the Operating Room. The patient had already died. The Resident asked me if I would mind informing the family, who were waiting downstairs, of his death. I replied, "I will do that" and proceeded downstairs to tell them. There were several Italian women there - no man was around. After I told them, they screamed and shrieked and carried on like nothing I have seen before or since.

This was in the summertime before air-conditioning and everything was wide open and it was 3 A.M. The supervisor came running and her first reaction was to get the doors and windows closed. The next thing she said was, "Dr. Farmer, you go out in the street and get a cab and bring it right up here to the door." The cab arrived promptly and she said, "Let's get all of these people in a cab immediately and get them out of here." After this experience I never offered to tell a family that a patient had died, unless it was my patient.

I graduated from Jefferson Medical College in 1936 and completed my surgical residency in 1940 and came to Lancaster to help my father. I was admitted to the Surgical Staff of the Lancaster General Hospital and had my office with my father at 571-573 West Lemon St. I was unmarried and lived at home until I was married in 1947.

When I was a resident at Pennsylvania Hospital, the Army Reserve unit was set up by Dr. Charlie Mitchell who had been head of the Pa. Hospital unit in WWI. As a resident at that time I signed up for the unit placing me in the US Army Reserve Corps. After finishing my residency in Sept. 1940, I came up to Lancaster to work with my father and I lived at home at 1022 Buchanan Ave. I was on the Surgical Ward service and I rotated with some other people, and we always took all of the accident calls. I had very little to do until WWII started. The war started Dec. 7, 1941 and in less than two weeks we received notice from the War Dept. that our hospital, the 52nd Evacuation Hospital was going to be activated Dec. 27, 1941. We all went out to Fort Custer, near Ann Arbor, Michigan together on a special Pullman car on the Red Arrow. We were there about one week and had a Regular Army commanding officer. He called me and told me I was to go to New York City to the Point of Embarkation and I was going to be the advance detail at the Port of Embarkation. He gave me a packet of papers with all the directions and said, "I don't know anymore about setting this up than you do. Follow the directions in that envelope. Go to New York and report to the Port of Embarkation."

Our group # was 6814R and I went with two enlisted men and reported to the officer at the P.O.E. The officer said, "Oh, are you here already? Your group is assigned a room with a desk. You go there and we'll put up a sign and anybody in your group will sign up with you there."

Dr. Ian Hodge reported directly to me there. He asked, "Do you know which ship we're going on?" Ian had a residency at Pa. Hospital in Pathology followed by two years of Urology with Dr. Leon Herman. Dr. Hodge came to Lancaster in Sept. 1941.

I answered, "There are seven ships out there and they are our convoy."

He said, "There will be thousands of troops going so get us a decent room." I did just that and we had a nice stateroom and four of us enjoyed that room. We were on that boat for forty days.

25-30 nurses reported there. There was a whole division on the convoy called the America Division. After I had been there for a week we sailed and nobody told us where we were going. We all had winter uniforms. We went down the Atlantic Coast, through the Gulf of Mexico and the Panama Canal to Melbourne, Australia. One of the first things I bought was a pair of Australian Army shorts. From there we went to New Caledonia where we were told no shorts would be worn by American troops. The 4th General Hospital consisted of physicians from the Cleveland Clinic and they stayed in Melbourne which was very hot when we got there. All the rest of us went to New Caledonia.

We were in Melbourne for about ten days and it was very nice. We were the first American troops there. We were in tents in Victoria Park. We would stop at a restaurant on Little Collins Street before returning to Victoria Park. There was already a manpower shortage in Australia and help by restaurants, etc. was difficult to find. One night about 11 P.M. we stopped for a bite to eat at one of these restaurants and I met an Australian soldier who said, "I know an American by the name of Robert Kaegi."

I said, "I had a classmate by that name in Lancaster, Pa."

He said, "He is here working with knitting mills or knitting mill machinery making silk."

I replied, "His father came from Switzerland to make silk at the Stehli silk mill in Lancaster."

When we got back to camp we were notified we were going to leave at 6 A.M. the next morning so I was unable to get in touch with Robert Kaegi before we left for New Caledonia. I wrote a letter and a month later got a reply that indeed he was my classmate. The first letter I got from my father after I got over there said, "Miss Sarah Reinhart, the Directress of Nurses at the Lancaster General Hospital, has a niece who is married to Robert Kaegi and they live in Melbourne, Australia." Almost three years later after I had been in New Guinea for that length of time, I got leave and went down to Sydney and went by train to Melbourne and I visited the Kaegi's.

The chief city of New Caledonia is Noumea with a population of 10,000-15,000. It is a French colony that originally had been a penal colony. We were to set up a hospital about 60 miles north of Noumea in Sarama. Our equipment and personnel had been pulled along the coast on barges. We were supposed to be a 750 bed hospital. We never had that many patients. People were evacuated to Auckland, New Zealand and from there to the States. There were 20,000 troops there at one time. They were all sent later to Guadalcanal and the Solomon Islands. We were later moved to a small island called Woodlark which was south of New Britain. The Japs held New Britain and had a big airbase there. We ran into a storm en route to Woodlark and a lot of the troops were seasick. From there we went to Finchhafen on the north eastern corner of New Guinea opposite New Britain. Here we experienced our first air raids. Finchhafen was a tremendous American base. We had a station

hospital there and received casualties and I was there at least a year. I was on the Philippine invasion leaving from Bougainville and had little hospitals along the way and finally at Clark Field where we had the hospital in the gymnasium. I was sent to Finchhafen since in line with the "rotation" system in the Army, I was due to go home. From there we got a boat to San Francisco and came home. Eventually I was sent to Rhoads Hospital in Utica, New York. I was discharged and returned to Lancaster and resumed practice with my father in January, 1946.

When I returned from the War, I was on Surgical Ward Service - we were always on with somebody else - and I did a fair amount of work on this service, because this was before a lot of people had health insurance. The first corporation of any size to have health insurance was RCA.

Daddy said to me when I started to practice in 1940, "You are going to find in a surgical practice that you are going to be paid for about 1/3 of your work, another 1/3 is 100% charity and another 1/3 you'll get some pay. That's just the way it is. It's not worth a three cent stamp to send bills when you know you're not going to get paid. Be satisfied on what you make on those who can pay." That was true at that particular time. Then insurance came along and things gradually got better. He didn't give me any other special advice, except by example. I did things the way Daddy did or tried to. One thing I did know was that I was not interested in obstetrics. He was doing a lot of obstetrics and abnormal obstetrics. I discussed this with my father and he had no objection to me doing a strictly surgical practice.

Years ago everybody had evening office hours and my father always had evening office hours every night except Saturday and Sunday until I came in 1940. He said, "John you can go to the office in the evening. I'm not going anymore." So I did go to the office every evening before the war.

I decided when I came back in 1946 that it wasn't necessary, so I told Daddy, "I'll have evening office hours two nights a week." After about one year I reduced this to one evening a week and later stopped evening office hours because I believed people who wanted to see me could come during the day.

A good friend of my brother, Dick was Mary Sue Nissley. She had a party and I met Mary Lou Hollinger Long there. I was invited to a New Years Eve party at the Eby home in Paradise and I asked Mary Lou to go with me. That was one of the first places we went together. We continued to go together a good bit and we were married August 28, 1947 at the Willow Street Reformed Church. The best man was Ian Hodge. Mary Lou had been married before. During the war she had married John Long from Landisville. He had graduated from Dickinson and they were married after his graduation in June, 1942. Subsequently there were two children, Judy and Louise. Her first husband was a navigator who took part in the air raids over Japan. In one of the last air raids of the war he was shot down and killed over Nagasaki in August, 1945. When I met Mary Lou she was a widow with two children living at her home in Hollinger near Willow Street.

After marriage Mary Lou and I had four children, John, Laura, Andy and Liz. None of my children were interested in medicine. The only one that might have been was Louise. She took

premedical courses at Chatham and went on and got a Master's Degree in Bacteriology. She was interested in getting married and really didn't want to go to medical school. Louise married a dentist. Judy, the oldest went to Skidmore and graduated. John went to F&M; Laura went to Heidelberg; Andy went to W&L; Liz went to Sweetbriar College.

In 1957, I became Chairman of the Department of Surgery at LGH and I decided that a lot of people on the Surgical Service that I had inherited were really not well trained or qualified surgeons. If I was going to be head of the service and be responsible for the ward services, I had to be sure that ward service was done by somebody competent. So I made the rule that anybody who was going to do ward surgical service had to be Board Certified or Board Eligible. There were very few of us who were Board Certified and it looked very selfish. But my motive was not selfishness at all. Drs. Paul Davidson, Robert Witmer and Peter Prancun in addition to myself met those requirements. Operating rooms were on the fourth floor of the hospital and there was no air conditioning. In the summer it was very hot. I remember one time I was doing a subtotal gastrectomy and the intern, Miles Harriger was helping. Both of us perspired a great deal and some perspiration dropped into the wound. Miles asked several days later, "Did that man ever get any infection?"

I responded, "No, everything went along alright in spite of that." Somebody used to have to stand and wipe the perspiration, but in spite of this a few drops would enter the incision.

I did the first complete colectomy and ileostomy for ulcerative colitis in Lancaster in the 1950's on a patient, Richard Minney who was a patient of Drs. Henry Walter and Henry Wentz.

I was very fortunate that family and special events were not interrupted by emergencies. Dr. Paul Davidson came to town and we had been classmates in medical school. We took calls for each other. So he took emergency calls for me. He didn't go away very much so I never had the opportunity to do as much for him.

INTERVIEW WITH DR. PAUL DAVIDSON

About 1990

I'm Dr. Paul R. Davidson. I live at 1100 Grandview Blvd. and my office address was 728 N. Duke St. Lancaster, Pa. I came here to practice in 1948 and my specialty was General Surgery. I retired in 1984.

I was born in Altoona, Pa. and spent most of my early life in the local school system there. I graduated from University of Pennsylvania in 1932 majoring in chemistry with minors in physics and mathematics. I applied to two medical schools and was accepted at both Penn and Jefferson Medical Schools. I finally decided on Jefferson, the main reason being that our family physician was a graduate of this school and we thought very highly of him. I graduated from Jefferson Medical College in 1936 and pursued a rotating internship at Jefferson Medical College Hospital for 27 months. Then I entered my surgical residency. I was undecided about my specialty and as a matter of fact accepted an internal medicine residency at Kings County Hospital in Brooklyn. After being offered the surgical residency at Jefferson I decided to stay there and continue the study of surgery. Actually my decision to become a medical doctor was a judgment based on somewhat of a hedge. My college education was planned so that if I had the opportunity and means to go on I could do so but in the event that I could not pursue that course, my training would permit teaching of science and/or math at the college level.

My interest in medicine was related to the respect I had for our family physician, Dr. Oburn, a graduate of Jefferson who did general practice, was a fine man and very much admired in our community. He always brought reassurance and relief from fears and tensions. He was always available to us. I always admired him. All of our family had been born at home.

At Jefferson Hospital I had a very rich experience and opportunity as a surgical resident and chief resident physician. The opportunities were limited only by the time I was able to give to them; the encouragement to explore these opportunities was very positive and productive so that most of the six years that I spent there I lived in very close association with the hospital and its patients. My chief was Dr. George P. Mueller who was also chief surgeon of Lankenau Hospital, where he had been a student of Dr. John B. Deaver. Dr. Mueller also had an association with the University of Pennsylvania Graduate School of Medicine. During the time I was associated with him, he was president of the American College of Surgeons and had been one of the founders of the American Board of Surgery.

Dr. Mueller talked a lot about Dr. Deaver. John B. Deaver, M.D. was quite a character and promoter of himself and his career. He would come down Broad Street in Philadelphia in a chauffeur driven car. He knew every policeman on every corner and he would give them cigars and would greet them warmly. He would say, "Who does more surgery than John B. Deaver?" and answer his own question, "The Mayos! Why? Because there are two of them."

Dr. Martin Rehfus interned at Lankenau Hospital and he was quite a colorful person. While examining a patient one day Dr. Deaver asked Martin Rehfus, "Do you think this patient has a perforated ulcer?"

Martin Rehfus looked at him and said, "I don't think so."

Dr. Deaver asked, "Why do you say that?"

Dr. Rehfus said, "If you thought this man had a perforated ulcer he would be first on your operating schedule today and he is not."

On the basis of that he accepted Rehfus for an internship and that set him off to a spinning start. Dr. Rehfus became a physician to the wealthy and influential people of Philadelphia.

An interesting experience occurred when I was a resident at Jefferson. We had a patient that was operated on by Dr. Klopp and a far advanced cancer of the stomach proven by biopsy was found. The family was given the usual prognosis. The only problem was that this man continued to thrive and live on and on. He would not submit to any further exploration or studies but there was no evidence of any disease. Sections were sent to different medical centers and all agreed with the diagnosis. This man lived on and on and apparently had a spontaneous cure. At the time I left the institution five years later this man was still living and well and showed no evidence of his disease.

I was married secretly immediately after I finished my residency. Interns and residents were not supposed to keep company with nurses. It was forbidden. Betty and I were consorting privately although it was pretty well known around the area. We were married in 1942 in Baltimore. I went into the Service in 1942 and was assigned to several station hospitals and later to a hospital ship going to the Philippines. By the time we had proceeded about halfway there we had problems with the ship and the need for which we were going had passed. We came back to San Francisco and I was attached to the Letterman General Hospital in surgery.

As people were leaving the Armed Forces at that time, I became commanding officer of a large Navy ship and I was designated to decommission the ship about which I knew absolutely nothing. Fortunately I had a very good sergeant assigned to me who knew all the red tape associated with this and I simply stayed there for about three weeks signing papers and achieving our objective.

After my discharge as a result of a contact I made at Letterman General Hospital with Dr. Harold Stewart, professor of Pathology at Jefferson, I became interested in the Public Health Service. He said that they were going to do a lot of the "in" things at the National Cancer Institute where he was going to be the director and he could make my career interesting if I enlisted early. On his advice I took a job in the Public Health Service and was commissioned a Lieutenant Commander and was sent to the Marine Hospital at Savannah, Ga. as head of the Surgical Dept. I became very cynical about the way the Public Health Service operated - a large government bureaucracy. Its methods

were very wasteful and inefficient. Giving it my best shot, I organized the surgical service in a very efficient manner which resulted in a tremendous drop in the census. Most of these people had no business in there as patients. This was very unpopular with the bureaucrats and they kept needling me until I decided if I had to put up with all the hassle, it was not the type of thing I wanted. Long before my commission expired, I made a flying trip to the Headquarters of the U.S. Public Health Service in Washington. They were very glad to let me go thinking they had gotten rid of a person who was a problem to them.

An interesting thing happened when I was going around the country looking for a place to practice, I considered Salisbury, Md. near Betty's home. The chief of surgery there had been a resident under Dr. Mueller so we had something in common. He was very interested in my coming and associating with him. I had made some very serious gestures. One afternoon Dr. Rademaker decided that he had forgotten about his wife's birthday and he would go out and get her a present. He had a resident who was going to do a grafting procedure on a burn patient and asked whether I would stand by in a supervisory capacity and give advice or help if any problems came up. The first problem arose when the nurse anesthetist gave a shot of pentothal into a vein and the boy promptly went into cardiorespiratory arrest. So here I was having no status in this hospital; I had no license to practice in the state of Maryland, faced with a death on the operating table and this young doctor really didn't know what to do. So on the basis that I had a moral obligation to do what I could, I opened this child's chest (we were doing open cardiac massage at that time) and I massaged his heart, got a tube in his airway and resuscitated him. We stopped the operation and got him back into his room. He lived for about 2-3 days but eventually died probably the result of inanition or his poor condition. At that time they didn't have burn centers so they did what they could. It was a terrifying experience. I was never in a situation like that before.

I had an unusual experience when I was still in practice in Chambersburg, where I practiced a short time before coming to Lancaster. I was called to the hospital early one morning for an emergency gun shot wound. The hospital intern seemed quite concerned about the condition of this child. As it turned out the parents had both gone to work and left these two children at home. Somehow they got hold of a shotgun and one was pulling it towards himself and it discharged and blew a large hole in his abdomen - the whole right upper quadrant was blasted away - the intestines and liver and everything were sticking out. It was a very difficult situation. The child seemed almost bled out and we didn't have facilities there to handle things in a modern way so I packed the wound (liver) with iodoform gauze and transfused him. Later I eased the packing out. Much to my surprise the boy made a pretty decent, slow but proper recovery. I remember the case because of a grey lady who was on the Board of Trustees of the hospital. She was out in the hall adjoining the Emergency Room when this was going on, and she talked to the brother of this boy and she said something to him about his brother. The boy said to her, "Lady, can you say prayers?"

She replied, "Yes, I can." They did pray about this and the kid did make a remarkable recovery. This woman told me about the conversation later. I always considered this a spiritual miracle and I am not much given to putting excessive faith in faith healing. He knew what happened to his brother and he was doing what he could about it.

Betty and I decided we would take a trip through southeastern Pennsylvania, western Maryland, Ohio and Indiana and look at possible places to practice. After getting a little tired of traveling around, we were sitting in an ice cream store with two of our children (one wasn't born yet). I said to Betty, "After seeing all of this, where would you like to go?"

She quickly said, "I would like to go to Lancaster."

I talked to John Farmer who was in my class.

We came to Lancaster in 1948.

Dr. John Farmer and his father, Dr. Clarence Farmer, were always generous and helpful to us. We will always be indebted to them.

We have three children. Their names are Jane, John and Richard in order of age. Practicing my specialty in a solo type of practice in spite of all efforts to spend as much time with my family as possible was very difficult for me and my family. Knowing what I do now I would not do it again. I would have to make a choice having the type of practice I had or decide not to have a family. I have strong feelings about this. A professor once said, "A young surgeon should experience poverty and celibacy." He really spoke in much wiser terms than he knew.

Another interesting incident occurred in Lancaster shortly after I began practice. A patient of Dr. Paul Hess's was riding a horse about dusk when the horse ran him (the rider) into a wire clothesline across his neck resulting in severe respiratory problems. He sent him down to LGH in an ambulance and this boy was obviously in severe respiratory distress and just about making it. We took him to the operating room practically immediately because he needed an emergency tracheostomy and I don't like to do them "on the barroom floor". I like to do them in an operating room - it is so much better. I made an incision into his neck and I couldn't find the trachea. It had retracted below his sternum so he was breathing through the soft tissues of his neck. His trachea had been completely divided. After hustling around trying to find the other end of the trachea, I was able to grasp it with a forceps and pull it up. Then I had the situation under control and reconnected the trachea and did a tracheostomy. This boy made a good recovery but of course both his recurrent laryngeal nerves had been severed. I sent him down to Dr. Putney at Jefferson who did some a procedure on him which gave him a voice - not a good voice - but a speaking voice.

One of the first vascular surgical cases performed at the Lancaster General Hospital was done on a policeman who is still living. One day he was pursuing a criminal who turned on him and fired at him. The bullet hit his femoral artery dividing it above the knee. He was brought into the Emergency Room and I was in the Operating Room and came down to see him. Things were ideal for taking care of this so I transferred him from the E.R. to the O.R. where we repaired his femoral artery and got an excellent result.

I would have some very strong feelings about what I would tell a man who was coming to Lancaster to start a practice, as I saw it in my day as compared to today. Today if a man comes to town he puts an advertisement in the paper - that's what is called "marketing", I guess. Well I marketed my skills by paying a personal visit to every doctor in this community whether friend or foe, competitors or referring doctors. I visited my competitors. I wanted everyone to be able to say that Dr. Davidson is in town. I have seen him, shaken his hand; I know him. I had plenty of time. When you don't have any patients, the only thing you have is time. Some acted friendly, some bored. I said this is who I am; I intended to stay here. I would say, "I don't pretend I can do anything any better than anyone else; I will come if you call me and I will do the best I can." To a competitor, I would say, "I'm a competitor of yours; I also hope a cooperator. Maybe you can help me or sometime I can help you; I hope we can live with each other." You'd be surprised. That made it a lot easier to get started. I thought this permitted my practice to grow continuously. I would not put an ad in the paper. I'd send out an announcement to every doctor in town and I would certainly go personally to see every one of them.

I would also tell a young doctor, "I think you would be well advised to adopt a frugal life style. Don't buy the biggest house in town. Don't buy a couple of the most expensive cars. Don't have expensive entertainment. In other words, don't put yourself in social competition with people who are sending you work." I think it is a mistake. I may be wrong in that. Betty and I made this decision early on. We were trying to raise a family. Our home and family are separate and apart from my practice. A young doctor who starts living with an extravagant life style immediately finds himself into heavy indebtedness and has to push his practice and cut corners and do things that he should not be doing. He has a built-in temptation to do greedy and unethical things. I feel very strongly about that.

Appreciate every referral. The best way to do that is to call the referring doctor promptly, tell him what you've done, and what you think, so that from the first moment he knows what is happening to his patient. When the family calls him, he doesn't have to say he doesn't know anything. I always placed a high priority on keeping the family doctor properly informed at any time important things happened or treatment decisions were made. Family doctors have kept me out of a lot of scrapes by coming to my side or agreeing with me or supporting me in difficult decisions. This is not appreciated by the average surgeon. I know this. I can tell you that this is one of the big mistakes that they make.

The other thing is discharging the patient from the hospital and into the hands of the referring doctor with very little instruction or support of any kind. The doctor is supposed to change the dressings and remove the stitches. If he gets a handful of pus, he wonders what is happening. I generally thought it was my job to see that patient and take care of their post-operative care until such time that I was satisfied that they had a favorable result. That is the time to turn the patient back to the family doctor and never see him again unless the family (referring) doctor requests it. I always considered the patient to be the referring doctor's and the best way to get him/her back was to care for the patient as described above.

When I was a resident at Jefferson we were developing intra tracheal intubation techniques and lung surgery techniques. I think the first patent ductus ligation performed at Jefferson was done by Dr. Howard Bradshaw and me and we did it under continuous spinal anesthesia. We opened the chest, ligated the ductus, closed the chest and everything went fine.

The advances in medicine are radical. I had a large volume on "The Surgical Treatment of Pulmonary Tuberculosis" by Alexander from the University of Michigan. At that time Dr. George Willauer was in his heyday performing the surgical treatment of tuberculosis. Dr. Willauer and I used to travel to hospitals and sanitariums doing chest operations such as thoracoplasties, pneumolyses, etc. The treatment of tuberculosis in those days was based on the Swiss method which involved air and sunshine at higher elevations, open air treatment on porches (people slept outside), rich foods, milk, eggs, and a high caloric diet. In addition, bed rest, immobilization and collapse therapy were the usual remedy. Huge treatment facilities were available at Cresson, near Johnstown at the top of the mountain, at Mt. Alto near Chambersburg, at White Haven in the Poconos, Eagleville and the Pine Street Clinic in Philadelphia.

