

INCIDENTS IN MY LIFE

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In the beginning was David Pender (abt 1750-1826) living in Nansemond County, Virginia without presently known ancestry. David begat Drewery Pender (abt 1780-abt 1857) and Drewery begat Dolphin Drew Pender (1813-1894) in Halifax County, North Carolina. For some unknown reason on some unrecorded date, Dolphin Drew moved to Lowndes County, MS and married Mary Elizabeth Rosamond. On some unknown date, they moved to Attala County, MS, and raised nine children. After Mary Elizabeth died, Dolphin Drew married the widow Mary Ann Gaston, nee Wilson (1833-1915) who already had three Gaston children. Dolphin Drew and Mary Ann then sired and raised six children of which my father, Charles Addison Pender (1881-1962), was the youngest. This made Charles either a half or whole brother to seventeen siblings on the day of his birth, a large family.

Charles was a shy country boy with average intelligence but with lots of ambition. After completing the eight grades taught in the one room school at New Salem, he finished Kosciusko, MS High School and enrolled in the Memphis Medical College, which later became the University of Tennessee Medical School. After graduation in 1908, he began the life of a horse and buggy country doctor in Hesterville, MS. In 1911, he married Kate Bess Weeks, the daughter of John Weeks and Sarah Elizabeth Guyton Weeks of Possumneck, MS. Kate had been teaching in one-room schools since her graduation from high school in Durant, MS in 1903.

FAMILY

To Kate and Charles was born on 3 Sep 1912 in Hesterville, MS a son, who was named John William Pender. On the 1920 Federal Census my name is incorrectly recorded as "James W.". The house in which the birth occurred still is being used as a residence at the time of this writing in 2000.

On 9 Jun 1915 the stork brought a lovely girl baby who was named Jane Louise by Kate and Charles. Jane matured to become a beautiful young lady. Then on 17 Jun 1918 were born non-identical twin girls who were named Mary and Sarah. They were given only one personal name each, with the intention that each would take "Pender" as their second given name when they married. This intention was never carried out.

These births created difficult circumstances, which had long-term effects on my life. The practice of a country doctor was performed almost entirely in the patients' homes. It was the doctor who did all the traveling from one patient to another. Travel was by horse and buggy when the primitive roads were passable. When the roads were not passable in a buggy, the doctor traveled by horseback, with all medicines and equipment that might be needed in saddlebags. Charles had two horses, Black Dan and Red Dan, which he used alternately to pull the buggy or bare the saddle. The horse had to have rest, the doctor had to make out with naps between visits to patients. A busy doctor rarely was at home and never predictably so.

When dusk approached and Charles was not at home, and it was not known when he would be returning, Kate had to go to the barn and milk the cows and feed the stock. Anyone, who has lived on a farm and kept milk cows, knows that milking the cows night and morning takes priority above everything, even life and death. Since she had no help, Kate had a dilemma

between milking the cows and leaving four children alone in the house, when the oldest child was barely six years old and the house was heated with open fireplaces. As described, milking took first priority and I, as the oldest child, was left to protect the younger children.

My brothers and sisters called me "Bubby". Before leaving the house, Kate would transfer parental authority to me by telling the younger children, "You do what Bubby tells you to do". Later, I did the baby-sitting during the few times that both Kate and Charles were away from home at the same time. Because of these circumstances, my siblings grew up with the attitude that I was a brother but also somewhat of an alter parent. There was no hard and fast rule about it, just as a feeling. It also affected the relationship between my mother and me. To her I was a son, but in addition also her helpmate. With my Dad, it was a bit more difficult. He somewhat resented the authority that had been given to me, but realized that there was no other way that I could accomplish the task that I had been assigned.

HESTERVILLE

Mrs. Carrie Campbell was the Hesterville postmistress and "ran" a general store located about 100 yards from our home. Her husband, Mr. Alex Campbell, wrote a column of Hesterville news for the weekly county newspaper, The Star Herald. He mentioned frequently in his column something about "Billy Boy Pender", which was the nickname he had given me from the diddy, "Can She Bake a Cherry Pie, Billy Boy, Billy Boy?" Until today, this is the appellation used to refer to me by most of the elder population of Attala County. My home was only about 100 yards from the combination store and post office, so I spent as much time as allowed by my mother at the store where the farmers were going and coming to buy supplies and get their mail. Mr. Hines Guess drove his buggy to West Station five days a week to get the mail for the people on his route. The mail had been dropped from the mail trains on the main line of the Illinois Central Railroad from New Orleans, LA to Chicago, IL. The mail was the lifeline, which connected the inhabitants of the Hesterville community with the world. Many of the items not available at the Campbell store were ordered from mail order companies like Sears Roebuck and Montgomery Ward. Mr. Guess delivered these items to the people who had ordered them by rural free delivery RFD..

The postmistress, Mrs. Campbell, accumulated loose paper, which she burned in the yard behind the store. I enjoyed kicking the ashes left from the burned paper with my bare feet to watch the wind blow the charred paper. One day I kicked with both feet into what I thought was a big pile of ashes but to my amazement some of the paper had not burned completely and my feet were blistered. My mother made some slippers out of blue-stripped bed ticking to protect my burns. A few days later, while on a walk past a marsh, some tadpoles were noticed and I determined to catch a few. In the chase, my slippers got muddy and when I got home Mother gave me a switching. I always thought I that I was mistreated by having to endure being burned and then getting a switching.

At that time, Hesterville was progressive for its size and had a three-teacher school, which taught high school classes, in contrast to the usual one-teacher country schools with only eight grades. The three teachers who taught at the Hesterville School boarded in the home of Mrs. Campbell and were well acquainted with my family. Since I spent so much time participating in the social life associated with the going and coming of customers at the store, the teachers recommended that I be started in school a few weeks before I was five years of age. This caused me to be the youngest and, because of my late physical development, the smallest

member of all my subsequent classes. This had an influence on my social life because the girls in my classes preferred boys who were taller than they were.

KOSCIUSKO

My father was a forward-thinking man and soon realized that, with improvements in transportation, the position of the country doctor would end eventually. So, in the spring of 1920, our family moved to Kosciusko, MS, a town of about 5000 population and the county seat of Attala County. I was in the second semester of the third grade and the move for me was accompanied by marked emotional and social shock. From an environment in which I received much attention from all my associates and felt great security and protection, suddenly everyone was a disinterested stranger and expected social behavior was uncertain. The Kosciusko School building had burned the year before and classes were being held at various locations in the City. The third grade was being taught by Miss Lottie Hollingsworth on the second floor of the Kosciusko Bank on the west side of the town square. A neighbor, who was a stranger, took me to the place where the third grade was being taught, introduced me to Miss Hollingsworth and left. I was so awed I could hardly talk. The students had no desks but sat in chairs about a long table. Bernice Lacey who sat next to me cut holes in my new jacket with her scissors and I was too timid to object. One of the assignments was to draw the picture of a robin. I had never knowingly seen a robin so I just sat frozen in my chair like a statue. I pleaded with my mother and tried to bargain that I would do everything she asked me to do for the remainder of my life if she just would not make me go to school. She tried to explain that my attitude would change and, as in most other things, she was correct and slowly new friends were made, the routines learned and I became self-confident again.

The house into which we first moved on North Natchez Street in Kosciusko was rented for about a year. Dad had bought a house at 511 North Wells Street from a Mr. Holmes but could not take possession immediately, so our residence on North Natchez was only temporary. Two incidents occurred in my life while living on North Natchez Street that need to be recorded.

The first incident was the first switching that my Dad ever gave me. I have to admit that it was justified. Small traveling shows occasionally came to Kosciusko for a few days. One night Dad took the family to such a show, part of which was a merry-go-round. Dad put me on the merry-go-round without buying me a ticket. I protested about not having a ticket but he put me on anyway. The merry-go-round started and the employee came along asking for tickets from those riding. When he asked for my ticket, I ignored him but he came back for my ticket several times. I was terribly embarrassed because, being eight years old, I knew that I had done wrong. When I got off the merry-go-round, still embarrassed, I left the show and, without notifying the family, I walked home and went to bed. I was not missed until the show began to close and Dad could not find me anywhere. Apparently quite a search was made and several friends were involved. Finally the decision was made for Dad to take the family home and then continue the search for me. Naturally when the family came home they found me in bed asleep. Now it was Dad who was embarrassed and angry. He got me out of bed and took me out into the garden, broke a limb off a peach tree and switched me. Later I think that he regretted punishing me while angry but nothing ever was said about it in the future.

The second incident also happened in 1920 and involved a tooth. I was having toothache because of a left lower baby molar tooth, which was decaying. In front of our house was a small one-room building, which Dad used as an office. He also had an office on the Square downtown on the second story of the Wade Harvey Drug Store but occasionally used the office at our home.

When practicing medicine at Hesterville, Dad also had served as a dentist and pulled teeth. So when Dad came home in the evening, he took me to this home office to pull my carious molar tooth. By then it was dark outside and the little office had only one low-watt electric light bulb hanging from the ceiling. I sat in a regular chair; Dad clamped the dental forceps onto a left molar tooth and, without any anesthesia, pulled the tooth. He had some difficulty and had to use more force than was expected from pulling a baby tooth. I went back into our house and used my tongue to feel the vacant space where the tooth had been. Lo and behold, the carious tooth still was in place. Dad had pulled a permanent molar tooth adjacent to the carious one. So back to the office we went and he then pulled the carious tooth without much pain. Dad's only comment was, "Yes, I thought you were making a big fuss when the first tooth was being pulled". Bad as the incident was, it became a blessing in the future, as has so many of my incidents. As new permanent teeth were formed, the space where Dad had pulled the permanent molar tooth was filled and there was room for the developing teeth to grow without any need for orthodontic treatment.

NORTH WELLS STREET

My social problems were greatly improved when in 1921 we moved the few blocks to the house on North Wells Street, which was to become my home for the next fifty years. A man could hardly have had a better boyhood. The Wells Street home originally had only two bedrooms for our family of eight and sometimes of nine, when Mother's sister, Miss Emma Weeks, lived with us. The two bedrooms contained only three double beds and some of the children slept in the living room. Nevertheless, there was no inconvenience and we had a warm family life. Eventually Dad had a third bedroom and sleeping porch built onto the house as well as a screened porch adjacent to the kitchen. When we first went to live in the Wells Street house, there was running water in the house but a two-hole outhouse, located about 100 feet from the back door, had to be used for deposit of bodily excretions. The water well, which had been used by former occupants, had a shed over it and later it was used as a storage place for garden tools. Soon after we moved in, Mother insisted that Dad have the well filled with soil. Her reason was that with two sets of twins born two years apart, she sometimes became so upset that she was afraid that she might be tempted to drop some of the babies into the well. Her apprehensions were somewhat exaggerated but, never the less, the well was filled.

In spite of living within the area incorporated as the town of Kosciusko, we lived somewhat of a country life. There is a saying that a boy can be taken out of the country but the country can never be taken out of a boy. Dad was raised as a farmer and he always thought of himself as a farmer. In the 1920 Federal Census, he listed his occupation as "physician and farmer". Cash was scarce in the life of cotton farmers in the 1920's and barter was frequently used as a substitute. This had an influence on our culture, in that, some farmer who owed Dad for some past medical service might pay the debt by bringing Dad a young pig in the spring. Another farmer might bring a wagon-load of corn which could be fed to the pigs that were to be butchered as hogs in the fall, and corn was fed to chickens. One farmer might bring a cow, or another a load of hay. Facilities had to be available to house and feed these animals, so we had a pigpen, about which some of the neighbors complained about its odor in the summer. We had a barn in which the cows were housed and milked twice a day. I know because I milked two cows morning and night all through high school. My objection was not the labor involved in milking

but the fact that when I had a date at night, the odor of cow could not be removed from my hands no matter how many times they were washed. Most of the time we had a horse, that was used to plough the two-acre plot behind our house and that was sometimes used for transportation over the ten miles to Uncle Arthur Pender's home. Dad had bought for me a small saddle from Harvey Price.

One year Dad made me the proposal that if I would do all the labor in raising cotton on the two acres, I could have the money when the cotton was sold in the fall. This I did, except for picking the cotton. Dad insisted that my brothers and sisters help me with the cotton picking. They received a penny a pound, which was the going rate for cotton picking at that time. I did not get paid because it was supposed to be my cotton. My bothers and sisters complained bitterly about having to work in the field but Dad did not relent. My sister Mary kept for many years the silver dollar that she earned picking cotton. My hay fever symptoms were always worse in the fall at cotton-picking time but this was not an adequate excuse for me not to participate in the picking. For me this story had a sad ending. When the cotton was sold, I did not get a single cent. No explanation was given, but my Dad must have thought that the price of the bale of cotton was too much money for a high school sophomore to have. Had I pushed the matter, he probably would have reminded me that, during the time I was at work, I had been eating three meals a day at his table.

We had two vegetable gardens that Dad cultivated in the mornings before going to his office. In this way he received good exercise but also filled his need to watch things grow. There was a hen house where the chickens spent the night to protect them from predators. Paul Sanders, a first cousin, married late and before he married, his answer to the question asked about when he planned to marry was "When he could find a woman who knew how many eggs were needed to set a plymouth rock hen". My mother kept a rooster to fertilize the laying hens and regularly raised chicks. Her fried chicken had no equal because she killed them when they were about half grown and tender. The size of her average chicken for eating would be about the size of one chicken leg bought in the market today for frying.

This culture of farming in the city probably could not be carried out today; but at that time there were not so many restrictions on what one could do. In addition, most of the time my Dad was county health officer and responsible for enforcing what restrictions were in force. We lived a good life. My mother believed that rags were reprehensible but patches were honorable. We had plenty of good fresh food to eat but not much food that was out of season. Most important of all was that we lived in an atmosphere of love and respect. If my parents had disagreements, it was in private and not in the presence of all members of the family. In the culture of society in Kosciusko, our family was upper middle class and respected.

The lot at 511 North Wells Street was rather narrow but along the southern boundary was a vacant lot extending all the way to North Street, a distance of about half a block. The lot was entirely covered with large oak trees. Immediately, Mamma decided that she must own this lot on which to raise her family. Dad was not as enthusiastic as Mama about buying the lot, so she sold some Mississippi Levee bonds, which she had bought with money she had saved while teaching school, and bought the vacant lot for \$1000.00. The lot was called "The Grove" and became the playground for the community. When all the children were grown, the lot was sold and four houses built on it. My brother Aaron built a brick house on the lot adjacent to the home place.

Oak trees shed their leaves in the fall of the year and big trees shed lots of leaves, which my Mother insisted had to be raked into piles and taken to the gardens for mulch. I tried to convince her that one raking late in the fall would be sufficient and an early raking would not be necessary because more leaves would be falling where we already had raked. Her answer invariably was "but they will not be the same leaves". For this I never had a good answer.

THE OAK GROVE GANG

The isolation and loneliness from lack of playmates that had so plagued me after the move of the family from Hesterville to Kosciusko was completely abolished by my life at 511 North Wells Street. Here I was completely surrounded by friendly playmates near my age. My maternal grandmother was Sarah Elizabeth Weeks, nee Guyton and at Wells St. we lived almost adjacent to three Guyton families who were our relatives.

We are indebted to Owen Guyton for the name "Oak Grove Gang", which he used in his recently published "Twentieth Century Memories". At the time of its activity, the group had neither name nor organization. It was just a group of boys who played together in harmony. There were the brothers Owen and Benson Guyton, the brothers Earl and Fred Guyton, Ralph Lord, the brothers Hunter and Johnny Meek, the brothers O. K. (Bully) and Sam Powers, and occasionally one or two others. At present, the term "gang" has acquired the connotative character associated with an unruly, ugly, destructive group. Our group was just the opposite. Our group was entirely constructive, educational and friendly. For the initiation and maintenance of these characteristics we were indebted to Owen Guyton, although he would emphatically deny such influence. Owen was several years older than the rest of us and several grades ahead in school. He was a good student and remembered what he had learned, so by firing our imaginations he could stimulate us to live the lessons he had learned in school. He led without us feeling that we were being led.

