

Oral History: S. Kendrick Eshleman III, MD

Dr. Alan Peterson (AP): My name is Dr. Alan Peterson and it is truly an honor to be here today with S. Kendrick Eshleman III in Gordonville –

Dr. S. Kendrick Eshleman III (KE): – No, Paradise

AP: Paradise, sorry. For other articles of Dr. Eshleman please click on our Lancaster Medical Heritage Museum website then in the second line from the top place the cursor on publications. Click on it and go down eight topics to ‘Specialties in Lancaster County’. In that, scroll down the left column, third article “ A History of Psychiatry in Lancaster County, Pennsylvania, For another one of his lectures, see under the publications - ‘Lecture Materials’ section which is third from the bottom. His “Nineteenth Century Medicine in Lancaster County PA” is the top lecture in the right column.

And here with us today is also Meagan Schulman, Collections Coordinator and Research Librarian of the Lancaster Medical Heritage Museum. So, Kendrick, I can’t tell you how excited I am that you’re offering your autobiography here today to us of your very, very important life. So I think I’ve known you - correct me if I’m wrong- since the 1970s and again, it’s - you’re now 94 and a little bit less than 95 so again, it’s truly an honor to be here. So let’s hear about your life today Kendrick.

KE: Thank you very much Dr. Peterson, I feel honored and privileged to have this opportunity and to share some of my personal experiences in life and thank you very much for asking me to come and to talk to you and Meagan. –

AP: – Actually you asked me to come. We’re at your house in Paradise so thank you very much for having us.

Early Life

KE: Well here we are in ... a partial - well, a total family home but I’ve only lived in it part of my life. I was born in Gainesville, Florida, June 28, 1928. Happened to be in Florida because my father, who was a native of Lancaster County, had finished college at Lehigh and Harvard Universities and started working as a metallurgical engineer in Pittsburgh. A friend of his at the University of Florida wanted to take a leave and asked my father if he would cover for him at the university. So my father at that time being single and interested in Florida, ... took the position for a year. Turns out he met and married my mother, who was a native of Florida and a school teacher, so he remained on the engineering faculty of the University until he was age 70. ... From a rather young age when he went. Well, because of this, we continued to live in Florida, but in those days, the university professors all had three months off yearly, as most teachers did, I think, so we always came here for the summers. So, from age 1 until age 21, when I went to Medical school I spent my summers here, I enjoyed the country and helped my cousins on their farms and fished in the streams.

We drove back and forth.. There were no limited access roads, everything was two lanes, bumpity-bump over bridges and ... all of our belongings with us plus food and we looked like gypsies then. In those days, cars had running boards and trunks and all that on the outside and all these were piled

up with things. But at any rate we came here and went back to Florida, yearly. In that way, my father was able to maintain the properties here and ... then we rented part of the house when we were not here. ... so I was born in, and basically grew up $\frac{3}{4}$ of the year in Florida, and the other quarter of it here. – I won't go into the aspects of my life there and childhood, there is nothing very remarkable about it.

Early Schooling

I went to school all 12 grades at what was then the laboratory school of the department of education - of the University of Florida following so-called "progressive education" of 'doing it', similar to the University of Chicago in which they believed in learning by doing. An example of which the teacher one day said "who would like to go fishing?" Well of course I would like to fish and so I went with a classmate and his father who owned the boat. Well, of course we were roundly ridiculed by Mary who said "why should they go fishing." What they didn't say was that we had to identify the fish and describe where it lived, what its ecology was, you might say, open it and see what it ate, in its stomach, then write up a report on all of this and deliver it verbally to the class. We learned a heck of a lot more than just about fish and the result just illustrated the approach. I showed some interest in science as a matter of fact, and was awarded the *Bausch and Lomb Certificate for Achievement in Science* when I graduated.

Interest in Science

I was sort of interested in weather, meteorology at the time so they let me put my weather station on the flat roof of the school, and of course, Florida is known for all the weather including hurricanes. ... I put my weather instruments on the roof and checked them daily but I had to issue a daily report -weather forecast - over the school's public address system. Well I really learned how to "weasel words" on that! As to what it might or might not do because I really heard it if I had the wrong forecast - particularly if there was a sports event. Well, at any rate, that sort of started my interest in the scientific world and I got interested in geology and rocks and minerals and fossils and what lies under things. Also I enjoyed microscopy and ornithology.

