Dr. C. R. Farmer with his two-seater, Buick Roadster in front of the Lancaster General Hospital Power House, circa 1920. Author's photo
Dr. C. R. Farmer and Dr. John L. Farmer
Father and Son Doctors in Lancaster County, 1909 to 1980

Elizabeth Farmer Jarvis

The sophistication and professionalism of the practice of medicine in Lancaster County grew steadily from 1909 to 1980, the years in which Dr. Clarence Ravenal Farmer and his son, Dr. John Lawrence Farmer, dedicated their careers. Dr. Clarence Farmer (1886-1964), always known as “C. R.”, practiced in Lancaster County from 1909 until 1961. Dr. John Farmer (1912-1995), joined his father’s office in 1940, and practiced until 1980. I interviewed Dr. John Farmer, my father, in 1985 and 1986 about his father’s career and his own career, which included twenty years as Chief of Surgery at Lancaster General Hospital. His narrative reveals what it was like to be a doctor practicing in Lancaster County during those years.

The account here is transcribed from my father’s words. I made few interjections.
—Elizabeth Farmer Jarvis

Dr. C. R. Farmer

C. R. Farmer grew up in Elm City, North Carolina and attended the University of North Carolina, Chapel Hill for four years: two years of undergraduate and two years of medical school. After medical school there, he transferred to Jefferson Medical College in Philadelphia for his last two years and graduated in the class of 1909. According to his son, Dr. John Farmer,

“Jefferson was a well-known Philadelphia school to which people from the South often transferred. Richmond Medical College had a medical school, the only one in Virginia, at the time. Baltimore
had Johns Hopkins. So most aspiring doctors from the South who wanted professional training came north to Philadelphia, New York or Baltimore.”

This was an era when the United States medical field was trying to catch up with Europe in science-based training of medical doctors. Before this time many doctors were apprentice-trained with varying results, and until the turn of the century, many so-called medical schools did not even require a high-school diploma. Students often graduated without ever examining a patient.

Dr. John Farmer continued:

“After completing Jefferson Medical College, C. R. was required to pass state medical exams. Internships were not required at the time, but some people were interning. C. R.’s roommate at Jefferson had been John G. Herr from Landisville, and C. R. had visited Lancaster a few times with Dr. Herr and met some people there, including my mother, Laura Wohlisen. As a result of these contacts he decided to intern at St. Joseph Hospital, founded in 1883.” [note: St. Joseph Hospital was founded in 1878, but soon ran into financial difficulties. The sisters of St. Francis took over in 1883.]

The Lancaster General Hospital, founded in 1893, was the smaller of the two hospitals at the time. Richard Farmer, another son of C. R. Farmer; said,

“As an intern, my father rode the horse-drawn ambulance beside the driver, and when they went by Laura Wohlisen’s house on West Orange Street, they would ring the bell, and Laura would come out and wave.”

Dr. John Farmer said,

“C. R. and Dr. Hirst were the interns at St. Joseph, although Dr. Hirst only stayed six months before going to work for the Pennsylvania Railroad. After my father completed his internship, he took a job with
the Reading Company railroad and went to the Reading, Pennsylvania office. They needed company doctors as there were many accidents. He married Laura Wohlsen on January 25, 1911, and they lived in Reading until the following summer.”

The newlyweds moved to North Carolina, but Laura did not like living in the South. Dr. John Farmer continued,

“Before he went to North Carolina, C. R. had been asked by Dr. John L. Atlee, Sr. [1875-1950] to come to Lancaster as his assistant because he was a young surgeon then becoming quite successful. So C. R. said he would go back to Lancaster to please my mother.

“Laura’s father, Herman Wohlsen, had built all the houses on Lemon and Nevin streets, so he rented them the corner property for C. R.’s office and their home. All their furnishings were moved back from North Carolina, and C. R. converted the two front rooms downstairs as his office at 573 West Lemon Street. C. R. purchased a “Morris chair,” [a leatherette chair, where you pushed the button on the arm and the feet came up and the head reclined.] He never worked in Dr. Atlee’s office, which was opposite the First Presbyterian Church in the second block of East Orange. At that time, Dr. Atlee’s family, too, lived above his office as was common at the time.
“Early on, C. R. had an office assistant named Ethel Piper who was from rural Adams County, Pennsylvania. She went to school at the Pennsylvania Business School in Lancaster on the corner of East Orange and Duke Street where the courthouse is now. Some young women were looking to get a better education, so they could find a good job and get out of [a] rural setting. She lived in our house and kept the books, sent out bills, and wrote letters, and also helped with domestic work.

