The Age of Discovery: A Lancaster Pediatrician's Half-Century Witness to the Vaccine Revolution and the Evolution of Care

By Dr. Clark McSparren

Lancaster Medical Heritage Museum Oral History Series

For more than five decades, my journey through pediatric medicine has aligned with what I call the "Age of Discovery." When I first began my career in the mid-20th century, many childhood diseases were terrifying, common threats. Physicians made house calls across the sprawling farmland of Lancaster County, and pediatricians managed their young patients in the hospital, the office, and the family home. By the time I retired, vaccines had virtually eliminated once-fatal illnesses, advances in newborn intensive care dramatically improved survival rates for premature infants, and pediatrics had broadened its scope from desperately battling infection to a holistic approach to facilitating a life of physical and mental well-being.

My path to medicine was shaped by a combination of scientific advancement, dedicated mentorship, and an enduring commitment to the community I call home.

Deep Roots and the Path to Pediatrics

Though born in Leicester, Pennsylvania, my childhood was nomadic. My father worked for the Armstrong Cork Company, and that took our family across the country and back. I spent my early youth in Altadena, California where I developed a lifelong love for green spaces, wandering the meadows and woods at just four years old. We then moved to Chicago, Baltimore, and finally back to Lancaster by the fifth grade. Attending five different grade schools in four states made me adaptable and this trait served me well in the fast-paced world of medicine.

I stayed in Lancaster for my undergraduate years, attending Franklin & Marshall College. F&M's powerful pre-medical program, combined with the discipline I learned from wrestling and distance running, prepared me for the rigors of the University of Pennsylvania School of Medicine.

It was during my rotations at the Children's Hospital of Philadelphia (CHOP) that my passion for pediatrics solidified. I was inspired by physicians who blended cutting-edge science with deep compassion, understanding that to care for a child properly, you must care for the whole family. After graduating, I completed a rotating internship at the historic Pennsylvania Hospital. I slept every other night on the third floor of the very building Benjamin Franklin helped fund in the 18th century.

Trial by Fire: The Navy Years and Early Innovation

Before returning to Lancaster, my residency training at CHOP was followed by two years of service in the United States Navy at Portsmouth Naval Hospital in New Hampshire. It was the greatest postgraduate training I could have ever imagined.

I joined a team of just three pediatricians managing a massive military population. We independently managed a thousand deliveries a year, emergency resuscitations, complex intensive care, and challenging deliveries.

I distinctly remember a midnight call for a first-time mother whose baby was presenting as a full-term, double-footling breach. Today, that would warrant an automatic C-section. But my OB chief simply told me, *"Give me a call when she's at nine centimeters."* Armed only with mental practice from medical school textbooks, I administered the anesthesia, grabbed the long after-coming head forceps, and delivered a screaming, healthy, pink baby boy while. I was startled when the chief, who had arrived in time to observe the final moments, commended me! On another occasion, we successfully managed a premature infant weighing just one pound, twelve ounces. We helped her grow to over five pounds until she finally went home to a celebration in the local newspaper.

Portsmouth also placed me on the precipice of major medical breakthroughs. While managing two four-month-old infants dying of non-stop diarrhea and dehydration, I experimented with a primitive peripheral IV treatment using a cocktail of 10% glucose, 10% amino acids, and a new fat emulsion called Lipomul (Upjohn). We blew out dozens of tiny veins, requiring late-night restarts, but within days, the diarrhea stopped and the children thrived.

Simultaneously, my medical school classmate, Dr. Stanley Dudrick (1935-2020), was perfecting this exact concept through central lines at Penn, pioneering Total Parenteral Nutrition (TPN). This was a triumph of modern medicine that saved countless post-surgical and medical patients of all ages from starvation.

The Reality of Country Practice: Building Lancaster Pediatrics

In 1964, I officially returned home to join Dr. Charles Kurtz (1919-1988), an established and benevolent Lancaster pediatrician who had mentored me during my residency. For the first five years, our practice consisted of just the two of us.