In the Grove we built a city. Roads were built on which to drag our wooden-block simulated automobiles. Elections were held to elect government officials, such as a mayor and chief of police, to enforce the laws that we made, such as how many steps a second signified speeding of our "automobiles". A financial system was established. The wrapper on a pack of five sticks of Wrigley chewing gum was a coupon. Several hundred coupons could be exchanged for articles of real value, so these coupons were limited in their availability as are real dollars. It so happened that we experienced financial inflation when Ralph Lord secured a large supply of free coupons with which a discount of 25 cents would be allowed at the City Drug Store for a bottle of patented medicine. This was the equivalent of a government printing an unlimited supply of worthless paper money and causing inflation. In The Grove, such inflation was prevented by passing a law that the drug store coupon was not legal currency. By such games we learned more about politics and government than we did by courses in civics at school.

Behind the home of Owen and Benson Guyton was an empty barn. This building could be to us a medieval castle one day, a pirate ship sailing the Spanish Main the next day, or a Revolutionary War fort the third. All that was needed was a bit of imagination.

You, as a reader of this account, must realize that we had no means of entertainment other than what we devised. There was no television, no radio, and we went to see a motion picture at the Amusu Theater only on Saturday afternoons, provided we had finished our chores at home. There were no manufactured toys or games. We devised and produced from available raw

materials all our articles for entertainment, with the exception of marbles and tops for spinning. One of our best games was baseball. On a plank of wood about six inches in width, a circle about five inches in diameter was drawn. Lines were drawn from the center of the circle to the circumference. The distance separating these lines was variable. The width between the lines was very small for a home run; the distance for a one base hit was larger. The width for a pitched ball was about the same for a ball as for a strike. In this manner the entire surface within the circle was filled. Then a stick slightly shorter than the diameter of the circle, and with a sharp end and a nail hole in the center, was nailed to the board in the center of the circle. The pointed stick was made to whirl and the space at which it stopped indicated the next action in the game. A diagram of a baseball field was drawn on the sidewalk or on a smooth place on the ground. The owner of the team at bat twirled the pointer and the space on which the pointer stopped was the outcome of that pitched ball. The ordinary rules of baseball applied, that is, three strikes meant that the batter was out and four balls was a walk to first base. Each member of the Grove Gang had a major league team. My team was the New York Giants and, even today, I am a fan of the Giants. Wooden spools from which sewing thread had been used represented individual baseball players. We even bought and sold players just as in the major leagues. A league was organized and records kept of the standing of each team. Eventually the two teams with the highest standing played each other for the Oak Grove Championship.

In the fall we imagined that we were Indians. Tepees were built with poles tied at the top and then covered with material obtained from split burlap bags. Stoves were made by filling a small salmon can with ashes and then adding kerosene, which we called "coal oil". On these stoves, slices of yams or sweet potatoes could be cooked.

Another game consisted of diving through an automobile tire, which was being rolled down the lawn by a companion.

A horizontal bar for gymnastics was built by sinking wooden 4x4 timbers in the ground about five feet apart and fastening a 3/4 inch used galvanized water pipe across the top of the timbers at a height of about six feet. There was a "little drop" maneuver and a "big drop" maneuver. The little drop consisted of hanging by one's knees and swinging back and forth until the head was well out from under the bar, then straightening the knees so that one fell to a standing position. The big drop was more difficult and consisted in sitting on the bar, then suddenly swinging backward until the head passed under the bar and then straightening the knees so that one fell in a standing position. I was the first member of the group to do the big drop.

GRAMMAR SCHOOL

In the fall of 1920 I entered the fourth grade, where each student had to provide his own school desk. My father hired a carpenter, who had never seen me, to construct for me a desk. Either the desk was too high or my chair was too low, so that for me to be able to read and write on the top of the desk one leg had to be flexed and sat upon. Miss Avery would tell me not to sit on my leg so I would move it, but then I could not work on the top of the desk so, as soon as she was not looking, I replaced my leg so that I could sit upon it. She would again tell me **not** to sit on my leg and the conflict went on. As a result I got a "D" in deportment for that semester. I guess I was too timid to explain to her why I sat on my leg. The situation was eliminated during the second semester when the new school building was opened where the County Library now stands and we had manufactured desks of the correct height. The fourth grade was in the northwest corner of the second floor of the new building.

When my Mother died in 1973 and the home at 511 North Wells St. was sold to Mr. Marvin Ivey, the homemade fourth grade desk was in the smoke house that had been used as a storage space. Mr. Ivey called to ask if I wanted the old desk and I told him that I had no use for the desk. Later Mrs. Ivey had it reconditioned and my daughter Mimi has lusted for the desk ever since she heard about its history.

My Dad had an introvert personality, which prevented him from consulting with me about the many educational advantages that he provided for me over the years. During the second semester of the fourth grade he suddenly announced that arrangements had been made for me to take private "elecution" lessons (public speaking) from Mrs. Gus Heilbronner. The lessons were taken without me having any idea why I was taking them, when the other students in class did not. It was only in later life that I understood the difficulty my Dad had with speaking publicly to groups of people. By having me take lessons, he hoped to have me avoid his inadequacy. It worked, and with practice I learned actually to enjoy speaking to even large groups.

What turned out to be a very far-reaching incident occurred in the fourth grade in the new school building. In the fall, a student brought a large bouquet of golden rod, which was placed on the window sill above my desk. The pollen from the golden rod rained down upon me and my desk in such large amounts that I could write in it on my desk top. It caused me to start sneezing and my immune system became sensitive to the pollen protein with the result that ragweed, which has a cross sensitivity with golden rod, has caused me to have hay fever symptoms ever since. This malady has had major influence on my life by determining where I could live in comfort and peace.

In 1922 while in the fifth grade in economics class, Miss Cook had us study the banking laws and emphasized how the new laws would prevent all future economic depressions and failure of banks. However, in 1929 during my freshman year at Ole Miss, one of the most serious of depressions in the history of the nation occurred. Those of us who lived through the Great Depression still are doubtful about present national economic and financial policies, such as the current tremendous national debt. Two other things about the fifth grade that for some reason I remember were the music lessons and the radiator valve. Bless her soul, Miss Mabry tried desperately to teach us the meaning of the note symbols on written music. I have wished many times that I had tried harder to understand but at the time she might as well have been showing me Greek letters.

Steam heat and radiators were new to me so the hissing and spewing of the air escape valve of the steam radiator near my desk is still remembered.

In the sixth grade when Miss Baugh was our teacher, a health program was initiated to encourage the drinking of whole milk. Arrangements could be made for the Gober Dairy to deliver half pints of milk to the classroom in midmorning for students who subscribed to the service. We had two cows at home that provided all the milk and butter that our family could use, so my parents were not interested in paying for more milk in the classroom. I had plenty of milk at home but that did not keep me from being hungry for any food in midmorning. When some student subscribing to have milk delivered was absent from school, some of the male students, such as I, would clamor for the privilege of drinking the absent student's delivered milk. Hortense Becham who subscribed to the milk program frequently was absent.

Miss Mary Haynes was our seventh grade teacher, and later taught us mathematics in high school. She also taught such practical things as how to write checks and also business

letters that were complete, concise and courteous. My business letter assignment for class was signed "Billy Boy Pender". Miss Haynes said that nicknames should not be used for signing business letters. Some of the boys in the class, including Earl Guyton, took up the challenge for an argument, contending that a name had to be used that everyone recognized and that no one would know who "John W. Pender" was. Fifty years later at a 1929 Class Reunion, Miss Haynes still remembered the discussion.

In the eighth grade our teacher, Mrs. Walter Davis, mother of our classmate Walter V. Davis, was probably the best we had. In addition to the basic subjects, she taught us practical things like penmanship, singing, manners, courtesies, etc. There were no screens on the windows, and some of the girls remember that I caught flies by hand, removed their wings, and used them as pets. One maneuver was to dip them in the penmanship ink and then have them make tracks by walking on paper. It made an interesting pattern.

SUMMER JOBS

Dad firmly believed that an idle brain was the devil's workshop. Without any discussion with me, he would announce a week or two after school was out that he had a job for me. I was glad to get a job and never thought of objecting. The years in which each job was held are not clearly remembered but approximate dates will be used. Usually my job had a connection to some business deal that Dad had negotiated, since jobs for young boys were not easily obtained.

In the summer of 1925, I worked with an electrical contractor, George Sowell, who had wired some low cost housing that Dad had built. I was an assistant and pupil of Gordon Lansdale who was only a few years older than I, but he taught me many practical things about wiring houses for electricity. In spite of both of us having a crush on the same young girl, Betty Beaumont, we were good friends and got along well.

In both 1926 and 1927, when I was 14 and 15 years of age, I was employed to deliver groceries for Mr. Otis Price because I could drive a model T Ford. Over Mother's objections, Dad had taught me to drive when I was 12 years old, so from then until I left for college I was the family chauffeur. I remember well having to place a large wooden box behind me when driving because I had to sit on the edge of the seat in order for my feet to reach the pedals. In addition to delivering the groceries for Mr. Price, I was taught to be a grocery clerk and was rehired in 1927. My salary was \$5.00 for 60 plus hours a week. On Saturday nights instead of getting off at the usual time of 6 PM, I worked until customers had about quit coming to the grocery store. Then I would go to the Wade Harvey Drug Store to get a ride home with Dad. He almost always went back to town on Saturday nights because he knew that some of his debtors had been paid their weekly wages and had some cash. On the street, he would remind them of their debts to him for rent or medical care. While waiting for a ride, I would make deliveries on a bicycle of medical prescriptions received by the druggist, Mr. Watts. Some nights more money would be made delivering medicine at ten cents per prescription than had been made all day delivering groceries.

About 1928 and 1929, I worked for a building contractor, Mr. Louis Gowan of McAdams, MS who had built some houses for Dad. Again, this was very educational and working with a large congenial construction crew was fun. My jobs were manual labor, but I got to observe all phases of building residential housing. At least I learned to drive a nail, which is not a universal accomplishment. The second summer, I helped in the construction of the brick schoolhouse in McAdams by hauling brick and mortar in a wheelbarrow up ramps to the brick-

laying masons two stories up. This was hot work and strenuous labor. The reason I got the job was that I drove the architect, Mr. Fenwick, from Kosciusko to McAdams in a 1926 model T Ford several days a week. The engine intermittently was misfiring and I never could keep it corrected by cleaning spark plugs and condenser points. When I got paid at the end of the summer the amount of money that I received was a disappointment. My understanding was that the daily wage was to be \$2.50, but the understanding of Mr. Gowan was that I was to receive that rate only for the days that I had Mr. Fenwick as a passenger. When I came to work by myself the daily rate was only \$1.50. Of course, his understanding prevailed.

Between my freshman and sophomore years at the University of Mississippi in Oxford, MS, Dad got me a job with a construction company putting up an electrical power line from Winona to Kilmichael, MS. The job was on condition that Dad give the construction company the right-of-way for another power line that the company was building across some land that Dad owned. This was the hardest work that ever I did and, had I been at home, I am not certain that I could have stuck at it. On recommendation of civil engineer Mr. Worley, for whom I had worked when sewerage lines and roadside curbing were installed in Kosciusko, room and board was rented from widow Mrs. Parker in Winona. To her goes the credit for me being able to endure and finish the job.

The difficulty was that until early June I had been sitting in classrooms without much exercise and was not acclimated to hot weather and excessive sweating. When I came in from work on the power line about 7 PM, all the other boarders had eaten supper, but Mrs. Parker had kept the food warm for me. I would eat as much as my stomach would hold and stagger to the front porch, put my feet up on the railing and rest until bedtime. In the morning my muscles were so stiff I could hardly get dressed. My work clothes also were stiff from the sweat excreted the day before. After a few weeks, I became acclimated to the working conditions and after supper I became able to walk to the main business street of Winona and socialize with the other members of the work crew.

The rest of the crew boarded at another boarding house where the bag lunch prepared for them to take to the job site consisted of two sandwiches. In contrast, Mrs. Parker would prepare for me a cardboard shoebox full of food. The result was that I got a lot of friendly comment about the smallest man on the job getting the most food.

Pop Byers, the foreman of the crew, was a very considerate man. One day soon after I had started to work, I was cutting right-of-way after lunch and getting overheated. Pop came by and told me to go help the saw filer whose sole function was to file the teeth of the crosscut saws that were used to saw down the trees where the electric line was to run. Naturally the filer set up his filing equipment in the least hot and most shady spots. When I found the filer and told him what Pop Byers had said, the filer explained that Pop knew that the filer needed no help. Pop had wanted to prevent me from getting too hot and at the same time to have me "save face" about not being able to stay on my regular job.

Later when I had become adjusted to the work and environment, one Monday morning the linemen were too dizzy to climb the light poles because of hangovers from some moonshine "likker" consumed over the weekend. Pop was chewing them out for not being able to work and in his exhortation told them that they should have an attitude of responsibility more like Pender who was the best worker he had. Needless to say, I got a lot of friendly comment about that.

In general, my time on the electric line construction has been considered to be the time when I changed from a boy to a man. The pay was \$2.50 for 10 hours work plus transportation

time by truck from town to the location of construction. One dollar a day was paid for room and board so during the summer I was able to save enough to buy a Sigma Phi Epsilon Fraternity pin set with small pearls. In addition to the pay received, there were educational advantages. The detailed problems associated with such a simple construction project as erecting poles on which to string wire were learned. For instance, how are the ends of wires attached to each other so that no slipping or loss of conductivity is possible? I experienced the social position of a common laborer on a labor crew, a fact which pleased my father.

Once a week, the crew spent an hour on company time practicing first aid drills, including artificial respiration to a lineman who had become electrocuted at the top of a light pole. In this, the company was much ahead of the times.

After lunch was eaten, usually most of the crew would lie down to rest or take a nap. One day during this quiet time I put on the spike apparatus, which the linemen strapped to their legs to climb the light poles. They climbed the light poles by jabbing the sharp spike on the harness of one leg into the wooden pole, then, by raising the other leg and jabbing the spike on that leg into the pole, the body could be raised. The spike on the first leg could repeat the process and in that manner the lineman could "walk" up the pole. It seemed a simple process, which I had observed the linemen do with ease. So, while no one was looking, up the pole I went until someone saw me up on the pole and the whole crew began shouting instructions. Apparently it is very important when coming down the pole to keep the knees out away from the pole and get the leg spikes firmly embedded in the pole before taking the next downward step. With their instructions I had no trouble but, without the instructions, I could have slid down the pole and injured my thighs on the splinters sticking out from the pole at the sites where the spikes had been jabbed into the wood on the way up. No reprimand was received for being rash but I learned my lesson.

VISITS WITH RELATIVES

Family has been an important element in my life. When I was small, all our family occasionally was loaded into an automobile on a Sunday afternoon and taken for a visit to the home of a relative. Since this was a community custom, by chance sometimes several families would be gathered together. In this way, I got to know most of my uncles, aunts and cousins personally. In addition, visits of several days or a week's duration were made during the summer, when I went alone to the homes of certain relatives. I never knew who planned these visits or what was the purpose of them. It might have been that Mother was given a time when she had one less child to care for. I spent several visits to my Weeks grandparents, and even after they had died, I visited Uncle Whit Weeks and Aunt Nora in the old Weeks home. More visits were spent with Aunt Zemuly and Uncle John Sanders, whose youngest child, Z. D. Sanders Potts, was about my age. Uncle John had a country store where there was much coming and going, and in the summer we had summer sausage in oil to eat.