“C. R. worked for Dr. Atlee which meant he walked every morning to St. Joseph Hospital, and took the trolley car to make house calls in the city as he did not have a car. He never had a horse and carriage, and bought a Buick roadster about a year later. C. R. also had a private practice on his own, doing general medicine or any surgery that came down the line, but mainly he made his living from general medicine. He didn’t make much money, fifty cents for an office visit, a dollar for a house call, and $15 for delivering a baby. C. R. said that actually about 50 percent of his surgery over the years had been charity.

“At that time Dr. Atlee was doing surgery in people’s homes as well as in the hospital, associating it with a place where people went to die. Dr. Atlee went all over Lancaster County and did surgery with C. R. assisting him, bringing a portable operating table. Dr. Atlee had a couple of nurses and one went ahead and took a bag of surgical instruments and got things ready. Dr. Horace Kinzer gave anesthesia, open ether drop, for Dr. Atlee in many cases in and around the city.

“Dr. Atlee had a Pullman automobile, which I think was made over in York, Pennsylvania. He went by car wherever he was going, whenever the roads would permit. C. R. commented that one of the most inaccessible parts of the County was in the south. They would take the trolley to see patients in Quarryville. If the patient they were to visit lived in southern Lancaster County outside of the Quarryville area, they boarded the train which went from Columbia to Port Deposit, Maryland during the day. They would get the train at Columbia and would be met somewhere along the line by the family doctor, and he would drive them in a horse and carriage to the 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 a day ran out of Columbia so their operating schedule was determined by the train schedule. Sometimes a nurse went on the preceding day.

“Very early on C. R. delivered babies because Dr. Atlee preferred not to do them, so he very soon pushed that over to my father, so C. R. got started doing abnormal obstetrics very early. Together they did the first cesarean section in Lancaster in 1912. After C. R. finished medical school in 1909 he went to Richmond and spent some time there with Dr. J. Shelton Horsley at the Medical College of Virginia, who was a well-known surgeon. He saw Dr. Horsley perform two cesarean sections. At Jefferson Medical College, C. R. had never seen any cesarean sections done. When he was working with Dr. Atlee, a
woman could not be delivered at home and was sent to St. Joseph Hospital. Dr. Atlee decided a cesarean section was indicated, but he had never done one. He called C. R. and since he had seen two such operations performed in Richmond, they did the first cesarean section in Lancaster in 1911. The mother had an [un]eventful recovery following delivery of a healthy baby.

“Not long after my father started to practice, Dr. Atlee was getting all kinds of cases, obstetrical as well as surgical. Dr. Irvine White Potter of Buffalo, New York had advocated internal podalic versions, a procedure for turning the baby inside the uterus to help resolve many obstetrical difficulties. Nobody in Lancaster had done any versions, so Dr. Atlee suggested that my father go to Buffalo and spend some time with Dr. Potter. C. R. went to Buffalo to observe this procedure, which he was doing in many of his deliveries. C. R. owned a book on this subject by Dr. Potter, *The Place of Versions in Obstetrics*, 1922. C. R. had an outlet forceps that he used for many years which was given him by the Sisters of St. Joseph Hospital, when he finished his internship there. Dr. Peiffer of Philadelphia devised the aftercoming head forceps, which my father also used many times.”

**The Great War and Influenza**

Dr. John Farmer continued,

“During World War I in 1917 and 1918 many local doctors joined the armed forces, and because of this shortage, Dr. Atlee refused to do any more surgery in patients’ homes.

“The influenza epidemic came to Lancaster in 1918 and 1919. C. R. saw influenza patients daily and was very busy as a result. He did not catch the virus although my mother, Laura, my sister, Mary and I all did. My mother had delivered her first three children at the hospital. When my brother, Richard was due in December 1918, she wanted to deliver at home, probably because of fear of contagion from influenza. My mother’s brother, Richard Wohlsen, died in 1919 while a student at Lehigh University in Bethlehem, Pennsylvania.