Decisions about University

I had an uncle in town - my mother's brother - who was a physician , family physician. Also I had another uncle up here who was retired from his Philadelphia practice. I didn't have a lot of contact with medical people; fortunately I was reasonably healthy. Time came for college and I went to the University of Florida for my undergraduate degree and hoping to go on to professional school later and it was economical to live in Gainesville and the great depression was ending and so on and so we had to be careful. I majored in Biology, minored in Chemistry and had a fairly liberal education. I enjoyed literature and other things too and then my question was: to go on in biology and get a Ph.D. or to go into medicine which the family was kind of encouraging. I did some extra work in biology studied freshwater sponges in the state and wrote a brochure on it ... they liked that and I got notice for it and got a Phi Beta Kappa award for creative achievement as well as membership. I didn't know, should I go into biology or should I go into medicine?

Deciding to go to Medical School

Well, I finally decided it made more sense for medicine as a career and biology as a hobby. At least economically it made more sense, and I found that I had a pretty good idea of the physical world and the biological world but the psychological world still puzzled me. Why did ... why did people who seemed normally intelligent do such dumb things? And – it just seemed so ridiculous, some of the things that people would do, both people that I knew and people that I would hear and read about. There had to be some reasons... so at any rate, I applied to medical school in several places. I particularly wanted to go to the University of Pennsylvania. Closer to Lancaster, the first medical school to be established in the United States in 1765 I think it was and, fortunately I had several acceptances including Penn and that's where I went. And uh I liked the history of the place, the historical atmosphere and I liked the... just the general atmosphere there and I was rather happy there. Worked hard and as time went on I obviously had to decide what to do after medical school. Internship, every rotation service that I went on in every specialty I liked so then I had to figure, what I would really like to do full time - all the time- for the rest of my life. The Freudian analytics movement was at its peak then I would say, and this answered some of my questions as to why smart people did dumb things. This opened a whole new world for me.

Deciding the Specialty of Psychiatry

Well, as time went on ... lots of other things happened in psychiatry; medications, and other studies, neurological and ... psychosocial and the Freudian analytic approach I think is still valuable to give some insights into personality function but it doesn't cover the whole area of psychiatry .. It doesn't help really cure some of the more serious mental illnesses like schizophrenia and bipolar disorder, and so it takes more and psychiatry has moved to more. We still have the insights into dynamic psychiatry in the analytic approach and I think it's very helpful for the psychiatrist to have that but we also need to know so much more. In psychopharmacology you can't know what to give a patient if you don't know what's going on in that patient's mind. And so I think it takes both.

After my third year of medical school the Warren State Hospital, near Erie, Pennsylvania had a program for medical students called a junior internship - I went up there. Enjoyed that very much. Met some interesting people and thought this was something I'd like to do but I didn't want to go way up there if I didn't have to. Norristown State Hospital, right outside of Philadelphia was available and Dr. Noyes, the superintendent had just written a major book used in psychiatry in medical school so was a very knowledgeable person and well known and also they provided living for you. So I spent my residency there.

Personal Life

Well I was planning on getting married - I should've included that! To a young nurse that I met in the third year of medical school, Judith Wills Cooper and we decided to wait till after internship because being married during internship didn't sound too appealing to us.

AP: Where was she from?

KE: Marlton, New Jersey, a little town. She went to high school in Haddonfield which is better known and she was a student nurse at Penn, Well she graduated from Penn and became a nurse on the neurology ward at the University Hospital. The youngest head nurse, I think they could remember. Well, I had to intern first before I could go to residency but I didn't want to go way off somewhere so I decided to stay at the university. Judy was working and I was already living there so I applied. They had the matching plan that had just come in in which the school or the intern board would rank you and you would rank them and hopefully they would meet. So I applied to the University Hospital as well as a few others such as, Pennsylvania Hospital, Graduate Hospital and I think I could have had my pick for any of them but they took me at Penn at the University Hospital so I interned there, my first choice.