The visits to Aunt Annie Roach and Aunt Lissie Nixon were not as frequent but more exciting. When I was about 5 to 12 years of age, occasionally arrangements were made during the summer for me to visit Aunt Annie Roach who lived about 5 miles south of Lexington, MS and Aunt Lissie Nixon who lived a little further south on the same road. The reason for these visits are not known but may have been for several objectives. One might have been that Aunt Annie never had any children of her own but she loved children. She had married Uncle Bill Roach when he was a widower and he had had four children by his first marriage. There is no doubt that Aunt Annie promoted the visits and all the evidence is that she and Uncle Bill enjoyed

the visits as much as I. Uncle Bill was a devoted uncle. Sometimes on Saturday, I would ride in a buggy with him to Lexington, MS. At first I would get out of the buggy and open the pasture gate for him to drive the buggy through, which made me feel useful. Later he would open the gate and let me drive the horse through the gate; this made me a real man. Needless to say, being the only child in the household and the center of attention was a new experience for me and was in contrast to the situation at home where I was the oldest of five siblings. Uncle Bill was well known in Lexington and, in spite of his age, some of his friends would point to me and ask "Bill, is that your boy?" His response was "No, but if he was I would be proud". One of Uncle Bill's sons, Monroe Roach, became sheriff of Holmes County and when I was older he gave to me two pistols that he had taken from vagrants whom he had arrested. One of the pistols was a double-barreled derringer, which I passed on to my son John.

To add a bit of history, transportation for the early visits from Kosciusko to Lexington were by rail. Certain trains on the Aberdeen Junction Line of the Illinois Central Railroad had a passenger car added to the long line of freight cars. Whoever was accompanying me on the journey would board the train in Kosciusko, ride the 18 miles to Durant, MS, then ride on the one car train, powered by a gasoline motor and nicknamed "The Doodlebug", on the Durant to Tchula line the ten miles to Lexington. There Uncle Bill would meet us and drive us home in a buggy pulled by a horse. The trip usually took most of a day with a long waiting period between trains in Durant. At that time there was no air conditioning, either on the trains or in the railroad depot, and the trips mostly were made in the summer. Pearl Teague, Cousin Willie Marshall's brother, worked at Pound's Jewelry Store in Durant and we usually visited him while waiting for the train to Lexington..

In later years, when automobiles and roads became more available, the trip was made in automobiles but by then I was the driver and providing transportation for a visit by some other members of the family. On one occasion my Dad drove the old Buick for a one-day visit by our whole family. My twin sisters, Mary and Sarah, were to stay for a visit but when we got ready to leave, both Sarah and Mary complained of severe stomach aches. When their visit was canceled it was discovered that their clothes already had been repacked. It is a well-understood fact that children can tolerate leaving their parents but cannot tolerate to have their parents leave them.

Now for the story of "The Bell". Uncle Bill Roach was a farmer who raised mostly cotton and corn. Labor was supplied by negro share croppers who owned no land but received a house in which to live as well as a percentage of the value of the farm produce when it was sold in the fall of the year. The laborers, called "hands", plowed, hoed and gathered the field crops which usually located some distance from the houses in which they lived. The main meal of the day was at noon and was called dinner, followed perhaps by an afternoon siesta in the hottest time of the day. When the food had been prepared in the middle of the day, the field laborers were signaled to stop work and come to the houses to eat. A large plantation bell was rung as the signal and could be heard for several miles. Uncle Bill's bell was mounted on a chestnut pole about ten feet long which stood near the edge of the porch on the east side of his house so that it could be rung while one was standing on the porch. For me, the sound of that bell was exciting music and gave the feeling of power. When Uncle Bill for the first time allowed me to ring the bell, I grew a foot taller in my imagination and felt a great feeling of accomplishment. At that time, my interest in the bell was its size and the tremendous power of sound which it could produce. My curiosity did not extend to where the bell had come from, who had owned it before

and how Uncle Bill had acquired it. Now there is no one to whom these questions may be directed

Through high school and college days few visits were made to see Aunt Annie and Uncle Bill. My Dad always arranged for me to have a job during vacation. Eventually Aunt Annie and Uncle Bill separated, both had become too old and incompetent to live in such an isolated place. Uncle Bill went to live with his children in Lexington and Aunt Annie came to live with her sister Emma Weeks in a house on East Jefferson Street, Kosciusko, which was purchased for their use by their older brother, Joe Weeks. It was in this house that my family remembers visiting during our trips to Mississippi from Rochester, MN during the late 1940's. Eventually both sisters became so incapacitated during their nineties that they lived the remainder of their lives at the Care Inn Convalescent Home in Greenwood, MS.

After World War II when my family and I were living in Rochester, MN, when I was a member of the Anesthesiology Staff of the Mayo Clinic, the first of each May a two week vacation was taken. Six children and two adults were loaded into the Chevrolet station wagon and the 1000 mile, two day trip, was taken to Kosciusko, MS where my parents and two sisters and a brother still lived with their families. These visits became remembered as joyous and love-filled times.

Many times memories of the old plantation bell had surfaced in my memory, so on one of the Mississippi vacations I determined to find out what had happened to the bell. Larry Roach, Uncle Bill Roach's youngest son, was contacted by telephone and he related that the house had burned but he did not know what had happened to the bell. Arrangements were made for me to pick him up in Lexington and drive to the old house place, now only a pleasant one-hour drive from Kosciusko. One old oak tree was still standing near where the house had been and there in the tall weeds was the bell. Larry kindly took the responsibility of giving the bell to me, so it was loaded in the station wagon and taken to Kosciusko. The space in any passenger automobile is limited and in ours there was not enough room for eight people and the large 3x2x1.5 foot bell. The answer was to secure the bell on the luggage rack on top of the car for the two-day trip back to Rochester with little apprehension that anyone would remove the hundred pound bell from the parked car.

While it was in Rochester the bell was never mounted but stored in the basement. When the time came for us to move from Rochester, MN to Palo Alto, CA a decision had to be made. The cost of transportation of household goods was to be seven cents per pound. Was the heavy bell worth what it would cost to ship it? For Catherine there was no question - definitely the bell would be shipped; so it was crated by Mr. Hovel and brought to 125 Lowell St., Palo Alto where it remained in its crate until we moved to 26311 Esperanza Dr., Los Altos Hills, CA.

Eventually the bell was mounted on a ten-foot section of creosoted telephone pole, one end of which had been sunk in the ground just outside the south window of the living room. No one ever believes that I was able to carry the bell up a ladder and secure it to the top of the pole without help. By custom, the bell was rung just after midnight every 31 Dec to bring in the new year and rarely on other special occasions. The bell complimented the looks of the house and did not appear to be out of place.

When the time came to leave 26311 Esperanza Drive, Los Altos Hills, CA, there was unanimous decision among the members of the family that the bell had to stay in the family. The only reasonable place was at Sarah's house in Placerville, CA so the old bell was moved again.

Steve Wheeler, my grandson, has been faithful to come each New Year's Eve to ring in the new year. The bell definitely has become a family heirloom.

More and longer visits were made to the home of Uncle Arthur Pender. These visits were supported by my father, probably as part of my education. He wanted me to know life in a culture even less affluent than my life in Kosciusko. Uncle Arthur was a farmer who raised and educated eight children with only the cash from the cotton, which the family raised. They had good home-raised food and warm clothes without many luxuries. I have never understood why all the family welcomed me as one of their own. When visiting, I lived as they did, worked in the fields with them and played with them. When hoeing in the fields, I had a row to hoe and, not being experienced, would get behind the others. Othal, the second oldest daughter, was always ahead and would switch to hoeing a space in my row so that when I finally got to the space she had hoed I could move ahead to get even with the others. No water ever tasted better than that from the springs near where we were hoeing. Uncle Arthur was a hunter and perhaps killed more squirrels or quail for fresh meat when I was visiting but all was shared equally.

Jim Pender was a year older than I was and Jake was a year younger than I, so we could have been thought of as triplets. When not working, the three of us roamed the country-side looking for wild things to eat, muscadines, grapes, chestnuts, chinquapins, beech mast, apples in discarded orchards, blackberries, etc. Fall was a time of plenty with sugar cane and the making of new molasses and freshly dug sweet potatoes. Opossums were fat in the fall but, being scavengers who would even eat dead animals, they had to be kept penned, usually under a cast iron laundry pot, and fed scraps from the family table for a couple of weeks to clear the opossum meat from the taste of what they had been eating.

Uncle Jim Pender, a half brother of my father's, lived alone most of his adult life not far from Uncle Arthur's. When he finally got old and could not work in the fields, he cooked for himself and George Lindsay who did the work in the fields. George was physically healthy but a bit psychotic, telling tall tales about when he lived on the Quiver River. Of course, such tales were interesting to Jake and Jim and me and we stimulated George to tell his tales, which Uncle Jim called "hat talk".

Squirrels were hunted differently in the spring and in the fall. In the spring when the leaves were on the trees, the hunter had to move as silently as possible through the woods to look for and listen for the squirrels. When doing this he sometimes heard wild bees going and coming from their hive in a hollow tree. Hunters like Uncle Arthur would remember where the hive was located and late in the summer when the bees had collected much pollen and made honey to be eaten in the winter, the hunter and his helpers would return and cut down the bee tree and get the honey.

HIGH SCHOOL

Back to my years of education! In high school we had classes taught by different teachers in different rooms with a large study hall where each student in the four grades, nine through twelve, had a desk in which to store books and on which to write. I liked the mathematics classes and did well in them. No instruction in chemistry was offered but one year of physics was supposed to be taught by the principal of the school, Mr.H. V. Cooper, who knew no physics at all. As a result, we read the textbook and did the equations. The laboratory experiments were set up by several of the more interested boys in the class. This led to an interesting experience about me being selected to represent Kosciusko High School on Field Days in a subject that I had never studied.

Field Days were held, usually in the spring, when schools in several adjoining counties would compete in academic subjects as well as athletics. General Science was a subject usually taught in the freshman year but the Kosciusko High School did not teach General Science, so Mr. Cooper did not have a student to send to Field Day to take the examination in General Science. I was of a small stature so could be passed off as a freshman and had done well in physics so Mr. Cooper sent me to compete in a subject, which I had never studied. Unfortunately, most of the examination questions were not related to physics but to things like weather, physiology, etc. for which my answers had to come from my general knowledge with the result that I placed only third in the competition.

I was interested in athletics but was too small to compete effectively. The only sports offered were baseball and football so I "went out" for baseball during my junior and senior year and for football during my senior year in high school. In baseball I learned to chew Red Man tobacco and could handle the baseball fairly well but could not hit the ball with a bat. When trying to bat pitched balls I would have to decide before the ball left the pitcher's hand whether or not I was going to strike at the ball. In football scrimmage my position was defensive safety, and in our school's Yearbook the comment under my scrawny picture was, "Coach Aiken says Bill Pender would tackle a buzz saw coming down the field". The fact that I tried was about all that anyone could have said about my football prowess. Coach appointed me manager of the team and in recognition of my efforts gave me a letter in football which was criticized somewhat in that I had not really earned letter-grade recognition.

Social activities in high school consisted mostly of occasional staged plays or dramas and in our senior year of private parties, at which group games were played. There was little dating between sexes, since there was little transportation available and few places to go. Certainly sex was completely taboo among the students from the upper classes of local society. National prohibition of alcohol was in force. My first contact with female interest was Betty Beaumont saving a seat for me next to hers at the Saturday afternoon movie. Later she married the high school football hero, Jeff Smythe.

WASHINGTON, DC SAFARI

In June 1928, my junior year in high school was completed and I was beginning to look forward to my year as a senior. Like seniors everywhere, I was beginning to feel some superiority and to realize that soon I would become an adult with responsibilities and a mission in life. In other words, I was looking toward becoming "a man of the world". How could I become a man of the world when I was confined to Kosciusko and Attala County? No travel had been made outside the State of Mississippi. The greatest distance that I had been from home was to the city of Vicksburg, MS when our history class had visited the national park there. I had never been on a railway Pullman car and did not know how to act on one. Pullman cars were railway passenger cars on which upper and lower beds could be unfolded by the Pullman porter at bedtime. Definitely I was experiencing the wanderlust of youth but had no prospect of treatment of the ailment.

As has happened in my life so often, answers to my problems seem to have miraculously presented themselves. Oliver Kenneth Powers, Jr., nicknamed "Bully", who lived about a block from my home and who had been one of the gang of boys with whom I had played in the Oak Grove near our house, had graduated from high school in June 1928. As a graduation present, he

had received a Harley-Davidson motorcycle with a second seat located over the rear wheel. He was anxious to take a trip on the motorcycle. It so happened that the Ashworth girls, Marie, Ruth and Josie, were to spend the summer with relatives in North Carolina. Bully Powers, as he was universally known, decided that he would like to visit the Ashworth sisters in North Carolina on his new motorcycle and was looking for someone to go with him. Probably an invitation was not first presented to me but eventually Bully asked me to go on the trip with him. I was excited about the opportunity and the more I thought about it the more I wanted to take the trip.

Naturally my parents were opposed to me going on such a hazardous journey, which they thought was dangerous and foolhardy. However, they did not forbid me to go and probably thought that, without their financial backing, I would not be able to go. This obstacle was eliminated when I announced that the necessary funds for the trip would be taken out of my savings account, which up until then had been kept intact. The savings account in my name had slowly been built with annual deposits to the account. In September each year when Mother cashed the coupons from her Mississippi Levee Bonds, she had offered to double what money I had been able to save during the summer as a deposit to my savings account. It was not a large sum but I hoped to be able get by with it. I think that my willingness to cash the account convinced my parents how badly I want to go on the trip. Later they added some money to the amount that I was to spend.

Plans and preparations began. We were to wear soft leather helmets and goggles similar to those used by pilots of that time when piloting open cockpit planes. Our clothes were to be regular cotton trousers and shirts. Toilet articles and extra clothing was to be carried in a canvas knapsack on our backs in a manner similar to that used by the Boy Scouts. No rain gear was to be carried. I do not remember whether we wore shoes or leather boots. A route to be followed was outlined but I do not remember the details. In my memory, it seems that we were to go through Anniston, AL; Atlanta, GA; possibly Charlotte, NC; and on to the address in eastern North Carolina where the Ashworths were living; then on to Washington, DC. The return trip was different. From Washington we went down the Shenandoah Valley; through Ashville, NC; Chattanooga, TN; Muscle Shoals, AL; and on home. Please understand that this route is remembered over a span of 70 years and may not be exactly correct.

We spent the nights on the road in tourist homes, now called bed and breakfast places. Not all the roads were paved so by the end of the day we were covered with dust. After selecting a place to spend the night we cleaned up and went to eat. Menus were the only topic of dissention between Bully and me. In the beginning, a traveling fund was established by each of us donating the same amount of money. All motorcycle expenses, lodging expenses and meal expense were to be paid from this traveling fund. Bully wanted to eat steaks for dinner at night. I did not object to steaks but knew that my funds would be exhausted before the end of the trip if food expenses were large. I wanted to limit our protein diet mostly to eggs. It would have been better if we had not planned to have food expense paid from the general fund.

We found the Ashworths without any trouble and stayed with them a couple of days to rest from traveling. On the outskirts of Washington we passed a small airport where flights over the city were advertised for \$7.00 per person.. We decided to splurge and see the City from above and then by foot.. I do not remember what sites we visited but remember that we walked to the top of the Washington Monument for another view of the city from a high vantage point. I have evidence that we took pictures with the Capitol as a background. We wanted to get out of

Washington before night so crossed the Potomac River into Virginia before stopping for the night.