“In 1920, my mother had an ectopic pregnancy and was very seriously ill, having lost a great amount of blood and required a transfusion, only
first performed at the Lancaster General Hospital in 1918. Dr. Atlee, Sr. operated on her. In those days the only way to have a transfusion was directly from one person to another, so her brother, Albert Wohlsen was the matched donor. Ethel Piper, my father’s assistant took care of the children and walked my brother, Tom, and me to pick violets to what is now Buchanan Park. C. R. took the flowers to the hospital as children were not allowed. I was very much relieved when she came home to 573 West Lemon.

“C. R. did many home deliveries. I know he tried to get patients to come into the hospital, but at that time not everyone was willing. My father went all over the county for consultations.

“Much of the time he had to see a patient in their home before going to the hospital was accepted by the patient and family. When the consultant such as my father came out and recommended hospitalization the patient would go. I remember going with him to consult about patients with Dr. Hostetter in White Horse and Dr. Keylor in Leacock in the 1940s.

“Around 1918 to 1920, C. R. became too busy with his own practice to assist Dr. Atlee for the most part. At that time he employed a man, Ellis Houser, first in the winter and then eventually all year round, to drive his car, because the county had such bad roads and vehicles were less dependable. C. R. needed someone to change tires as there were constant breakdowns. A doctor could not afford to dirty his hands with grease and such when going out on a call.

“Another thing C. R. did first in Lancaster involved infants, the first Ramstedt operation, or hyperturibic pyloric stenosis, a condition some newborns had in the lower end of their stomach where nothing could go through as it was blocked with a thick muscle or cartilage. One had to cut that and open it up so food could pass through. C. R. did the first such operation in Columbia Hospital in Lancaster County. He had seen it performed at the Mayo Clinic as very early on he started to go to Rochester, Minnesota to observe. C. R. went to the Mayo Clinic quite a bit, I would say every year. One year Dr. Kinzer, who gave anesthesia for Dr. Atlee, went with him.”
“C. R. was always in favor of breastfeeding where possible as opposed to formula feeding. During the later years of his career many pediatricians preferred giving babies formula. C. R. felt that babies that were breast fed were much better off.

“C. R. applied for and got on the staff of the Lancaster General Hospital, becoming Chief of Surgery from 1924 to 1939, succeeding Dr. Frank Alleman. Dr. Atlee, Sr. did a lot of work at the Lancaster General Hospital where he was elected to the staff as Consulting Surgeon in 1911, but was never on the active surgical staff there. His son, Dr. John Atlee, Jr. became a member of the active surgical staff at the General Hospital.

“When many hospitals would not take female interns or doctors, C. R. was instrumental in hiring female interns. He felt that a regional hospital such as Lancaster General could obtain a higher caliber of intern if they interviewed women, since the women in the 1920s aspiring to become doctors had very limited choices of where they could train.” For example, St. Joseph Hospital admitted Dr. Mary Bowman to the staff in 1913. The Order of the Sisters of St. Francis were upset about this action and wrote a strong letter to the president of the staff, Dr. Roland, saying they were in charge of the hospital and the staff would have to rescind this action. As a result of this letter, the entire staff resigned on January 1, 1914, after making sure no patients were at risk. The hospital ran without an organized staff for some time until it was reorganized by Dr. Newton Bitzer.

“The women who came to the General as interns were often top-notch students and excellent future doctors. Dr. Marvel Scott Kirk, who interned in 1929, stayed on to practice in Lancaster, and remained a respected colleague of C. R.

“During the Depression, C. R. had his money in the Lancaster Trust Bank when all the banks were closed and eventually when the bank was settled he got $0.38 on the dollar. Some people did a lot worse. There was always a lot of charity work and this was particularly true with surgery.

“Even before the Depression many people were working at jobs that hardly paid a living wage. If they got into any problem with illness,
particularly the wage earner, they did not have enough money to eat or any reserves. There was no sick pay or employee provided health insurance.