There have been a lot of changes in the care of fractures. The first germ-killers were given to Calvin Coolidge's son at Mercersburg - a sulfa drug for some infection that got him through this problem. There was a protocol for the treatment of pneumonia at that time. Pneumococcic pneumonia was such a deadly thing and had a high mortality rate. If a patient was admitted with pneumonia, you could count on being up all night because you had to get an immediate blood culture, and type the sputum and you had to administer type specific rabbit serum to the patient, which occasionally caused a reaction. Sulfapyridine was the drug that was effective against it later but was not yet in existence. The results were very dramatic. If you treated this patient according to the protocol with anti pneumococcic serum, within 48 hours the patient would be perfectly well; it was just miraculous. Patients with pneumococcal pneumonia ran a typical course of high fever for 6-7 days hopefully followed by a profuse sweat and healing which was called a recovery by "crisis".

Other advances in medicine that helped improve surgery were:

Improved anesthesia and anesthesiologist support made it possible to do long unhurried operations.

Better understanding of the technical knowledge of intestinal surgery including the use of stapling speeded up and simplified surgical techniques.

Improvement in the use of antibiotics pre and post operatively prevented infections and its complications.

The use of antithyroid drugs enhanced preparation for thyroid surgery.

DR. CLARENCE R. FARMER
as told by his son, Dr. John L. Farmer

Clarence R. Farmer was born Nov. 4, 1886 in the little town of Elm City, N.C. a rural town in Wilson County 10 miles from the city of Wilson, at that time a big tobacco and cotton growing area. My grandfather inherited land there and had a couple of farms. Post Civil War this land was relatively devastated and it took a long time for the economy to recover. There were no public schools in Elm City and my father went to a private school supported by a group of the more prosperous men around the town. He went through private schools for all 12 grades until he went on to the University of North Carolina at Chapel Hill for four years, two years of undergraduate and two years of medical school. After two years of medical school at Chapel Hill it was necessary to transfer elsewhere. (The University of North Carolina had only a two year medical school at that time.) Daddy transferred to Jefferson Medical College in Philadelphia for his last two years, 1907-09 and graduated in the class of 1909. Then he came to Lancaster to St. Joseph's Hospital at Lancaster for a one year internship.

His roommate at Jefferson for one year had been John G. Herr from Landisville and he had visited Lancaster a few times with Dr. Herr and met some people here. He also met my mother and as a result of those contacts, he decided to intern at St. Joseph's. The other intern left the internship after six months (doctors were not required to have an internship at that time) and worked for the Penna. RR at Altoona. After my father completed his year, he took a job with the railroad and he was sent to the Reading office. He and my mother, Laura Wohlsen were married in January of 1911. They lived in Reading until the following summer.

Then Daddy decided he was going to return to North Carolina to practice. He was going to go to Goldsboro, N.C. My mother took one look at Goldsboro and decided in no way did she want to live down there. She had been born and raised in Lancaster. Her father had been Herman Wohlsen. My father had some relatives in Wilmington, N.C. and since Wilmington was about the size of Lancaster, Daddy thought mother might like Wilmington, but she didn't like that city any better than Goldsboro. Then Daddy suggested they go to New Bern where he had another aunt and uncle. Mother didn't care for that either. So he gave up trying to locate his medical practice in North Carolina and decided to come back to Lancaster.

Dr. John Atlee, Sr. had offered him a position to help him. My father, Dr. Clarence Farmer accepted his offer and set up his practice at 573 W. Lemon St. He never worked in Dr. Atlee's office which was opposite the First Presbyterian Church in the second block of East Orange St. at that time. It was a huge building and all of the front part was his office and the back part and upstairs was his home. Later Dr. Atlee moved to the first block of East Orange St.

Mother and Daddy lived at 573 W. Lemon St. where Daddy had converted the front two rooms into his office and the family lived in the rest of the house. He did not have an automobile when he started his practice. He walked to St. Joseph Hospital where Dr. Atlee did most of his work

and took the trolley car to make house calls in the city. He bought his first car, a Buick roadster, about one year later. Daddy never had a horse and carriage.

At that time Dr. Atlee was doing surgery in the home as well as in the hospital. He went out into the county - all over the county and did surgery. Daddy accompanied and assisted him. Dr. Atlee had a portable operating table and a bag of instruments. He had a couple of nurses, and one went ahead and took the surgical instruments and got things ready. Dr. Horace Kinzer gave anesthesia, open drop ether for Dr. Atlee in many cases in and around the city.

Dr. Atlee had a Pullman car - I think they were made over in York, Pa. He went by car wherever he was going, whenever the roads would permit. Daddy said, "One of the most inaccessible parts of the county was the Southern end." They could take the trolley car to see patients in Quarryville. If the patient, they were to visit, lived in southern Lancaster County outside of the Quarryville area, they boarded a train which went from Columbia to Port Deposit during the day. They would get the train at Columbia and be met somewhere along the line by the doctor, such as Dr. Giles Hess at Holtwood, etc. and the family doctor would drive them in a horse and carriage to their desired destination as there were no hard surfaced roads in that part of the county for many years. The family physician frequently administered the anesthesia, usually open drop ether, and provided the post-operative care to the patient. Two trains ran out of Columbia daily so their operating schedule was determined by the train schedule. Sometimes one nurse went the preceding day. The road from Quarryville to the Maryland line was the first hard surfaced road in that area. All the rest of the roads were dirt.

After Daddy finished medical school in 1909 he went to Richmond and spent some time there. Dr. Horsely at the Medical College of Virginia was a very well known surgeon. He happened to see Dr. Horsely perform two Caesarean Sections. At medical school he had never seen any Caesarean Sections done. When he was working with Dr. Atlee, a woman was sent into St. Joseph's Hospital who could not be delivered at home. Her name was Mrs. Risser. Dr. Atlee decided a Caesarean Section was probably indicated but he had never done one. He called Daddy and since he had seen these two operations performed in Richmond, they did the first Caesarean Section in Lancaster in 1911. The baby and mother survived and the boy's name was Jacob Risser. This boy was 1 year ahead of me (John Farmer) at F. & M.

Not too long after Daddy started practice, Dr. Atlee was getting all kinds of cases, obstetrical as well as surgical. Nobody in Lancaster had done any versions. Dr. Potter of Buffalo, N.Y. had advocated internal podalic version to help resolve many obstetrical difficulties. Dr. Atlee suggested that my father go to Buffalo and spend some time with Dr. Potter. Daddy went to Buffalo for a few months to observe Dr. Potter do internal podalic versions which he was doing in a lot of his deliveries after the cervix had fully dilated. He had a book on this subject by Dr. Potter.

Daddy had an outlet forceps that he used for many years which was given to him by the Sisters at St. Joseph's Hospital when he finished his internship. Dr. Peiffer of Phila. devised the aftercoming head forceps which my father also used many times. The baby's head had to be kept

flexed for delivery and Daddy would put a finger in the baby's mouth to keep it flexed. I don't know the number of babies he delivered but it would have been an awful lot.

During the first World War in 1917-18 a lot of doctors were taken into the Armed Forces and Dr. Atlee refused to do any more surgery in the home. By that time Daddy was doing surgery and he took care of patients when Dr. Atlee couldn't go and that is how he got started. My father never did any surgery at home unless he helped Dr. Atlee.

My father went all over the county on consultation although he did not operate in the home. A lot of times he had to see a patient in the home first before some families were willing to admit that they should come into the hospital. When the consultant came out and recommended hospitalization, the patient would go.

I remember going along out with him to White Horse to consult about patients with Dr. Hostetter and Dr. Keylor in Leacock. In his later years Dr. Hostetter had prostatic difficulty and he came into the hospital with a very much infected bladder as a patient of Dr. Ian Hodge. Dr. Hodge said to me, "Can you imagine Dr. Hostetter carried his catheter around in the brim of his hat and when he couldn't void he catheterized himself with the catheter from his hat without any sterilization or anything?"

Dr. Farmer was chief of surgical services at Lancaster General Hospital from 1924 - 1940. He was chief of obstetrical services at the hospital from 1944 until 1952. During his long practice of medicine, he delivered over 5,000 babies.

A Few Remarks by Other Physicians about Dr. Clarence Farmer

Dr. Irene Davis tells a few stories about Dr. Clarence Farmer, a physician, whom she greatly admired and respected.

"When I was an intern I loved it when Dr. Farmer was called in consultation because he was a very capable doctor. The first Caesarean Section I was assisting him with, I was so excited, that after he made the incision, I pushed him out of the way and went in and took out the baby. He looked at me and said, 'Do you think you're doing this?'

I said, 'I'm sorry.' He let me finish. He was so nice.

"On another occasion, he was in a hurry and rushed into the delivery room and his pants fell off. He paid no attention and proceeded to deliver the baby.

"He was very easy going up to a point, but he had very strict rules. If we thought anything was wrong, we called him in. Even if he didn't do anything, everything seemed all right. He never got excited. He was very calm."

Dr. William Tinney told this adage that Dr. Farmer apparently told most of the interns. "Always have enough change so that you can change a \$100 bill. Sometime you will run into some smart alec who has no intention of paying you. He may owe you \$5 and he will throw a \$100 bill on your desk knowing you can't change it and you'll never see him again."

Dr. Tinney says, "I always followed this advice. Shortly after I started practice, some son of a gun did that very thing and he was really surprised when I was able to change it."

Dr. Harold Stauffer sought Dr. Clarence Farmer's advice about the location in which he should practice. He says, "I asked him because he seemed to be an ideal physician, a very quiet soft spoken man, who never seemed to talk without reflecting on his answer for a long time, seemed very knowledgeable and he seemed to be a good friend. Dr. Clarence Farmer had a large obstetrical and surgical practice from all over Lancaster County and had a lot of contacts in the county, and I thought would offer good advice to me about a place to practice. He told me he thought I should go to Bareville because there were two doctors in the area getting real old and were unable to practice like they did. So I took his advice, rented a place in Bareville, and it proved to be a very happy place."

The author, Dr. Henry Wentz says of Dr. Farmer, "He was a dignified Southern gentleman with a sweet North Carolina accent. He was a great physician and surgeon greatly admired by physicians and patients alike. It was a wonderful lesson to see him stay outwardly calm during an emergency. I remember a woman who had a severe postpartum hemorrhage after delivery of her baby. He asked the nurse assisting him for the packing in an unhurried way and slowly but deliberately

inserted the packing in the bleeding uterus to stop the hemorrhage. He would never seem to get rattled, but worked in a calm unhurried manner to properly treat any unexpected happening."

Dr. John Farmer also showed me some old letters about St. Joseph Hospital and the result of admitting a female physician to the staff. Dr. Mary Bowman (I found out from Charlotte Kegel that she practiced in Mt. Joy and was a relative of Charlotte's) applied to be admitted to the staff of St. Joseph Hospital. After considerable debate and discussion, the staff approved her admission to the staff. However, the Order of Sisters were quite upset about this action and wrote a very strong letter to the President of the staff, Dr. Roland in effect saying that they were in charge and ran the hospital and the staff would have to rescind this action. As a result of this letter, on Jan 1, 1914 the entire staff resigned and the hospital ran without an organized staff for some time until it was reorganized by Dr. Newton Bitzer. A few days after this action was taken and the staff resigned the President of the staff, Dr. Roland suddenly died.

Daddy taught bandaging to the nurses and I went with him and I was the model on which he performed his bandaging.

My father was only on the staff of the Lancaster General Hospital. He never applied to be a member of the staff of St. Joseph's Hospital. Dr. John Atlee, Sr. was never admitted to the Active staff of LGH. He had a title of Surgical Consultant. He never had anything to do with the wards of LGH. Some of the jealousies that existed prevented him from being on the active staff. None of the Drs. Atlee were on any active staff until sometime during the Depression in the early '30's. Dr. John Atlee, Jr. finished his residency at Lankenau Hospital and went on the active staff of LGH. In the early 30's St. Joe's was having a difficult time and Dr. Newton Bitzer was still Medical Director, Dr. Charles Ursprung was the head of surgery and the Sisters decided they had to do something to get more paying patients to their hospital and they made a deal with Dr. Atlee, Sr. that they would appoint him Medical Director of the hospital and appoint Dr. Atlee, Jr. as chief of surgery. They agreed and brought their patients to St. Joseph Hospital and that gave the hospital the boost they needed to get them through the Depression. Dr. Newton Bitzer had been Medical Director ever since he reorganized the staff in 1914. He was in the Bahamas when all this occurred. When he came back he had been moved out of his office at St. Joseph Hospital. He never went into that hospital after that day.

At some time Dr. T. B. Appel and the other powers that be at LGH had made a rule that a physician could not be on the active staff of both hospitals simultaneously. Dr. Atlee, Jr. thought he had overcome that stipulation as he was on the surgical staff of St. Joseph Hospital and would be a cardiothoracic surgeon at Lancaster General Hospital. The reason he called himself a cardiothoracic surgeon was that there had been a man stabbed in the heart in Lancaster and brought to LGH where Dr. Atlee, Jr. had operated on him, closed the hole in the heart and the man survived and was OK. There was a lot of publicity about the success of the surgery. The staff of LGH would not allow Dr. John Atlee, Jr. to be on the staff of both hospitals, so both Drs. Atlee supported St. Joseph Hospital. Dr. Atlee, Jr. did most of his work at St. Joe's, while Dr. Atlee, Sr. did about 1/2 his work at LGH.

All the records of Drs. Clarence Farmer and John Farmer are in the basement of their office and are to be discarded after John dies. I, Dr. Henry Wentz, would hope that the Edward Hand Medical Heritage Foundation might be given an opportunity to obtain them.

INTERVIEW WITH DR. WILLIAM HARTMAN

I was born in Lancaster on October 30, 1909. The physician who was supposed to deliver me went to a football game in Allentown and I was delivered by Dr. McKaa who was the first person ever to transmit voice by radio. When my mother's doctor returned, he walked into her room and said, "Helen, that's the damn ugliest baby I ever saw." That's the way my uncle, Dr. Charles P. Stahr, greeted my mother and me upon his return from the football game.

My father was headmaster of Franklin & Marshall Academy. My sister, brother and I were reared on the campus. I graduated from Franklin & Marshall College with an A. B. degree.

I got an A.B. Degree because my parents felt that I was too young to be sure what I wanted to do for my life work. This resulted in my attending Northwestern University for additional pre-medical work. Dr. Ward Evans, an F.& M. graduate was head of the chemistry department. He convinced me that I should take his course in physical chemistry. After the first quiz, he called me down to his office and he looked me in the eye and asked, "Bill, how can any son of your father be so dumb?" I had been an average student at F. & M. and sort of slid through. Now, I settled down and WORKED. If I had not gotten that kick in the pants, I would have flunked out of medical school.

I attended the University of Pennsylvania Medical School. For a couple of summers I worked as a junior intern in the outpatient department at the Lancaster General Hospital. One man with whom I worked was Dr. Procter who was the husband of the hospital pathologist, Dr. Keasby. Dr. Procter was a surgeon and I think he was much underrated. I think I learned a good many practical things from him. When I went on the surgical outpatient service as a student at Penn, Dr. Ferguson, who was in charge, assigned me a patient who required some bandaging. He complimented me on my skill and asked who had taught me. I explained about my junior internship.

I interned at the Methodist Episcopal Hospital in Philadelphia and served there for two additional years as chief resident. Strangely enough, when my uncle, Dr. Stahr, interned there, he found his wife there and so did I. Methodist Hospital had two surgical services and the two chiefs hated each other's guts. When I was making rounds with one of the surgeons and passed the other one, my chief would ask, "What is that son of a bitch up to today?"

The other chief at the same time would be asking his intern, "What's that bastard doing today?" That's the way they felt about each other.

When I was chief resident, I had to work with both of them. When I got appendicitis, I knew whichever one I chose I would be in the doghouse with the other one. So I admitted myself on the Medical Service of Dr. Paul Reiff, an F.&M. graduate. When I called him and told him I was in the hospital on his service with appendicitis, he asked, "Why call me?"

I replied, "Everyone in the hospital is aware that you know my family."

He said, "You've got to have it out."

"Whom shall I have?"

"Oh," he said, "I get it. I'll call Cal."

This he did and there were no hard feelings about my surgeon. That's politics in medicine.

While I was at Methodist Hospital, the hospital was robbed and the payroll was taken at gunpoint. In those days they paid everybody in cash. I was in the superintendent's office when she suddenly said, "What's going on out there?"

I looked out the door and saw a man at the office desk with a gun. I jumped out of a window onto Broad Street, hoping to flag down some help. It may be hard to believe but there I was in daylight on busy Broad Street and not another person could be seen in any direction until the robber came out, pointed the gun at me and said, "Get in there," which I did. He got into a getaway car and took off.

Penicillin, the first antibiotic, became available in small amounts during my residency. One morning a Philadelphia Electric lineman was brought into the Accident Ward with an acute fulminating pneumonia. I called the medical resident at the University Hospital. He said, "Oh, I'd like to have that patient under my care." He came down and started penicillin but it was too late and the patient died.

A lot of hypochondriacs, who would try to receive care at the Philadelphia Naval Hospital were denied treatment for one reason or another. As Methodist was the nearest hospital, they would try to take advantage of our accident ward (emergency department). As you can guess, this often led to problems.

Methodist Hospital was the medical facility nearest to the stadium. As a result we provided emergency medical care at boxing matches, the Army-Navy game and other sports events. I saw some good football games and some good fights. There was one little Italian fighter - very good - whose name I can't recall. He fought Joe Louis who gave him a terrible beating. The kid was never the same again. He was punch drunk and brain injured. Prior to that he had been a good man in the community and a good fighter. I've never enjoyed professional boxing since that time.

We were in the middle of an Italian neighborhood and Italian women would be admitted with pneumonia; they would be restless and their condition would deteriorate. Since it was assumed they were going to die, the priest would give them last rites and they would get well. This happened because they were prepared for death and it didn't matter anymore whether they would die, and they would settle down and get well.

Besides being chief resident I worked as an assistant to the obstetricians and gynecologists. After I finished my training at Methodist Hospital, I went to Pennsylvania Hospital as a resident at Philadelphia Lying-in. I was one of three residents in obstetrics and gynecology and we worked very hard and learned a lot. We were on call one night and off two nights. The attending physicians were very good and their excellent teaching provided a wonderful experience. They frequently did things differently which gave me sound options concerning the procedure I would prefer to use..

My unfinished charts were increasing. Dr. Lull called me and said, "I'll give you 24 hours to get them up-to-date. You're off service until you complete them." One of my friends at the University was dating a girl who was an exceptional secretary and typist. I called her and she came to the hospital that evening. I dictated all of my charts and thanks to her speed, she had typed my remarks and placed them on the charts in about two hours. We went to a little place on Chestnut Street where we could have a beer or two and listen to some music.

The next day I went into the record room and one of the girls in the record room asked, "What did you do last night?"

I said, "Why?"

She said, "one of the chiefs was in and asked, 'Did Hartman get those records done? Let me see them.' And he went out shaking his head and said, 'I saw him out dancing last night.'"

On one occasion we admitted a woman who had a criminal abortion that became infected. She was very sick. At that time there was a rule that all criminal abortions had to be reported to the District Attorney's office. Two detectives arrived and desired to question her, but she was too ill to permit an interview. I did make arrangements for them to talk to her husband. The next day I got a bottle of whiskey from those two detectives. I called one of them and said, "What goes on?"

He said, "We talked to the husband and he gave us the name of a bar in West Philadelphia.

"We went out and asked the bartender about this guy and he said, 'There he comes in the door now.' We picked him up. We got a promotion."

In South Philadelphia we got a lot of infected abortions which had been performed by Italian midwives.

When I was a resident at Methodist, a patient was admitted that had been at Bryn Mawr and Jefferson Hospitals. She had a full-term baby which was dead. The baby was in the abdomen and the mother had unruptured tubes. When I went up to Lying-in, I saw a patient of Dr. Clifford Lull's and the baby definitely wasn't in the uterus. I told Dr. Lull this had to be an abdominal pregnancy. It was still living. He asked, "How do you know?"

I said, "I've seen one before." A six-pound baby was delivered out of her abdomen. We couldn't remove the placenta at the time of the birth because it was attached to the bowel. We removed the placenta about two months later.

I had known my wife, Evelyn, at Methodist Hospital where she was assistant night supervisor. Later she worked at the Burlington County Hospital in Mt. Holly, N.J. She needed some surgery and she returned to Methodist Hospital for it. As chief resident, I was automatically her intern. We became better acquainted and often went canoeing on the Rancocas River. Later we became engaged.

While in Philadelphia, I joined the Naval Reserve. I saw them taking some destroyers out of mothballs and I decided that we were going to get into the war sooner or later. I knew if we did and I returned to Lancaster without any military commitments, I would be in the National Guard. The Navy had a special rating in their Naval Reserve for ob-gyn physicians and they were used to replace regular Navy doctors who would go to sea. I signed up for that. I went down to the Naval Hospital in Philadelphia where I was fairly familiar and saw the doctor in charge of the district and asked him what my chances were of being called to active duty. He said, "No chance at all. If they called you they'd want you for the Philadelphia Hospital and they are set up and don't need anything and a copy of the orders would have come across my desk". So I came back to my apartment on Duke Street in Lancaster, took the mail out of the box and there were my orders. That was in 1941. We advanced our wedding date, got married and took our honeymoon on the way to my first assignment in Miami.

I had scarcely started my practice in Lancaster when that happened. Dr. George Stoler took over the care of my obstetrical patients. He was very careful to turn over all the fees he got from my patients to me. All of the gynecology performed in Lancaster at that time was done by the general surgeons. There were no local gynecologists and Dr. Stoler did no gynecology.

I was stationed at the Naval Air Station at Opalocka, outside of Miami. I did obstetrics and gynecology for the Navy, Army and Coast Guard. Later the Army got their hospital and our outpatients' dispensary was moved into the center of town. At first we used both Jackson Memorial Hospital in Miami and St. Frances Hospital on the beach. After I got busy I had to concentrate my work at Jackson Memorial although the Catholic Sisters had been good to me.

When I was in the Navy at Miami, I delivered a baby for a Navy wife who was a registered nurse. The baby had the most extensive spina bifida I had ever seen, but had no paralysis. There was nobody in Miami that wanted to do anything with it. I made arrangements for the Navy to fly the mother and baby to John Hopkins to Dr. Dandy, an outstanding neurosurgeon of that era. Dr. Dandy sent the baby back with the note, "Dear Doctor, nature will take care of this. Inside of two weeks she will have meningitis and she will die and that will solve the problem." When I left Miami 1 1/2 years later, that baby was still living. Neither he nor I had thought about the fact that the mother was a registered nurse and she used absolute aseptic care.