Throughout the whole trip we had two minor accidents but nothing serious. On the way north we had been traveling all day in the mountains and had been using the motorcycle brakes a lot in going around sharp curves. In a small town in level country, I was driving and not able to slow down quick enough to make a right angle street turn. The result was that when going at a slow rate of speed the motorcycle hit a telephone pole and bent the front fender. This was easily corrected at a filling station and we went on our way without much loss of time. The second accident was more major but fortunately occurred near the end of the trip. We had started early in the morning in the mountains of Tennessee after a fog had wet the pavement. While Bully was driving and making a sharp curve, the motorcycle leaned too far to the left and turned on its side. We on the motorcycle went sliding to the side of the road. I vividly remember opening my eyes when the pavement was only a few inches from my face. No serious damage was done, either to us or to the motorcycle. There were some patches of scraped skin and I had a small laceration of the skin over my left elbow. Soon we were back on our way.

When we were about 20 miles from home, Bully decided to stop and spend several days with relatives in McCool, MS. Since I was not invited to stay, I started hitch-hiking to Kosciusko and had no trouble getting a ride. My welcome was warm and I felt almost as good coming home as I had felt about leaving. My yearning for travel was satisfied only temporarily but I knew what mountains were like and that people in general treated strangers with kindness.

SOMETIMES DELINQUENT

Perhaps the impression unintentionally has been created that I was the perfect son and playmate. All my actions were not laudable. Many mistakes were made, some through ignorance and inexperience, but most by ignoring reason and the rules of society. Four of the more flagrant ones will be mentioned but there were many more.

Incident # 1. Always it seems that I have had an obsession for guns. At about the age of 13 or 14, I unintentionally shot a good friend in the face. Where the 22 caliber automatic pistol had been obtained, I do not remember. Certainly I had no use for a handgun. If there was any justification for this one to be in my possession, it should have been stored in a safe place for exhibit only. However, all these logical facts were ignored and I took the pistol with me to an overnight campout with five or six of my peers. I suppose the motive must have been to "show off". Along about dusk, the group was sitting on the side of the old public road from Kosciusko to Durant taking turns shooting the pistol at objects across the road. My shooting turn had been finished and, with the gun flat in my hand, it was passed to Norman Bell, who was sitting behind me. What happened indelibly taught me that the muzzle of all guns should be kept pointed up when the gun is not in use. In the course of passing the pistol to Norman it went off. Everyone thought the bullet had gone up into the trees until Norman was noticed to be holding his head down with blood running down his right cheek. There was no place of exit through the skin back of his head and we thought maybe the bullet might have gone in his mouth and was lodged in his brain. The group could hardly believe that such a thing had happened. I was almost paralyzed with shock.

Norman was taken to town and seen by several physicians, including my father. An xray showed that the bullet had passed in a curve just under the skin of the right cheek until it was

stopped by a cervical vertebra. It was decided that, since there was no damage to a vital organ, no attempt would be made to remove the bullet. Norman took it with him to his grave. I did not recover rapidly but was depressed and despondent for a long time. Actually, the incident still causes me grief. The miraculous part was that my Dad never reprimanded me or told me what a fool I had been. He knew how depressed I was and that I had learned my lesson so he quietly stood by me.

Incident # 2. Earlier in my life, at about the age of ten years, I had shot my left ring finger with a BB gun. It was a rather powerful type of gun by which air was pumped into a chamber with a pump attached to the gun. A BB pellet was then put into the muzzle of the gun and allowed to pass down the barrel to the outlet through which the air would be released to force the BB out with force. The force depended on the pressure of the air which had been pumped into the chamber. One evening when I was out trying to find something to shoot, a flock of sparrows came to roost in the magnolia trees in front of the smokehouse. I quickly put a medium pressure of air in the gun. About this time a larger bird entered the branches of the tree and higher pressure was needed for this size bird. The muzzle of the gun was pointed downward with the object of letting the BB roll out so the low pressure could be released and a higher pressure added. My left hand was held under the muzzle to catch the BB. In my haste, not enough time was allowed for the BB to roll out before the trigger was pulled, so the mild pressure shot the BB into the middle bone (phalanx) of my left fourth finger. There was no pain and the bone was not broken. The BB pierced the skin on the palmar surface of the finger, hit the bone and went to the back side of the finger. It was evident there as a bump. Nothing was done until Daddy got home. Without bothering to inject any anesthesia, with a scalpel he made an incision of the skin over the BB and out it popped. No one had heard of an antibiotic in those days but the incision healed without complication. Even the scar disappeared with time. The slightly flattened BB on one side was kept as a souvenir but over time it got misplaced.

Incident #3. Three 500-pound bales of cotton had been stacked near the barn so that a space was enclosed on three sides. To the imagination of a young boy this space could be a cave and needed a caveman to live in it. It had been the pastime of some of the neighborhood boys to make teepees in the fall with poles covered with burlap bags. In the teepees we would cook slices of sweet potatoes over a fire from a tuna can filled with wood ashes to which kerosene (coal oil) had been added. I determined that the cotton cave needed such a stove on which the caveman could cook his victuals. The idea was good but the flaming stove got too near one of the bales of cotton and ignited the bagging covering the cotton lint. The surface fire of the burning bagging was easily extinguished by smothering but the cotton lint continued to smolder and burn slowly into the bale. There was no threat to life but it could result in a considerable financial loss. One of the suggested methods of extinguishing the burning lint was to pour kerosene on the bale, since kerosene could more easily penetrate the lint than could water. I do not remember what method was used but the fire was put out and no serious financial loss was incurred. Again I received no reprimand from my Father. He was aware that I understood the folly of my actions and he did not want to make me feel worse.

Incident #4. Not all my dumb acts occurred as a child. During my junior year in the Kosciusko High School, one of my subjects was physics. In the physics laboratory was a bottle of hydrogen sulphide. Now, hydrogen sulphide has a foul odor. It is hydrogen sulphide that gives rotten eggs their bad smell and also is present in flatus from the large intestine. I had Earl

Guyton smell a small amount and we decided it would be fun to release some in the study hall and watch the reaction of the students who would think that someone had passed intestinal gas. Earl was to pour a small amount on a piece of cloth to create a mild odor but in his enthusiasm he poured most of what we had taken from the laboratory to the study hall. An uproar resulted and Earl and I were accused of releasing a dangerous substance in the school room. Threats of expelling us were considered but eventually the incident subsided. Neither my Mother nor Dad ever reprimanded me about my folly.

Incident #5. This was potentially one of the most dangerous incidents but, as in the other incidents, my guardian angel seemed to have been an alert one. Before Highway 12 was constructed and before the Montford Jones Hospital was built, the area which these structures now occupy west of North Wells Street, was mostly woods and fields. There were no roads and no houses. Through this rural area a small stream flowed in a northwesterly direction. At a wide place in the stream about the size of four bathtubs the boys used to try to swim in the buff on hot afternoons. It was more wading than swimming because of the shallowness of the water but to us this swimming hole seemed like a lake. We all assumed that the swimming hole was full of fish even though no one had ever seen or caught a fish there. The father of Ralph Lord, who lived across Wells Street from me, maintained the county roads and used dynamite to blow up stumps and large rocks when clearing the right-of-way for new roads. Ralph and I both had heard about exploding dynamite in lakes and streams to stun the fish so they could be collected. We decided to try it to get the fish living in our swimming hole by exploding some dynamite in the water. From his Dad's supply, Ralph got the supplies we would need, i.e., only part of a stick of dynamite that would not be missed from the supply, caps to start the explosion, and a piece of fuse which could be ignited to lead the fire to the cap. So with this cache, off to the swimming hole we went.

The cap was inserted into the dynamite and the fuse was attached to the cap. The planned procedure was to light the other end of the fuse with a match and then throw the combination into the water. Probably all that saved one or both of us from losing a hand was that we could not get the matches to light. The fuse we had was only four or five inches long and probably, if lighted, would have burned to the cap before we could throw it and the explosion would have occurred in one of our hands. Maybe the guardian angels spit on the matches so they would not ignite. Ralph Lord is now dead so, at the time of this writing, I am the only person who knows about this escapade since neither of us ever told anyone about it.

UNIVERSITY OF MISSISSIIPPI

After graduation from Kosciusko High School in June 1929 came the question of going to college. Most of my male classmates who planned to attend college went either to Mississippi A& M, now Mississippi State University at Starksville, MS, or to Ole Miss, University of Mississippi at Oxford, MS, while most of the girls went to Mississippi State College for Women, MSCW, at Columbus, MS. I applied to enter the University of Mississippi mainly because that was the college to which most of my classmates planned to attend. Ruth Ashworth who had been a student at Ole Miss was contacted about what clothes I would need at Ole Miss. She told me that neckties and suits were worn by the male students and that I would need three or four suits. I only had the blue serge suit, which had been bought for high school graduation. My attire for the freshman and sophomore years consisted of a black sweater and slacks. Transportation to Oxford, MS was by train in order that a trunk of clothes could be checked. At Ole Miss, I was

assigned a room in Taylor Hall, which formally had been the freshman dormitory, however, the other of my male classmates from Kosciusko who registered at Ole Miss were assigned to Gordon Hall, which was the current freshman dormitory. A few weeks after school opened, a decision was made to close Taylor Hall and I had to find another room. John Clark Love, a law student from Kosciusko, did not have a roommate and invited me to room with him on the second floor of Odom Hall, an upperclassman dormitory. There were certain advantages and disadvantages for a freshman student living in an upperclassman dormitory. One was that some of the more physical aspects of "hazing" were avoided but some of the minor aspects, such as going at night to the Snack Shop for food for the upperclassmen and having to sleep in the upper bunk of our dormitory room, were more frequent. I roomed with John Clark for two years with mutual satisfaction.

As usual, there was no discussion with Dad about how my finances at college would be handled until the last minute. I had no idea what my expenses would be but assumed that an allowance would be available. Just a few days before departure, Dad handed me a book of blank checks with the explanation that the Merchants and Farmers Bank would honor my signature on his account. Then came the admonition that five of my brothers and sisters still had to be educated so please do not spend any more than necessary. This turned out to be a smart move on Dad's part because the total spent during my freshman year for fees, books, clothes, room and board, and transportation was \$415.00.

What academic course should I plan to follow? I had no burning ambition for any particular vocation or profession. The little science that I had studied had appealed to me so a premed course seemed reasonable as a way to start. There were two optional premed courses, both of two years duration. One provided the required subjects for entrance into medical school and little else. The other required many more hours and many more difficult subjects, particularly a second year of a foreign language and English literature, which had the reputation of being a stumbling block for many. The latter course was selected because it led to a bachelor of science, BS, degree in addition to a certificate for two years of medicine. At that time only the first two years of medicine were offered at Ole Miss and after that the student transferred to another medical school to obtain a Doctor of Medicine degree. The premed BS course was one of the most difficult at the University of Mississippi. An average of about 18 hours of credit was taken each semester and many of the credits were for laboratory classes for which two hours of time was needed for one hour of credit. It was a heavy load and kept me busy but I am glad that I selected it. No thought had been given to joining a fraternity and during the regular "rush" period I received no bids. However, when names of the students for the Dean's List were published and my name was on the list, a bid was received from the Sigma Phi Epsilon Fraternity. During my senior year at Ole Miss I was president of the Mississippi Alpha chapter of the fraternity.

At the present time four years of premed and an academic degree are required for entrance to all medical schools and this is a good arrangement. It gives time for more social courses and even though my two years of premed was packed with science, there were more subjects that I would have liked to take, such as qualitative chemistry, comparative anatomy, calculus, geology, astronomy, etc. I liked chemistry especially and during three years had enough credit for a major. Most students had a lot of trouble with organic chemistry but to me it seemed to be logical. Extra hours were spent in the organic chemistry lab on rainy Saturdays and my selected assignments were completed well before the end of the semester. Dr. Fogelsong

asked me to do the long experiment in the lab book that no one ever had selected as an assignment. It took a long time and the product was a tarry substance, which Dr. Fogelson said was not what the procedure was supposed to produce and would I please do it again. This I did and a red powder was produced which was as it should be.

Entering medical school was considered the equivalent of entering a monastery. Medical students went to class all day and studied all night with just enough time to eat and sleep. In the dining hall all the medical students sat at the same table because they smelled of the embalming fluid in which the anatomy cadavers were preserved. In general, this isolation was true but we did have some time for recreation and exercise. I participated in few social activities at Ole Miss. My only dates were for the fraternity dances for two reasons, I had neither the money nor the time and did not have the inclination to get involved in any attachments. Almost all the medical students knew that marriage would not be an option for them for at least ten years. During my senior year I was president of the Mississippi Alpha chapter of the Sigma Phi Epsilon fraternity at Ole Miss. On 5 Jun 33, I graduated from the University of Mississippi with a Bachelor of Science degree and a certificate for two years of Medicine.

TULANE UNIVERSITY

My Dad had graduated from the Memphis Medical School which later became the University of Tennessee Medical School but I applied and was accepted at Tulane Medical School in New Orleans, LA, primarily because many of the young doctors I knew had graduated there. About midsummer in 1933, I was visiting in the home of Aunt Zemuly Sanders when Dad came to get me to go for an interview for a Commonwealth Fund of New York scholarship at Tulane Medical School. In a project to encourage young doctors to practice in small cities rather than large medical centers, the Commonwealth Fund had joined the State Health Departments in Mississippi, Tennessee and Massachusetts. The proposition was that for a generous scholarship for four years of medical school, the student agreed to practice in a small town for three years. My Dad was county health officer for many years and knew some of the administrators in the Mississippi Department of Health. From them he learned that a medical student by the name of Welch who had a Commonwealth Fund Scholarship had failed at Tulane during his sophomore year and that the scholarship for his last two years was open for appointment. I was to go to New Orleans immediately to be interviewed for the appointment. Not having traveled anywhere, I was apprehensive about going alone to a strange city to meet what might be a group of critical strangers. Dr. George Campbell was in Kosciusko at the time and from him I received instructions about how to get to the place for the interview. It worked out fine and I got the scholarship, which made me feel that I was fixed for life. I entered the Medical School at Tulane University for the fall semester of 1933. No doubt some provision would have been made for Dad to continue to provide financial support, but the great depression was in full force and I was happy not to be a further financial burden to Dad.

Emmett Ray had been a year ahead of me in high school but had spent a year with his brother Dr. Leighton Ray in Santa Rosa, CA and had returned to Ole Miss. He was a classmate of mine at Ole Miss and a roommate during our senior year there. He also had applied to Tulane and already had rented a room for the two of us at 131 South Claiborne St. in New Orleans, near the Tulane Hutchinson Memorial Building and Charity Hospital. This is information to help explain an incident. In September of 1933, right in the middle of my rag weed hay fever season,

Dad arranged for me to travel to New Orleans with my trunk ON TOP OF AN OPEN TRUCK LOADED WITH CRATES OF LIVE CHICKENS being shipped to the market in New Orleans. We left Kosciusko in the late afternoon and arrived over dusty graveled roads the next morning at the chicken market. Finally a cab driver was found who would take me and my trunk to 131 South Claiborne St. When Ms. Kent the landlady came to the door, she refused to let this dirty disheveled character come into her house until Emmett Ray returned to identify me as his roommate.

The first few months at Tulane were almost as bad for me as the first months in the third grade in Kosciusko. I was a country boy in a large city, the environment was strange, locations where I was to report for various activities were unknown and directions difficult to understand. My first rotation was in surgery about which I had had no instruction, whereas most of the Tulane students had had some classes during their sophomore year for which they had used a textbook in surgery. In our junior year, my first one at Tulane, all assigned readings in surgery were references of articles to be found in the library. I was behind the eight ball in many ways but the stress was endured and the surgery rotation somehow was passed. By the next rotation I was becoming acclimated and did well from then on.

My first cousin, Willie Marshal Teague, was in the automobile business in New Orleans so I made contact with him early during my junior year and occasionally he would pick me up on a Sunday afternoon and drive about over the City. Otherwise, I would not have learned much about New Orleans since my transportation was limited to walking or riding on streetcars. Willie Marshall liked ice cream almost as well as I did and frequently we would eat a pint of ice cream each, at his expense of course.