“C. R. did receive items for payment, often food from county people. He always knew that some people were not going to be able to pay and he said it wasn’t worth a three-cent stamp to send a bill. And this was certainly worse during the Depression. C. R. said there was always a certain amount of charity he didn’t expect to be paid for, but he knew who they were, and where they lived, and what it was that they weren’t able to afford. Now this was not so much true of the office visits, but it certainly was true for the maternity work, and the surgery.

“In 1939, C. R. retired as the Chief of Surgery and Dr. Solomon G. Pontius succeeded him. C. R. remained a Consultant in Surgery, but also became Head of the Obstetrical Department from 1944 to 1952. After this Dr. Chris Wenger was made Head of the Obstetrical Department. C. R. always remained interested in obstetrics and continued to do abnormal obstetrics with anyone that was having a problem, or doing C-sections and so forth until he was about seventy-five years old.”

C. R. Farmer delivered all four of John Farmer’s children with Mary Louise Farmer. My father was present for all of these births as well. When I asked my mother if it wasn’t strange to have her father-in-law deliver her babies, she said she would not have had anyone else, he was so calm and reassuring.

During C. R.’s long practice of medicine over more than fifty years, he delivered over 5,000 babies. Dr. John Farmer continued,

“C. R. was a member of the Executive Committee of the Lancaster General Hospital until he retired from the Obstetrics Department. He went to the meetings of the American College of Surgeons every year and frequently the meetings of the American Medical Association, so he and my mother had an opportunity to travel to various parts of the country to medical meetings. To the surgical meetings other Lancaster doctors often went at the same time such as the ear, nose
and throat doctors Dr. Roebuck and Dr. Lefever, and the surgeon Dr. Solomon G. Pontius. Dr. John Atlee, Sr. rarely attended surgical meetings. He always planned to go, but usually at the last minute he had an important patient at the hospital, and so he decided he couldn’t leave town, so he rarely went to meetings. He was very well read, however. In the last ten or fifteen years of his practice C. R. continued to do general surgery, although as the years went by, he did less general surgery and I did more of the difficult surgery.”

Dr. Irene Davis said about Dr. C. R. Farmer,

“When I was an intern I loved it when Dr. Farmer was called in consultation because he was a very capable doctor. The first cesarean 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,’ and 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 down. He paid no attention and proceeded to deliver the baby!

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

Dr. Harold Stauffer did his internship in 1937. He wrote,

“I asked Dr. Clarence Farmer, who was an ideal physician, about where he thought I should locate my practice. He was a very quiet, soft-spoken man, and never seemed to talk without reflecting on his answer for a long time. He suggested Bareville, because there were two doctors around retirement age, and that is what I did, and it proved to be a very happy place.”
Dr. Henry Wentz said of Dr. C. R. Farmer,

“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 L. Farmer

“I entered Franklin & Marshall College after attending public school. My father felt it was important to go to public school if you were going to be a doctor so you knew how to talk to all kinds of people. When my father taught bandaging to the nurses, I went with him and I was the model on which he performed his bandaging.

“I was sixteen when I began at F&M for tuition of $300 a year, graduating in 1932. After applying I was accepted at Johns Hopkins, Harvard and Jefferson Medical College, but my father influenced me to go to his alma mater, Jefferson. I began in September, 1932, graduating in 1936. After this I had an internship at Pennsylvania Hospital, followed by a surgical residency with Dr. Walter E. Lee and Dr. Henry P. Brown. Pennsylvania Hospital is the oldest hospital in the country (the second oldest is in Lancaster) with an operating amphitheater that is now a museum. When I was there the amphitheater had become a library and I lived in one of the rooms beside it. When I became a resident I was given $20 a month for the first year.

“Pennsylvania Hospital was largely a charity hospital at the time. One night while I was an intern, 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 returned with two pints of blood to the operating room, the resident told me the patient had died, and would I mind informing the family, who were waiting downstairs. Several Italian women were there, who shrieked after I told them. This was in the summertime before air conditioning and everything was wide open at 3:00 AM. 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 here up to the door.’ The cab arrived promptly and she said, ‘Let’s get all of these people in the cab 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.

“Before I came back to Lancaster to practice in September, 1940 my father bought the row house next door in which I set up my practice. Around 1921 he had taken over all of 573 West Lemon Street for his practice and moved his family down the street to 613 West Lemon.