After about two years in Miami and losing weight to 125 pounds in my uniform, I received orders to "Edur". Where was Edur? I had orders to go to San Francisco and they would tell me

where I was going. Upon my arrival I discovered I was in charge of a hospital with about 150 enlisted men and seven physicians. After sitting around for a while we were sent out to New Guinea as a part of the Seventh Fleet under MacArthur's command. We got everything unloaded at Milne Bay, New Guinea only to be told that they sent us there by mistake. Then we got orders to proceed to the other end of New Guinea at Hollandia. We arrived on a ship and the Army would not let us land. They said, "No Navy. This is Army country." Then our unit was broken up and some of us went to one of the Shouton Islands. I was placed in charge of a hospital on Los Nigros. It was here that I finally received my orders to return to the United States.

In the fall of 1945 they sent me back to San Francisco, where I received my orders to go to Norfolk. (I was tempted to ask them to send me back to the Pacific.) The hospital in the Navy Yard was new and seemed to be the home of more roaches and other insects than you could imagine. We were not too busy and it was while here that the war ended and I was finally permitted to return to Lancaster.

At first I shared offices with my Uncle, Dr. Stahr, at 139 East Walnut Street, but as my practice flourished, I moved to East Lemon Street and later to North Duke Street. While working out of the office on Lemon Street, Dr. Robert Longwell joined me as a partner. I retired in 1985.

One of the things that bothered me my last couple years at the General was that I couldn't get the residents to come to deliveries and take an interest in obstetrics. Some day they're going to meet a problem and they won't know what to do. Not many family physicians are delivering babies and they are missing one of the greatest thrills.

Today about 40% of residents in obstetrics are women. When I was at Lying-in, we had one or two women on the staff. The nurses would say, "If ever I have a baby, I will not have a woman obstetrician."

I said, "Why not?"

They said, "They're not sympathetic enough. Women obstetricians will say, 'Oh, you can take that'."

My wife had all kinds of experience in obstetrics and hospital life and she knew what she was getting into. I have two daughters. The children never knew anything else. They grew up with a father who was never there. We spent as much time as we could together, but it was quite tough sometimes. Lynn majored in French at Vassar and now, believe it or not, is a hospital administrator in California. Lynn's experience is interesting because she was asked to volunteer at a telephone answering crisis center. Later they asked her to work with them. Following that a commercial company asked her to do some personnel work for them. Another business showed interest in her and now she is an administrator for a hospital outside of San Francisco which is a great achievement for a young woman who had a major in French at Vassar. Frances graduated into the nursing profession and received her degree at the University of Michigan and then attained her Master Degree in Social Service. Now she

works with a group that provides both social service and nursing care in the home in the vicinity of Ann Arbor.

When I started practicing, women stayed in the hospital two weeks after their delivery. When I stopped practicing, they stayed in the hospital three to five days. The time of discharge depended on conditions at home. Charges for pre and post natal care and delivery were \$150 or 10% of the family's annual income. When I stopped practicing in the 80s, I was charging \$300 for total care of a pregnancy. Originally when I started, my bill included any kind of delivery, Cesarean or vaginal - it wasn't the patient's fault if they couldn't deliver vaginally. Malpractice insurance at that time cost \$50 a year for coverage up to \$100,000. Today obstetricians are paying \$35,000 a year for malpractice. I never had a whisper of a malpractice suit.

Physicians of the future have my sympathy.

POTPOURRI

Dr. Joseph Appleyard told me he gave this advice to his older patients, "Never miss an opportunity to empty your bladder."

In the earlier days, there was a little room over the garage at LGH where some of the staff physicians would meet occasionally after staff meetings. One time Dr. Pontius had a recent birthday. He was there and took his tie out from under his vest and he said, "This I love. My wife bought it and she paid \$10 for it." It was a very pretty tie.

An intern, Dr. Tom Andes said, "I'd like to see it." He took hold of it as if to examine it more closely, pulled out his bandage scissors and cut off the lower portion. The silence that followed was deadly.

An electrocardiograph machine was out of order. The service man came and said, "You'll have to get a new one. It can't be fixed."

Dr. David Simons looked at it and said, "Let me work at it," and 24 hours later it was working.

He later joined the Air Force and did a lot of research and experimentation in space and speed and gravity.

My Uncle Charley, Dr. Charles P. Stahr, told me this interesting story:

The Lancaster City & County Medical Society had professors from Philadelphia and Baltimore medical schools come to Lancaster to their meetings that were held once a month in the evening about 9:00 P.M. In 1915 transportation was by train and the speakers would stay overnight and return the next morning. A new procedure, blood transfusions were being given directly from donor to recipient and were performed by the surgical department. A University of Pennsylvania surgeon - I believe his name was Dr. Sprague - delivered a talk on this new procedure to the medical society. After his talk he offered to stay the next morning and demonstrate a blood transfusion to local physicians at the Lancaster General Hospital.

A physician in the audience asked, "To whom are you going to give a blood transfusion?"

The surgeon replied, "There always is a patient with pernicious anemia in a hospital. I will give it to one of them."

The physician replied, "We don't have patients with pernicious anemia in the hospital in Lancaster. We give them liverwurst and all of them get well."

The surgeon ignored the response as coming from an ignorant country doctor.

The next morning he demonstrated a direct donor to recipient blood transfusion and returned to Philadelphia.

Dr. Sprague returned to address the Lancaster City and County Medical Society several years later and started with these remarks, "I owe an apology to a doctor in this audience. He told me that you gave pernicious anemia patients liverwurst and they got well. Since I last spoke to you, Minot et al have discovered that liver does cure pernicious anemia. By disregarding your very astute discovery I missed my opportunity to attain medical immortality."

Dr. Roland Klemmer was a highly respected internist in Lancaster. When WWII started, he enlisted in the Navy, but failed his physical examination because of hypertension. He prescribed medicine for himself and passed a later examination. While he was stationed at a hospital in the Southwest Pacific, there were a considerable number of patients with typhus fever. The commanding officer insisted on caring for these patients himself. Dr. Klemmer did not approve of his treatment and said so to no avail. One of the nurses died. One night a shore policeman guard saw him carrying a gun and walking in a brisk manner. When asked where he was going, he replied, "To kill the commanding medical officer." Dr. Klemmer was restrained, put on the sick list and sent back to the States for evaluation and treatment. While aboard the ship that was returning him, he committed suicide.

INTERVIEW WITH DR. WILLIAM S. TINNEY, JR. (1989)

I decided to become a doctor when I was just a little kid. In those days doctors had some respect and I could see this. I was always very fond of Dad. I could see the kids from the Strasburg High School going to college and flunking out. The only people who did well were the ones who went to Millersville. I saw one student go to Lehigh and flunk out and I saw one go to VMI and flunk out. Any number of them went to F&M and flunked out. So I decided the hell with this. I said, "I want to go to the Academy." So Mother and I went in and saw Bill Hartman's father and decided to go there.

I told Dad in July and he said, "Keep your mouth shut until the next School Board meeting and I'll resign because I can't have you going to Franklin & Marshall Academy and be President of the Strasburg School Board." So I went to the Academy for four years. Then I went to Franklin & Marshall College and graduated in 1934 after which I went to University of Pennsylvania Medical School. Dr. John Atlee, Sr. wanted me to intern at Pennsylvania Hospital and a couple of my classmates wanted me to intern at Bryn Mawr Hospital.

I came home and I discussed a place for my internship with Dr. Pontius and he was very dogmatic. "I have plans for you. You intern at the Lancaster General Hospital. Then you're going out to the Mayo Clinic." I had always decided that I was not going to be in general practice like my father. Dad told me that. He took me down to Philadelphia to start medical school. Just before he left to drive home, he said, "Now look, for God's sake, don't be a general practitioner." I decided to go into Internal Medicine when I was in medical school. Dr. Roland Klemmer was quite an influence on me. He was an excellent doctor. Dr. Pontius tried to talk me into surgery but I didn't like that.

During my internship a very elderly doctor from somewhere in Chester County was admitted to Lancaster General Hospital on Dr. Clarence Farmer's service. He was not in a coma but obviously in diabetic acidosis. So I started right away with intravenous glucose and high doses of insulin. After he had had about three doses of insulin the patient said, "What are you giving me?"

I said, "Insulin"

He replied, "I don't believe in it. What's this you're giving me?"

I told him what I was doing and what I was giving him and said, "You're going to be well in a day or two."

He said, "I don't want any more of this. STOP IT!"

It upset me very much and when Dr. Farmer came in, I told him about this. I was very much distraught. Of course the fellow was better temporarily because he had had this medication. So Dr.

Farmer went in and you know the way Dr. Farmer explained what we were trying to do and informed the patient that he'd be all right in a few days,

"I DON'T WANT IT!"

So finally Dr. Farmer and I walked out the door and he said, "Forget it." He could see that I was upset.

I said, "Dr. Farmer, he's going to die. In a couple of days we could send him home."

He said, "Doctor," - he always called you doctor - "I realize that. This man graduated from medical school about 1890. He went to a poor medical school. He learned very little in medical school. He has learned nothing since. The little he learned in medical school he has forgotten. Don't worry about him."

Dr. George Stoler was a very fine obstetrician. I remember several occasions he called Dr. Farmer or Dr. Pontius to assist him.

Dad sent a patient to Dr. Farmer because she was not doing well before she delivered. They delivered this woman together and she was taken back to her room. The nurses called because she was having convulsions. Dad was very much upset. Dr. Farmer was talking about something else and dressing. He didn't speed up or anything. Dad said, "You know she went into convulsions." He said this several times. He still didn't speed up.

Finally, Dr. Farmer said, "Dr. Tinney, she will be there when we make rounds. Don't worry about it."

Dr. Farmer told most interns this, "Always have enough change that you can change \$100 bill. Sometime you will run into some "smart" patient who has no intention of paying you. He may owe you \$5 and he will throw a \$100 bill down on your desk knowing that you can't change it and you'll never see him again." I always remembered to carry change for \$100. Shortly after I started practice some son of a gun did that very thing and he was really surprised when I was able to change it.

While I was an intern at the Lancaster General Hospital, Dr. Keasby, the head of the Laboratory and Pathology Dept. said, "I have a lot of specimens that should be reported. I'll let you do that instead of working with blood sugars, urinalyses, etc." So I grabbed that. She had a patient with an inter auricular septal defect in the heart- very rare. I looked this up in the literature - the finest article was written by a cardiologist at Temple. I went down and talked to him. I sent this article into The Archives of Internal Medicine. It was published. That stimulated me. Shortly after that I went out to Mayo Clinic and discovered they had two specimens of this defect. So I wrote about them with Dr. Arlie Sparks one of the cardiologists and had that published. I got started writing about interesting patients in medical journals and became very enthusiastic about it. While I was at the Mayo Clinic I wrote 51 or 52 articles published in The Archives of Internal Medicine. Several articles were

about bronchogenic carcinoma and adenomas of the trachea and bronchi; several articles were about polycythemia vera. Some of them were reprinted in Medical or Surgical Clinics of North America.

When I was at the Mayo Clinic on Armistice Day in 1940 at dinner time I went home for lunch. When I came back to the Clinic at one o'clock, it was getting a little colder - by two o'clock it was snowing. It was one of the worst blizzards they ever had. When I went downstairs about five o'clock to go home - I lived about ½ mile from the other end of town - the doorman said, "Where are you going?" I told him. He said, "You're never going to get there." I thought he was crazy. So I kept on going and I almost didn't get there. Farmers were lost going between their home and their farm. Turkeys by the thousand were frozen. We poor Fellows and residents used to go out and buy these frozen turkeys for a few cents a piece.

I worked with Dr. Philip Hench. I was on his service for three months when I first went out there. He had already discovered cortisone and was working with it. He had a cleft palate with cleft palate speech and never had any desire to change it. When I told this story to Dr. Herbert Cooper, Sr., he said, "That's the trouble we have. People don't want to change their speech."

I was at Mayo's for six years- a Fellow for two years, an Assistant for two years, and I was on the Staff for two years. I would love to have stayed but first of all they didn't pay very much in those days and in the second place the weather was just impossible - 40 degrees below zero. Rochester, Minnesota was a very nice town and practicing was under ideal circumstances. Our families were back here. I was married in 1940. We went out to Rochester, Minn. on our honeymoon. Alice, my wife had taken a course at the laboratory at the Lancaster General Hospital following which they asked her to work in the Heart Clinic. The Heart Clinic consisted of three persons at that time. She was the technician. Drs. Esbenschade and Klemmer were the physicians and that was the entire cardiology staff.

I returned to Lancaster and set up my practice on College Ave. and stayed there.

This woman - not too intelligent - came in and was extremely nervous - all her symptoms were functional. So I told her this and I asked, "What makes you so nervous?"

"I haven't the vaguest idea," she said "I'm married to a fine Christian fellow. (I smelled the problem right away.) He is a trustee of the church; he teaches the Men's Bible Class, too. He doesn't drink. He doesn't smoke. He's a fine Christian gentleman." She came in about twice a year with the same complaints and she always gave the same answers. This went on for about 10 years. Finally, she came in one day and we went through this monkey business again and after she repeated the above, she said, "My husband has only two faults. He beats me up and he runs around with other women."

Shortly after I started practice a physician entered my office and complained of diarrhea and said he needed a prescription for paregoric. He said, "I want a big dose." So I gave him a prescription for I don't know how much paregoric. About 15 minutes later I get a phone call from Smithgall's Pharmacy. Somebody asked, "Do you know this gentleman?"

"No," I said. "I never saw him before"

"He's an addict." I told them to go ahead and fill the prescription and I never saw him again.

Sometime later Tom Andes came to Lancaster to practice. One Sunday morning about two o'clock I get this call, "I don't know what to do. I'm out here on President Avenue seeing this doctor. He's having terrible renal colic. I've already given him ½ grain of morphine intravenously and he still has the pain. What shall I do?"

I told him he was an addict. He promptly packed things up and left.

These are some of the interesting stories of a father, Dr. William S. Tinney, Sr, (see under family physicians) who was a general practitioner, and a son, an internist, who together practiced during most of the 20th Century.

INTERVIEW WITH DR. WILLIAM MCCANN

In 1965 Dr. J. Howard Esbenshade was in charge of the Heart Department and Dr. William McCann was a Resident. The Master 2 Step was performed to determine coronary heart disease; the Treadmill was not yet in use.

The 6th floor had a CCU. The first CCU in the country opened in Kansas City, Mo. in 1963 so it was very impressive that the LGH had a CCU less than two years after the first one in the U.S. There was a Medical and Surgical side and only the Medical side was monitored.

In 1965 thoracotomy was performed for insertion of pacemakers. Later transvenous pacemakers were available. A gentleman keeled over and was taken to St. Joseph's Hospital and he needed a permanent pacemaker. He was brought over to LGH by ambulance with Dr. McCann in the ambulance with the patient. Drs. Robert Witmer and Richard Mann put a pacemaker in the patient in the Short Procedure Unit in the X-ray Department - a transvenous, Medtronic with a fixed rate.

In those days the patient had to be taken to the X-ray Department for insertion of the pacemaker. Some coded (cardiac arrest) en route in the corridor or on the elevator. In one case I told the family the patient was dead and ten minutes later his heart started beating again and I told the family the patient was alive. He died a few hours later. Now everything is done in the Cardiac Dept. Having the laboratory in the X-ray Dept. was bad logistics.

In 1965 Code Blue was started at LGH with a big MAX cart and the patient was placed on the cart and all the appliances and medications needed were in or on the cart.

Between 1968 and 1972 the CCU moved where the IMCU is to-day. The Medical side had open wards and the Surgical side had private rooms probably to prevent infection.

The first cardiac catheterization was performed in October, 1971 with Dr. Richard Mann catheterizing the right heart chamber and Dr. Dwayne Goldman catheterizing the left chamber. At that time, the catheterization was done in a little catheterization laboratory in the X-ray Department. Patients were sent to Hershey for cardiac surgery.

In 1972 Drs Mann and McCann did catheterizations without the radiologists with cut-downs in the arm. 1972-74 cardiac catheterizations were done in the X-ray Dept. By this time LGH had a Treadmill for testing coronary heart disease. Dr. James Gault came in 1974 and patients for heart surgery were sent to Dr. Horace McVaugh in Phila., first at University of Pa. Hospital and later he moved to Lankenau Hospital. Dr. W. Pierce at Hershey was good, but he spent a lot of time in animal experimentation and was not always available for cardiac surgery.

Coronary arteriography was discovered by serendipity. A physician placed a catheter in the aortic root and injected dye and by mistake one catheter had gone into the coronary artery. The dye went into the artery and this was the first selective coronary arteriography.

In 1974 the Swan-Ganse catheter was available to measure wedge pressure, which told left ventricular function and cardiac output.

In 1974-5 the intra-aortic balloon became available which was good for handling patients with left ventricular dysfunction and was frequently used by the surgeons post-operatively to buy some time. This device maintained diastolic pressure for coronary perfusion, but decreased systolic pressure.

In 1975 the Cardiac Catheterization Laboratory was completed in the Cardiology Dept. Dr. Mann did not want the X-ray Dept. involved with echocardiography, so Dr. McCann did these studies and interpreted them in the Heart Dept.

Dr. Gentzler joined the cardiology group in 1976. In 1978-80 Dr. Slovak joined the Dr. Bertram Johnson group and in 1982 Drs. Slovak and Smith joined the Cardiovascular Associates.

In 1978 discussion began about cardiac surgery at LGH and in 1979 their application for starting cardiac surgery was turned down.

In 1980 the present CCU opened. Cardiac Rehabilitation had begun in 1977 and for outpatients became available in 1985.

The Cardiac Catheterization Laboratory expanded in the 80's and at the present time there are 4 catheterization laboratories on the second floor.

A lot of patients were resuscitated and were on a ventilator in those days. Dr. Richard Mann complained that as the senior man of the group he was the one that always had to make the decisions when to pull the plug. He told the nurses, "These partners of mine never make a decision to stop treatment." He walked over and pulled the plug and left the room.

Nurses ran after him and called, "You pulled the wrong plug. That plug is attached to the electric bed."

Two patients entered the hospital with dissection of the thoracic aorta and lay in beds in CCU side by side. No surgery was available at that time. They were given sodium nitroprusside to decrease their blood pressure and then inderal. Both of them walked out of the hospital.

Open Heart surgery began in 1983 under the leadership of Dr. Lawrence Bonchek.

In 1984-5 angioplasty was done and in 1990 atherectomy was done.

STEPHEN D. LOCKEY M.D.

An interview with his wife, Mrs. Stephen (Anna) Lockey, about 1990

Stephen D. Lockey was born April 29, 1904 outside of Phoenixville in a small village called Ironsides. His brother contracted diphtheria when he was three years old. Diphtheria spread through the entire neighborhood. Physicians were only starting to use horse serum and he was given diphtheria antitoxin, but his throat closed and he died. It was a terrible tragedy for the whole family. Stephen was to learn later at the age of 12 that his brother had been a victim of anaphylaxis to horse serum - an acute allergic reaction which can be fatal. This instilled in Stephen a great desire to study medicine and this experience sparked an interest in the field of allergy that would last a lifetime. Two other children died at childbirth and Stephen, who was the third child, was the only one that survived. Christmas was always a depressing time around their home.

Another great influence on Stephen's life was Dr. Elmer Gottwalls, a well known and respected physician, in the area. He helped so many boys, inspiring some of them to enter the field of medicine, that they formed a "Dr. Gottwalls Club."

Stephen Lockey's parents emigrated from Austria-Hungary, met in the United States and were married. Their name was Laki. Stephen attended a one room school. When he entered first grade, the teacher, Ida Zollers, asked him his name, but he was unable to spell it. She said, "We'll spell it for you," and she spelled it 'Lockey'. After retiring, the teacher moved to the Lancaster area so that Stephen could be her physician.

Stephen was a member of the first Boy Scout Troop that was organized in America in Phoenixville, Pa. in 1908 with about thirty boys. He joined this troop in 1912-13.

After he graduated from high school he worked for one year with Bell Telephone Co. because he was undecided what he wanted to do. It was during that year that he decided to study medicine. He attended Franklin & Marshall College because they had a good pre-medical course. Stephen graduated from F. & M. in 1928 and entered Temple University Medical School and received his Medical Degree in 1932. He interned in Lancaster for one year at the Lancaster General Hospital. He started his practice of medicine on Main Street in East Petersburg in 1933. He started with a 50 cent office fee and a \$1 charge for a house call.

When he was a sophomore at F&M, he met Anna B. Funk, who was teaching school down the country. They saw each other now and then when she would get back to Lancaster. They became engaged when he went to medical school and were married in 1933 after he started his practice. In those days women were not permitted to teach school and be married.

He started in the general practice of medicine and performed home deliveries. He had a patient who had a horrible case of asthma and Dr. Lockey got up many nights to help relieve him so he could breathe. He decided that he had to find out what he could do to help this man and others with similar

conditions. After he was in practice about three years, as a result of this experience and the memory of his brother's death, he decided to go to Columbia University and learn more about allergic diseases.

Dr. and Mrs. Lockey's house had a beautiful little cook stove with coal and it also had an electric stove in the kitchen. Dr. Lockey used the dining room for his office and the living room for the waiting room and they had their living quarters upstairs. They moved two doors away in 1935. Miss Sarah Landis, who became his invaluable technician, nurse and helper, started working with him in 1941.

He moved his office from East Petersburg to 60 North West End Avenue in Lancaster in 1945 and four years later they moved into a bigger house at 1911 Millersville Pike because they had four children.

In his office, for emergencies of an allergic or anaphylactic nature, adrenalin was everywhere and as soon as a patient showed any sign of a reaction the first thing that was done was to get adrenalin. Dr. Lockey would frequently wet a syringe with epinephrine - he would push out the epinephrine - and then inject it intravenously - later add a steroid - and it would bring the patient out of his/her distress immediately. These patients might have a swollen throat, generalized hives, urticaria, swollen eyes and lips and extreme shortness of breath. He also used a vaporizer with a solution of adrenalin 1:100. This solution was made specifically for him by Armour & Co. The FDA gave him a special license for it and every two years he would go down to Washington and have it renewed and Armour & Co. would make up the solution for him.

He was a workaholic. He began the Allergy Clinic at the Lancaster General Hospital in 1937 and served in this activity and remained on the active staff of the hospital more than 45 years. In addition, he was on the courtesy staff of St. Joseph's Hospital.

In conjunction with the Allergy Clinic at LGH he did a lot of pulmonary function studies and inhalation treatments. Dr. Lockey started inhalation therapy at the hospital and founded the Inhalation Therapy Department in 1952. Among the inhalants was Solution G (1:100 adrenalin solution) and a lot of penicillin diluted with normal saline was used by inhalation. The patient would turn on the air pump and inhale the solution. All the allergy extracts, animal dander, feathers, dust, molds, (his office staff grew all their own molds) and food extracts were made by Miss Landis for use in the clinic and office. Many extracts were made for people from the dust, cats, dogs and birds and other ingredients from the patient's home.

Dr. Lockey had a snare which he attached to an instrument which he would insert into the nose and place the wire around the polyp and clip it off. When more nose and throat specialists moved into the area, he referred these patients to them for polyp removal.