My social activities at Tulane were a bit more numerous than at Ole Miss but also limited to dances. My first tuxedo was purchased making me feel a real beau ideal. One very good dancer for some reason took a fancy to me, and I invited her to our fraternity dances and in turn she arranged for us to get invitations to some of the Mardi Gras crewe dances. Our relationship remained mostly platonic. She had a job and was interested in getting married but my future did not permit any permanent attachment.

Prohibition of the use of alcoholic beverages was still in effect but the laws were not strictly enforced in New Orleans. In order to have social drinks for the dances, it had to be acquired elsewhere and brought to the dance. In spite of lack of law enforcement, the bottle was brought in covered with a paper sack and kept on the floor under the table. In this way there was no blatant disregard of the law. Two senior medical students, Cookin and Mallory, from Texas, lived at the same rooming house with Emmett and me. Cookin had an automobile, so before a dance he would go across the Mississippi River and get a couple of bottles of homemade orange wine. At the dance, the four of us and our dates usually sat at the same table and passed the bottle around. No one ever drank too much but the effect was better than Coca Cola.

During my senior year at Tulane, I had a few dates with Marjorie Kent, a friend of my sister Janie who was taking a business course in New Orleans. Marjorie was a nurse at Charity Hospital, which made it convenient for dates, but her two brothers were professional gamblers, and I did not think that was a good background. Also Marjorie was looking for a husband but I was expecting to start my internship at an indefinite place for an indefinite duration within a few months.

INTERNSHIP

Nothing had been included about an internship in my contract with the Commonwealth Fund and I had not given it much thought. When I did get around to investigating openings,

it was late in the season. At most hospitals the remuneration for interns was room, board and laundry only. I needed funds for transportation and some entertainment. The Marine Hospitals, which had been established by the national U. S Public Health Department to provide care for merchant marines in various coastal cities in the USA, paid interns \$75.00 a month plus room and board and laundry. Wanting to intern as far as possible from home, I applied to the Marine Hospitals in Seattle, WA; San Francisco, CA and Baltimore, MD. I was accepted at the San Francisco Marine Hospital to start 1 Jul 1935 for one year.

Dr. Ralph Allen, a Tulane classmate from Miami, FL, also had received an internship at the San Francisco Marine Hospital. He had married in Miami, FL soon after graduation at Tulane and was planning to drive to San Francisco. Having even less money than I, he invited me to go with him and his new bride, Jeanie, on their honeymoon in order to save transportation expense. We set out in a second hand 1928 green Ford sedan for which he had paid \$25.00 and we had a grand trip without any emergencies or arguments. For the trip during the summer across the southern USA, we wore light cotton clothes. All my other clothes were shipped in a trunk by American Express to the hospital in San Francisco. We arrived in SF in the late evening in a dense fog, so dense that we could not read the street signs. While driving down a street, that we have since decided must have been Mission St., the sign of a small hotel was seen and we were able to get rooms.

The next morning, all I had to wear to the Hospital was the garb we had been wearing in New Orleans for three months, a white linen suit and white shoes. People on the street would stop and stare at us as if we were in some outlandish costume. The worst part was that my trunk with my presentable clothes did not arrive for two weeks. Later we bought blue serge uniforms similar to those of the U. S. Navy with similar types of hats. As interns we had the equivalent rank of ensigns and had a half width of gold braid on each sleeve.

As far as education was concerned, the San Francisco U. S. Public Health internship left much to be desired. Teaching was not considered to be one of the primary jobs of the full-time bureaucratic doctors on the staff. To them the primary function of interns was to write the mandatory histories and physical examination results in the patients' charts and to take night call. Dr. Johanson, the ear, nose and throat specialist, was the only doctor that taught the interns to do procedures such as tonsillectomy and sinus washes. Interns were not allowed even to go to the operating rooms to observe operations on the patients who they had examined and for whom they would be expected to provide postoperative care.

Lack of an educational program was compensated somewhat by the opportunity to explore the interesting city of San Francisco and some of the San Francisco Bay Area. Transportation was available but time consuming. To get to Muir Woods, one took a street car across town to the Ferry Building at the end of Market Street, a ferry to Sausalito, a train to Mill Valley and then walk several miles over the mountain trail to Muir Woods. The round-trip took the better part of a day. The suspending cables were in the process of being spun in place for the future Golden Gate Bridge.

The Hospital occasionally sponsored a dance for the doctors, their families and the nurses. At the first one we attended, prohibition still was the law but spiked punch was provided. After the dance, several gallons of punch were left and the attendant told us that it would be

discarded. That seemed to be a shame so several of the single interns decided to drink all of it. The result was that most of us got very sick.

The Hospital was located on the U. S. Army Presidio overlooking the Pacific Ocean at Baker's Beach near the Golden Gate. Across Park Presidio Boulevard were some tennis courts but by the time we could get our work done late in the day and get to the courts the fog would be coming in and make play impossible. Contrary to expectations about "sunny California", the wind off the ocean was too cold for swimming or even for taking a sun bath. We soon learned when going downtown in the afternoon, to take a coat even though the sun was warm. By the time a movie was over, the ride on an open streetcar back to the Hospital at night was cold.

I had a few dates were had with the cousin of Dr. Earl White, who was a second year interne at the Marine Hospital and whose home was San Francisco. The young girl was living with her mother and father and working in the city. The main advantage was the connection with the White family. One weekend they invited me to come to their cottage in the Santa Cruz Mountains.

One of the requirements for a hospital to be accredited to offer a general intern program was that instruction in obstetrics and gynecology had to be offered. The Marine Hospital admitted only male patients. In order to meet the requirements for obstetrics and gynecology, arrangements had been made for Marine Hospital interns to spend one month at the San Francisco City and County Hospital. This really was a farce since both Stanford University and University of California each had interns in Obstetrics and Gynecology at the County Hospital, so all the Marine Hospital interns could do was observe. On my own initiative, I sometimes went in the afternoons to the U. S. Public Health Outpatient Clinic down at the docks and helped in the treatments given to the sailors for venereal diseases. Dr. Walters appreciated my help, and invited me to spend a weekend at his home in Santa Cruz, CA. Other afternoons were spent helping with the laboratory tests at the Marine Hospital. This impressed the chemist who was in charge there. These extracurricular activities caused the administrator of the Hospital to offer me an appointment in the U. S. Public Health Bureau but I felt obligated to carry out my contract with the Commonwealth Fund.

Previously, the hospital director had selected me to accompany three leprosy patients from San Francisco to the leprosy sanitarium in Carville, LA. We had a private Pullman railway car and for the only time in my life, I traveled in the private compartment. Jeanie Allen who had become pregnant decided to take the same train that I was scheduled for to go back to Miami, FL for her delivery. Following delivery of the leprosy patients, a few days was allowed for me to visit my family in Kosciusko and then, having come on the Southern Pacific route, I returned to San Francisco on the Union Pacific line.

Near the end of my internship, a message was received inviting me to come to the downtown offices of one of the major insurance companies in San Francisco for an interview. No subject for such an interview could be imagined. It turned out that the Commonwealth Fund had asked a senior official of the insurance company to talk to me about taking further training. Their reasoning was that for private practice in rural Mississippi more training was needed in obstetrics. My friend Ralph Allen recommended the Mercy Hospital in New Orleans where he had served as an extern while a medical student. My application for a second year internship was accepted by Mercy Hospital to start 1 Jul 1936. About the middle of June, I left San Francisco to take the examinations for a license to practice in Mississippi and then on to New Orleans to the obstetrical service at Mercy Hospital. The obstetrical service was not busy and I spent more time

in surgery than in obstetrics. One of the private surgeons asked if I might be interested in going into practice as his assistant and possible partner. Again I felt obligated to carry out my pledge with the Commonwealth Fund.

MIAMI, FLORIDA

In September, I was practically incapacitated with ragweed hay fever and my assignment in obstetrics of three months had been completed, when a letter was received from my friend Dr. Ralph Allen who was a house officer at Victoria Hospital in Miami, FL. He had been offered a partnership with Dr. Homer Pearson, a rectal surgeon, and Ralph was looking for someone to take his place at the Victoria Hospital. This seemed an answer to my prayers, so I accepted immediately and went to Miami. Victoria was a small hospital for private patients used by the best physicians in the City. Dr. Hoover was the other house physician and he and I got along reasonably well. There were no assignments, both Dr. Hoover and I being on call all the time except by permission from Mrs. Ila Shicany, the hospital administrator. The weather was comfortable and my hay fever cleared up completely. Some nice clay tennis courts were located across the street from the Hospital which were used for practice by some professional tennis players who were in Miami for the winter and for the first time I was able to watch some professional tennis. Patients with a wide variety of disabilities were treated primarily by medical specialists and I had some beneficial experiences.

Dr. Colquit Peason, brother of Dr. Homer Pearson who was a member of the Florida Medical Licensing Committee, had gotten out of the U. S. Navy and was starting a practice in anesthesiology, the only anesthesiologist in Miami. He used the new anesthetic agent cyclopropane which put patients to sleep rapidly and they awoke more rapidly than when they had been given ethyl ether for anesthesia. I tried to get Dr. Pearson to teach me to use cyclopropane and he was willing but explained that the patients at Victoria Hospital were private patients and ethically could not be used for teaching. If I would come to the Jackson County Hospital, he would teach me. However, Mrs. Shicany would not let me go to the County Hospital so the matter was not pursued. This is explained because some future happenings were related.

While I was living in Miami, Annie Ruth Sanders, a close first cousin, had married Dr. Blalock and called to tell me that they were in Miami on their way to Cuba on their honeymoon and invited me to accompany them. It took some doing but permission was obtained to be away from my duties at the Hospital and to get on the same tour that they were taking. The result was that we sailed to Havana and had three delightful days there. It was the first time that I had sailed on a large ship and even had a brief ship romance with a woman in our tour group.

My life and work in Miami was pleasant. About the middle of February 1937, a telephone call came from my Dad that he was ill and would like me to come take over his medical practice. I was reluctant to leave but could not afford to deny the man who had done so much for me. So I returned to live in Kosciusko. Dad's illness was influenza from which he recovered in a couple of weeks. There was some suspicion that the whole affair had been a ploy to get me away from hospitals and start my obligated three years of general practice.

PRACTICE IN KOSCIUSKO

It was assumed that I would live with my parents since they were alone and I had no money for rent. There was no discussion about me paying them for room and board. Dad let me use a Chevrolet coupe with a bent body frame from a wreck Dad had had. Naturally Dad wanted his office back when he came back to work. The custom at that time was for drug stores to

furnish office space in their buildings to physicians without rent, thereby being able to fill most of the prescriptions that the physicians wrote for patients. In addition to Dad, Dr. W. R. Pope also had offices in the Kosciusko Drug Store owned by Mr. and Mrs. Emmett Doty and located on the north side of the town square. Not having much choice about office space, I moved into two storage rooms in the rear of the building.

Kosciusko already was well supplied with good physicians. Drs. J. W. Bailey and his son Dr. Lamar Bailey had offices in the Wade Harvey Drug Store. Dr. Robert Ray had his offices in the Boyd Drug Store and Dr. Emmett Ray, my former roommate, had recently set up his offices in the Allen Drug Store. Equipment for my office was sparse. The Commonwealth Fund provided \$300.00 for office supplies to the physicians who had received their scholarships, with part of which a metal desk and chair was purchased. Dr. Hagaman, a surgeon in Jackson, MS to whom patients from Attala County frequently were referred for operations, made a gift of an office desk to many young general practitioners starting their practice in nearby counties. He had given a desk to Dr. Emmett Ray and offered one to me but the offer was declined since I did not think such a gift was ethical, knowing that the gift would obligate me to refer surgical problems of my patients to him for treatment.

For my waiting room, a couch, table and two chairs, which had been stored in the smoke house at home, were stripped by me of their multiple coats of varnish and revarnished. Not much seating was needed because rarely were two patients requesting my services at the same time. The arrangements were not considered satisfactory but they were the best that I could afford. A few months after my office was opened, Dr. Pope developed a cancer of the larynx and quit practice. Dad moved into Dr. Pope's old office and I moved into the offices that were being vacated by Dad. This was esthetically better but did not increase my volume of practice. Dr. Lamar Bailey who had started his practice with his father under circumstances similar to mine tried to console me with the assurance that if a physician kept himself available to the public, eventually patients would come to him. I tried to stay in my office, or at least within call, most of the time but medical journals could not be read for eight hours a day.

By community custom very little predelivery obstetrical care was used, especially by people with low incomes, but after the wife went into labor the husband would try to find a doctor to deliver her. By being at home when such husbands came to our home to get Dad to do a delivery and Dad was not available, I did several obstetrical deliveries a month. Dad did the billing for the deliveries I performed, since he maintained that they were his patients and I never got any of the money. However, my conscience was soothed somewhat by assuming, in my own mind, that the deliveries I did served as some payment for my room and board. Rarely a patient that did not want to wait for another doctor would drop into my office. The one patient who regularly sought my services was a lady, who ran a boarding house to barely make a living and whose blood tests were positive for syphilis, came to get an intravenous injection of nearsphenamine most Saturdays, if she had a dollar. The medication could be obtained free from the Mississippi State Health Department as a public health project, so my only expense was a syringe and my time.

Occasionally Dad would ask me to see a patient of his. One such was a small 15 year old Negro girl with a small pelvis who had been in labor for two days without success. I decided to try to deliver the baby with obstetrical forceps. She was put crossways on a bed, Dad gave some chloroform, I applied the forceps to the baby's head and pulled on the forceps but the baby's head would not budge. Finally by Dad holding the patient by the shoulders to keep me from

pulling her off the bed toward me and by placing my feet on the bed railing to pull, the baby was delivered and cried immediately. My ability impressed Dad but not enough for him to divide the fee with me, if there was one.

One night about 10 PM when the rain was coming down in sheets, I got a call to come see a man who lived about ten miles up the Greensboro road. It was well known that this man had had pulmonary tuberculosis for many years and was gradually getting worse, so I knew that there was nothing that could be done for him but give a sedative. However, I answered the call. When I got to the hill near Kenner Hines' house, there were two parallel ruts in the road up the hill with a stream of water coming down each rut. Several attempts were made to get up the hill by keeping the automobile wheels in the ruts but about half way up the hill the wheels would start spinning without any forward progress. The car would be backed down the hill and another try to get up the hill was made but all were unsuccessful. Finally a trial was made with the wheels outside the ruts. Part way up the hill the car slide to the left and into the ditch on the side of the road. I went to a nearby house to get out of the rain and cold. About daylight the family of the patient came in a truck, pulled my car out of the ditch and drove me on to the patient's home. The patient had died, as everyone had expected, so all I could do was sign the death certificate and eat breakfast. Later when a bill of \$7.00 for my all night services were presented to the family, they refused to pay, claiming that I never treated the patient. They contended that their bill for pulling my car out of the ditch and for breakfast was the same as the amount of my bill.

CARTHAGE

When my practice in Kosciusko had not improved in about a year and the income from practice hardly paid the cost of the gasoline for my car, my estimate was that it would be seven or eight years before I would be making a living. Even though I was young, that length of time could not be afforded but there seemed no alternative. As has happened so often in my career when circumstances seemed impossible, out of the blue would come a solution. This could have been due to chance but it was so consistent that I have attributed it to a heavenly spirit. This time the angel was in the form of a lawyer who also was president of the Kosciusko Merchants and Farmers Bank. Mr. Clarence Morgan came to my office to see if I would be interested in moving to Carthage, MS, the county seat of Leake County just south of Attala County. A friend of his, Mr. Fred McMillan, owned the City Drug Store in Carthage. The doctor who had had his offices in the City Drug Store was moving back to Meridian, MS and Fred was looking for some doctor to take his place.