AP: So what year was this?

Internships

KE: Graduated in 1953 so it would have been 53-54 interning there. In my last... month of internship I heard that a cousin- my father's contemporary- was a urological surgeon at Pennsylvania Hospital. I had not known him too well. He didn't have any children. He was born out here in Gordonville and I heard he was retiring so I went out to the operating suite and found him in the dressing room and said "Dr. Herman, I understand you're retiring and I want to wish you well. So he looked at me and we chatted for a few moments and he said "Well Ken, what are you planning to do in medicine?" and I said "I'm thinking of psychiatry Dr. Herman." Well I guess it reflected the "old school" attitude, he said "*Psychiatry?* What do you want to do that for? Work with all those crazy people?" And then he thought for a minute and said "You know maybe that's not a bad idea, if your mind keeps working you can keep going as long as you want to. I can't work the damn instruments anymore" and his hands were gnarled with arthritis. Well, so he was approving. [KE laughs] I wasn't asking for his approval, I appreciated his thoughts and concerns though.

Drafted into the Army

Okay, so we were married... I went to Norristown and had about a year there when I got a notice from the army. They had deferred me through medical school so now it was time. I could essentially apply for commission in the medical core or go in through the infantry as a draftee. I didn't like that idea so I applied for a commission. I was commissioned as a lieutenant then..- I forget which came first - I guess 2nd came first... second was first and first was second, that's how the army worked. They wanted to know what I wanted to do so I told them I would like to continue with psychiatry. The Korean War was on then and they needed psychiatrists so maybe I could do that. I went to the medical field service school in San Antonio, Texas where all doctors had to go - all medical people- doctors, nurses, dentists,. veterinarians, etc. were there for about 6 weeks and that was alright... and then again the chief of psychiatry from Washington, I guess, came down and I said I wanted to go into psychiatry and he asked where I wanted to work. And I said I will work wherever you want me but I want to stay in the field if I can and I ended up

going to Fort Knox, Kentucky, where they had 3 psychiatric wards at the hospital there. One was an open ward for enlisted men, one was an open ward for officers. And one was a closed ward for both. And ... one of the psychiatrists there had to be in charge, called a ward officer and the head of the department was in the outpatient section. They put me in charge of the three inpatient wards. There were two to three other psychiatrists and social workers, psychologists and we had a good program and had a connection with the University of Louisville medical school and their department of psychiatry. We were invited into their programs and they came out to us for consultants. I was there for the remainder of the 2 years. Then we went back to Norristown State Hospital and continued my residency there. I finished, then had to decide where to go.

Back to Pennsylvania

I was offered a ... position in two practices, one in Philadelphia in the Institute of Pennsylvania Hospital and the other a private practice in Abington where I had been so called moonlighting - I had gone there in the evenings 2-3 days a week during my residency. Dr. Bell was his name - Dr. Craig Bell- but my wife and I looked around in other towns and because of my contacts here and the property and we liked the medical setup of Lancaster, two hospitals and so... and I didn't want to take my wife somewhere where she did not want to live. I wanted to ... feel that she was comfortable too and she must have sensed that because she encouraged me to come to Lancaster. And I remember wanting to know if that was really where she wanted to live, too. Yes, she thought we would be happiest here. And I think she was right. Absolutely right as it all turned out. So we came here in July 1959.

Our daughter was born in 1957 shortly after we came back after the army and she was aged 2 when we came here. So ... of course I did a certain amount of scouting of the area before I came. There were two other psychiatrists in town. Dr. Metzger and Dr. Holt... Metzger at St. Joe's Hospital, Holt at the General. They were agreeable people. They welcomed me and they were as busy as they wanted to be. And it just happened that Dr. Holt had a heart attack a month before I came. I came in July and he had a heart attack in June and so he said I would cover his practice while he was in the hospital. So I immediately had a full schedule of his practice plus I wanted to establish my own. Well I tell you it was busy and Dr. Metzger was trying to get the psychiatric ward at St. Joe's Hospital going and we worked together with this. It was busy. Fortunately I had a supportive and wonderful wife, I couldn't have had a better one. She put up with all this and became involved with things in Lancaster and so it went.