A young mother of four children was a very severe asthmatic. Drs. Lockey Sr. and Jr., whoever was available, treated her. One Friday evening Miss Landis was there and received a call

that she was having a very severe attack of asthma. She told them to bring her in immediately and called Dr. Lockey to inform him that this patient was coming. Her condition was critical when she was brought into the office. She died in Miss Landis' arms in the office.

Dr. Lockey loved to tell many Amish stories in their Pennsylvania Dutch dialect. An Amish woman did not want her husband to buy any more horses or mules, but he bought one anyway. He came home with this mule. His wife said, "Ach, Amos, what are you going to do with this mule? Your barn is already filled."

He replied, "I'll put him in the toolshed." He goes to put the mule in the toolshed and the door is too low for the mule and the mule kicks. So, Amos says, "Ach, that won't do. I can't get the mule in the shed, so I'll shush some dirt out from underneath so he can get in."

His wife, Lydia says, "Why did you do that? His feet already go in."

His children went with him on house calls. His wife never knew what happened on house calls, but they always liked it. This was at the time the children were small while they lived in East Petersburg. When they moved out to the Millersville Pike, there were very few house calls, but there was always a ritual of having dinner every night together in the dining room - uninterrupted. Dr. Lockey would tell about things that happened, which made it very pleasant listening to his children. They went through high school and started in college and their father always told them to take chemistry and biology regardless of whatever else they were taking because they could always fall back on that if they ever changed their minds about what they were going to do after they graduated. Each one of the children did well in science. Mrs. Lockey was not aware that any of them decided they wanted to be a doctor while they were in high school. It was after they got to college that they made their decision. In fact, the younger one was going to graduate with a degree in architecture. The war in Korea came along and he decided to stay in school, so he wouldn't get involved in the Korean conflict. Then he switched to medicine. He said, "I didn't think I'd study medicine, but then when we get to the dinner table and everybody talks about medicine, what am I going to talk about?"

Dr. Lockey was always able to help somebody, somehow - whether it was medical or financial. He received great satisfaction in being able to help people. He treated families who came into the office with many children with considerable reduction in charges. He was on the Board of the United Church of Christ Retirement Home at Allentown, Pa. He became interested in a retirement home in this community and worked with St. Paul's United Church of Christ Church to start a retirement community in the Lancaster area. Thus, was the beginning of Homestead Village Retirement Home. During World War II Dr. Lockey served on the American Friends Relief Committee. He organized "Dollars for Scholars" which became known as the Citizens' Scholarship Foundation of Lancaster County, which organization he served as president. He served for many years on the Board of Directors of the Salvation Army. Dr. Lockey received a certificate from the Freedom Foundation honoring him for his editorial on freedom published in the Sunday News in 1976.

Among the many awards received by Dr. Lockey was the Distinguished Medicine Award - the highest honor given by the American Association for Clinical Immunology and Allergy in 1984. He gave many lectures to many different medical groups and organizations in this country and abroad. He was a prolific writer in many medical journals in the field of allergy. He engaged in many research efforts and contributed much to his field of allergy in which he was a pioneer and a frequent charter member of allergy associations. Dr. Lockey spoke about the adverse effects of smoking many years before the Surgeon General reported on the harmful effects of cigarette smoking.

One only realizes the importance that Dr. Lockey attached to his family when one learns about the careers of his children. His three sons are physicians and his daughter is in a medically related field.

Dr. Lockey's widow provides this advice for young physicians: Be benevolent to the needy in all ways. Be forthright and honest with whom you ever have contact. Give extra time to your family especially if there are little ones.

THE RIGHT MAN IN THE RIGHT PLACE AT THE RIGHT TIME

Interview with Roland Loeb, M.D.

To-night we are honoring a man, Dr. Roland Allen Loeb, who by his own admission was the right man in the right place at the right time. It all began when a lovely (he said that) lady came to his office with a mole. Although it looked benign, apparently he was suspicious, and sent her to a surgeon. The surgeon, likewise, not absolutely sure, performed a wide excision and the pathological diagnosis was melanoma. Studies already revealed metastases and she soon succumbed to her disease. He had done everything right and this lovely lady died within a year.

This unnamed patient stimulated him to learn more about the detection of cancer. This was 1945. Two years later, he married a young lady named Jean Levy in May of 1947. Two months later in July, he went to New York to study in a cancer detection clinic. His new bride and he decided he could afford to be away from his relatively new general practice for two weeks. The Medical Director of Strang Clinic was Dr. L'Esperance, a classmate of Dr. Louisa Keasby, who was the pathologist at LGH. Both of them had studied under the renowned pathologist, Dr. Ewing. Dr. L'Esperance persuaded him to stay one year and she would give him a stipend of \$2500. This young enterprising general physician with a new practice and a new bride had found his Lorelei. He discussed the circumstances with Jean. In spite of his own desires, he says that he would not have accepted this offer without her consent. With Jean's approval, and he gives her a lot of credit for allowing him to make this decision, he was on his way.

The first two weeks he did physical examinations for the detection of cancer. Women physicians examined women and male doctors examined men. Dr. George N. Papanicolaou came across the street every day from Cornell University to the cancer detection clinic and Dr. Roland A. Loeb had the opportunity to meet and converse with him. When he learned that Dr. Papanicolaou was studying cervical cytology, he asked Dr. L'Esperance for the opportunity to study with him. When both Dr. Papanicolaou and Dr. L'Esperance gave their approval, Dr. Loeb began his training for his career in Exfoliative Cytology. Now he desired to examine women in the clinic. Remember! I said female physicians examined women and male doctors examined men. He asked Dr. L'Esperance for this opening and it was granted. Now to convince the patients. One morning, he entered a booth and told a woman he had come to examine her. When she stated she wanted a female physician, he looked at the people waiting to be seen and said, "If you want to go to the end of the line and wait your turn, you may see a woman doctor."

She looked at all of the people and thought she would be waiting 2-3 hours, and said, "All right, you can examine me." The ice was broken.

In addition to working in the clinic and with Dr. Papanicolaou during the week, he would return to Lancaster and continue his practice on Saturdays and Sundays. A pathologist in Lancaster told his wife, "He is wasting one year of his life."

While he was in training, he examined a woman in his office in Lancaster and saw a positive cytologic test (Pap smear). He took the specimen to Dr. Papanicolaou, who agreed. Dr. Loeb referred the woman with a carcinoma in situ to a surgeon (general surgeons were doing all of the gynecological surgery then). The cervix looked so normal, the surgeon didn't want to do a biopsy, but finally did reluctantly. When the biopsy returned positive, the surgeon was even more reluctant to perform a hysterectomy. For several years, the surgeons would say, "Here is another normal looking cervix in a patient referred by Dr. Loeb." It took a few years before surgeons could easily accept performance of surgery on a normal looking uterus.

After completion of his training, he returned to Lancaster full-time in general practice and cytological diagnosis. A local gynecologist told his wife, "Your husband does fine work, but how will he make a living?" From 50 Pap smears the first year his fame and ability increased his cytologic practice to 30,000 Pap smears annually. Incidentally, the cost increased from \$3 in 1947 to \$18 in 1994.

Dr. Roland A. Loeb, the man we are honoring to-night, said, "I was the right man in the right place at the right time." And I might add, "He had the right wife and he did the right thing." He studied cytology under Dr. Papanicolaou. It is fine to be in the right place at the right time, but you must take advantage of the opportunity and do the right thing.

The late Senator, Richard Snyder wrote a column about our honoree. A few of the remarks included the following:

"Political Activity: "The way you practice medicine is decided in Harrisburg and Washington. If these people are calling the shots, we ought to get involved in the selection of these people.

"Talk to the boss (the patient): After treatment is concluded, the doctor is entitled to tell the patient how changes in medicine will affect him/her.

"Lawmakers: The last time the Pennsylvania legislature "did something for us" we ended up with mandatory liability insurance and the CAT fund.

"Optimism: Despite all of the tinkering with medical care, well intentioned and otherwise, this is still the finest medical industry in the world. The rise in life expectancy in the past 40 years has been amazing. Hang in there."

When Roland entered the Army, he was assigned to a Liberty ship transporting troops to Europe. As a physician, he was asked to lecture to the soldiers about transportation on water. They had just left port at Hampton Roads. He talked about seasickness and said, "Seasickness is all in your head." Before he finished his lecture, he was seasick.

When Roland talked to Jean's father about marrying his daughter, Mr. Levy asked, "Are you sure you can support a wife? What is your income?"

Roland replied, "I made \$600 last year."

When Jean and Roland were planning their honeymoon, Jean wanted to go to Nassau. Roland said, "How do you intend to get there."

Jean replied, "By boat."

Roland said, "You go by boat. I'll fly and meet you there."

They went to Williamsburg.

During Roland's training in New York, he devised an instrument to take rectal washings. At that time they were doing cell cytological studies on rectal specimens. This procedure has since been discontinued.

After developing this device, Jean and Roland attended an AMA convention. To his surprise they saw an exhibit extolling the Loeb Rectal Washer. They went over to the booth where a young physician said, "Let me show you how to use this."

After he explained how it was used, he asked Roland to register, so he could send him some additional information. He looked down and read the name, "Dr. Roland A. !!! Loeb. Oh, you invented this instrument?"

Roland and Jean have a son, Mitchell, an electrical engineer with a Ph. D., who works for IBM in North Carolina and teaches Fiberoptics at Duke and a daughter, Jetty, married to an ophthalmologist. She lives in Scottsdale, Arizona and is active in the theater and politics.

The Right Man in the Right Place at the Right Time. This applies to his role as Secretary of our Lancaster City & County Medical Society and he has done the Right Thing. He has served this society well and unselfishly - giving of himself and his valuable time to the needs and uplifting of the society. He has always been available for help and consultation. His conscientiousness is demonstrated as follows: He carries his portable phone with him everywhere. He calls his office daily and Sally at the LC&CMS office 2-3 times a week. He may call from the Mohavi Desert in Southwestern U.S. smoldering in the sun and plan the next meeting with Sally while we are having a blizzard in Lancaster County. He has been a mentor to many of us as we have taken a more active role in organized medicine. He has been our spokesman to the outside world as well as to us as physicians by his spoken words as well as his written words as Editor of Lancaster Medicine - our vehicle of communication.

The Distinguished Service Award was presented to Roland Allen Loeb, M.D. in 1982 - I am happy to say - during my Presidency. I would like to read the inscription on this award and add a few more recent accomplishments at the end. I think it summarizes well Dr. Loeb's accomplishments.

Graduating from University of Pa. School of Medicine in 1942, Dr. Roland Loeb served in the Army Medical Corps during World War II in the European and Pacific Theaters. He received the Bronze Star with Oak Leaf Cluster and the Purple Heart. He studied Exfoliative Cytology under Dr. George Papanicolaou at Memorial Hospital for Cancer in New York City where he became a visiting lecturer. He served as President of the Pa. Division of the American Cancer Society and was a past

member of the National Board of the American Cancer Society and is a Fellow in the International Academy of Cytology. He received the American Cancer Society National Bronze Medal.

Dr. Loeb has served the community as President of the Kiwanis Club of Lancaster, President of the Alumni of Franklin & Marshall College and received the Franklin & Marshall Alumni Medal. He has been President of the Fulton Opera House Foundation.

He was President of the Lancaster City & County Medical Society in 1975 and has served as Secretary to the Society from 1977 to the present time. Also, he has served as Editor of the Bulletin (now Lancaster Medicine) since 1979.

Dr. Loeb served as a member of the Board of Directors of the Pa. Medical Care Foundation and is presently on the Council on Health Planning and Facilities of the Pa. Medical Society.

I might also add that he interned at LGH in 1942, entered the Armed Services in 1943, was discharged with the rank of a Major and returned to LGH as a Resident in Medicine in 1945. He served on the Lancaster City School Board from 1955-61. Dr. Loeb received the Sword of Hope Award from the Pa Division of the American Cancer Society for meritorious service to cancer-control programming in 1969. He also received the Edwin D. Eshleman Humanitarian Award from the Lancaster Chapter of the American Cancer Society in 1989. He was one of the pioneer founders of the Edward Hand Medical Heritage Foundation in 1981.

To end with the last sentence of inscription of this D.A., Dr. Loeb exemplifies the finest qualities of a physician who has served his profession and community far beyond duty or obligation. Dr. Loeb has retired as Secretary of our Lancaster City & County Medical Society. He is honored to-night by the presentation of an honorary life membership to the Board of Directors of the Lancaster City & County Medical Society.

The Right man in the Right Place at the Right Time, Dr. Roland Allen Loeb, has been a benefactor to us all.

INTERVIEW WITH WILLIAM S. TINNEY, JR. ABOUT HIS FATHER

DR. WILLIAM S. TINNEY, SR (Interview in 1989)

A patient called into the office and said that he wanted a bill. My mother made a list of bills - Dad didn't remember, of course, So she made out a list as well as she could. She put them in an envelope, put a stamp on them and gave my Dad a whole pile of these things to mail. He put them in his top coat. In the Spring when she took the topcoat to send to the cleaners, they were still there. She pulled them out with the stamps on and said, "What am I going to do with these?"

He said, "Throw them away."

He kept records of patients but kept no financial records.

They still didn't have morphine in a vial. I was a senior in medical school and came home for the weekend. Late in the afternoon my father got a call to a place in the Nickel Mines so I drove him down. A man had renal colic and Dad said to me, "Get the morphine." So I did and handed him the syringe and he said, "What do you have in here?"

I said, "1/6"

He handed the syringe back to me and said, "That's not going to do anything."

I said, "What do you want? 1/4?"

He said, "No, I want 1/2".

So I prepared it. We got in the car to go home and my father said, "Who ever taught you the dose of morphine? I never gave 1/6 in my life. If you gave this man 1/6th, we'd be back here in about 4-5 hours.

I said, "It affects respirations."

He said, "Not in my experience." Dr. John Helm, Jr. had the same experience with his father.

Dr. William S. Tinney, Sr. graduated in 1903 from University of Pennsylvania and interned at the old Orthopedic Hospital in Philadelphia which no longer exists and spent some time at Cooper Hospital in Camden, N.J.

Dr. Weir Mitchell was a great so-called society doctor. Dr. Mitchell would send a lot of his elderly and very wealthy patients out to Arizona - it was Indian territory then - for the winter. He said

to Dad one day, "I send a lot of these people out there and there is no physician. How would you like to go out there? There will be no pay. All expenses will be paid."

Dad was a poor boy. His parents had been poor Irish immigrants. He had never been on a Pullman car on a train in his life. The first thing he got on this great Pullman - this great luxury. So he went out there. All these people were very wealthy and they took a great liking to him because they were glad to have him. He said it was the greatest winter he ever spent in his life. First of all, he couldn't buy anything. They bought everything for him. All expenses were paid and he was able to live like a millionaire. It was a wonderful experience.

My father, Dr. William S. Tinney, Sr came to Strasburg in 1905. Dr. Wentz, son of Dr. William Wentz in New Providence brought my father up to Strasburg. He was either in Dad's class of 1903 at University of Pennsylvania Medical School or they interned together. They were both working for Dr. Sinkler in Phila. - working in his office for a short time. Dr. Tinney was looking for a place to practice and one of Dr. Wentz's sons brought him up on the low grade railroad to New Providence and told Dad that he thought there was an opening in Strasburg. Actually there wasn't. Dr. Day and a few others practiced in or around Strasburg. So Dad had quite a struggle for a few years.

He started in the old Tinney residence. The Kreiders owned the place at that time. They gave him two rooms in the front of the house and that is where he started. Then he married and lived and had his office in a house across from Ranck's - the third house east of Dr. Prowell's. That is where I was born. Then after a couple of years he moved down to the old post office building on the edge of the square. Later he moved back to the house where he started. His wife's name was Dorinda Musselman and her family lived in the sandstone house which went with the farm and which was next to the office where he had started his practice.

Dr Tinney, Sr. used a horse and buggy until after WWI. His first three cars were Model T Fords. If the roads were terribly bad or there was snow, he would get a farmer to drive him. When patients needed hospitalization, the family or Dad would take them to the hospital. Sometimes they were sent in by trolley car. It took one hour to go by trolley car from the square in Strasburg to the square in Lancaster through Lampeter and Willow Street.

Dr. Tinney and Dr. Day decided a mentally deficient boy needed a tonsillectomy. This was done at home. I don't know which one gave the anesthesia. They had one tonsil out and the boy stopped breathing so they discontinued surgery. He recovered OK. They looked at each other and decided they would let John go through life with one tonsil. Dad didn't do much surgery except minor surgery. He referred all of his patients to Dr. John Atlee, Sr. and Dr. Clarence Farmer. He delivered about 100 babies at home each year. If there were any serious complications he sent them to Dr. Farmer. He died in 1947. He practiced 44 years until he died. He never retired.

Dad had this patient and he said, "I think my neighbor is stealing my chickens. Last night I heard this commotion down at the chicken house and I got out my shotgun and shot in that direction and I saw somebody run like the devil."

Many years later the fellow he thought was stealing chickens came to see me and he had backache and I had to x-ray his back. The picture showed he was full of buckshot. This proved this guy was right.

INTERVIEW WITH DR. ARTHUR MARTIN

NAME: Dr. Arthur Martin

ADDRESS: 126 W. Broad Street, New Holland. Pa.

BIRTH DATE: July 4, 1907

TYPE OF PRACTICE: General Practice

PARENTS: My father's name was Eli W. Martin. He operated a grist mill in East Earl Twp. and made flour, and my mother's name was Susie Zimmerman and she lived in Martindale and both of them may have finished the sixth, I believe, but not above the eighth grade. I'm not too sure. There were nine children in our family and I was the eighth and I remember very well when I was born, my mother said to my father, "Yaye, yaye, Pop, the longer they come, the better they get." I was the only one that went to high school and college.

EDUCATION: My elementary education was in a one room school close to where I lived. I guess my grade school teacher encouraged my education. I started my eighth grade in this little school. All the rest dropped out to go to work. The teacher said, "You don't want to be alone in eighth grade." Her name was Grace Shirk. She was a lovely lady. She said, "You don't want to stay here You're alone in the eighth grade"- it was about the third month, I guess. She said, "You ought to go to Terre Hill."

My father and I got in the Model T Ford and went to Terre Hill, saw the different directors who said, "Yes, he may come and the tuition will be just moderate - \$2.00 a quarter" or something like that. So I went up there by trolley car. I walked a half block to the trolley station and it was about 1 1/2 miles to Terre Hill and it cost \$.05 each way. The Terre Hill High School was only three years in those days. For the fourth year I took work at night (extension work at Terre Hill High School) They went over to a four year high school the year after I graduated.

My parents had no quarrel about me continuing through high school but after that there was always fussing - always about going to Millersville and going to college. I had an Aunt who would come visit us sometimes. I wanted to go to Millersville and my parents always said, "No."

This Auntie said, "Aw, now you better let him go to Millersville. Why there's nothing to that." So they did then and I went two years to Millersville. My parents did not help to pay much, but two of my sisters helped. The first year teaching in a rural school, I earned \$80 a month for eight months. That would be \$640 and the first year I turned every check over to my father. This was not my choice, but that's what happened. The second year I got \$100 a month. I think I kept all of that.

I graduated from Millersville in 1927. I graduated from Albright College in 1929 and University of Rochester Medical School in 1935. I had taught school for two years after Albright. I taught science and mathematics in New York at a private boarding school (high school). I paid for my medical school education from my sisters and paid it back later.

I was an intern at Lancaster General Hospital one year and then started practicing in New Holland and got married the same year in 1936. My wife's name was Della Reitz from Terre Hill.

BOYHOOD: I was from Weaverland a rural area along the Conestoga Creek halfway between New Holland and Terre Hill.

I first thought about being a doctor when I was about eight years old. I had an uncle who was a doctor, Daniel Martin, in Manheim, and he would come out to visit my father, his brother (they got along fine). I thought he was a wonderful fellow. One of the most remarkable things I noticed was his beautiful neckties. He always had nice cars. He came to visit us one time in a Stanley Steamer. When he was getting ready to leave, he said, "I'll have to go out and get this heat going." He went out and did something (I don't know what) and when it started to steam he turned it off and got in the car and drove away.

Later, he had a Pierce-Arrow and came out to visit us. It was a beautiful car. He said, "Wouldn't you like to drive it?" I must have been sixteen, I guess.

I said, "Yes."

He said, "Take a drive."

I drove up to Terre Hill and drove it home again. I was so excited. I had driven a Ford at home.

There were other experiences that led me into medicine. We had contact with Dr. John Winters in Blue Ball. He was in general practice and would come to see us sometimes. He was a real gentleman. He always had beautiful cars. Those new Chryslers that came along. He got one of them. He had a man working for him, lived with him - who did odd jobs around the place. Every time John Winters used a car he brought it home and this man always washed it, so before he went out it was clean. Another thing that he had which I sort of envied was a beautiful large diamond ring. That was a lovely thing.

When I was practicing in New Holland, he died - I was treating him - I don't think he died because of that. A member of the New Holland Bank had charge of Dr. Winter's estate. I said, "Do you have charge of that diamond ring?"

He said, "Yes."

I said, "By golly, I'd like it."

He said, "How much do you want to give for it? No, I'll take that back. We better get it appraised first."

I said, "Well, all right, but before you get it appraised, I'll give you \$1000." I don't know anything about diamonds. He gave it to me. I took it into Zook's Jewelry Store in Lancaster and they appraised it at \$300 so I didn't buy it.

They told me, "Look at this ring. That's not a good diamond. That's all yellow - a yellow cast." So I never bought it. I don't know who bought it.

MEDICAL PRACTICE: Before my wife and I got married we were looking around and Dr. John Wenger in Terre Hill asked me to work with him. I wasn't too happy about that. Then we took a drive one day - somebody said Brickerville needs a doctor - so we drove up to Brickerville. A man had a house up there to sell and said, "You better try this. It would be a good place for you to start." We looked at Brickerville and didn't think we'd like that.

Then I told Del, "Let's go and look at New Holland." So we went to New Holland and talked to Dr. (Paul) Wentz and he was very congenial. We talk to the other doctors there. We went and rented a house in New Holland, lived there two years and then built our place on Broad Street. Our first house was on West Main Street just about two houses east of Diller Avenue where the Evangelical United Methodist Church is. I charged \$1.25 a visit when I started and \$1.50 for house calls in town. A couple of times I went to Leola and I believe I got \$1.75. I was embarrassed to charge that, too. I started in family practice. I did OB for about two years and about 12 years after I stopped obstetrics, I stopped pediatrics and the dividing line was sixteen years. A couple of years after that I stopped all but a bit of minor surgery. New Holland Machine Company was busy and I did a lot of their work and I stopped that altogether. Giving tetanus antitoxin used to worry me a lot because of anaphylactic shock. Finally I stopped everything (surgery) no sutures, no nothing.

In 1969 I had a coronary and I was in the hospital one month and that separated me entirely from all house calls.