A visit was made to Carthage where I was immediately impressed by Fred's personality and the prospects of moving into a ready-made medical practice. The move was made into the office space in the City Drug Store and was much more convenient than the office space which I had had in Kosciusko. Fred was a smart businessman and promoted my introduction to the citizens. As an example, in an effort to build my prestige in the community, he always called me "Dr. Pender", even when talking privately with me. Arrangements were made for a room and meals in the home of Mr. and Mrs. Will Triplet, only one block from my office. If I could have had a warm room in which to dress and undress, it is possible that I still would be in Carthage. My room was heated by a wood-burning stove which could not be kept burning all night. The result was that when a call was received at 1 AM, I had to dress in cold clothes in a cold room

and get into a cold car. When I returned at 3 AM I had to get into a cold bed in a cold room. Then when another call came at 5 AM, the same cold process had to be repeated

. Mrs. Triplet had a small fox terrier dog named Fannie to whom I became attached. She would meet me in the front yard when I came from my office so excited she could not be still. My return was the big moment in her day.

I joined the Methodist Church and tried to guess what my income would be in order to make a pledge to the Church. My hope was to clear \$100.00 a month so I pledged \$10.00 a month to the church. This so impressed the church members that they made me chairman of the Board of Stewards.

I became a member of the Rotary Club, so I met most of the businessmen for lunch at the hotel every Wednesday. When it came my time to provide a program. I talked on the subject "How are you going to die?" The data came from an article in the magazine, Medical Economics.

Arrangement was made with the U.S. Department of Indian Affairs for appointment as physician for the local Choctaw Reservation. The salary was only \$25.00 a month but did not require much time. The Indians were eligible for admission at the hospital maintained by the Department of Indian Affairs in Philadelphia, MS, which was only about 20 miles from the reservation, but they would not go to the hospital for medical care, preferring instead to rely on the tribal medicine men. They only came to me for "red devils", a laxative pill which was furnished to me by the Department of Indian Affairs.

Another appointment was as local physician for the Louisville and Nashville Railroad which ran through Walnut Grove, MS, located about 15 miles south of Carthage. There was no salary for this position but passes on the railroad were available. There were two banks in town and this raised the question about the use of which would give the best social connections. This problem was solved by opening my account in the bank used by Fred McMillan. When I left Carthage some funds were left in my account to pay bills that might be presented after I had gone. Twenty years later a list of inactive accounts were published in the newspaper and included mine, so the funds were collected. It was a pity that the funds had not been left in a savings account.

The editor of the "Carthaginian", the local newspaper, became a personal friend and I carried an advertisement in his newspaper about the availability of my services. I became a member of the local fishing and hunting club which maintained a cabin in the Mississippi River delta for deer hunting and, in general, established myself as a respected member of the community. Even in the financial depression, I was making a living. The following is a report of five patients that I treated while practicing in Carthage.

CARTHAGE PATIENTS

ONE : The first case involved a jaundiced, middle-aged, Negro woman who was the cook in the home of one of the prominent citizens. She was deeply jaundiced without any other significant symptoms so I diagnosed an obstruction of the common bile duct, possibly by a tumor but maybe by a gallstone. My recommendation was that she go to the hospital for a possible operation but she refused, requesting instead what I could do in her home. Tablets of bile salts were administered without effect. Then I resorted to an infrequently used therapy to stimulate bile flow, one that was not generally accepted. A rubber tube was passed through the nose, into the stomach and then into the first part of the small intestine into which the bile ducts emptied and a saturated solution of magnesium sulfate was injected. The first two treatments given two

days apart gave no results but at the third treatment bile stained bowel contents could be withdrawn through the rubber tube. This was evidence that the bile ducts were open and her jaundice rapidly disappeared. Whether the stone would have passed without my treatments is not known. At any rate, the patient was very elated that an operation had been avoided and she sang my praises to anyone who would listen.

TWO : The second case was that of a white middle-aged woman whom I had known in Kosciusko but who now owned a dry goods store in Carthage. She was very slightly jaundiced, had a low-grade fever and was tender in the right upper quadrant of her abdomen. My diagnosis was mild cholecystitis. Symptomatic treatment and diet had produced no relief in about a week. Again I tried the duodenal bile aspiration treatment even though some bile evidently was being excreted into the bowel. No relief resulted. Expecting some infection and therefore an increased white blood cell count, a blood test was done. Please understand that the circumstances under which I was practicing, doing a blood count was more than just taking some blood and sending it to the laboratory. It was I who had to draw the blood, take it to my office, prepare the white blood chamber and count the white blood cells with my microscope. Instead of an elevated white blood count, the count was low. Mostly out of habit, when the blood was drawn for the white blood count, some whole blood was smeared on a slide. This was stained and when examined with the microscope, lo and behold, there were malaria parasites in a few of the red blood cells. This accounted for the fever and the low white blood cell count. After a few days of treatment with Atabrine the patient was cured. We sometimes learn more from our mistakes than from our successes.

THREE : Case three was not a happy one. The patient was not living in my area of practice, but near Walnut Grove, MS where another physician practiced. He had seen this ten year old boy, diagnosed meningitis and sent the patient to the Baptist Hospital in Jackson, MS., where many of our seriously ill private patients were referred. For some reason that I do not remember, the Walnut Grove physician had to leave town temporarily. At Baptist Hospital a diagnostic spinal puncture had been performed and a diagnosis of meningococcal meningitis made. Now, meningococcal meningitis is a highly contagious disease and the patient should have been isolated and treated. However, the treatment sometimes extends over prolonged period and is expensive. Instead of incurring this expense, the Hospital elected to send the patient back to his home some 70 miles away with several ampoules of meningococcal anti-serum to be administered by the local doctor.

As explained, the local doctor was not available, so the family came to Carthage for help. I do not know how many of the Carthage doctors had been asked, but none had agreed to go see the patient who now was in a coma. The patient's home was about 20 miles from my office, and I also was reluctant to get involved in what was likely to be a complicated case. Nevertheless, I agreed to go. For several days I made daily trips to administer the serum intravenously. The patient could not swallow so a rubber tube was inserted into his stomach to allow administration of water and nourishment. The intravenous serum was not giving results so I gave some into the spinal canal. Mind you, all this was done in a low-income farm house and all the intravenous and intraspinal equipment had to be assembled by me personally and sterilized in a pressure cooker designed for canning fruit and vegetables.

The patient was getting weaker daily and something different had to be done. I hypothesized that a blood transfusion might bolster the patient's immunity to the infection, even though he was getting sulfanilamide, which was the only antibiotic available at that time. Attempting a blood transfusion under those circumstances was more drastic than a heart operation is today and took a lot more time. Undaunted, in the early morning, blood was drawn from the patient and taken along with five possible donors to my office. The complicated procedure for crossmatching of blood was accomplished on each of the possible donors. Luckily, the cross match was compatible for one donor, I think it was the patient's father. Then back to the home, draw the blood from the compatible donor into a sterile flask containing anticoagulant and then give the blood slowly intravenously to the patient. Unfortunately it was to no avail and the patient died.

Anticipating such a result before the patient's death, I had gotten consent from the family to do an autopsy on the patient's brain. The whole episode had been queer and had not followed the anticipated course of events, as if some part of the puzzle was missing, and I wanted to do all that I could to get the truth in a case that had been poorly managed. The autopsy was performed in the patient's home; the top of the skull was removed after sawing a circle in the bone with a carpenter's saw. Pus and exudate were found to be covering the base of the brain, and I took many smears on glass slides. Then the bone was replaced and the scalp closed. When I stained the smears and looked at them with the microscope, the mystery was explained. The infection had not been from meningococci but from Hemophilus Influenza bacteria. All our treatment had been misdirected because of an erroneous diagnosis at the Baptist Hospital. I knew the Hospital pathologist, so some of the smears were taken to him and he was made to admit the error of his peers.

Just before the patient died a physician representative from the Commonwealth Fund of New York was visiting all the physicians who had been educated by means of a Commonwealth grant, which included me. He was taken to see the patient described above. During his visit to Carthage, he had been impressed by two things. One was something about the coma case, which he refused to relate until the outcome had been determined, and the other item of interest was the woods burning in the fall without anyone making any attempt to control it. Later he wrote that the notable thing about the patient was that, out here in the sticks, a young physician had planned an autopsy in order to uncover the truth.

The next two cases are obstetrical. I liked obstetrics and did well at it. In Kosciusko the only obstetrics I did was as a fill-in for my Dad. In Carthage I eventually built up a fair practice, but it was confining. All the deliveries were in the home and I could not be in the patient's home and in my office at the same time. Most general practitioners would go back and forth from home to office but I knew that the time of delivery could not be predicted and usually I remained with the obstetrical patient in order to be certain that I would be present at the time of delivery. As the following two cases will illustrate, my knowledge of obstetrics was respected not only by my patients, but by the other doctors in Carthage also.

First, let me indicate the standard and quality of the practice of medicine in Leake County during 1938 and 1939. There were two drug stores in Carthage. One was the City Drug Store owned by Fred McMillan where I had my office. The other was the Puryear Drug Store where "Dr." Puryear was the owner and pharmacist. Dr. Puryear had dabbled in Mississippi State politics and as a reward had been appointed to the Eleemosynary Board of the State of Mississippi, which supervises the charity institutions for which the State is responsible. Through

his association with political friends, he had been able to get a special bill passed by the State Legislature giving him a license to practice medicine even though he did not have a Doctor of Medicine degree. None of the other local doctors had raised any serious objections, because Dr. Puryear did not have an office and only recommended medications from the drug counter of his drug store, the same as almost all pharmacists do everywhere.

FOUR : Case number four begins when one night about 10 PM, a Negro man came to the house where I was rooming with the message that Dr. Puryear wanted me to come see the man's wife. This was surprising since my office was in the City Drug Store, but I went. There was a 30 year old woman in labor with a hand of the fetus extending out through her vagina. Of course, Dr. Puryear did not have the vaguest idea about what was going on. To me, it was evident that the fetus was lying transverse in the uterus instead of head or foot coming first, as is usual. For the fetus to be delivered it had to be rotated so the feet were coming down the birth canal prior to the body of the fetus. This was not a simple procedure because the uterus had to be relaxed so it would not continue to contract on the fetus while it was being turned. I had done breech deliveries and knew what had to be done.

The woman was put crossways on the bed so her hips were near the edge of the bed. I gave chloroform for her to breath until her muscles began to relax. I knew that Dr. Puryear did not know how to give anesthesia, yet there was no alternative but to have him try under my supervision. I got the woman anesthetized, went around to the other side of the bed to rotate the fetus and deliver it. Dr. Puryear was in my view and I could tell him how much chloroform to give and when to give it. All went well, and I got the fetus turned and, by pulling on the feet, got all of the baby out but its head. At this stage, Dr. Puryear let the mother's airway get obstructed and she was not breathing. So, I had to leave the baby partly delivered and go back around to the other side of the bed and get the mother breathing again. By then, the anesthesia had become light and her muscles were beginning to contract. The uterine muscles had contracted on the head of the fetus and would not allow it to descend. I had too back to the other side of the bed give more anesthesia to the mother and then deliver the head but by then the baby had suffocated. This was another sad ending even though the mother lived. Nothing was ever said to Dr. Puryear about his ineptness, hoping that he had learned his lesson.

FIVE : Case five was the obstetrical patient of one of the older doctors in Carthage. He asked me to see his patient who had been in labor for two days. I found a 35 to 40 year old woman having strong labor pains and completely exhausted. The doctor had no concept as to why the baby had not been delivered. When I examined the woman's abdomen, the baby's buttocks were up near the woman's ribs. In the lower part of the abdomen could be felt a mass about the size of a volley ball. On examination the cervix was fully dilated but obstructed by a fluid filled mass. This let me know that the fetus had hydrocephalus, a head filled with fluid, and so large that it would not pass through the birth canal. The baby already was dead but how were we going to get it out of the woman? The logical thing was to do a Cesarean section, incise the abdomen and open the uterus, but under the circumstances such was not possible. From past experiences, I had learned that when standard treatments were not available, I had to improvise. From the family, a pair of sharp pointed sewing scissors was secured and boiled to sterilize them. Then the scissors were passed points forward up the vagina by feel and forced into the dead baby's dilated head. By separating the blades a large hole was made through which came a rush of fluid. The

head collapsed and very shortly the body was delivered. The woman and her family were very grateful for the relief that I was able to give her. Again there was a partially good solution to a difficult problem.

WHY LEAVE CARTHAGE?

Having previously related the desirable features of life in Carthage and how well I had been received, some explanation must be made about why I decided to move. It probably was the most difficult decision that ever I have had to make. My situation in Kosciusko had been bad, so leaving was no great problem. However, the situation in Carthage was about as favorable as could be expected. In my opinion, the reason for moving can be summed up in one word, FRUSTRATION. The quality of care that I was capable of delivering was not possible because of lack of facilities. There was no hospital, no laboratory, no xray, no way to make a scientific diagnosis on which to base intelligent treatment. I was forced to practice the same quality of medicine as the 70 year old doctors in town. I tried to tell myself that eventually better facilities would become available but the economic environment in Leake County at that time left no such promise. In order not to "burn bridges" and eliminate future options, I had intentionally refrained from sinking roots in the community. I owned only my automobile and clothes, both of which were transportable. Still, I had no definite plans about future prospects.

Around the first of 1940, the trigger to the solution to my dilemma came as a letter from Dr. Colquitt Pearson from Miami, FL. He wanted me to join him as a partner in his anesthesia practice. He remembered that when he was just starting his practice in Miami, I was a house officer at the Victoria Hospital and had been interested in anesthesia. Following my residency at Victoria Hospital, I had taken and passed the basic science and medical examinations for a license to practice in Florida and had become a member of the Florida State Medical Association. Even then I had thoughts that some day I might want to practice medicine in south Florida where I had no ragweed hayfever. At that time, Florida did not reciprocate a license to practice medicine with any other state, and an applicant had to have some inside connections to get a license. In further correspondence, Dr. Pearson suggested that I take a short course of instruction in administration of anesthesia and mentioned the two-week course on the administration of nitrous oxide primarily for dentists given by Dr. McKesson in Toledo, OH. Somehow this did not seem adequate, so I inquired about training from Dr. Wilmer Baker in New Orleans, about whom I had heard while a medical student at Tulane University. Dr. Baker responded that he and Dr. Caine offered a six month course of instruction but could only offer a modest remuneration during the last three months. This was not appealing either.

About this time a young surgeon, Dr. Lee Clark, came to practice in Jackson, MS after finishing his surgical training at the Mayo Clinic. I had heard that his wife, Dr. Bert Davis who also was a physician, had trained at the Mayo Clinic in anesthesiology so I went to talk to her about anesthesia training. It was her enthusiastic opinion that the Mayo Clinic was the best place in the world for training and proceeded to get for me an application blank for a three-year fellowship for training in anesthesiology there. My application was accepted immediately to start the first of April. I explained that my practice could not be closed in time for me to arrive before the first of May. So I arrived in Rochester, MN on Sunday 5 May 1940 and reported for duty on 6 May.

MAYO CLINIC

In 1915, Dr. Will Mayo had donated five million dollars to the University of Minnesota to establish in Rochester, MN an extension of the Postgraduate School of the University to be associated with the Mayo Clinic as the Mayo Foundation. All the fellows in training at the Mayo Clinic were enrolled as postgraduate students in the Mayo Foundation, the educational arm of the Mayo Clinic. After three years of clinical training, satisfactory completion of a thesis, and passing both a written and oral examination, a fellow could be awarded either a masters or doctorate degree in his specialty from the University of Minnesota.

I became a Fellow in Anesthesiology in the Postgraduate School of the University of Minnesota but my instruction was received from members of the Staff of the Mayo Clinic, most of whom held an academic appointment in the University of Minnesota.