“When I started practice, my father said a doctor was not going to get paid for at least 50 percent of the work you do. He said that there’s another percentage you’ll get part of the fee, and the rest you will get full pay. He said don’t worry about it, that’s just the way it is.

“My father also advised interns and me to always have change for a $100 bill at the office. He said he had experienced someone owing him five dollars and throwing down a $100 bill saying they had nothing less, thinking a doctor could not change it and you’d never see him again. He didn’t give me any other advice except by example. I did things the way my father 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 strictly a surgical practice.

“At that time, all doctors 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
weekday evening before the war period. I decided when I came back in 1946 that it wasn’t necessary, so I told my father I’ll have evening hours two nights a week. After about a year I reduced this to one evening a week and later stopped evening hours because I believed people who wanted to see me could come during the day.

“At first I was not very busy, and took many of the accident calls at the hospital. I worked at the Lancaster General Hospital and St. Joe’s [St. Joseph Hospital], until late in my career when I worked mainly at the General.

“In 1939 the war had already started in Europe and our government could see that we might well be in the war, and we better prepare. Dr. Charles Mitchell of Pennsylvania Hospital, who had been in World War I, organized a reserve unit for doctors. I thought we were probably going to get in the war and I would be better off in the volunteer hospital unit, rather than being drafted. It was better to be with a bunch of friends if you’re going to be in the war, and also they would recognize that you had surgical training. I thought if you were
drafted later on you might be trained as a surgeon and end up doing physical examinations or anything. Of course we were called up on December 26, 1941 immediately after the war started.”

John Farmer served four years in World War II as a major in the U.S. Army Medical Corps, working in an evacuation hospital in New Caledonia in the South Pacific. His wartime experience is documented in A Surgeon’s Duty, the World War II Memoir of John L. Farmer, MD by his son Andrew Farmer.

“When I returned home in 1945 I was just happy to be here. I started to practice right away with my father who was anxious for help so I went right to work. It was no adjustment at all, it was very easy for me. I already had my car; I had bought it before the war. I lived at home until I married Mary Lou Hollinger Long in 1947.
“I started working for the Surgical Services at the Lancaster General Hospital as one of the Junior Surgeons, which I had been before the war when Dr. Pontius was Chief of Surgery. I was in charge of the ward service every third month. At that time, we had a good bit of charity work. We had about thirty ward surgical beds and that was really a good bit of work.

“After World War II, the first two large companies in Lancaster to have hospitalization [insurance] and benefits were RCA and Armstrong Cork Company. Bell Telephone Company had medical and surgical benefits a few years later. Gradually over the years other industries were forced to have hospitalization [insurance], but we still in those early years had much charity work.

“You took the calls from the Receiving Ward [the Emergency Department], accident calls, anything that would turn out to be surgical or anybody with abdominal pain who came in. To determine if it was something surgical, you had to go see them. Other people that were admitted to the hospital for one reason or another, you might see in consultation, if you were on the medical ward, if they thought it was something surgical. Other patients were just referred in by a family doctor to the ward service of the hospital because they knew they didn’t have health insurance. That was a lot of work when you were on the service, and I gradually accumulated a private practice. Doctors started to refer work to me.

“The operating rooms were on the fourth floor of the Lancaster General Hospital and there was no air conditioning. In the summertime it was very hot. I remember one time I was doing a subtotal gastrectomy and an intern, Miles Harriger, was assisting. 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 had to stand and wipe the perspiration off the faces of doctors, but in spite of this a few drops could enter the incision.

“I did the first complete colectomy and ileostomy for ulcerative colitis in Lancaster in the 1950s on a patient, Richard Minney.
“In 1957 I became Chairman of the Department of Surgery at LGH. I decided that a lot of people in the Surgical Service that I 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 is going to do ward surgical service had to be board certified or board eligible. There were few of us who were board certified and it may have looked very selfish. But my motive was not selfishness at all. Doctors Paul Davidson, Robert Witmer and Peter Pranckun in addition to myself met those requirements.

“I also instituted hiring a medical doctor to be Chief of Anesthesiology rather than have nurses administer anesthesia. While in the Army, I observed there were better outcomes with a specifically trained M.D. There were also many new procedures and drugs that really required a specialist.