CHILDREN: We had two children. Joyce was born in 1938 and she teaches school, unmarried and lives in a town house apartment in New Holland. She teaches in the Eastern Lancaster County School District at Brecknock. She went to Lebanon Valley College. Bruce is 46 and went to Syracuse and got his bachelor's degree there and stayed there and got his Master's and then went down to Washington. Del thought Bruce ought to be a doctor and once in a while she'd say to him, "Bruce, wouldn't you like to be a doctor?"

He said, "Oh no, mom!"

She did this a couple of times and I said, "Del, you better let him alone on that." His bedroom was to the South facing the garage and different times he would hear the garage door go up at night at 1 or 2 o'clock. He would always come to the window and say, "Pop, must you make another call?"

I said, "Yes, I will." and I told Del, "You better let him alone."

Bruce said, "I don't want anything like that."

EXPERIENCES: In those days the characters in the Welsh Mountains were not the best probably. The State Police would call me at times and then I would always go with them. One Saturday morning about 1 o'clock, I guess, the State Police called that I should come over to Stewart's Place. There is somebody killed there. They said, "Do you know who it is?"

I said, "I have a rough idea. I believe I know but I need some help."

They said, "We'll have one of our cars parked out at the country road with the lights on. You stop and follow us in the lane then."

I said, "All right," I also said, "I'm not coming without protection." Oh, that was awful.

They said, "We'll give you protection."

"All right, you meet me and stay with me." So that's what we did. By golly, sure enough, there was a girl lying out in the yard dead. I looked in one of the trooper's cars and there in the back on the floor were knives and guns and pistols. They were bad actors.

This was at the home of - one of the fellows who lived there had no arms. I think he was born that way. He could handle a knife similar to a dagger as slick as a whistle. It was fastened in his shoe, somehow. I went into the room where he was. The cops stood with me and saw the knife. He could give it a real twist and he'd catch you. So they stayed with me then. We went out to see the girl. She was lying in the yard. She was about 18, I guess 18 - 20.

The suspect was picked up and put in the front seat of the patrol car that had all these guns and everything in and the trooper said, "You sit in the front seat with her."

I said, "You're not talking to me."

"Yes, we are. We're short one man."

"Alright." I sat in there with her not happily. They did what they wanted to do and came back. Nothing happened. She was charged and went to court. I had to go in, of course. She was sent to jail. I don't know what else happened.

I got a call to go over to the mountains. The man had a big gash in his foot so I took (tetanus) anti-toxin along. He was living in an old shack sitting in an old chair and he was bleeding. I said, "How did this happen?"

"I was going to cut a tree and the axe hit the dirt and then the foot and that's what happened."

He had a lot of dirt in this big cut. His wife lived there with him. So I tried to work on this and didn't have any cooperation.

Then he said, "Stop it! I don't want anymore."

I said, "There's dirt in here."

He said, "It's alright."

Then one of the big sons walked in from the woods and the father said, "Stop! That hurts."

I said, "I'm not finished."

The son said, "Didn't you hear him, Doc?"

I said, "Yes, I did."

I tried something else again and the other big son came in - big bruisers.

I did something again and the other son said, "What are you trying to do? Stop hurting him."

I stopped and said, "There's a lot of dirt in here. I have to get it out or the foot will become infected. Also, he needs a shot of tetanus anti-toxin to prevent lock-jaw."

One of the big bruisers said, "Do you want the Doc to give you a shot?"

The father replied, "No! I don't need no shot."

"Do you hear him, Doc? He don't want no shot. Leave him alone," said the other brother.

So I gently wrapped his toe and foot up and went home looking in the obituaries for weeks but never saw his name and I never saw him again.

I always hated people who got impatient when they saw the light turn green before I did. One day at Custer Avenue in New Holland I was stopped for a red light. I had a physician's insignia attached to the license plate like all of us doctors did in those days. The man in back of me blew his horn when the light changed.

I got out of my car and went back and asked him, "Did you see my insignia on the car? Do you need help? Is there anything I can do for you?"

He said, "No." Then he realized what was happening and he got furious. I got back in my car and by this time the light had turned red again.

The woman who lived next door to us had been ill and they called me over to see her. I examined her and determined she had pneumonia and was very sick. The sulfonamides had just become available - a chemotherapeutic drug to combat infection - and I gave her some. Soon thereafter, the husband called me and said she was as blue as indigo. I went to see her and she looked horrible and I thought to myself that I must have killed her. I remembered reading that sulfanilamide could cause methemoglobinemia and figured that was what had happened. I stopped the drug and she recovered.

INTERVIEW WITH IRENE DAVIS, M.D.

I, Irene Bott, was born on Feb. 27, 1903 in Ouseby, a remote village in England where my father was the rector of a small church. I was the tenth of twelve children. I was called Irene meaning 'peace' because the Boer War had just ended. I didn't go to school until I was ten years old. My mother was a teacher before she was married so she taught us and my father taught us Latin and French.

At ten years of age I went to boarding school in Yorkshire at Charlotte Bronte's School, the Casterton clergy daughters' school. I hated it because I had never been away from home and such strict rules - no speaking in the corridor, no speaking before meals in the dining room and no speaking after the lights were extinguished at night. They had huge dormitories and it was an all girl school. I went to school there until I was 17. It was situated in a mountainous region. When I was 16, I passed my Oxford entrance exam.

In 1918 when WWI ended, I was 16 years old. That same year a great spinster friend of my father and mother named Margaret Taylor came into money from her uncle. She had always been interested in women in medicine and had even taken a course in midwifery at Clapham Maternity Hospital in London and took it with a pioneer woman doctor, Annie McCall, one of the famous pioneer women doctors, especially in midwifery. She asked my parents, "You have all of these daughters. Wouldn't one of them like to be a physician? If so, I wish this physician to be my 'War Memorial.' My older sisters were doing other things and a sister 1 ½ years older wanted to go on the stage.

I was asked and replied, "I thought I would be a secretary, but I will think about it." I decided I would become a physician.

When I was seventeen, which was the youngest that you could go to Edinburgh, I was accepted at Edinburgh University and I attended in 1920. This was the second year they had allowed women to enter the University. We had to go to the college instead of the university and in my year there were 40 women and 400 men. Some of the professors did not accept us very well. The forensic professor was always telling stories about suicide and of course it was always due to a nagging wife. At one stage I thought I would specialize in pathology, but then when I got to obstetrics, I liked that. I went to the University of Edinburgh six years altogether - undergraduate and medical school. We had anatomy from the beginning and we had a wonderful anatomy professor, Arthur Cunningham, who also wrote fine anatomy books. He could stand at the blackboard and draw the human body with both hands at once and get both sides equal. We also had a very famous professor of obstetrics, Dr. B. P. Watson, who had trained in America. He always taught the diameter of the head by wearing bowler hats showing you could wear a smaller hat on the back of your head than from the forehead to the back showing the necessity of keeping the baby's head flexed during delivery.

I went to Coombe Hospital in Dublin for a month where I performed a lot of deliveries. We went to the home in twos to deliver babies - awful houses and terrible conditions. I remember one house where I was performing a delivery and my leg went through the floor. Sometimes we had to walk two blocks to get water for the house.

I graduated from Edinburgh University in 1926. I had arranged with the chief of orthopedics for a year's residency in the Children's Hospital. Another person applied with three year's experience and she was taken. Dr. Herceld, the chief of orthopedics, had a friend who was medical director of West Philadelphia Womens' Hospital who wanted women interns. I counted my money and just had enough for a round-trip to America so I took the job. I worked there only three months because I didn't feel I was getting any good experience there.

There were several women interns at the Lancaster General Hospital in 1927 and two of them were Scotch. I heard about these Scotch interns and got in touch with them. They invited me to apply to LGH because one of the interns had left as a result of a nervous breakdown. I saw Dr. Stahr in November and was accepted. I talked to the medical director in Philadelphia and she said if I wasn't satisfied with what I was getting I could leave. I came to the Lancaster General Hospital on January 1, 1928. I was only in Lancaster six months as I had a job waiting for me in England at a maternity hospital.

When I was an intern at the Lancaster General Hospital, I loved it when Dr. Farmer was called in. He was a very capable doctor. The first Caesarean Section I was assisting him with, I was so excited, that after he made the incision I pushed him out of the way and went in and took out the baby. He looked at me and said, "Do you think you're doing this?"

I said, "I'm sorry." He let me finish. He was so nice.

Going to the delivery room one time, he was in a hurry and rushed in there and his trousers fell off. He paid no attention and went on and delivered the baby. He was very easy going up to a point, but he had strict rules. If we thought anything was wrong, we called him in. Even if he didn't do anything, everything seemed all right. He never got excited. He was very calm. Then there was Dr. George Stoler who was also very capable and he was the consultant after Dr. Farmer.

I got \$25 a month as an intern at LGH. Our working hours - we had Wednesday off from 8 p.m. until midnight and one weekend a month - Saturday noon until Sunday midnight. We weren't up at night as much as they are now. It all depended on the nurses. Some loved to wake you up to reorder medicine. The entire hospital was on N. Lime St. and there were 100-125 beds at that time. The nurses' home was next door and was moved to the corner of Frederick and Lime Streets.

There was a practical nurse that had a summer job in Canaan, Conn. with a New York girls' camp. She asked me to come to camp with her as the camp doctor. I went there for two months and had a wonderful time. I learned to swim 1 ½ miles and there was a boys camp across the lake and we mixed and I really had a good time those two months.

I had practically no money but I wanted to look a little different after a year in America. I asked the clerk at the ticket office whether he would swap my ticket (I had a return tourist ticket to England on the French line) for a ticket in the third class and give me the extra money. He said, "All right." Then I took the money and bought a new winter coat, gray striped tweed with a fox collar. I had a nice red dress to go with it so I could land in England looking different.

I went home for a holiday and then I went to Clapham Maternity Hospital in London. I was there for nearly two years. Dr. Annie McCall was my chief and she supervised the difficult cases and I supervised all the midwives who were learning to deliver babies. They were delivered on the side in the bed in those days.

One time there was a bombing, windows were blown out and there were leaves in the nursery all over the cots. One of the mothers was crying. I said, "Why are you crying?"

She replied, "They've given me a baby to feed and I haven't had mine yet." They were handing out the babies willy-nilly so everybody got a baby to feed. In those days everybody breast-fed their baby.

I had one terrible result in the hospital at Clapham. This woman had a placenta previa. We didn't do surgery. That was one bad thing. If surgery was needed, the patient had to go to a general hospital and have a Caesarean Section. A surgeon was to come to see her. She said she was a Catholic and had to go to Mass first. By the time we got somebody else, it was too late. We lost both the baby and the mother in that case. That was the most tragic case that I remember. I don't remember any other deaths of mothers which is really wonderful. I did have stillborn babies. We had patients with eclampsia but none of them died.

We did home deliveries while I was at Clapham. We had to go out at night. One of the most difficult I had was in an old railroad car in a siding and she was in the upper bunk. I had to stand on a stool to deliver this baby. It wasn't very easy but everything went alright. The mothers lay on their left side and the head of the bed was raised a foot. They had one foot against the footboard. We delivered the babies with our two hands and this position saved tears. But if we did get a tear in those days we sewed them up with single stitches of catgut or steel stitches which were very uncomfortable and had to be removed. It was a long time before we had absorbable catgut. We used chloroform anesthesia.

When I came to LGH and they needed chloroform given for anesthesia, they would get me to give it even though I was a humble intern. Nobody here was trained in chloroform as we were in Edinburgh. It was first used at Simpson Hospital. I never saw any bad effects. You had to be very careful not to give an overdose.

Most of the time we used open ether masks. There was no local anesthesia at that time. Repairs were done under ether. In the homes the husbands gave the ether. Even when I came to Lancaster in 1935 we were giving ether in the homes and the husbands would do that. Dr. McCall taught me how to use forceps in delivery and make repairs which was very useful to me when I came to Lancaster.

I thought before I go into general practice - I really didn't know much about heart conditions - I should take some course in general medicine. So I went to Greenock Royal Infirmary in Scotland on the Clyde River and I was there for six months. That was very worthwhile. I learned a lot about lung diseases because they had a lot of pulmonary diseases in Scotland.

I was bankrupt and decided I better get a job. I answered an ad in the paper for an assistant in general practice in England in Stockport just north of Manchester. I got a reply and went down there by train overnight. When I got there the doctor's wife met me and took me to her house and I was to live in the house as the assistant. They had two children. The first thing I asked her was, "Whose idea was this? Have you ever had a woman assistant before?"

"No, always men."

I asked, "Whose idea was it to have a woman?"

She said, "Mine!"

I thought if she didn't object to having a woman, it would be safe. To live in a house with a wife who didn't want a woman would be terrible. I spent two years there doing general practice with Dr. Frank Dallimore. My training at Clapham Maternity was very good because we used forceps to deliver babies in the home and the husband gave the ether and we managed alright. We didn't have any tragedies. We even did a little surgery in the home. I remember a little six year old boy who had quinsy and I opened it in the house. It was a Sunday night and I was in my best red dress. He did alright.

Dr. Henry Davis, who was a radiologist at the Lancaster General Hospital, had been separated from his wife. After two years his sister said that he was pretty depressed. His friend, Dr. John Herr, was going to England in 1932. He went along to England and when they got to Liverpool, he remembered me. We had been friendly but that was all. He thought he'd look me up and he found out I was near Manchester. He came to Manchester and phoned me and asked whether I could meet him. So I met him in Manchester at the train and took him out to Stockport to meet the Dallimores. That was on a Wednesday. We found that we really did like each other.

Over the weekend he said if you're off I'd like to go and see your family. We drove up to Keswick and spent the day with my family and they asked whether this meant anything and I said, "Oh nothing. Just a friend." They liked him and my father said at the time he hadn't met a small man that

he liked as much as Henry. He even unlocked his whiskey box and gave Henry a drink. The next day we drove back through Lancaster, England and stopped for a meal and he proposed to me.

I thought, "I don't want to go back to America and leave all of my family."

We went back to Stockport and by Monday I thought, "I'll never see him again if I refuse", so on Monday I said, "Yes".

On Wednesday we went to Manchester again to get my engagement ring and that night the Dallimores gave us an engagement party and Thursday he went back to America.

He came back at Christmas. He had broken his arm. He got \$150 from the insurance company. He went to New York to the Cunard Line and asked for a round-trip ticket to England for \$150. So he came to England with the wedding ring. He asked me to get married. But I had a contract and I had only been working a short time and I had very little money; not enough to buy a trousseau. I said, "You just have to wait until next year. Next August I really will marry you."

He came over the next August and we were married in 1933. My father by this time was bedridden so we were married in London in the registry office because he was divorced. For our honeymoon I drove him all around England in my little Mickey Mouse Morris Minor roadster. I booked a hotel in Beaulieu Abbey. Then we drove through Devon and up to Hereford where we stayed with friends and then to Liverpool and then back to America.

We lived at Rolling End near Hunsecker's Mill on Butter Road. We stayed there until 1941 when we sold the house to Henry Weber and bought his house near Rawlinsville. It was 16 miles nearer our boat which we kept on the Chesapeake. Henry loved boating. We always had a boat. He built a boat when we were first married. We went to Flushing, New York and arranged to build this boat. When it was almost finished we lived on the boat and he did a lot of the work on the boat. When it was finished, he said, "You drive the car back to Lancaster via New York." I was so disappointed because I wanted to sail the boat, but he thought he would prefer to have two seasoned sailors so he and two other men sailed it to the Chesapeake where we kept it at Charlestown.

Since I had all of this obstetrical experience, they put me on the obstetrical staff at the Lancaster General Hospital. I didn't start practicing immediately because I thought I would start a family. After a year when nothing happened, Dr. C. Howard Witmer got me the job of school doctor for Manheim Township. They had never had a woman doctor. I was afraid of the high school boys, but they were so nice - everybody was so nice - I really enjoyed it. They used to laugh at my accent, but apart from that they had a good time.

In 1934 I had a miscarriage of twins at about three months. I was terribly disappointed, so after that I said, "I might as well go into practice."

I rented an office on Lime Street. There were three of us. I had morning hours, Dr. Lewis Johnson had afternoon hours and Dr. James Hammer had evening hours. There was one desk for all of us. We each had two drawers and I was made the secretary who paid the bills. We paid a total of \$90 a month rent and shared the telephone bill. That was in 1935.

The first night I was in practice, Lew Johnson called me from Intercourse where he lived and said, "Come on down, I want help with a confinement." I went down to the Amish house and helped him by giving the anesthesia, open drop ether.

He introduced me to a family on N. Plum St., and in that same house I delivered the oldest and youngest daughters and a daughter-in-law in one year. One of them had to be forceps. After that I delivered 20 children to members of that family in three generations. My last year in practice in the delivery room I had delivered the grandmother, the father and the baby that was just born. They were all in the delivery room after the baby was born. It was a wonderful family and we've been friends ever since.

In the early 1940's because some of the men went into the Army we had to give up the office. Dr. Solomon asked me to take over his office and keep an eye on his wife and children while he was in the Army. This was on N. Duke St. and I stayed there until he came back from the war.

My husband, Dr. Henry Davis, left the hospital and took me to 24 N. Lime St. in 1945 and we shared an office and a secretary. The Coopers rented the apartment upstairs and we rented all of the downstairs. Henry had a partner, Dr. Moran, with him.

My first triplets were from Strasburg on ward service. (Patients unable to pay for their medical services had physicians assigned to care for them and were placed in large multi-bed rooms called wards during their hospitalization.)

I had triplets in my private practice and they were three boys and this woman worked at RCA and came into the hospital after she finished working her shift about 5 p.m. and we dashed up to the delivery room. She kept asking, "What did I have?"

I said, "Boys!"

She said, "I know. But how many?" I had told her she was having twins. I knew she was having two. We didn't x-ray people in those days unless there was something abnormal.

Then I said, "Three" and she nearly fainted on the table. They did well and I finally delivered children to two of them.

A hospitalized 12 year-old girl had polio. Dr. Charles Stahr was the medical director. We didn't have iron lungs at the time so he and I and two other interns spared each other for three days

and Dr. Stahr did more than his share providing this child with artificial respiration hoping to tide her over, but of course we didn't make it. She died.

We had a VD (venereal disease now called sexually-transmitted-diseases) Clinic. In those days VD was hardly mentioned and Dr. Pomerantz, who ran it, was so rough with these patients and treated them like criminals. It was supposed to be criminal in those days to have VD. So when I was going off his service, he said to me, "What do you think of my clinic?"

I said, "You treat them terribly. You treat them like cattle." So he wasn't very pleased with me, but that was my impression of the VD Clinic.

We didn't have any orthopedic surgeons in those days. Dr. Rugh came up from Philadelphia and all these people came with different deformities of the legs. He operated on them, placed them in casts and followed them. He would do masses of work the week he came to Lancaster General Hospital. Nowadays we don't have that problem. The moment we see a baby born with clubfeet we call in one of the orthopedic doctors. Now the foot is promptly placed in a cast and by the time the baby is 6-9 months old its feet are straight. It is amazing! These crippled little feet are straightened out by casts. Of course, the casts have to be changed several times as the baby grows.

Dr. Hess Lefevre was in general practice when I first came. He went to an Amish house to deliver a baby. She was very slow and the labor was taking a long time. He said to the husband, "You go sit in that armchair. I'm crawling in bed with your wife". The wife slept all night before she got into active labor. Then he got up and delivered the baby.

Kids came to Dr. Lefevre's office and he would give them money, a dime or something like that. He charged \$2 for an office visit. He looked at this little boy's ear and charged \$2. This little boy said, "You only looked at one ear. You owe me a dollar." So he gave him a dollar.

I couldn't have practiced without Dr. Marvel Kirk especially when Henry was ill. If I was needed for Henry she would take over. If I was busy she would deliver my patients and she was simply marvelous.

Dr. Scott started working with Planned Parenthood and then Dr. Marvel Kirk took over in her office. There was no building for Planned Parenthood at that time. In 1935 when I began to practice, Dr. Marvel Kirk said she had had enough and asked if I would do it. So I did it in my office and this was the first year they would take unmarried women. Prior to that time they wouldn't give advice to unmarried women. Condoms, diaphragms, contraceptive jellies and the rhythm method were the only known contraceptive measures at that time. I delivered 6499 babies over 60 years.

I once had a mother with a dead baby in utero. In those days labor was not induced and there was no intervention. You waited until the mother went into labor. An x-ray showed this baby to be very large but you never want to do a Caesarean Section for a dead baby. The baby came breech. The

hips were very large and the shoulders were very difficult to deliver and the baby's head had to be delivered by forceps and it was dragged out. It was a tragedy.

About 1955 I went to a hospital in Southampton where they were using a suction cup to put on the baby's head and delivered in this way instead of forceps. I was about to use that but somebody said it was dangerous because it caused hematomas of the scalp so the hospital finally disallowed its use. The joke is that now they are using it again. In Pittsburgh my grandson has one more year in his residency in obstetrics and he says that they are using the suction cup again. It is wonderful for rotating the head.

I delivered eight great grandchildren and three grandchildren.

We did prenatal blood tests but we did not do ultrasound, amniocentesis, intrauterine treatments, etc. Monitoring the fetus was only done in the last ten years of my practice. Postpartum care is also different. The new mother is out of bed in eight hours, walks about and is discharged from the hospital in one or two days. 50 years ago the new mother was in bed at complete bed rest for eight days. They dangled the ninth day, the tenth day they got out of bed and the fourteenth day they went home.

During pregnancy we didn't do the Rh factor when I first started. Then we started doing the Rh factor and testing the titre up until the end of pregnancy. If the titre had risen we delivered the baby prematurely because after 7 1/2 months if the titer had gone up it was pretty dangerous. When they were born and the mother was negative and the baby positive, they had to have an immediate transfusion. I saw babies with erythroblastosis fetalis and hydrops before we understood the Rh incompatibility. I had one patient who was Rh negative who would not allow repeat titre testing and she lost three babies because she would not follow the guidelines for this problem. We told her each time she would lose the baby because she had such a high titer. She kept trying and lost three babies to that condition.

I had one mother who had had a long labor with the first baby but she came through alright. This was a home delivery. I asked Dr. Farmer what to do in her second pregnancy when I realized the baby was big. He said, "Just go down there and camp." So I did. I went down and camped for the whole day. That evening I was tired and I said, "I'm going to take you into the hospital and we'll see what we can do there."

She agreed and we took her into the hospital and she really wasn't having any pains at this time, so I got them to x-ray her and called in Dr. Christian Wenger who was our consultant. He said, "Let's take the x-rays down to Henry's office and we'll look at them together". It was obvious that the baby could come through the pelvis so we dashed back to the hospital. While we were missing, she had the baby with the nurse attending.

When I was down in the country, a patient called up and said, "The baby's coming."

I said to Henry, "You take the phone and see how she's doing and I'll go." So Henry gave her instructions what to do. Then he followed and he got there very soon after I did.