His own practice

Well, I could be here all evening telling you about all the things that happened during practice in Lancaster. As it happened, Dr. Holt got well enough to come back to practice but it was too much for him to continue. He went to the Veteran's Hospital and was on their staff and he lived for a couple more years before he had another heart attack that was fatal. In the meantime he got his patients sorted and scattered around and I inherited a lot of them. So I had a full practice from the start. And I felt my biggest frustration was getting calls from mostly family doctors from around the county 'can I see this patient soon - they are in bad shape.' And psychiatry - at least the way

I practiced it - took time with the patients... my appointments - most of them were 50 minutes - what we called the 50 minute hour in psychiatry and they often ran over. Some were less at 30 minutes and some included family members.

Meagan Schulman (MS): I do have a question after.

KE: Pardon me?

MS: I said I have a question when you're done:

KE: Yeah?

MS: What was the most common thing you treated?

KE: Most common thing I treated? ... I suppose the commonest thing statistically, would've been depression and anxiety and related disorders ... they are more in the - category of neurosis. In the category of psychosis, the more serious illness, mentally, there was schizophrenia, and manic-depressive, we now call it bipolar disorder and then there was a fair share of what we called character and behavior disorders. We call them now character and behavior disorders, and these are sociopaths, antisocial kinds and others, and - people you don't know what to do with.

MS: What did you treat them with?

KE: I'm Sorry?

MS: What were your common treatments? Was it more pharmacology, or was it more talk therapy?

KE: It depended on the disorder. Some, just psychotherapy. Everybody got some psychotherapy as far as I was concerned. It didn't make any sense not to. But with the serious ones, serious in terms of life affecting, medication was terribly important. - Oh I should add that medication was coming in then, at my first day at Norristown - the State Hospital- the new residents and I went in with the senior staff to plan the day or whatever. And they said there's this new drug called thorazine that just came out. Do you think we ought to try some? First day, - first thorazine given in the hospital. When I went there on the acutely disturbed ward you had to be surrounded by one or two attendants to take care of what was going on. Chairs and food and feces flying through the air. This was the really disturbed ward. After the medication came in, I could do the same rounds with one nurse and have a reasonable conversation with the patients. It was just amazing. I compare it with infectious disease before and after antibiotics. Because Dr. Peterson would know, before antibiotics, people were dying of infections - after antibiotics, relatively uncommon. Same thing with the psychotropics. So the numbers in hospitals went down and outpatient treatment went up. Unfortunately though, some of the people in the political legal field decided that we don't need to spend all this much money on the state hospitals. They can be taken care of as outpatients. Well, trouble was they couldn't. They needed at least psychological support or psychosocial support, depending. I used to compare it to diabetes. You don't take a diabetic and just give them some medicine and say go home: you have to go into how they eat,

their diet, their way of life, etc. as Dr. Peterson would certainly know. It's the same with psychiatry, you have to work with the patient and often their family.

Perceptions Today

MS: Was medicine- was taking medication- looked down upon?

KE: Was it?

MS: Was it as looked down upon as it is today, like a lot of people are - are worried that taking psychiatric medication would alter their appearance to the public? Was it a big deal back then?

KE: You said, today.

MS: Was it back then, when you were practicing? Was it accepted more back then than it is now?

KE: I'm still not quite sure if I have the sequence right. You're wondering if it is accepted today as much as it was in earlier days. - or the reverse.

MS: The reverse.

KE: Is it accepted more today than it was initially? I think. So, although it varies. I think psychotropic medications, as we call them, are accepted better today, partly today because people are more accustomed to it and we have also learned how to deal with it better and it is in many ways more specific. We can be more specific. Initially it was that you didn't have to much to work with, thorazine and a few others. There were a lot of side effects, and it was a new idea, and it was like a lot of other things before you really get it refined. But today I think it is much more accepted partly because people have learned the value of it and, we have better medications, and we know better how to use them. Would you agree with that from your point of view?