At my first visit, Dr. John S. Lundy, head of the Department of Anesthesiology, outlined my assignments for the three years of my fellowship. Assignments for instruction in the Mayo Foundation were by quarters of three months duration. In order to relate my experiences at the Mayo Clinic, some details about the environment at that time is necessary, since changes have occurred in the sixty years since then.

My first assignment of six months was to anesthesia in the hospitals staffed by the Clinic. None of the hospitals in Rochester were owned by the Clinic. Instead, St. Marys Hospital was owned and administered by the Sisters of St. Joseph of Assisi. The "downtown" hospitals, Colonial, Kahler and Worrall Hospitals, were owned and administered by the Kahler Corporation, which also owned several hotels near the Clinic. The Kahler-owned downtown hospitals and many of their hotels were connected by underground tunnels to the Clinic and hence to each other. This was a distinct advantage during the winter months when the outside temperatures frequently were below zero degrees Fahrenheit.

In each hospital was a surgical operating room suite. In each suite a room was assigned to anesthesia, called "the local" room, in which nerve blocks were done, as well as the various other procedures which were within the domain of the Anesthesiology Department. Also it was the headquarters for the physician anesthesiologists, both staff and fellows. In each operating room was a nurse anesthetist who maintained the general anesthesia for a patient after it had been started by a physician anesthesiologist and who monitored the state of the patient during the operation. Throughout the Clinic, for all patient-examining rooms as well as operating rooms, communication was facilitated by a system of colored lights in the halls, as well as in the examining rooms and operating rooms. This system of communication lights had been designed by Dr. Henry Plummer for the 1928 Mayo office building, after he had been told by the architects that such a system was impossible. By a code, the color of the lights outside a room indicated various situations within the room, such as when the room was in service; whether and which consultant was in the room; and the needs for various services being performed in the room. For the operation rooms, a red light was available for declaring the existence of an emergency, which also lighted a red light in the anesthesia room.

Dr. Henry Plummer was a genius and therefore rather eccentric. A dinner guest at Dr. Will Mayo's home told the story that while the guests were having conversation in the living room, Dr. Plummer came through the front door without knocking, strolled through the living room without acknowledging anyone in the room and left through the back door. Dr. Mayo is reporting as dismissing the incident with "Henry has something on his mind".

Dr. Will Mayo is reported to have said about the selection of members of the Mayo Clinic staff that he did not want geniuses because they were too difficult to get along with. He wanted

doctors with average intelligence who could be given so much experience in their field that they had to become outstanding.

Pneumatic tubes connected the Clinic Record Room to all the floors in the office building and to all the hospitals. When requested, a patient's Clinic record could be inserted into a plastic capsule and "blown" through the pneumatic tubes in minutes to the area requesting the record.

In 1940 there were ten operating rooms in St. Marys Hospital where, in addition to general surgery, all the neurosurgical operations were done. The Colonial Hospital had seven operating rooms in which, in addition to general surgical operations, all the thoracic surgery, urologic surgery and bronchoscopy was performed. The Kahler Hospital had four operating rooms in which plastic surgery was performed in the mornings and general surgery in the afternoons. The Worrall Hospital had two operating rooms in which ear, nose and throat operations were performed in the mornings and dental surgery in the afternoons. The Worrall Hospital annex had two operating rooms in which proctologic surgery was performed in the afternoons. A consultant in anesthesiology was assigned to each hospital but the fellows were rotated from hospital to hospital. For instance, more fellows would be assigned to St. Marys Hospital in the morning but as some St. Marys operating rooms finished their operations for the day, some fellows would be sent to the downtown hospitals for the afternoon surgical lists.

The performance of almost all thoracic operations being performed at the Colonial Hospital was a demonstration of some politics existing among Clinic physicians, a condition which seems to exist in all endeavors by groups of people such as in schools, churches, corporations, etc. Dr. Harrington was the first Clinic thoracic surgeon and he performed his operations at the Colonial Hospital. Later Dr. Howard Gray, who primarily was a stomach surgeon at St. Marys Hospital, in addition wanted to do thoracic surgery. Dr. Gray later became a member of the Clinic Board of Governors and this should have given him the "inside tract" but by some means, which I never understood, Dr. Harrington was able to influence the Clinic internists to refer their patients with surgical diseases of the chest to him. When Dr. Clagett joined the Clinic as a thoracic surgeon he did his operations at the Colonial Hospital. There must have been some heated discussions about this situation during meetings of the Surgical Society but Dr. Gray still did only rare thoracic operations at St. Marys. This also indicates that there was competition among Clinic surgeons for patients. Dr. Will Mayo probably set up rewards of some kind to stimulate competition but I do not know the details.

Progressive surgical care was practiced at the Kahler Hospital long before such practice became popular at other medical centers. The top three stories of the Kahler Hotel were used as the Kahler Hospital with the operating rooms on the top floor. New surgical patients would be admitted to one of the lower hospital floors for preparation for operation. After their operation on the top floor, they would be carried back to their hospital rooms to recover from the acute effects of their operation. When a postoperative patient was able, he would be transferred to a hotel room where nursing care was available during the remainder of his convalescence.

Being assigned to an anesthesia service meant that the anesthesia fellow would go to the hospital to which he was scheduled, change into surgical suits, report to the anesthesia local room, and scrub his hands and clean under his fingernails by 7:30 AM. Then he was to be available to watch nerve blocks being done in the local room if he was inexperienced or to do them if experienced and to answer the lights indicating needed anesthesia services in the operating rooms.

Incidents in my life. John W. Pender M.D.
Lundy, P. Seldon.

In 1940 the Mayo Clinic Consultants in Anesthesiology consisted of Dr. John Silas Lundy who was head of the Department, Dr. Edward B. Tuohy, Dr. Charles C. Adams, Dr. Lloyd Mousel, and Dr. Thomas Seldon. Dr. Joseph Delmonico, who was in his third year of training, was the first assistant in Anesthesia for which he received a slightly larger monthly stipend from the Mayo Foundation. The other anesthesia fellows were Drs. Richard Barrett, Harry Brown, Fred Smith, and Bruce Anderson. Dr. Charles Anderson started his fellowship in July 1940 so he and I followed similar courses. The Mayo Foundation monthly stipend for fellows in all specialties was determined by the amount that was considered to be necessary for room and board in Rochester for a single fellow. In addition to the above named fellows, fellows in other specialties such as surgery and dentistry were assigned to anesthesiology for one or two quarters by Miss Farr. Some government services such as the Army, Navy and U.S. Public Health arranged with the Mayo Foundation for them to send officers for training in anesthesiology.

Dr. Lundy was in private practice in Seattle, WA when Dr. Will Mayo invited him to start a Department of Anesthesia at the Mayo Clinic. The Mayo Clinic surgeons did not want a Department of Anesthesia since they were content with their arrangement of each surgeon having his own anesthesia nurse whom he supervised. The rumor was that the surgeons had told Dr. Lundy, when he arrived at the Mayo Clinic in 1922, that Dr. Will Mayo had arranged for Dr. Lundy to be head of a Department of Anesthesia and unfortunately there was nothing that they could do about that. However, the working arrangement would be that Dr. Lundy would be given a room in each operating suite in which to do nerve blocks. When a surgeon wanted one of his patients to be given a nerve block, the surgeon would send the patient to the anesthesia room, hence the name of "local room" for the anesthesia room. Under no circumstances was Dr. Lundy to interfere with the anesthesia in the surgeon's operating room unless invited to do so. Such an arrangement was contrary to Dr. Lundy's personality because, Dr. Lundy, being of short height, had the Napoleonic Complex characteristic of aggression. Over the following years, Dr. Lundy added additional members to his staff and introduced new types of anesthesia as they became available. The result was that the surgeons were forced to ask the Department of Anesthesiology for such new services as blood for transfusion, endotracheal intubation of patients, Pentothal intravenous anesthesia, administration of curare products, etc. This bit of Mayo Clinic politics is related because in 1940 some vestiges of this earlier conflict still existed and, to a certain extent, the practice of anesthesia still was being dominated by the Mayo Clinic surgeons.

Dr. Lundy being of a dominant bombastic nature had his favorites among the members of his anesthesiology staff, and also those who had incurred his displeasure. Fortunately I was in his favor, most of the time. This favor was due to two factors, neither of which had much to do with anesthesia. The first factor was that I had been referred to him by Dr. Bert Davis, who had been a favorite of his when she had been in training with him. The second factor was that Millie Hovel, a petite nurse who assisted Sister Thomas in the local room at St. Mary's Hospital operating suite, also was a favorite of Dr. Lundy's. Soon after I arrived at the Mayo Clinic, Millie married Art Klifgen and I let them use my automobile to go on their honeymoon. Dr. Lundy appreciated my generosity.

Dr. Lundy consumed large quantities of alcohol but only in the evenings. He was not an alcoholic. He would be at the hospital at the regular time the next morning and do more work efficiently than any of the staff. He and I attended many medical meetings together after I became a consultant on the staff. He never intimated that I should drink more than the small amount that was my custom and, of course, I never told him that he drank too much.

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Dr. Will Mayo was vehemently opposed to the consumption of alcohol in any form and in any amount. My father-in-law, Mr. Frank McCaffrey, who was the captain on the Mayo river yacht, the North Star, told the story about when some of the Mayo Clinic staff who were guest passengers on the yacht would bring their bottles of whiskey aboard and store it up in the pilot house. Then just before dinner they would visit the yacht's pilot house "to watch the sunset".

Another story illustrates Dr. Will's reputation about alcohol and the influence of the Clinic on the community. The story was that during prohibition a traveling salesman registered in the Kahler Hotel and rang for a bellhop. When the bellhop arrived the traveler asked the bellhop to get for him a bottle of whiskey. The bellhop's answer was "Naw sir, Dr. Will don't allow it".

The three year plan for my assignment of services was for me to be assigned to anesthesiology during the summer quarters and be on other services during the winter quarters. This was reasonable because more patients registered at the Clinic during the summer quarters when schools were closed, vacations were scheduled and the weather in Rochester was clement. During my first two winter quarters in 1940 and 1941 I was assigned to go "on the floors". All fellows under the Mayo Foundation had to spend at least six months of his fellowship writing patient medical histories and recording their physical examinations, regardless of his/her medical specialty. This was referred to by the fellows as "being on the floors".

Dr. Donald Balfour was the nominal head of the Mayo Foundation but all the routine decisions and their implementation were made by Miss Farr. She made the quarterly assignments for all the fellows. In this way provision was made for assignment of fellows to all the Clinic sections at which new patients were "worked up", meaning examined and the first laboratory tests requested. Having done general practice of medicine for three years and planning a career in anesthesiology, I tried to get an exemption of this general rule. The interview with Miss Farr about the matter was short and consisted of her definite, "NO".

The selection of the medical section where an anesthesiology fellow was to be assigned was a bit different than that for other departments. The fellow decided where he would like to be assigned, arranged to be accepted by the head of that section, then got Dr. Lundy to recommend to Miss Farr that the fellow be assigned to that section. My selection was the Dr. Herman Moersch section on North Nine, meaning one of the two sections on the north side of the ninth floor of the Plummer Building. The reason for this section being selected was that the staff physicians on North Nine, in addition to treating regular patients, also were the consultants for diseases of the chest for any patient being treated at the Clinic. Several anesthesiology fellows previously had trained on North Nine because anesthesiology was concerned with the physiology of respiration. The other staff physicians of the Moersch Section were Dr. Herbert Schmidt and Dr. A. M. Olson. Occasionally Dr. Lemon, a retired physician from section North Nine, would come to the Clinic to discuss patients with the fellows.

In spite of my original objections to taking six months of training in internal medicine, after having the experience, I was very glad that I had done so. Not only did I learn what good medical practice really was like in contrast to what I had been able to offer in general practice in Carthage, but I learned how the Mayo Clinic was run. This understanding would never have been learned had I worked only in the hospital operating rooms. I had arrived at the Mayo Clinic a year after the deaths of Drs. Charles and Will Mayo. Their philosophies were still revered and their influence still in force. Many committees might discuss Clinic problems at length and reach conclusions but in the end the problems were solved by "Dr. Will says". The pervading

attitude among all the staff members, both professional and hired, was that the best possible care of patients had to be offered to all Mayo Clinic patients, regardless of their social or financial status. The staff felt that they were the end of the road for ill patients, there was no place for patients to search for better diagnosis and treatment.

The two Mayo departments which I considered most unusually effective and accurate, both when I was working at the Clinic and subsequently, were those of radiology and pathology. During my assignment in internal medicine, I attended a conference at which individual cases were discussed. One was a patient who had come to the Clinic with a multitude of chronic minor complaints such as headache, tiredness, muscle aches, backaches, etc. After a complete physical examination and the routine laboratory tests had shown no abnormalities, the diagnosis of chronic nervous exhaustion was being considered. However, a xray of the lumbar spine had been ordered and when the report was returned, it consisted of three words only "spondylitis, etiology melitensis", meaning inflammation of vertebra by the Bacteria melitensis. Blood titer confirmed that the patient had undulant fever, a chronic disease caused by infection with the Bacillus melitensis, in this country usually from drinking milk from contaminated animals. Never had I heard of a radiologist so sure of his knowledge that he was willing to make such a terse report. Reports of most radiologists would have consisted of a half page of description of the changes in the bone shadow and, if he were bold, would have suggested that the diagnosis of undulant fever be considered in the differential diagnosis.

The surgical pathologists routinely used the frozen tissue technique to examine all specimens from the operating room and were able to deliver a diagnosis to the surgeon in 15 to 20 minutes. These diagnoses were amazingly correct as verified by the routine tissue fixation technique, which followed routinely but took a week or more for the report to be made.

Another unusual service by the Surgical Pathology Department was the meeting with the relatives and friends of a patient while the operation on their friend still was being finished. When the tissue from the patient had been received and the diagnosis made, a message was sent to the relatives waiting in the hospital lobby for them to come to a special room in the operating suite. There a member of the Pathology Staff would show the relatives the actual tissue that had just been removed from their loved one and try to answer their questions. Even though the relatives could not recognize the anatomy or pathology of the specimen, this was a tremendously effective public relations policy. It made the relatives feel that they had had some role in the surgical operation.

On the morning of 11 Nov 1940, it was raining slightly in Rochester so I drove my car to the 1928 Clinic building to work and only took a light raincoat. During the day the famous 11 November 1940 blizzard developed suddenly and killed many people. I sat in the office on the ninth floor and watched the snow flying horizontally. When leaving at 5 PM, I found that water from the morning rain had entered the door lock of my automobile and frozen. I had to stand with no protection but a thin raincoat in zero gale winds with my hands on the door handle until the water in the door lock melted and I could get into the automobile.

Having lived all my life in temperate climates, I had much to learn about acclimation to severely cold weather. In early September, there was a freeze during the night and next morning my automobile engine could not be cranked, so the car had to be towed to the garage. The difficulty was immediately recognized by the experienced mechanic. It was that a small amount of water had condensed in the gas tank and gotten into the gas line to the engine. The cold weather had caused the water bubble to freeze and no gas could get to the carburetor.

When I was in Carthage planning to move to Rochester, a call was received from Dr. R. D. Moreton of Brookhaven, MS. He was planning to begin a fellowship in radiology at the Mayo Clinic in July 1940 and wanted me to arrange for a room for the two of us. One of the first duties after arrival in Rochester was to find a double room. One was found on Second Ave, SW and a garage was available for rent across the street. On the first weekend that my car was parked in the garage, someone stole the two rear wheels.