There was this baby delivered lying in a great pool of water. The mother was free from the baby but not the afterbirth. Henry took one look and said, "I did think you'd take the baby out of the pond." The baby lived; the baby was fine.

In the old days the attending doctor took care of the baby too. Later if we knew the baby was going to be premature we'd alert the pediatrician so that he'd be there to take care of the baby and we'd continue to take care of the mother. If a baby was born prematurely and the pediatrician had not been notified, we'd rush the baby over to the premature nursery and call the pediatrician.

We had one patient who was 48 when she had her first baby and she did fine. The baby delivered well and she was fine but she was terrified to move after she had the baby and she developed a pulmonary embolus and nearly died but she recovered all right. I never had any postpartum patient that had a fatal pulmonary embolus.

I had a patient with a terribly bad mitral stenosis of the heart. She wasn't really supposed to get pregnant, but she did. When she got to 8 ½ months she developed cardiac insufficiency so we placed her in the hospital, propped up in the bed and she had told us if she died we were to deliver the baby quickly by Caesarean Section and we had everything prepared beside her bed. She went to her full time. I took her to the delivery room and we sat her straight up on the table; we didn't give her a drop of anesthesia. I delivered the baby and the baby was fine. She recovered and she was still a patient of mine when I retired.

We were in an accident and Henry was injured and Dr. Kabakjian took over to help Dr. Scott. Henry had his first stroke on the boat in Florida. It was very mild and he recovered from that. We came home and he had been in practice one or two months again. He was sitting in the chair talking to me when he had another stroke, that was a very bad one. He was 19 years older than I was. I married with my eyes wide open aware of this. Those were rough years. In those days we didn't have adequate insurance. I think he was paid \$10,000 a year by the Lancaster General Hospital. That was one of the reasons he left. Drs. Henry Schwab and Henry Davis, both radiologists, came to Lancaster about the same time. St. Joseph Hospital and Lancaster General Hospital each wanted a radiologist so they tossed a coin and Dr. Henry Davis went to Lancaster General Hospital and Dr. Henry Schwab went to St. Joseph Hospital. They were the first physicians practicing radiology in Lancaster and they were one man departments at each hospital.

After my husband's death the Cleft Palate Clinic wanted the building so I rented 311 N. Duke Street and I was there until 1980 when my neighbor said, "Why don't you have your office in your home?"

I said, "Won't you object to having all of those cars parked down here?"

She replied, "No, I think you're stupid when you have all of that room downstairs."

So I turned the downstairs into my office here on Blossom Hill. The patients loved it because they had all of this space to park and didn't have to pay a parking fee.

I would give young doctors this advice. I think they should have the patient in a consultation room and talk to them a few minutes before the nurse puts them in a room and has them undress. They should get to know the woman and find out what is wrong before they take them in to be examined. There is too much impersonality these days in many offices. I think the question of money is also important. It's too important to the young doctors.

I don't foresee too many changes in the future in obstetrics. The babies will still have to be delivered. Good prenatal care is so important. That is the trouble in the slum districts. They don't go for the care. They say they don't know where to go. If they wanted to go they could find out where to go. There is not care for the very poor, not adequate care. But there are educated and affluent women who think all that they have to do is go to the doctor a month before the baby is due. They still don't realize that good prenatal care is more than half the battle.

Socialized medicine is awfully good for the aged. They get wonderful care. But when you go to a doctor's office in England you sit in a room full of people. When you see the doctor, he asks if you have your medicine and how you are feeling, doesn't even take your blood pressure and that is your office visit. But then when you're really sick, they come to the house and they really take care of you. Socialized medicine is certainly not perfect. They do ration medicine.

I think doing all of these life prolonging procedures on the elderly are wrong. I believe everyone should make a Living Will and give one copy to their family physician, one to the family and one to their lawyer.

DR. EDGAR WILLIAM MEISER
according to interview with Dr. Mary Ellen Smith Meiser in January 1991

One newspaper called him a "veteran" physician and one called him a "leading" physician when they printed his obituary July 17, 1984. Either term accurately portrays the life of Edgar William Meiser, M.D.

Edgar Meiser was born in Terre Hill, Pa. on May 18, 1910. When he was 8 or 9 months old, his parents moved to Lebanon. He graduated from Lebanon High School and Lebanon Valley College and Jefferson Medical College in Phila. and received his Medical Degree in 1935. He served a one year internship at the Lancaster General Hospital 1935-6. That was where I met him in 1935. After his internship he joined Dr. J. Howard Esbenschade in the practice of Internal Medicine. He received \$25 a week and the use of a car.

Early in his life he was trying to make a career choice between being a physician or a minister. That's why he could always give a prayer and do the obituary in his Army career so nicely. He was a great person to convey emotion. He had a lot of doctors in his family. His mother had been a Zimmerman and he had three uncles and at least one cousin on the Zimmerman side of his family that were physicians and all practice in Lebanon County. His father had a flour mill in Lebanon - a big large flour mill. The children worked and Ed had two brothers and three sisters. His father was mayor of Lebanon and his father died during his second term in the 1930s. His mother was a wonderful cook and did real Pa. Dutch cooking.

He was called into the Army when WWII broke out. He had been in the National Guard so he had to go into the army and go into training. He went to Louisiana for amphibious training and I used to go off and see him for 2-3 weeks and have somebody else take care of my practice. Sometimes I would call and say I was going to stay another week and I would stay. They were nice trips that continued until the men were called overseas. Then, of course, I stayed home and my practice really boomed for a while until the war was over in 1945 and then Ed came home to stay. During WWII he commanded the 103rd Medical Battalion in the 28th Infantry Division. They went to Wales and trained in that section. When they got ready to invade the Continent, they went across the English Channel in amphibious vessels to invade the Continent in 1944 on Normandy Beach. From there they went slowly to the Rhine River through Paris, Rheems, and into Germany. He was with the 28th Division, started as a captain and when he finished, he was a lieutenant colonel in the 3rd Medical Battalion. He had been in the service for 21 years and retired as lieutenant colonel. When the war was over, he kept on going to a drill every week to get more credit and retired in 1959. He never wanted to make any fuss over his war days. If there would be a parade and they would want the 28th Division to march, he never would go. He just wanted to wipe it out of his mind, I guess.

In 1975 the 103rd Medical Battalion took a trip - 30 years after the war was over - and we all went over there and traced the steps of their Army. We landed at Rheems on the Dutch Airlines because we got a better price, so we did it backwards. We started at Rheems where they ended. Then

we went to the Normandy Beach and ferried across to England, Wales and from there north to the banks of Dover and went over to Belgium. They were greeted as the savior of the people. They prevented the Germans from - they were saved from the Nazis. When we took this trip. 30 years later they said they remembered them and they kissed and hugged them. They thought they were wonderful. There were 48 of us including wives. We had a terrific bus driver from England. He knew all of the history and we stuck on that good old bus for two weeks.

When the war was over and he came home, he wanted to practice medicine and hopefully with me. We had to move to 428 N. Duke St. We had it remodeled with two offices on the first floor and we still had a second and a third floor for living. We were there from 1945 to 1952. We had two children. Dutt, my husband's nickname, had a patient, Mahala Hornberger that said to him, "Hey, doctor, don't you want a house - you have two children - on Duke St. We're going to leave Lancaster" - and she offered us this house on State St. for \$30,000. Dutt had the bank come out and the bank representative said, "It was worth \$25,000." We split the difference and got the house for \$27,500. There were no in-between fees. It was terrific. So we got this house and left Duke St. Dutt kept the offices there but moved out here to live. My husband had an office in there until 1981. Then he came out here, kept the records, had Sally part-time - a girl he had had for 30 years and he did home visits to his own patients of perhaps 40 years. It was difficult to find somebody to take care of his patients and make house calls, so he kept on making house calls and practicing medicine until he died in 1984.

He had a patient, very sick in bed. He went to see her and she was completely soiled, her back, the linens, her nightgown - everything - she was a mess. She was alone. He said to her, "You've got to have help."

She said she didn't have anyone.

He said, "I'm going to call an ambulance.

She said, "Oh, you can't - I'm a mess."

He said, "All right, I'll fix you up." He went to the bathroom, got her washcloth, changed her clothes and fixed her up and the ambulance came and took her. She was so grateful that later when she was well, she gave him a Betty lamp. It had a date 1850 on it.

He was Director of Civil Defense in Lancaster. He worked with the Boy Scouts, Troop #22. I had Brownies in our basement.

I was doing my thing with the Brownies one time in the basement and he came down and said, "Are you cutting out paper dolls for them?" He went to the stockyards, having a way with everybody and getting everything he wanted, and got some horns that had been sheared off of some animals, brought the horns home. He boiled them on the stove, took them out on the roof and left them on the

roof with the sunshine and he made powder horns so that the boys would have something that the boys should be playing with. They made birdhouses instead of paper dolls.

He was the director of the Polio Unit at LGH in the 50s when we had polio epidemics. He was the president and secretary of the Board of Health. He was the chairman of the Sabin oral polio vaccination project in 1962. He was given a certificate of honor from the Pharmaceutical Association for his work in polio. He was a trustee in the Pa. Medical Society of the 5th District. 1958-63 he was on the Board of Trustees of the state medical society. He was asked to work himself up to be Chairman of the Trustees. But this was a full-time job and he would be unable to practice. He said that he could not afford that and he got off the board. He was chairman of several statewide committees - Public Health, Government Relations, Labor Relations, Insurance and Medical Benevolence. He was a delegate to PMS from 1954 to 1972. For two years he was an AMA alternate delegate. He was president of the LC&CMS in 1957. He was Medical Director of Wyeth Labs. in Marietta, 1957-84. He was the Medical Director of the Duke Convalescent Home from 1968-84. He was on the Utilization Board of Conestoga View and a member of Trout Unlimited. He was a great fisherman. He loved to fish. He was chairman of Jim Appel Day - Dr. Appel was an AMA President. He was a member of the American Academy of Family Practice. He was the president of the Tucquan Club. He went down there for a four day stay and died there.

In the care of polio patients in the 1950s, they used the Kenny Treatment which consisted of hot packs of flannel material placed on their limbs and back. They would put the material in washing machines with very hot water. As the machine revolved, it would wring them out so they could pick them out of the wash machine and place them around the limbs and on the backs of the patients while the packs were real hot. It would relieve the pain and the spasm of the victims.

A portion of the hospital was reserved for polio patients. Dr. Meiser was in charge of the polio unit from 1946 until the disease was fairly well eradicated by the Salk and later the Sabin oral vaccine in the late 50s and early 1960s. He was assisted by Dr. Henry Wentz and a pediatrician, Dr. Louise Slack. The Polio Unit was designated by the Pa. State Health Department as the unit for the entire county and later included Lebanon County. Through financial aid of the March of Dimes and other agencies, an iron lung was purchased and at one time LGH had five of these in operation. During the polio season which usually hit its peak in August and September, this unit was the clearing house for all infectious diseases with fever, stiff neck and vague upper respiratory or gastrointestinal complaints. Patients with pneumonia, rheumatic fever, meningitis, encephalitis, tetanus and many other diseases were first admitted to an observation area in this unit. Many cases of so-called "non-paralytic" polio were seen in certain epidemics. These patients never developed paralysis. Later it was discovered that these patients were infected with Coxsackie or ECHO viruses and really were not cases of polio.

Dr. Meiser developed great diagnostic acumen to diagnose polio as well as other diseases simulating polio. The history and physical examination along with the results of the spinal fluid examination were essential for making the diagnosis. Frequently a fall on the way to the bathroom was one of the first reliable symptoms of a paralytic disease. It was depressing to see youngsters and

young adults develop weakness of their extremities and worse of their respiratory muscles under your very eyes. The doctors were so helpless and there was nothing to do except support them as best could be done. Dr. Meiser was required to place many patients with bulbar polio or paralyzed respiratory musculature into iron lungs to assist their breathing. Many patients would "fight" this machine and he would frequently give the patient sedatives or even morphine to relieve their anxiety and allow their body to work with the machine instead of wasting their energy and the strength of their weakened muscles to "fight" the iron lung. Nursing care became very difficult with these patients. The nurses had to work through portholes with rubber closures inside to maintain the positive and negative pressures for breathing. Weaning patients from these machines was equally difficult and required a lot of patience on the part of the nursing staff, physicians and patients alike.

One patient was transported in her iron lung to Johns Hopkins, Baltimore, Md. where there was established a center for people in need of this respiratory assistance. This was a gigantic undertaking with a large van and electricians from PP&L, policemen and many others needed to make this journey possible. Dr. Meiser supervised the entire project.

1954 was the peak year with 118 cases admitted with possible polio and 80 patients finally diagnosed as definite polio. Gamma Globulin was found effective to prevent paralytic polio in 1952-53 and thousand of youngsters were given this by injection. In 1955 the killed vaccine discovered by Dr. Jonas Salk was administered to children. The polio unit was phased out by 1957. Dr. Meiser directed the local program of immunization of thousands of children and adults in 1962-63 at the local schools by the newly effective live orally administered polio (Sabin) vaccine.

INTERVIEW WITH DR. MARY ELLEN SMITH MEISER, January 1991

I was born into a Quaker family in Salem, N.J. on June 15, 1911 and my name is Mary Ellen Smith. I arrived before the doctor got there. We lived four miles out in the country from Salem. Dr. Davis had to come in a horse and buggy and I was already born (with a cord around my neck, my mother told me!) when he arrived. We lived on a farm where my father lived as a boy. He had diphtheria as a boy which caused him to be quite deaf. My mother was a school teacher having been educated at West Chester State Normal School. Her first school was in the country and she needed a place to live. She found a room at Smithfield, the home of my father's parents. Several years later in 1907 she married their son.

Being on a farm, I worked. I walked to a one room school, Compromise, for eight years. In high school, I rode my bicycle the four miles to Salem to save the \$1.00 per week bus fare. I didn't do any extra-curricular activities after school. I went home because we had a lot of work to do on the farm and I helped.

What was I to be? My older sister (I had two sisters) was going to be a teacher. I decided I'd rather be a nurse. Everybody told my parents, "If she wants to be a nurse, she ought to be a doctor." There was a wonderful woman doctor in Salem, N.J. Unfortunately she was killed in an automobile accident in her early 40's. Her name was Dr. Ellen Smith. She delivered my older and younger sisters but was out of town when I was born. My mother liked her very much and told me the Ellen in my name was from my grandmother, Mary Ellen Baker, and Dr. Ellen Smith. I feel that this woman was quite influential in my becoming a doctor because I didn't want to be a doctor. I ordered my nursing uniforms to go into nursing school at Hahneman Hospital in Philadelphia, but many of my family's friends put pressure on me to be a doctor. I finally said I would try.

In 1928, at the age of 17, I finished high school and went directly for an interview at the Women's Medical College of Pennsylvania. I was terrified but they were very nice and put my name on their list. They suggested I go to Swarthmore, Columbia or Temple for my pre-medical studies and as soon as I finished the required subjects, I could be admitted. I was not in time to join the Fall courses, so in February 1929, I enrolled at Temple University. It took me two and one half years and a summer course in organic chemistry to complete my pre-medical studies. By September 1931, I was at the Women's Medical College of Pennsylvania.

I had no money but Uncle Roland, my mother's brother, said he would give me money for school. He had no children and wanted to adopt me but my mother said, "No." At Temple, I lived in the dormitory and was very happy until Uncle Roland died very suddenly in 1930. No more money but I had a taste of pre-medical work by this time and with the desire but little confidence in myself, I decided to continue. I moved out of the dormitory and went to live on North Street near Temple with an elderly woman I called "Grandma Fletcher," who did not charge me. I began to work in the cafeteria and to apply for scholarships.

When I went to medical college, which was at Henry Ave and Abbottsford Road in the Germantown area of Philadelphia, I continued to live with "Grandma Fletcher" and had to take three different trolley cars to get to school.

The reason "Grandma Fletcher" was so kind to me was that her daughter, "Aunt Charlotte," and my mother became very good friends when they were students at West Chester Normal School. When "Aunt Charlotte" became ill with pneumonia and died, my mother was even closer to "Grandma Fletcher." So years later she offered to let me live with her. She was lonely and loved to talk with me. I believe the reason I did so well in medical school was that I had to study at the library at school before I went home at night. The library closed at 10:00 P.M. and the trolleys ran all night.

For my last two years at medical college, I left "Grandma Fletcher" and lived in a sorority house near school where I waited on tables in the dining room for my meals. I needed to be near school as we delivered babies at home in Philadelphia in our senior year. I would borrow a car and go to an address and keep in touch with the school, then return the next few days for follow-up visits.

In June 1935, I was graduated from Women's Medical College of Pennsylvania and needed an internship. A classmate, Clara May Hileman, was going to Lancaster, Pennsylvania to intern at the Lancaster General Hospital. She was from Holidaysburg and she knew Dr. John Herr and his wife in Landisville. Clara May took me to visit them and arranged an interview for me to intern at the Lancaster General Hospital. I was interviewed by Dr. Charles Stahr, Medical Director, and was accepted. I was happy because a lot of hospitals did not employ women interns in 1935. The Lancaster General Hospital hired their first woman intern, Hannah Seitzik, in 1922. Three women: Kitty La Rue, Clara May Hileman and I, and three men: Arthur Eli Martin, Edgar Meiser and Marvin Goodman served their internships at LGH that year. I enjoyed a very happy year, fell in love with a fellow intern, Dr. Meiser, and fell in love with Lancaster.

Dr. Ellen Smith of Salem, New Jersey had a sister in Lancaster, Mrs. H. C. Arnold, a lawyer's wife, who was very nice to me. They even took me to a Quaker Meeting at Penn Hill several miles away on Route 272 below Quarryville. I loved hills and mountains of Pennsylvania which you don't see in South Jersey. I shall never forget my first trip to Lebanon, Dr. Meiser's home, with the magnificent fall foliage.

As interns we were paid \$17.50 a month. We served a rotating internship with two months on each service. After one year they offered me \$50 a month to stay on as chief resident. Dr. J. Howard Esbenshade offered Dr. Meiser a place in his office at \$25 a week and a car to use. He accepted and remained with him until he was called to active military duty in 1941 for WWII. I stayed two years from 1936-1938. I had such "fun" people as Drs. Sandhaus, Suter, Pavlatos, Stauffer and Louise Slack as interns. I would help with intravenous solutions. I gave anesthesia in the Nose and Throat Department for Drs. Hess Lefever and Toby Shookers. Can you imagine doing anything like this now with no special training?

I remember one case I was scared out of my wits. I felt sure she was not going to make it. Dr. Hess Lefever was doing a tonsillectomy. The girl stopped breathing, her pupils were dilated. We used pressure on her chest to make her breathe and gave her oxygen. That was the shortest operation Dr. Lefever ever did. He finished the operation and she recovered without any ill effects. I don't think I was able to work the rest of the day!

One other night in the middle of the night, I was called to do a postmortem examination. I got up, dressed, but could find nobody in the post-mortem room. They were just testing to see if I would answer my call. We did do 'posts' anytime.

I'll never forget my first call after arriving at the hospital. My call was 5 bells - I should find a phone and answer it. I was called to go to Men's Surgical Ward. I had to ask where it was. The man was in the middle of the ward. All of these men looking at me - a new intern with a freshly starched uniform. The patient was a former Armstrong worker and had been in the hospital for weeks, paralyzed from the waist down. His indwelling catheter had come out. My job was to replace the catheter. The nurse was with me. I looked at her and at the patient. I had never catheterized a male patient and I thought, "Don't make a fool of yourself." All the men watched me. I felt so awful. I backtracked to the nursing station and said that I would like to talk to her. "Tell me who are the male interns - give me their names." I was able to get Dr. Martin. I do wonder if he remembers this. He came to help me. I said, "Show me, then I won't bother you after this." He did. It took me a while to get over this, but after that I was on my own.

I remember a man who had cancer and he needed to be catheterized. I got the call at 5 A.M. and I knew that in two hours the male nurse, Carl Kloldt, or an orderly would be there to do it. But, the nurse said he was very uncomfortable. I got up and dressed and went over and catheterized him. He was so grateful. He took my hand and kissed my hand right there and said he felt so much better. He said, "How did such a pretty girl like you ever learn to do such a thing?" I almost had not gone to this man. That really taught me a lesson - better go, you never know.

Dr. Tony Hoover was a pediatrician. He was great with the children, but he was hard on parents and interns. He often ordered fluids subcutaneously for small children. I got a call at 2 A.M. for one of Dr. Hoover's patients and I did wrong. The skin on the chest was so swollen where the needles were on this little girl that I told the nurse to remove the needles. I didn't call him. The next morning before I was up, the phone rang and Dr. Hoover exploded, "Do you know that you could have caused her death?" But she lived!

We worked very hard as interns. We had every third weekend off, from Saturday noon until Sunday night. I don't remember that we had any time off during the week. However, we would cover for each other to help each other out. We would occasionally go to Jim's Cafe at the corner of Shippen and Frederick Streets. Nobody had any money. We couldn't afford to eat away from the hospital. We would go over to the second floor of the garage where the ambulance was kept on Cherry Alley. There was an old piano there and we did a lot of singing. The staff would come and bring a bottle and we would have a party. We had a lot of fun that way.

One time I was called to the Receiving Ward to see a patient with a belly-ache. The nurses had his face covered with a wet washcloth so I didn't see who it was. While I was examining him, his tummy began quivering very much. I removed the washcloth to talk to him and here was Dr. Meiser pretending to have pain in his belly. His abdomen quivered because he tried to keep back his laughter!

I went very steadily with a guy in Phila. that I met at Temple. He switched to Osteopathy and at that time the D.O.s and the M.D.s were far apart. There was no seeing eye to eye as there is now. They are in the same medical society now. It's an entirely different world. At that time I was going to be an M.D. and he was going to be an M.D. and then changing to Osteopathy destroyed our relationship. I had many big decisions in my life and that was a real big one. I thought if I get out of Philadelphia and intern somewhere else, maybe I could look back on it and see what shall I do. I had gone with him a long time and I liked him. I came up here with him on my mind thinking what should I do. I could never practice medicine as an M.D. and be married to a D.O. It was almost unheard of in the 1930s. I went on with my M.D. training and he went on with his O.D. training. I found out later - he said it was an uncle that made him do it - a couple of his courses didn't come out very good he hadn't told me that and that upset me more. He didn't tell me the truth why he's being a D. O. However he went on and I went on and I fell in love with Dr. Meiser and that cleared the way for me.

How did I do it? I heard about Hershey, Pa. as being a place where they had big dances. One day - it was on a Saturday- it was on a weekend, I said, "Do you know that Ted Lewis is going to be in Hershey?"

Ed came along and we had lunch - I was on Receiving Ward duty - he said, "Do you want to go?"

I said, "How could I go? Go to Hershey and hear Ted Lewis" I was overwhelmed to think that anybody in the world in my status could do such a thing. I said, "How would we get there?"

He said, "That's all right". He picked up the phone right there, spontaneous as he is, called his brother in Lebanon - his older brother and said, "Charles, could you come over here tonight and take me and a girl to see Ted Lewis?"