Pediatric medicine in the 1960s looked drastically different than it does today. At the end of a long office day, Dr. Kurtz and I would sit down with a physical map of Lancaster County. He would divide up the region: *"Clark, you take these seven house calls over here, and I'll take these nine."*

While house calls were an enormous logistical challenge, they offered a unique professional reward. When a pediatrician walked through the front door, the television was immediately

clicked off. The entire family would gather around, waiting quietly for the examination, the diagnosis, and the treatment plan.

However, the practice was also exhausting and sleep-depriving. We performed all our own lumbar punctures, bone marrow aspirations, and IV starts. On weekends, we covered multiple emergency rooms simultaneously. I recall a grueling Sunday where I was bouncing between three different ERs while managing a salmonella outbreak in the premature nursery at Ephrata Hospital. I performed seven consecutive exchange transfusions on a three-pound preemie to control a dangerously spiking bilirubin level, washing away his platelets and replacing them with a custom extraction from our pathologist. I finally finished the procedure just as the sun rose over Ephrata Mountain.

To expand our reach and protect our sanity, we recruited Dr. William Boben in 1970, formally establishing Lancaster Pediatrics Associates. Over the next several decades, our practice grew steadily, adding new partners to serve generations of local families.

Front Lines of the Vaccine Revolution

The most defining shift of my 50-year career was witnessing the eradication of devastating childhood illnesses through immunization.

Early on, measles, mumps, rubella, and *Haemophilus influenzae* (H. flu) were dangerous, everyday threats. In 1961, my oldest daughter was part of an early trial for Dr. John Enders' (1897-1985) measles vaccine. Unfortunately, she contracted a severe case of trial-induced measles pneumonia, spiking a 105-degree fever that delayed my wife's delivery of our second child.

When the commercial vaccine arrived a few years later, it fundamentally changed our practice. Before the vaccine, measles was a brutal rite of passage that frequently caused severe pneumonia, permanent deafness, and fatal encephalitis. I learned to diagnose it early by looking for Koplik's spots; these are tiny, white, donut-shaped lesions that appear on the inside of the cheek long before the telltale body rash.

Similarly, the introduction of the Hib vaccine completely altered the landscape of pediatric emergencies. Prior to its release, H. flu frequently caused epiglottitis, a rapid, terrifying swelling of the windpipe that required an emergency tracheostomy just so a child could breathe. It also caused bacterial meningitis, which regularly resulted in death or profound cognitive delay. Thanks to vaccines, these terrifying late-night emergencies practically disappeared.

The New Frontier: Holistic and Mental Health Care

As the threat of infectious diseases receded, the nature of pediatrics evolved. By the late 1970s and 1980s, the arrival of specialized neonatologists and 24-hour in-house pediatric hospitalists relieved general practitioners from running out of a busy office to handle emergency intubations or newborn resuscitations.

Yet, as the physical burdens eased, a new crisis emerged. Today's pediatricians have transitioned into vital mental health counselors, combatting rising rates of anxiety and depression among children and adolescents.

I strongly believe that this shift partly stems from a loss of childhood independence and a lack of connection to nature. I recently learned of a local fifth-grade teacher who took her students to the woods near the Conestoga River, and three of the children confessed they were terrified because they had never stepped inside a forest before. Green space is essential; it stimulates language, math skills, and emotional resilience. It is why I am so proud of community initiatives like the Sunnyside Peninsula project, a beautiful multi-million-dollar nature center, lake, and trail system designed right within walking distance for the children of Lancaster's urban schools.

A Legacy of Gratitude

Though my active clinical days have concluded, my dedication to Lancaster never wavered. I spent 18 years serving as a volunteer school physician for the school district, and later tutored kindergartners at Carter & MacRae Elementary, working patiently to expand their attention spans.

In my nineties, I look out at Lancaster and see a beautiful, deeply empathetic, and welcoming community. We are a county that opens its arms to the world. At Carter & McRae, 24 primary languages are spoken under *one roof.*

Today, one of my greatest joys is simply walking through Lancaster Central Market.
People will approach me, smile, and say, *"Dr. McSparren, you cared for my grandchildren,"* or *"You saved my son's life."* To look back on a lifetime spent protecting children, supporting families, and witnessing the grandest era of medical discovery is a gift. I do not know where my own finish line is, but I still look forward to tomorrow.