“I never had a partner so was fortunate when Dr. Paul Davidson came to town as he took emergency calls for me, if I had a special family event, or if I was out of town and vice versa. We had been classmates in medical school. Otherwise, I was always on call often leaving my garden just as I got out there in my old clothes. My wife, Mary Lou, often had to find her own ride home from a party as I would be called away, and not return on time.”

Like his father, but to a lesser extent, John Farmer was more of a generalist than surgeons are today. In the office, he would take a wart off your foot or a mole off your face. He gave polio shots and set broken bones. He removed the sixth finger or toe of many an Amish patient. He performed mastectomies, appendectomies, gall bladder surgery, and much more. When staples became commonplace for closing wounds, he stuck with stitches because he felt they left less of a scar.

To the surprise of some doctors today, he performed procedures on many members of his family. He performed cancer surgery on his mother-in-law’s mother, performed appendectomies on two of his children, and stitched
up his grandchildren. When asked if he was more nervous operating on a loved one, he seemed surprised and said why would he be? He gave all his patients equal attention.

Dr. Farmer’s six children remember driving home from church with him in the 1950s and 1960s and groaning when he pulled into the St. Joe’s Emergency Room parking lot to check on a patient, saying, “I’ll just be a few minutes.” He never was. He always had little slips of papers in his pockets with the names and room numbers of his patients. His home had one telephone line, and his children were often told to get off the phone as “the hospital might be calling.”

His children sometimes accompanied him individually on his visits to patients at “the General.” He would drop off a child at the nurse’s station while he spent time with his patients, changing their dressings. These visits could be lengthy, which may be why so many patients revered him. Sam Schaeffer, who ran the meat stand at Lancaster Central Market, said Dr. Farmer saved his life because, unlike other doctors, he really listened to his complaints about the problems he was having with his legs. Dr. Farmer’s wife, Mary Lou, avoided the west aisle in the Central Market because she was embarrassed that Mr. Schaeffer insisted on giving her free meat, years after Dr. Farmer had operated on him.

Dr. Farmer’s son, John, a real estate appraiser, frequently met people from all parts of Lancaster County who said they or their parent had been brought into this world by Dr. C. R. Farmer, or were operated on by Dr. John Farmer, and were truly grateful for the kind treatment and good outcome. Dr. John Farmer rarely discussed his work at home. His wife was surprised several times to find out he had operated on a friend of hers.

He was a kind person with a quiet strength that was comforting. Though reserved, he usually asked people about themselves in a social setting. He never wanted to draw attention to himself, but he was outspoken at the hospital when an administrator wanted to cut nursing staff to save money, and whenever he believed a high level of care was being compromised.

Dr. Farmer was president of the Lancaster City and County Medical Society from 1976 to 1977. He was a Diplomate of the American Boards of Surgeons, serving as a member of their Board of Governors, representing
Pennsylvania. He was a member of the Pennsylvania Medical Society and the American Medical Association.

In the late 1970s, Dr. Farmer felt faint in the operating room and had to lie down on the floor for a bit. Shortly thereafter he had a pacemaker implanted. He decided to retire from practice in 1980 on the day before his liability insurance coverage expired.

Looking back on his career in 1985, Dr. Farmer said,

“I was always pretty busy, but I would say all during the 1950s I was extremely busy. I often got called out to the hospital in the evenings. It didn’t bother me. If I were going to practice medicine that was the way it was.”

Endnotes

Most of the information for this article is from oral history interviews I (Elizabeth Farmer Jarvis) conducted with my father Dr. John L. Farmer, on December 30, 1985 and November 8, 1986. Some remembrances were contributed by John Farmer’s brother, Richard Farmer, and my siblings Judy Farmer Fulton, Louise Farmer Haralam, Laura Farmer Frey, and Andrew and John Farmer.

The publications I consulted are as follows:


About the Author

Elizabeth Farmer Jarvis is the Curator/Archivist of the Chestnut Hill Conservancy, former Museum Curator of the Historical Society of Pennsylvania, and a curatorial consultant. She is the author of the books Mount Airy, Chestnut Hill Revisited, and co-author with Thomas Keels of Chestnut Hill, all published by Arcadia Publishing. Liz grew up in Lancaster and now lives in Philadelphia.