I was flabbergasted. I said, "I can't go this weekend. I have a date in Phila. with a guy."

He said, "Why sure. I called my brother and made arrangements. You should be ready."

I said, "What am I going to do?"

He said, "We'll fix that. What time is he supposed to meet you?"

I said, "He's going to meet me at the Broad Street Station in Phila. I was going down by train."

He had him paged - LIVE - I was to talk to him and tell him I couldn't come - something had come up - that I wouldn't be there. I would be there the next day. When we paged him in the train station, I said, "I will see you. I will come to your apartment tomorrow."

He would get Charles, his brother, to pick us up again on Sunday and take them to Phila. to my boyfriend.

I went to the dance with Edgar - I was in Seventh Heaven. I had a marvelous time. The next day he got Charles Meiser to come over here in a car and take him and me to Phila. where Lloyd lived in an apartment, dumped me off and left me a couple of hours and that's when I began to break the news. From then on we began to date, or go out, or go over to Jim's and have a beer and/or a cold pork sandwich. That is how I started to date him.

This was in the 1930s. We used sulphonamides for pneumonia with good results. I don't remember as much as I should. While I was in the hospital, the doctors did the prescribing for their patients. Some infectious diseases were taken to the old County Hospital. I believe the patients were treated by their own physicians there. Typhoid fever was treated at the Lancaster General Hospital. We were taken out to the County Hospital to see how measles, scarlet fever and other contagious diseases were treated in isolation.

I can remember when Dr. Keasbey was the Head of the Pathology Department and wasn't happy with my Laboratory Service. I would do my early morning collection of samples from the patients in their rooms; then she would not see me for the rest of the day. I was busy but not in the Laboratory. There had been a big flood in Marietta. The National Guard was called out to help. Dr. Edgar Meiser was in the Guard. The hospital allowed him to go to help for a couple of weeks. They had to sort out and discard food in stores, take care of people in their homes, etc. He was on medical service at the hospital at the time and because I was fond of him, I began doing histories and physical examinations on his newly admitted patients to help him so he wouldn't have them to do when he came back. Dr. Keasby called me in and said, "I'm not going to sign your credit for Laboratory Services. I never see you. You are not working in the Laboratory."

I was hurt. I really was working, but not in the right place! I cried long and hard. I won't ever forget that. We got it straightened out. She did sign my card and I did spend more time in the Laboratory. I believe everyone else in the hospital liked me. My hospital days were happy ones. Oh, I loved them, and it is so hard on me now to go into the hospital and not have one person know who I am, because everybody knew me! During the war years when my husband had to go overseas for a couple of years, I practically lived over there.

Dr. Henry Davis was the first radiologist at the Lancaster General Hospital that I knew about and Dr. Wilhelmina Scott worked under him and took charge of the X-ray Department when he left. In the Cardiology Department, they had a big heavy machine that they pushed around to the patients' rooms to take EKGs.

When they did person-to-person blood transfusions, they cross-matched the blood, then laid the patients side-by-side, each on a litter. Blood was withdrawn from one person and immediately put in the veins of the other. When we gave intravenous fluids, we used a 50 cc. syringe instead of the continuous drip method as it is done to-day. Many, many changes have occurred and will continue to be put into use as more modern and efficient technology is learned.

A physician could not be on the staff of the hospital unless he/she did something for the hospital - took care of patients in the hospital or clinics that were unable to pay. I was on obstetrics with Dr. William Hartman. I was a junior working under him, my senior. I, also, did home deliveries.

After I finished my chief residency in 1938, Dr. Meiser and I made plans to get married. We had no money, so Dr. Solomon Gilmore Pontius, our most wonderful friend, signed a note for us to borrow \$1,000 from the Fulton Bank. With \$900 we bought a car. Ed had been using Dr. Esbenshade's car. With the other \$100, we went on a honeymoon for two weeks. We had so many friends, we knew we could not have a big wedding. We could not afford it. So, we went to Valley Forge where they rang the bells for the wedding march and we paid the minister \$5! Ed's family came from Lebanon and my family came from Salem, New Jersey. Besides the family, we had five friends to our wedding. After the wedding we had dinner at the Valley Forge Inn. Dr. Louise Slack treated us to champagne. Mother, who wore a little white ribbon pin, WCTU, never said a word. I believe she thought it was ginger ale!

The first night after our wedding, we stayed at the Ritz-Carlton in Philadelphia. From there it was \$1 a night in cabins. We went to Cape Cod and the sand dunes. We didn't want to pay money for a bathhouse, so we found high sand dunes and put on our bathing suits. We traveled very modestly. We went to Quebec, ate lobster in Portland, Maine, went to Toronto, Niagara Falls and home.

Our first home was a large first floor apartment at 554 North Duke Street, the old Keipper home, across the street from the Lancaster General Hospital. I used the front part for my office and we lived in the back of the house. Paul Gutfleisch, a plumber who bought the property and made it into apartments, offered to let us use the beautiful Slauch mahogany dining room furniture that they could not sell at the sale. It was too large for most homes. We loved it and used it for seven years, then bought it for \$300 when the war was over in 1945. Dr. Meiser came home and we needed to move to obtain more office space for each of us. The furniture was refinished and is still beautiful.

I borrowed \$2000 to buy some office furniture, an examining table, a desk and a chair. My office was not very big but my waiting room was beautiful - the former Keipper living room with silk tapestry on the wall and an alabaster chandelier. I kept a record book with two sides in it - one for those who could not pay and never did pay. I made \$30 my first month in practice. I was not busy for a couple of years. When the war came along and many doctors were called into the service, people had less choices and then I got started!

Mother Meiser came over from Lebanon to live with us. Her husband had died. She kept house for us and was a wonderful cook. Sometimes we had to borrow money from her to pay the rent of \$75 a month.

I did home deliveries and the first baby I delivered was named after me, Mary Ellen (Kreider). They lived on Christian Street. Another delivery I remember. The mother bled terribly and I could not remove the placenta. I didn't lose her. I called the ambulance and they took her to the hospital where they removed the placenta manually. One time in Philadelphia in medical school, I had a very difficult delivery where the husband, Italian, was so upset he threatened my life if anything happened to the baby or his wife. It turned out alright. I did a lot of praying and I never had a bad experience. I could seek help and send them to the hospital if needed. I would often stay all night - lie down on the bed with the patient on occasion.

One day I was taking a history in the office from a young teenager. We were just talking. I thought I heard dripping. She had absolutely voided over herself, the chair and everything. Her bladder must have been very full. She never said a word! I got her cleaned up but couldn't believe it.

It is very sad for a physician to lose any patient, especially a child. I can remember two cases I had. One was a little six year old boy who died of granulocytic leukemia and the other a two year old boy with tuberculous meningitis. There was no known treatment for these two diseases at that time.

When the war was over in 1945 and Dr. Meiser returned, we moved one block to 428 North Duke Street, the former Nash Funeral Home, where Dr. Saul had his office until he became ill. We bought the building for \$25,000 and made two offices on the first floor and lived on the second and third floors.

My practice was booming and Dr. Meiser got busy. We were able to pay off the mortgage in one year. Now the question of a family faced us. I was 34. First, I had a miscarriage. I became pregnant again and was due in the middle of June, about the time of my 36th birthday. I did so hope the baby would be born when I was still 35. But no, he was two weeks late and I was 36 when my first baby was born! But, he did arrive on the Fourth of July - they called him a fire cracker with a fuse! What a celebration. It was wonderful but it was the end of my practice of medicine in my office. I just could not think of someone else taking care of my baby while I was delivering babies all hours of the day and night.

Dr. Wilhelmina Scott came to my house, as many others did, trying to persuade me to return to practice. Another tough decision to make. We knew young Ed needed a sister, so in two years Sally was born. We then had our million dollar family, a boy and a girl. By 1955, when the children were in school, I accepted a part-time job in the Infirmary at Millersville State Teachers College. About the same time I began doing State required physical exams in the elementary schools in Lancaster.

At Millersville, Dr. McLaughlin was Head of the Health Services. My day to work was Thursday and later I worked more hours. I was there for 22 years and made some wonderful and lasting friends, especially with the nurses.

While there, I had a bad experience with malpractice which was becoming more and more popular. It really cured me from the practice of medicine, I believe. A freshman girl came to my office with nausea. I checked her and tried to take her blood pressure which I could not get because she was fibrillating. I told her she must go to the hospital and see a cardiologist.

She told me, "I cannot, I am taking finals and have only one more; then I will go."

She asked me to please let her return to her room to study.

I gave her something for her nausea and let her go and called Dr. Richard Mann. It was less than an hour when I received an emergency call about her. I got an ambulance to take her to the Lancaster General Hospital. She had an embolism to the brain and was paralyzed on one side. Her parents were from Philadelphia. She did not die, but she never returned to college. She was discharged to a rehabilitation center near Philadelphia.

In less than a year, a notice arrived on my desk that Dr. Mary Ellen Smith and the Millersville State Teachers College were being sued by the parents for the disability of their daughter. In the next two years, there were lawyers and secrecy. I was warned not to talk to anyone except the lawyers. It was awful. They even spoke of a trial. Dr. Mann was very nice to me during this time. Finally, a lawyer at Millersville found a loophole. In looking at the girl's chart from the Infirmary, he noticed the name of the family physician from Philadelphia. He involved him in the suit for not emphasizing her congenital heart condition in her pre-college physical examination. His name then appeared in the lawsuit with mine and the college. He happened to be a very good friend of the family. That did it! They dropped the whole suit. I thought I really don't need this, two years of this. I believe I lost 10 pounds in addition to a lot of sleep.

By this time, life on the campus was being complicated with the use of drugs. So, in 1977, after 22 years at the Infirmary, I handed in my resignation at Millersville, but continued doing school physical examinations in the Lancaster and Solanco School Districts until the early 80s. They paid me \$1 for each examination. The Solanco School District gave me \$1.50 per physical because of the distance I had to travel. I also gave immunizations in the schools and went as far as Drumore, west of Route 272. Soon after this, the Lancaster School District, in order to save money, starting having school nurses do the examinations if they became certified at Hershey Medical School by taking some required courses.

Planned Parenthood often called me to help fit diaphragms and do physical examinations. And I worked frequently for the Visiting Nurses' Association in their weekly Well Baby Clinic at Crispus Attucks. Shared Holiday was another volunteer job I did. The underprivileged children of Lancaster

would be invited to spend a week or two in the home of the more affluent people here. They had to have a physical exam. I did the YWCA examinations for swimming at \$.50 an exam.

American Field Service became a part of my life about 1967. I was Secretary in the Adult Chapter for 18 years (1968-1986). Cub Scouts, Boy Scouts, Brownies and Girl Scouts all took their turn and kept me busy. I was a "Cookie Cupboard" for two years for Girl Scouts. One year I was on crutches when I had the "Cupboard" because I had a fractured ankle.

In 1977, I became a charter member of the Homestead Village Board of Directors and am still on the Board. This year in October will be the fifth year since the opening of this retirement community in 1986.

Drs. Paul Ripple and Samuel Hauck joined forces in 1979 in seeking to preserve Lancaster's wonderful medical heritage hopefully in a medical museum at the old Lancaster County Hospital. The County Commissioners had a different idea for the Lancaster County Hospital. The Edward Hand Medical Heritage Foundation Board of Directors was established and is still trying to obtain this building for their museum. I am a charter member of this Board and have been the Secretary since its first meeting in February 1982. At present, one room is being rented from the Medical Bureau at 137 East Walnut Street for the display of medical antiquities, our museum.

There have been great changes occurring in the world; values and priorities have changed. A sense of greed has become apparent, yes, even in the medical profession, it's sad to say. A true dedication and service to mankind seems to be in second place in our lives. Can we tell a patient they can have only one complaint per office call? Whatever happened to the whole patient? More effort must be made to protect the respect, trust and love of physicians. Appease the lawyers with other means to make a living than with malpractice suits. Limit the amount of money awarded in lawsuits. There must be ways.

I'd like to say nice things about the medical profession because I think they've gotten to the point where they aren't even respected anymore. They used to honor doctors. We could do no wrong. Patients loved their doctors. Now it's suing and malpractice.

There is no doubt about it. Women doctors were indeed discriminated against in the late 1800s. They were denied admission to medical colleges. They were refused membership in medical societies, and internships in hospitals. But, gradually, with time, discrimination is now practically non-existent. I believe women have the potential to become as good a physician as does a man. Having a family may pose a problem, but there are always solutions. Perhaps, beginning a family at an earlier age would be better? Don't wait until you can afford it! Borrow more money if necessary. More and better qualified care centers for babies and young children in hospitals and health areas could be a big help. Also, encouragement and availability of refresher courses can all play a part in returning to practice after a maternity absence. I agree that after spending much time and money on a medical education one should make a real effort to use it.

There ought to be a different approach to being a woman. When she has had her children, she could consider it imperative to resume her studies in medicine. Children being the big obstacle in having a practice should be completely dealt with. They should have centers of child care for mothers who want to be doctors and have children. They must not alienate the mother and the child. They must strive to keep that relationship intact. But to have a person trained, go through medical school, get her degree and then drop it when she has children is horrible. They should have some method of dealing with it so that they could have both, and I think they can have children and practice.

I saw these various signs of discrimination toward women doctors in the 30s and 40s. Men were very reluctant to come to my office. They were shy at first. I had very few - but as the war went on and they needed a doctor, they would come to me and tell me their troubles. If I thought it was something I couldn't handle, I would send them to a male physician. Truly I didn't have the heart to preach to them. But I think that was when - perhaps it was my medical training - most medical schools didn't take women. Later they began to take women into their medical colleges. And I'm sure they had a broader training than I did. Because we were really not very well schooled in the care of the male as far as genitourinary, rectal and anything like that. It took me longer to establish a practice because I was a woman. As an intern I was well accepted by the other interns and the attending staff - very well - no trouble.

Do I have any regrets? Not really. I am so glad I continued to get my Medical Degree, even though "I did not want to be a doctor," in my early years. It has been very useful to me and will always be a source of pride and accomplishment. I think it is a real privilege to belong to a profession whose membership includes so many great people who have accomplished so many great things. Dr. John L. Atlee, in speaking of the medical profession, put it this way in his inaugural address in 1882 as he became the President of the American Medical Association at the age of 83, "I am completely satisfied that in no other way can a man more fully accomplish his sole duty to God and to his fellow men, so that when life here is ended, it can truly be said, 'he went about doing good'."

I don't know who wrote it, but I like it and try to live by the quotation I have sticking on the mirror in my bedroom, "I am only one. But I am one. I can't do everything. But I can do something. What I can do, I will do, with God's help."

INTERVIEW WITH DR. HAROLD E. STAUFFER (about 1988)

Dr. Wentz: I want to ask you a few questions about yourself and your medical practice over the years and see whether you can recall some interesting things. First of all, would you tell me your name, birth date, where you were born, a little bit about yourself and your education?

Dr. Stauffer: My name is Harold Edwin Stauffer and I was born in New Holland on Main St. on June 22nd, 1910. The home in which I was born was in New Holland was on Main Street between the street and St. Stephens Reformed Church. It isn't there anymore. And Paul R. Wentz, M.D. did the delivery and I was his first delivery in New Holland. One time Dr. Wentz showed me the receipt for the delivery. It was \$5.00. (Dr. Paul Wentz was the uncle of the interviewer and influenced his decision to practice family medicine and was his mentor.)

Dr. Wentz: Tell us a little about your early boyhood, your education and when you decided to become a physician and maybe why?

Dr. Stauffer: My boyhood wasn't too remarkable. I can remember that my parents lived in the same home as Pappy Shiffer on Main St., a rather large brick home and I suppose it was rent free because Pappy Shiffer was rather aged - very mobile and everything - but he could eat no foods except very soft foods - baby food like things. I remember Imperial Granum was the name of the only thing that he could eat. Why? Well, one time a watermelon seed got stuck in his esophagus and the physician gave him lye or some caustic thing to swallow that was supposed to eat up the watermelon seed but it ate up his esophagus and anything thicker than a gruel stuck in his esophagus. He ate this for breakfast, dinner and supper and my mother prepared it for him. He was a nice character and we lived around him until I was about six. At that time my Dad built a home at 418 E. Main St. and my parents lived there until they gave up housekeeping. I remember very pleasantly my grade school and my days in the New Holland school system; a new high school was built and we were the first class in that building at Main St. and Roberts Ave. What else did you ask?

Dr. Wentz: Where did you receive your higher education and you might tell us when you met your wife and when you thought it might be a nice idea to have her as your mate?

Dr. Stauffer: I know. I forgot something very important about my childhood days. When I was a kid, I guess about 6, 7, or 8 years old I had rheumatic fever two times and Dr. (Paul) Wentz was our physician - he was the only physician we ever had. I remember how sick I was with these painful, red, swollen joints and they hurt terrifically when my parents walked around in the room which would jar the bed a little bit. I remember having high fever and being unable to eat. I still remember the potato soup my mother made for me and it seemed to be the only thing I could eat. I remember Dr. Wentz's visits very, very vividly because he was pleasant and the kind of a fellow you knew was going to help. I was just a kid but I always felt better when Dr. Wentz came around to see me. In those days they had about zero with which to treat me. I remember asking Dr. Wentz later, after I became a physician, what they used and he said it was mostly liquid potassium citrate. For some miraculous

reason, even though I had two separate bouts, I never had a heart murmur or any ill effects which is very, very remarkable. I graduated from New Holland High School. My wife was in the same class. She came from Leola because Leola only had a three year high school course and she came down to New Holland to get the fourth year. That was our first meeting and it seemed to be kind of a pleasant relationship and we started dating, going to dances and generally enjoyed each other's company.

Dr. Wentz: When do you think you decided to become a physician? Do you remember any of that?

Dr. Stauffer: I think from the time I was a young kid after I had rheumatic fever, Dr. Wentz was my boyhood idol. I don't remember thinking about anything else other than trying to become a physician. I don't think I ever really rolled around in my mind what I was going to do. When I was in grade school, Carl Kurtz was a neighbor and harness maker and shoemaker and he worked for Marcus Becker who had an excellent reputation as a harness maker and had a good harness store next to the theater in New Holland. Carl came over one day to my parents and said that Marcus needed a boy to sweep the pavements in the mornings before school and to clean up the shop after school. Would I be interested? Well I was. I seemed to have a natural ability with tools and when I wasn't busy doing those jobs I would fiddle around the harness bench and do little jobs. Apparently Marcus saw some potential and assigned me jobs and I worked every summer between college years and into medical school vacation. I think that lasted at least into my first year in medical school. Marcus asked me to work full-time with him as a harness maker. While I liked the job - working with tools and everything, I didn't consider it and Marcus didn't pressure me because he recognized that I wanted to go to medical school.

Dr. Wentz: Where did you go to college and medical school?

Dr. Stauffer: The first year I went to college at Albright in Reading, Pa. Uncle Arthur (Dr. Martin), who was three years older than I, was at Albright and thought this was the place to go. My experience down there was not happy because it seemed to be one of those rah-rah places and not a place for learning and good scholarship. I didn't like the place so I transferred after my first year to F & M. I went to medical school in 1933 at University of Pennsylvania and graduated in 1937.

Dr. Wentz: Tell about your internship.

Dr. Stauffer: I wanted to intern at the General because it was always my idea to do general practice somewhere in Lancaster County. So I applied to Lancaster General and I can well remember getting an appointment with Col. (Charles) Stahr who was then chief of staff at the Lancaster General Hospital. He was a very wonderful man who had a stern attitude and a stern countenance. He was a tall, thin man and walked erect and he spoke about zero. I went into see him and he laid down the rules of the game. I received \$12.50 a month for my internship and I was not allowed to be married. I got my room and board and no set hours. I sometimes worked 24 hours a day if needed.

Dr. Wentz: Do you recall any interesting experiences as an intern. Where did you begin your practice and why did you choose that location?

Dr. Stauffer: My internship was good. I was given a lot of responsibility and gained a lot of experience. I was the responsible person reporting only to the physician of the patient under my care. I don't recall having any bad time with any of the attending physicians. I saw a lot of patients. It was a very good internship in that I had hands on experience. I made rounds with the attending physician whenever it was possible and they were instructive and good. I can remember being assistant at surgery often and I didn't enjoy this too much because it was a tiresome job and about all I did was hold retractors. I thought a lot about where to locate a practice; my Uncle Arthur (Martin) had started practice in New Holland which I had half a thought about doing. I asked Dr. Clarence Farmer, who was an ideal physician, and a very quiet soft spoken man. He never seemed to talk without reflecting on his answer for a long time. He was very knowledgeable and seemed to be a good friend. I asked him for advice. Dr. Farmer had a large obstetrical practice from the difficult cases referred to him and then he had a large surgical practice as well, so his contact over the Lancaster County area was extensive. I asked him where he thought might be a good opportunity and he said he thought I should go to Bareville because there were two elderly physicians in the area who were unable to practice like they did. So I took his advice, rented a place to start my practice in Bareville, and it proved to be a very happy place.

Dr. Wentz: Do you want to tell us when you got married?

Dr. Stauffer: Amelia (Peg) Fenninger and I got married on July 9, 1938 and I started practice in September of that same year.

Dr. Wentz: Tell us a little bit about your practice and any interesting experiences you had.

Dr. Stauffer: Starting practice wasn't all that bad in that I seemed to get some patients immediately. I wasn't blue and discouraged. When I started I charged \$.50 for an office visit and sometimes that included some medication and I believe house calls might have been \$1.00. I found it interesting and challenging. My first delivery was a nightmare. It was at night and it was rather difficult for me. I had no trouble and got through the delivery at home, but then the next day the woman ran a fever of 104 degrees. I had the pants scared off me because I was sure she had a puerperal sepsis and was going to die. The only thing I had was sulfanilamide which I gave her. I really thought my medical practice in the area was done for. Fortunately, she recovered with the help of sulfanilamide. I did the best I could via sterile technique which wasn't all that good using lysol and a pressure cooker to sterilize my equipment and linens.

Dr. Wentz: Do you recall any other interesting experiences?

Dr. Stauffer: I set fractures in the office. I did about everything in the office - fractures, administered anesthesia as best I could - open drop ether for reduction of fractures and for deliveries. Sometimes I borrowed Art's (Dr. Arthur Martin's) nitrous oxide machine for a delivery that I thought was going to be difficult. The husband of the patient would give the open drop ether during the delivery.

Dr. Wentz: Do you recall any dramatic experiences - accidents, illness or otherwise?

Dr. Stauffer: In those days physicians were called to the scene of automobile and farm accidents and things like that. I responded to them night and day. It seemed to be frequently at night when I would be called to an automobile accident and I was totally responsible. The ambulance would arrive and sometimes I would go along with the patient when it seemed to be the only thing to do and I was responsible for their splinting, for the care of their bleeding and for prevention of shock. I know I used morphine liberally in those days. It seemed to be very life saving. I'm sure it was one of the big life preserving things I did.