AP: Yes.

Psychiatric Unit at St. Joe's

KE: So Dr. Metzger and I got the psychiatric unit at St. Joseph's Hospital. The hospital was very supportive of us. Glad to have it. We were the first psychiatric unit in a general hospital between Philadelphia and Pittsburgh. They subsequently developed one in Harrisburg and it has become much more established around the country, but we were , as far as we could tell, one of the first psychiatric units in a general hospital. There were other psychiatric facilities. And we were full at the time, so when I was there they gave us a whole building, practically, for it. Which is too bad, the General Hospital didn't have a psychiatric unit, partly because Dr. Holt didn't want one. He wanted to treat the patients wherever they were in the hospital and I did a lot over there too. I spent a good bit of time at the General and at St. Joseph's, occasionally consult at the Community Hospital, and I was also a consultant at the Veterans Hospital in Lebanon. Once a month I would go there and they would present their problem cases and we would talk about

them and decide what to do. I was also consulting at the Family and Children's Service at Lancaster. In those days they were doing adoptions and a fair amount of casework with social workers but they needed a psychiatrist to give some guidance so I went there and two or three other places.

Caseload

KE: How I did it, I'll never know. I just wonder. But at any rate I was busy. But I enjoyed it, it-it- was very rewarding to me and as I was about to say earlier, the biggest problem I had was not being able to take on new patients. Literally. If my time was full. I did have some group therapy going but that was at the hospital. But I could really only see one patient at a time. I emphasized a psychodynamic approach to understand them with the analytic input I had added to the psychosocial dimensions and the biochemistry. We were learning about neurotransmitters and the medications so this takes time. And I felt so bad having to turn down so many well meaning doctors in the community. Some of them got down right ugly about it and others were understanding. It went both ways and I would suggest something to do with the patients in the meantime, and I would ultimately get to them and generally did. But it was 12 hour days and... well I was younger. Ha! Ha! Ha! And gradually we got some more psychiatrists in town, and things leveled out a little better. The state closed some of the state hospitals and decreased many of them, and the state hospital went from I think around 2000 patients there when I started. There was something like 500 when I left.

MS: What year was this?

KE: What year, well it would have been between ... 1950 lets say... 1954 to 1959. But that counted my two years in the army. Norristown had a nice farm going and many of the patients that wanted to - they were not forced to - worked on the farm or they worked on the greenhouse or they worked on the lawn or the women worked on the kitchen. They figured work was valuable psychologically and it is. We never forced anybody to do work but the state closed the farm. They said, the legal people said I guess it was them, that it was peonage- you are treating them like slaves. We couldn't convince them it was not like slaves. They said we had to pay them since they were employees. We said they're not employees, they are patients that are undergoing treatment. Well that was a problem. And I won't go into all of that but it did create problems for the state hospital. But at any rate, patients went into the community. And the community does not have the resources. Oh yes, I worked at the guidance center for a while too when I first came to Lancaster. I didn't think I would be busy, and I kept that up for a while until we got somebody to take that. I will say the community just wasn't prepared to take care of it. So many people ended up on the streets and in jail. And that's still the case. It used to be we thought we were trying to take the patient to the hospital instead of jail if they were obviously mentally ill.

Mental Health in Lancaster

KE: Well, all that changed. The community mental health program then came to Lancaster county. And they divided the county into two sections with the line going down Queen Street. And everybody that had to be at the hospital on the west side of Queen Street went to St. Joseph's and the east side went to the General Hospital. So they had to start a unit. I have to laugh, that

they finally had to do it. Well that's all right. We helped them out on that. It wasn't always as easy as State people thought to assign people to the hospital, depending on what side of Queen Street they lived on. They might already be seeing a doctor on the other side. Well, we didn't pay much attention to them, we just put them. We thought they were best suited. And nobody objected greatly to that. And so it went. Someday they will rediscover the State Hospital because all these folks are out there. And I don't want to start this, but all these shootings with guns and so on. It's not strictly a matter of not enough mental health treatment, Those people aren't going to seek any anyhow. And even if they do, what are you going to do for them? Well that's a totally separate subject. But maybe we will rediscover it in some way. I have had no contact with this new psychiatric facility in Lancaster. It sounds pretty good.