In those days I saw a lot of diphtheria. I can well remember an Amish father down at Skelp Level died of diphtheria. In those days diphtheria antitoxin was given but it didn't save him. Diphtheria in my day was not uncommon. I saw a lot of typhoid fever and there was one farm that was a hotbed of typhoid. This particular family had a lot of church groups in their house and there would be a new case of typhoid and you could almost routinely count on the patient having been at this particular farm. Also, I saw a lot of hepatitis and this was very endemic among the Amish. A number of people attending one particular church would develop hepatitis. Seeing all the members of a family become ill at one time with hepatitis was not unusual.

Dr. Wentz: Didn't the State at that time do anything about this farm where people seemed to get typhoid fever?

Dr. Stauffer: Yes, they did. Dr. Davis was the State Public Health physician in Lancaster County. He was involved and we would visit the farm but the source could never be discovered. They could not prove it. Grandma, who lived on this farm, had had typhoid fever when she was a youngster. Quite a few of the people who lived with Grandma had typhoid - so I'm sure Grandma was the carrier.

Around 1944 there was a smallpox epidemic and about 15 people were infected with smallpox which was enough to scare the population. Revaccination was recommended. At the time of office hours I remember people would be lined up in the waiting room and the line extended to the pavement and beyond waiting to be vaccinated. They would file by and I would vaccinate them.

Dr. Wentz: Tell us about the technique of smallpox vaccination since that is not done anymore.

Dr. Stauffer: The smallpox vaccine was in a thin glass capillary tube about 2 1/2 - 3 inches long. I would break this glass tube and place a drop or two of the vaccine on the prepared skin. I would press the vaccine into the skin with a sterile needle, piercing the skin without causing any bleeding.

I saw a lot of polio and it was a very sad thing because I would be called to make a house call on these youngsters and they were already having weakness of an arm or a leg. It was before the days of polio vaccine, and we physicians would worry that we would take this infection home to our family and kids. We did our best. I know for a short time I wore a gown when I saw these patients. I saw a good bit of paralysis and then they would go into the hospital and receive the Sister Kenny treatment which was in vogue at that time. Many times they would be in the respirator. My worst experience with polio was a death of a young boy in a very fine family. I think there were three small

children in that family. I had seen the child one or two times before with this illness. I was called there one morning early because he was having respiratory failure.. While I was sending him to the hospital - his dad was taking him in - he died right there in the driveway which threw me for a loop.

Dr. Wentz: Maybe you could tell us about other devastating experiences you encountered.

Dr. Stauffer: Well, I can't think of anything quite so dramatic. Devastating, yes, I had plenty of those experiences because we doctors couldn't always be perfect and we certainly made some mistakes. At the time these experiences sure were dramatic to me but single incidents. Sometimes, not often, I'd mis-diagnose an acute appendicitis. If I missed a diagnosis it seemed to be most devastating. It didn't make me feel very good. Fortunately, I seemed to realize I was a human and I couldn't be perfect 100% of the time but I sure didn't like it.

Dr. Wentz: Do you remember any miracles or unexpected results in your practice?

Dr. Stauffer: The only thing that pops into my mind was an event that I've never forgotten. Soon after I started practice and didn't have very much to do, Dr. Faust from New Holland asked if I would take care of a woman who had been a neighbor in my boyhood - they lived right next to my parents - and they were excellent neighbors and good friends. Dr. Faust was her physician and she was due. He wanted to go to Atlantic City to a meeting. She was then in labor and in the hospital but not in active labor. I said, "You know, she watched me grow up. What does she think about a thing like that?"

He said, "I talked to her and she has no qualms about it."

I spent the day in the Lancaster General since I didn't have anything else to do. Things were truly quiet and she had very few pains. Dr. Faust returned and came into the hospital to see how things were going. This was about 10 o'clock. I reported and he checked her and he said, "Would you please continue?"

I said, "I'm not all that comfortable in this situation and if you don't mind, you can go to bed here and sleep, I would rather go home because of our close relationship."

So, that's what we did. Two o'clock in the morning I was in a sound sleep. I jumped up, sat up erect in bed, was 100 % wide awake and the big question on my mind was, "What is Dr. Faust's patient doing?"

I picked up the phone, called the labor room, asked the nurse and she said, "The patient just died. Her death was from a huge hemorrhage for which there was no good explanation." For this I was eternally grateful. It certainly was not any negligence on the part of any physician. It was just one of those things.

Dr. Wentz: Tell about any funny or amusing incidents.

Dr. Stauffer: One time I was examining a woman. I always listen on the skin; the chest was bare. I was listening to the breath sounds but she was not breathing too deeply. She did have large, pendulous breasts. I wanted her to breathe deeply and I kept saying, "Big ones, big ones." She thought I was talking about her breasts and she became really angry at me. We patched that up.

About dying patients, I guess my philosophy was to do the best that I could to ease the pangs of dying and those of the family. I usually tried to tell the patient and the family the score as time went along and kept them informed. For example, I would discuss hospitalization in relation to simply prolonging the dying process or whether or not they would prefer dying at home. I made myself available and my rapport was built up by my long association with the patient and the family.

Dr. Wentz: Were there any bizarre cases that come to your mind?

Dr. Stauffer: A couple. One time I had a young married Amish couple. She went to visit her mother in Intercourse and her husband was not too stable mentally. She came back maybe about 9 o'clock in the evening and he was kind of wild. They asked me to come down and help quiet him. During the day that she was absent he moved all of the downstairs furniture upstairs except the stove and brought all the upstairs furniture things downstairs.

Another amusing thing in a way - I went to an Amish farm where they had hoe-downs Saturday nights. This would be on the second floor in the hay-mow and there was a fair amount of drinking going on. On two successive Saturday nights I was called out of bed to go. One time the boy had a fractured arm and the other time another kid had a bad laceration from falling out of the second floor.

Another amusing thing - a horse and buggy Mennonite married this boy from another county in Pennsylvania soon after he was discharged from a mental hospital. He did very peculiar things. One of them was he was helping put on a roof on a windy day, a real windy day, and it was in the Spring. There were still some drifts of snow close to this house. He was up there on the roof helping put on roofing and he got a sudden urge to fly and he was sure that he was able to fly. He jumped off the roof and fortunately he didn't hurt himself because he had the sense to jump into a big snow bank.

Dr. Wentz: Compare the practice of medicine now or at the time of your retirement with the practice when you began your practice.

Dr. Stauffer: We were taught in medical school the importance of good history taking and a thorough physical examination. This you did even though it was time consuming and I had the benefit very often of knowing that family. With this important information I used my skill in differential diagnosis to make a diagnosis or a prospective diagnosis. Today it seems to me more mechanical from what I observe because physicians depend usually on laboratory studies or x-rays or related disciplines. The patients put their money in the slot and these various things come out along with the diagnosis. To me the old way was far more interesting. I got more involved with the patient and I think consequently I had a greater thrill and a greater satisfaction out of my practice.

Dr. Wentz: Are there stories about any colleagues that you could tell us?

Dr. Stauffer: Dr. John Ranck was in practice in this area about ten years before I started and he was one excellent friend, as ethical as he could be, and a very smart physician but also quite a character. I have a fund of wonderful stories and anecdotes about him. There was a family that would call him

many nights - get him out of bed - and he would have to go and see this family. Many times it was uncalled for. This kept on and it annoyed John. He would be called out for some reason or other by this family and John would get back home and then he would call this family on the telephone. They would answer and he would say, "This is Dr. Ranck. How are you doing? Is everything all right? I want to go to bed now." Finally after doing this for a long time it settled the business of them calling him in the middle of the night

He had a mania for fishing and he kept his car crammed with fishing rod and tackle and when he'd be making house calls, sometimes he'd see a nice stream so he'd stop and go fishing. He might get his feet all wet and his clothing all muddy and he'd forget about going home for office hours.

One time there was a young Amish man who was strong and a fine fellow. He got temper tantrums which nobody could control. He'd strike and hit and be loud. They would call Dr. Ranck and he would have to give him a shot of morphine, I guess, or something to quiet him down. The young fellows that went along to the church, in the house church they had, would torment this guy and get him into one of these temper tantrums. This happened at Lane John's one Sunday morning. Dr. Ranck was called. The whole group were in the barnyard and he was wild. John told me himself what went on.

John said, "I got back of the steering wheel, put this wild muscular Amish man next to me, and another strong Amish man on the right side. Then I had three strong Amish men in the backseat and we proceeded toward the Emergency Room. This particular morning we got him in the middle, between us. He would be quiet for a couple of minutes and then he'd start kicking and hitting and carrying on. Well I drove with my left hand and I took my right hand and slipped it down under his broad fall pants and got him by the balls and when he started carrying on I just squeezed them."

Dr. Wentz: Tell me about other achievements.

Dr. Stauffer: I had more than fifty years of family medicine and I was President of the Water Authority (in Leola) from the time of its inception. We bought it from Newt Martin who built and owned it and then we operated it. Five community fellows operated it and Paul Mueller, Sr. was the attorney. He was the leading attorney in the area in those days and a fine, fine man. I certainly did enjoy the experience of working with him many, many times. Members of the board included a painter, a florist, an insurance agent, and we all had different backgrounds. It was a pleasure to work with them because each person had the ability to talk and express what he thought. We would discuss an issue and we usually came to a very excellent decision. Many a time I went to a meeting thinking one way and it went the other way and I'm sure others had the same experience. It was a beautiful example of how five people can work together if they express themselves and do not get mad, upset, or hurt anybody's feelings. So that was very interesting.

We were members of the United Church of Christ and I was on the Consistory and served as president for quite a few terms.

Dr. Wentz: Any comments you care to share with young physicians about medicine in the future.

Dr. Stauffer: Yes, enjoy the thrill of doing the very best for the patient and seeing the appreciation that occurs with a good outcome plus knowing that you probably were an important part of that good result. This will mean a great deal of very hard work and great dedication and some sacrifice to other interests. Be humble and accept the honest mistakes you make. You are human. Accept a hurt ego when you fall down but learn from your errors. Knowing a job is well done at the end of a day gives more satisfaction than the monetary. Medicine in the past was probably more of a thrill because you were on your own. Today, physicians push buttons and the answer comes out. This result in my mind is less of a thrill. Doctors do not become nearly as involved with the patient today. It's more of an impersonal thing.

Dr. Wentz: Experiences with your children?

Dr. Stauffer: The horses gave the children and me a lot of good times. We went west when the kids were small and rented horses in the Garden of the Gods. That gave them the bug. We came home. I borrowed a pony from an Amish man and from that time on we had horses. I got a horse because there was nobody around to ride with them. I got the bug also. The result was that every Wednesday, which is my day off, in the summer particularly, we'd take an all day ride. We'd ride as far as 30 miles on a day. Then we went on bigger rides. Jean and I did a trip in the Grand Tetons that lasted a week. Judy, her husband and our grandson and I have done two week long pack-trips in the Northern Rockies. My son-in-law, Bob and I went north of Banff for a week. When Judy comes home, we always go riding. Jean and I ride every week in the vicinity of the Lebanon Pumping Station. So I would guess that the love of riding has been a very good unifying experience.

Dr. Wentz: Tell me about pleasurable experiences in your life or practice.

Dr. Stauffer: Medicine was my main pleasure. It was hard work but a joy and I loved it. I sure did enjoy the dramatic relief of pain or anxiety, and delivering babies. It was a thrill to give dramatic relief to a patient suffering from acute nocturnal dyspnea. I received a great deal of satisfaction whenever I fixed a fracture, relieved the pain of a kidney stone or gall bladder colic or other painful problems..

GEORGE W. BEACHER, M.D.
Interview by Herbert L Tindall, M.D.

My name is Dr. George W. Beacher, Jr. and I am a country general practitioner, who practiced in the small town of Gap, Pa. for over 50 years.

I was born in Darby, Delaware County, Pa. on November 23, 1907. That makes me 83 years old. I retired from practice a couple of years ago. I already have my 50 year practice certificate. I was in private practice my whole career. I was not in the military. When I got my notice from the Selective Service Board, they said I was essential to the community and put me in a deferred classification. I felt like a heel. Then later, I began to worry that I would be called. By that time I had stopped feeling guilty and was glad I hadn't been called.

My mother came from Philadelphia; my dad from Tremont. My family were Pennsylvanians from way back. My parents' ancestry is doubtful; there was a fellow who was tracing the Beacher genealogy. I think dad's background is German, but I don't know my mother's. Both sides have been over here for many generations. There were no physicians in my family. I was the first on either side. My father was a mechanic in a textile mill, where he finally became general superintendent. Mother was a housewife who never worked outside the home. I had one brother and two sisters neither of whom became physicians.

I don't recall anything significant about my early childhood days. My decision to become a physician was prompted by my older sister's death when I was 12 years old. She had rheumatic fever and they didn't have anything for it. That's what made me want to become a doctor. I observed her death with a great deal of awe and anxiety and shared the frustration of the doctors when they could not do anything. I felt I wanted to do something to help, but there wasn't anything that could be done for her. From that point on, my ambition was to become a doctor.

I attended Darby High School. My father used to say that the people who paid their bills lived in Darby; the aristocrats lived in Upper Darby. I graduated from LaSalle College and Hahnemann Medical School, receiving my M.D. in 1931, and then interned at Hahnemann. I took a two year internship, and received \$25 a month allowance the first year, but nothing the second year.

When I was a kid I worked at Mulford's, which was a biochemical plant, and they were making rabies vaccine. To do that they took a sheep, cut a triangle in his scalp, pulled the skin back, then took a drill and bored a hole in the skull. Well, I fainted. Then I remember that early in my medical school days we opened a cadaver, and I fainted.

I'll never forget that when I was interning and we had to take blood from a vein and couldn't get it, they called one of the technicians, an older woman, and zingo! No trouble! It took some of the wind out of our sails, I'll tell you.

(Interviewer's note: I interned at Hahnnemann and had the same experience. When an intern couldn't get blood, this gray-haired woman appeared with great fanfare, with a retinue of assistants, carrying a gooseneck lamp. Then in a very theatrical manner, she plunged in the needle, and the blood gushed forth. Her name was Mrs. Graybill, and she used a special needle, she invented called the "Graybill needle." It had a little handle on the side, which made it easy to grasp and manipulate.)

I never considered going into a specialty. My ambition was to be a general practitioner.

I married Lillian, my first wife, during my senior year in medical school. We were married in Potter County. There was a doctor up there whose brother graduated a year before I did and he was going with a girl from down our way, and we got married in a double ceremony. I'll never forget him; his wife developed a malignancy and died. The poor fellow became an alcoholic; it finished him. He couldn't continue to practice, and he died an early death.

In the early days of my practice here at Gap, I used to help Dr. Charles Stone at Coatesville Hospital. I assisted him at surgery, then he would let me do some of the surgery. But that didn't last long; you had to have a residency to do surgery. But I'll never forget Dr. Stone. He was so nice with his patients and so humble. He was a man of many talents. I have a beautiful picture which he painted. He wrote poetry. I gave a book of his poetry to my daughter.

Medical education was inexpensive when I went to medical school. The tuition was \$500 a year; my dad financed my education and I didn't have to work. I rode the trolley car to medical school and the hospital for seven years, a nickel in and a nickel out. My son went to Boston University and he spent more transportation money on one trip home than I did in seven years.

My most memorable medical school teacher was Dr. Tommy Phillips, who was an anatomy teacher. I remember one time we had an exam and I flunked it, and had to repeat it. I came back for the re-exam, and he said, "Pick up the musculospinal nerve." I did and that was the only question he asked me; I passed. I guess he just wanted me to study more. Then the ophthalmologist, Dr. Snyder, I think, was an impressive teacher. Bill Sylvis was there then, and Dr. Sam Sappington in pathology. He was a tough guy; everybody was afraid of him.

I'll never forget, I was going with this girl and this friend of mine who was on the opposite side of the chemistry table from me said, "George, I want to tell you that I'm engaged to _____", who was the girl I was going with. That was quite a blow.

I didn't plan to come to the country to practice. I couldn't find a place down home to practice, except one doctor who wanted to sell his practice, and I couldn't afford it. I had friends up here, McIlvaine's, who would take Lillian and me to visit their folks up here on the farm, and they said, "Why don't you locate in Gap? They need a doctor there." So that's how I opened in Gap.

When I moved here, I hoped I would be busy and successful. I didn't have any feelings of inadequacy; I felt I was well equipped to do the job. My expectations were fulfilled.

When I came to Gap, I was the only doctor here except for Dr. George Bair Hershey, who went about the community telling people I wouldn't last very long at Gap. Eventually Dr. Hershey had to go to a nursing home, and that left me as the only doctor here. I outlasted him by many years. The population of the area hasn't grown much, and now we have four doctors for the community.

When we moved to Gap, we didn't have any children. We ended up with two children, a boy and a girl, George and Karen. While they wished I could have more time to spend with them, my family accepted the demands of the practice. George is an accomplished musician. He used to be an insurance executive, but now he is a minister in Long Island and has three children, 2 girls and a boy. Karen is married and her husband works for the State Department of Education, Bureau of Vocational Education, in management. Karen works for Bristol, Myers, Squibb as a hospital territory business manager.

Delivering babies was a fulfilling experience. Most of the deliveries were at home in those days. I delivered twelve kids for one family, all at home. One Amish lady sent me a note after I delivered her baby, thanking me for "my hospitality." That was fulfilling. I used to help Dr. Hostetter in White Horse, giving anesthesia for home deliveries. One night we were over in the Welsh Mountains. We had to use chloroform because of the lamps in the Amish homes. I sent the woman a bill for \$7 for my services. I got a letter from her saying that the baby was doing great, but I think your services were worth more than \$7, and she sent me a check for 3 or 4 dollars more.

One very snowy night I had to go over to Nine Points to see a patient. The fire company took me to Nine Points and from there I had to go by horseback across the fields. I remember I fell off the damn horse. I was scared to death that he was going to trample me. The snow was up to the horse's shoulders. He couldn't have trampled me if he wanted to. At least I didn't have far to fall into the snow.

Much later, during another snow storm, no one could go anywhere because of the snow. I had an emergency call, and the patient's son came for me in a snowmobile. I was in back of him and my bag was wedged between him and me, and I was holding on to his shoulders. I was afraid my hip would go out of joint or something. But we finally made it. The technology was more advanced, but the scenario was the same.

I'll never forget one time I was scared to death. I gave this patient a shot of penicillin and she had an anaphylactic reaction. I had to do a tracheotomy then and there. I was scared stiff, but she did all right.

Certain things seem to stick in my mind. One is patients who commit suicide. One man had a woman working for him. He shot and killed her, then shot and killed himself by pulling the trigger with a string on his foot. Another patient attached a tube to the exhaust on his car and committed suicide that way. I remember a poor Amish girl who was terribly mixed up. I called a psychiatrist who said he couldn't see her. I said it was an emergency, but he said he couldn't possibly see her before a certain date. The poor girl hung herself. Things like that really made an impression on me.

I didn't do a lot of hospital work. I had mostly an office practice. I was on the staff of both the Coatesville Hospital and the Lancaster General Hospital.

I was at the bank yesterday and I met this patient that reminded me that I delivered her in the ambulance on the way to the hospital. People remember things like that. So do I.

I often think of all the things we used to do early in the practice that we wouldn't dare do now. The first woman I delivered was 40 years of age, having her first baby. I delivered her at home. I'd be scared to death to do it now.

My hobbies include playing golf and playing the piano. I was pretty good at the piano. I decided one time to take lessons to get better.

I went to take lessons from this Mennonite girl, but Phoebe, my second wife, fell down the steps and broke her hip. I called up the girl and told her to cancel the appointment because of Phoebe's accident. Next time I went there she said, "You owe me for a lesson you didn't take."

I said, "Well, I called and told you I wouldn't be there."

She said, "I don't care. It's my policy to charge for missed lessons."

I paid her, and said, "Keep the money, and good-bye." That was the end of the piano lessons.

I used to collect coins. One time our house was broken into. They didn't get the coins, but I put them in a safe deposit box. After a while, I thought to myself that they weren't doing anybody any good in there, so I sold them. Now I could kick myself, because they have increased so greatly in value.

When I started in practice, there were no sulfa drugs and no antibiotics. Somehow people got well anyhow most of the time. Keeping in mind my original impetus toward studying medicine, my sister's death from rheumatic fever, I have to consider the advent of penicillin and the other antibiotics as one of the greatest advances during my lifetime. Nobody dies of rheumatic fever any more.

My first office in Gap was a far cry from the offices of to-day. The house was small. The vestibule was my waiting room; the dining room was my office; in the kitchen we had a pump for water; and the john was out in the yard.

Years ago, my now present wife, Phoebe, came into the office for something, and I put her on sulfa, which was fairly new then. She became jaundiced.

Years ago, we used to range far and wide on house calls. I thought nothing of making a house call in Cochranville. Nowadays you couldn't get a doctor to go that far, or make a house call at all

in most cases, I used to see an elderly couple in Cochranville on a regular basis; they both ended up in Harrison House, a nursing home in Christiana. The woman died one day and the husband the next.

My first malpractice premium was only a few dollars. I was never sued for malpractice. There's a lot more paper work and government regulations and interference in the practice of medicine than there used to be. Malpractice premiums are sky high. But if I were a young man starting out all over again, I'd still do it. I would cope with the changes.

Why did I retire? Well, I thought I was old enough to retire, and I felt like taking it easy.

I read in the press that doctors are gouging the public with excessive fees. Do you belong to AARP? They are always complaining about what doctors charge. I feel like writing them a letter and setting them straight. Certainly, doctors have to charge more nowadays. Expenses have all gone up. I paid \$500 a year for my medical school tuition, and now it's \$19,000. How is a doctor going to pay for it unless he charges more? Malpractice insurance was \$30 a year when I started. We have a friend whose mother visited us lately; he is a plastic surgeon practicing on Long Island and his malpractice premium is over \$100,000 a year. Now, can you imagine that? How in the world is he going to pay for it if he doesn't charge the patients for it? In the long run, the average country doctor isn't any better off now than he was years ago.

As to the future form of medical practice, I have some thoughts. Sometimes I think it would be better if medicine was socialized. Canada has a very good system. I'm sure it has its pros and cons, but it seems to be one of the better of the national health systems.

Medical practice has changed a lot in recent years. I was getting billed by doctors for their services to me. I went to see the doctor who was chairman of the complaint committee of the Lancaster City & County Medical Society and told him about my being billed by doctors and how we used to treat doctors for nothing as professional courtesy. He said, "I don't know what to do about it." Later, I got a letter from the same physician. He said he injured his foot and the doctor billed him for his services. The local Gap physicians have been very generous; they give me professional courtesy, but I've been to other doctors and they bill me. I think that's terrible.

I would like to say to the physicians of the present and the future that the primary goal of medicine is to take care of people, not to make a lot of money. I don't think we should lose sight of that goal. And always remember you can't take it with you.