Retirement

KE: But I'm as I say, out of the loop. I retired fully in 1997. We moved here in 1991 full time. My parents had retired here and they died. We were keeping this up plus the Lancaster house and that's no good. So we moved out here anticipating retirement. I worked part time, and didn't do much hospital work for 6 years. I retired full time in '97 and became what somebody said was a country gentleman, looking after things here in our woodland and enjoying life where I was.

Offices in Lancaster

AP: Where was your office in Lancaster?

KE: I had three of them. First one was next to the school where the museum is on the east, a Victorian type building with a porch around it. A patient of mine who was fairly knowledgeable about things, said every time he came into that front door he thought it was in Freud's apartment or whatever it was, in Vienna. Well, it was of that style from that period. That was a nice office. But then there was a school next door and kind of noisy, up the street at the corner of Duke and Lemon. They were building a new apartment, townhouse type thing, inviting people to come to open a business on the first floor. It will just be empty but we could design it to our own needs. So I thought this looks pretty good. So I designed an office for myself there. And they built it. I practiced psychiatry in one way or another for 43 years, total 38 of which were in Lancaster. The 43 was residency and army. So I had been at this first office for roughly 10 years. I don't know exactly. So then they opened and built this new place, which was nice and a door on Duke Street and a door on Lemon. There were three floors. I was on the third floor. The first floor was a podiatrist, the middle floor was an obstetrician. They were in the middle. And I was on the top. We were organized anatomically. And then some lawyers came in and bought the whole building and wanted to make it sort of a legal place. Well anyway, I stayed on the third floor.

Leaving Medicine

KE: So at any rate I stayed well. Then I had my 69th birthday and things were changing so fast in medicine, insurance and Medicare and legalities. And well, it just wasn't the satisfaction to me that it had been but I heard a lot of doctors say that maybe we were just getting a little old anyhow. And to do the kind of work you had to do you really had to be pretty energetic and so we felt comfortable in retiring and looking forward to be able to live here.

Family

KE: My dear wife died in 2014 and I live here alone with help as needed. We have one daughter, who's an attorney who works in Washington D.C. She is married, and they live in Annapolis, Maryland. He works at Johns Hopkins University, with a good position in the maintenance department.

KE: My only sibling was a brother, John M.S. Eshleman. Unfortunately he died from an astrocytoma as he was about to graduate from the University of Florida. He had been admitted to Harvard Law School.

AP: You have any grandchildren?

KE: Just one, having taught school in Thailand and now Greece to see some other parts of the world.

MS: I have a question for you, Where do you hope to see the future of psychiatry?

KE: Well that's a hard question to answer because of the great need for more and better psychiatric services. I should have said better services. They're just more available psychiatric services. All of medicine, to some degree, faces this would you agree? It is not just more services, it's more of better services. Unfortunately, many of the doctors graduating are not too attracted to psychiatry now, partly because it is becoming so regulated financially and otherwise, with insurance companies telling you how long you can keep a patient in the hospital and all this kind of thing. So the whole social economic approach to things makes it less appealing than it is bad.

AP: I have one final question. Your family has lived in this house now since the 1700s. Do you know what you would see in this house when you are no longer here?

KE: Well, good question. I have not specifically said to my daughter and son in law are you going to live here? They don't even know, and I don't want to put that on them either. They are interested in it. They visit me when they can. They're both busy. So they can't come all the time. But they are interested. Who knows? I'd like to see it stay in the family. Historically, it's been in the family for 300 years. It's just kind of nice. What will happen? Who, what, why, when and where? I guess I'll never know.

AP: Kendrick, Meagan and I can't thank you enough for spending this hour with us and for sharing your life filled with amazing, amazing things. So thank you very much.

KE: Well, thank you very much for having it and having me have this discussion. It's a pleasure to talk to people who are interested. And it makes me feel good. Thank you.