In about two months, two single rooms became available for rent at Aunt Megs at 904 West Center St. which was convenient to both the Clinic and St. Marys Hospital. Aunt Meg had rented rooms to fellows in training at the Clinic for many years but she had died and her place was being run by her niece, Genevive. Besides Dr. Moreton and me, on the second floor were Dr. Leo Morissette, Dr. Carlos Sacassa, and Dr. Mark Foster. Drs Lefty Bronson and Sam Haigler lived on the third floor. Mark was older than the others, having been in practice before entering his fellowship. He was married and his wife, also a physician, was employed in Madison, WI. Mark occasionally went on a weekend to visit his wife and would purchase Wisconsin cheese for us. My preference was Limburger cheese.

The doctor who was vacating the room into which I moved had finished his fellowship and was going to New Mexico. He gave me a pair of figure ice skates, which were about an inch too long but after many trials and errors, and falls, I learned to become somewhat mobile on the ice rinks. I would have preferred a pair of hockey skates, but one does not look a gift horse in the mouth. Ice skating was about the only outside sport available during the winter. An inside ice rink was open in the Rochester Civic Center, which had been given to the city by the Doctors Mayo. In addition, an outside ice rink was maintained by the City of Rochester during the months when the temperature remained below freezing. One night my fiancée, and later wife, went skating when it was real cold. We had to walk about a mile home from the rink and Catherine only had tights on her legs. The results were that the skin on her knees became slightly frozen. I had on my ski trousers and my Sears great coat lined with real sheep skin, which we named "GC", so I did not get cold that night, even though we found out later that the temperature was 10 degrees below zero Fahrenheit. Our love must have kept us warm.

For the two summer quarters, April and July 1941, I was back to working in the hospitals. Now I had an additional job other than treating patients. It was to teach the new fellows on anesthesia and pass on to them the lessons that I had learned. All the lessons were not technical, some were about how to stay out of trouble. In the surgical operating suites many interrelated things were happening rapidly at the same time, so rigid protocols for routine procedures had to be followed. These protocols had become established from previous experiences about what worked and what did not. Only staff physicians were allowed to change the established protocol for a procedure, the fellows followed the protocols rigidly. The protocols had to be taught to new fellows by the more experienced fellows. I realized the value and security of such a system and realized that it was for the patient's benefit. However, not all the new fellows agreed that such strict attention was necessary and objected to my persistence in demanding that the protocols be followed. This led to me being branded by some as a perfectionist. This label was confirmed by my adult children when they were editing this material.

Education at the Mayo Clinic was carried out in a fashion most frequently used by graduate schools, in that, facilities for learning were provided and it was the student's responsibility to use the facilities. The Clinic had an outstanding medical library with assistants eager to help locate any desired information. Fellows were encouraged to publish articles with

their mentors and an Editorial Department was maintained to assist them. Any publication from the Mayo Clinic had to be approved by the Editorial Department. Most of the clinical training was on a one-to-one basis and the fellows learned by doing, rather than listening to lectures. A large variety of conferences and meetings were available to a fellow in training. At the Wednesday night meeting of the Clinic Staff, papers and reports by members of the staff were presented. At these staff meetings Drs. Will and Charles Mayo sat on the front row and observed who were attending the meeting. After their deaths, the attendance at the staff meetings decreased. However, there was one meeting that always was well attended. These were the pathology conferences.

There were two Clinic pathology departments serving different purposes. One was the Department of Surgical Pathology, which diagnosed the tissue removed at operations. The other was the Department of Pathology, which did the autopsies on the patients who died. Dr. Robertson, who was the head of the latter, was a sharp crusty older man who apparently Dr. Will Mayo had given the authority to keep the surgeons in line. His pathology conference was held near the telephone office in the 1914 building just before the Wednesday night Staff meeting. If you did not get there at least 15 minutes before the conference started, you would not get a seat and would have to stand. There was no air conditioning and, in the summer, the small room got warm but very few attending got sleepy. Before the conference the gross tissues from the autopsies on 3 or 4 patients were exhibited. Then the histories of the patients whose tissues had been exhibited were given and the details about the operations that had been performed as well as the postoperative course that had led to death. Dr. Robertson, who knew the autopsy findings, would direct questions to the operating surgeon who usually did not know what had been found at autopsy. The fellows were entertained by hearing the surgeons put "on the spot". The questions were sharp and aimed at getting the surgeon "out on a limb" about why he had done certain procedures and had made certain decisions. Then Dr. Robertson would report the pathology that had been found at autopsy, which sometimes was different from what the surgeon had been trying to treat.

The fall quarter of 1941 and the spring quarter of 1942 initially were designated as the time when I would work in the laboratory collecting data for the writing of a thesis as required for a masters degree in anesthesiology. The first decision to be made was the selection of a basic science mentor with whom to work. I asked Physiologist Hiram E. Essex, Ph.D. to be my mentor and he agreed. The next decision was about a problem to be solved and the plan for approaching the problem. In the Clinic research laboratories, several previous studies had been done about the influence of anesthetic agents on the production of shock in animals by a standard method. The difference between use of diethyl ether and the barbiturate, amytal, had been studied as well as the difference between diethyl ether and pentobarbital, Nembutal. The final decision was made for me to study the differences between onset of shock in dogs by the same method that had been used in the previous experiments. Diethyl ether, pentobarbital, an experimental barbiturate, and the new clinical intravenous agent Pentothal were to be studied.

There were some hitches in getting experiments started. In spite of my protestations, Dr. Essex insisted on calculating the anesthetic dose of Pentothal in the same manner as had been used before for pentobarbital. He killed five dogs with Pentothal before he would let me give the induction dose of the Pentothal. However, we finally got the experiments going quite well. Some of the experiments using barbiturate anesthesia lasted as long as 16 to 18 hours, which

meant that I would be alone at the laboratory until 2 AM and then had to dispose of the body of the dog and run the blood determinations.

Then, on 7 Dec 1941, the Japanese invaded Pearl Harbor and my application for a commission in the U. S. Navy was accepted in February 1942. Fortunately, I was able to continue my experiments. Captain Cook of the U. S. Navy was visiting the Mayo Clinic and was brought to the laboratory where I explained my studies. He had the idea that sulfanilamide, the only antibiotic available at that time, might inhibit the onset of shock in wounded personnel. The agreement was reached that I would do a series of experiments on dogs that had been given sulfanilamide before the experiment and the results obtained was to be compared with my thesis findings. Captain Cook would delay my orders to active duty until the new studies were completed. The result was that I did not report for active until October 1942, and I was able to finish my experiments, write my thesis, take the oral examination, and get my masters degree before leaving the Clinic. The down side was that by delaying the beginning of my active duty, I missed two promotions and the loss of the added income.

There always is a silver lining. During the summer of 1942, Captain Winchell Craig , who had been a Mayo Clinic neurosurgeon and had entered the Navy, came to visit the Clinic. He was chief of surgery at the Navy Medical Center in Bethesda, MD, and had organized a mobile neurosurgical unit. This unit had been planned to be used if a city on the east coast of the U.S.A was bombed by the German submarines which were sinking ships along the east coast. Supplies were boxed and ready to be loaded on a plane with the operating personnel and flown to the site of such a bombing attack. No anesthesiologist had been assigned to the unit so when Captain Craig learned that I would be coming on active duty soon, he arranged with the Navy Department for me to be assigned to the mobile neurosurgical unit. The names of the personnel for the unit were removed from the regular pool of personnel to be assigned to new duty and set aside by the Navy Department. The result was that I remained on duty at the National Naval Medical Center until the unit was declared non-operational two and one-half years later.

COURTSHIP AND MARRIAGE

When the rough draft of this manuscript was being written, the first part was reviewed by several of my children. My daughter Sarah immediately noticed that nothing had been written about the most important incident in my life, my marriage. This seemed a good place to insert my vivid memories about it.

During my first interview with Dr. Lundy after arrival to start my fellowship at the Mayo Clinic, Dr. Lundy not only outlined my academic program but also a social program for me. He arranged for me to become a member of both the Rochester Country Club and also a member of the Tennis Club. I had not played golf except for occasional rounds at the nine-hole golf course at the University of Mississippi and did not think I needed to join the Rochester Country Club. However, I did not challenge Dr. Lundy's opinion.

Becoming a member of the Rochester Tennis Club appealed to me because I had observed some professional tennis players practicing at the tennis courts located across the street from the Victoria Hospital in Miami, FL, when I was an intern there in 1937. Later in 1939, I had tried to imitate some of the techniques of these professionals while playing on the lighted tennis court built by Mr. White at his home in Carthage, MS.

Joining the Rochester Tennis Club had an important effect on the remainder of my life. One afternoon in 1940 I went to the Tennis Club hoping to find someone to play tennis with me

but when I arrived no one was available and I sat in the shade of a tree waiting for someone to show up.

In a short time an acquaintance, Dr. Dan Autry, arrived with his date. She was the beautiful Miss Catherine McCaffrey, who the previous year had been selected to be Miss Rochester to represent the City of Rochester, MN at the Sesquicentennial held in Minneapolis, MN. Dan made the mistake of introducing his date and asking me if I would play tennis with Miss McCaffrey while he changed into his tennis clothes. She was a good tennis player and beat me badly during the few games that we played until Dan was ready to play. Later in the summer of 1940 when my parents were visiting me in Rochester, I pointed out Miss McCaffrey to them as Miss Rochester. I was attracted to her but she was so popular I did not even try to get a date.

In the spring of 1941, a friend of mine, Dr. Richard Lyman, and I went for dinner to Streiforts', a small restaurant across the street from St. Marys Hospital. Catherine McCaffrey and Phyllis Goldsmith were eating in a booth for four persons and they invited us to sit with them, to which we readily agreed. In making small talk, somehow the question of Catherine's weight arose. There being some disagreement, a bet ensued and the agreement was made to go across the street to the Hospital and weigh Catherine to settle the bet. The winner of the bet was to have a date with Catherine. This was done and I won the bet, but no definite time was set for the date. A week or so later, I called Catherine and asked if I might "carry" her to the upcoming dance at the Country Club for the Mayo Foundation fellows. She thought "carry" was an unusual term for acting as an escort but it was one which had been in common use in Mississippi. In spite of the terminology, she accepted and so began our romance.

Almost from then on we were "going steady", which was the term used at that time to designate that neither of us dated other people. Catherine had been doing private duty nursing, but she soon got a position as nurse in the General Surgery Section at the Mayo Clinic. In the fall of 1941. I was assigned to work at the Moersch Section on North Nine, meaning the north side of the ninth floor of the Mayo Clinic. Catherine and I frequently would meet for lunch. We would go to a small shop located on South Broadway, the main business street in Rochester, where we could get shredded barbecue on a bun for ten cents and we would split a seventeen-cent milk shake. Neither of us had much money so we could live partly on love. My stipend as a fellow at the Clinic was set to be what a single person generally would require for room and board, which at that time was \$75.00 a month. Catherine's salary as a registered nurse was greater than my income but she was paying on some bills for clothes that she had incurred earlier.

The year of 1941 went by rapidly for us. Then on Sunday 7 December, when I was visiting Catherine at the room she had rented at a private home in northwest Rochester, the message came over the radio that changed the lives of many people. Japan had attacked Pearl Harbor. Naturally I would be joining the military and be involved in the conflict, which later would be named World War II. Both of us decided that we should get married, and Catherine set the date for 14 February 1942. She was accused of selected St. Valentine's Day for the wedding so I could have no excuse for forgetting the date after we were married.

In 1942, Valentine's Day was on a Saturday. On the preceding Friday, I worked in the operating room in Rochester, MN and then drove the 110 miles to Dubuque, IA, arriving about 3 PM. This was earlier than I had been expected. I went to the McCaffrey address on Summit Street and Mom McCaffrey met at the door and invited me in. She apologized about being in her working clothes. I thought nothing unusual about it, since it seemed normal for a lady to be

cleaning her house before a wedding. However, Catherine previously had threatened her younger sister Mary with mayhem if Mary let me meet Mom when she was in her working clothes. If Catherine ever forgave Mary for the incident, it was years later. This was characteristic of Catherine because she attached much emphasis on clothes and appearances and always tried to "put her best foot forward".

The McCaffrey home was to be filled with guests for the wedding next day and, since on the wedding day the groom is not supposed to see the bride before the wedding, Pop McCaffrey and I spent Friday night at a hotel in Dubuque. I have always regretted that I did offer to pay for the hotel room because Pop was to have a big expense for the wedding reception to be held next day at the hotel.

Since I was not a member of the Catholic Church, we could not be married in the sanctuary of the St. Raphael Cathedral in Dubuque, however by special permission of the Bishop, we were allowed to be married in the chapel of the Cathedral. During our courtship, Catherine routinely was late getting ready for a date, and I had told her that I was certain she would be late for her wedding, but she was on time. Her brother Hugh, the best man, and I walked down the aisle first and waited at the altar with Father Cooney, who was to perform the ceremony. Catherine and her sister Mary, the bride's maid, were prompt behind us. Things got emotional during the ceremony. Mary's eyes were filled tears, Catherine began to sniffle, Hugh could not find the wedding ring and even Father Cooney's voice got husky. Later, I told the family that I had to sustain the whole group. It was a wonderful ceremony and, for me, brought a feeling of accomplishment for having such a wonderful woman as my wife.

The luncheon wedding reception was attended by a large number of the McCaffrey family and their relatives and friends. None of my family was able to make the trip to Dubuque in the winter. They had never met Catherine nor she them. My mother and father had believed that I was making the right decision. It snowed all that day in Dubuque. However, in spite of the snow on the roads, Catherine and I set out in my Chevrolet for the first time as wife and husband to Madison, WI, where we had hotel reservations for our wedding night. When Dr. Lundy had found out that we were to spend our honeymoon in Madison, he offered to make hotel reservations for us at the Lorraine Hotel, in which he stayed when in Madison. The trip to Madison was made safely and we had no trouble finding the hotel even though it was about 9 PM and dark. The desk clerk had reservations for us and for the first time I inquired about the cost of the room. His reply was that the rate was \$8.00 a night. I had been paying only \$8.00 for a hotel room in central New York City and had expected the rate in Madison to be less than that in New York. I inquired about a less expensive room and the clerk said that such was available but it would be a bit difficult to change rooms. This did not make much sense to me but realizing that this was our wedding night and it would be only a once in a lifetime expense, I accepted the room that Dr. Lundy had reserved. Once we entered the room, the rate was explained. It was a very large room and on the table was a large bouquet of flowers from Dr. and Mrs. Lundy.

By then it was about 10 PM and we had not eaten since noon, so we went out to eat. No restaurants were open at that time of night so we had to eat in a drug store that had a food counter. I ordered toast and chocolate while Catherine ordered chili. I remonstrated, telling her that it was too late to be eating such heavy food. Forever afterward she told the story that on our wedding day I started telling her what to do and what not to do.

The next day was Sunday and we slept late then went to mass nearby. It was a gorgeous sunny day and, during the afternoon, we drove about the University of Wisconsin campus where

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every sale, purchase, and expense must be properly documented to ensure the integrity of the financial statements. This includes obtaining receipts for purchases and invoices for sales, and ensuring that all entries are supported by appropriate evidence.

Secondly, the document highlights the need for regular reconciliation of the accounts. This involves comparing the company's records with the bank statements and other external sources to identify any discrepancies. Regular reconciliation helps to detect errors early and ensures that the books are balanced and accurate at all times.

Another key aspect is the segregation of duties. This means that no single individual should be responsible for all aspects of the financial process, such as recording transactions, collecting cash, and reconciling accounts. By separating these tasks among different employees, the risk of fraud and error is significantly reduced.

The document also stresses the importance of timely reporting. Financial information should be prepared and presented on a regular basis, allowing management to make informed decisions based on up-to-date data. Delayed reporting can lead to a loss of control over the company's financial performance and may result in incorrect decisions.

Finally, the document discusses the role of internal controls. These are the policies and procedures that are designed to prevent, detect, and correct errors and fraud. A strong system of internal controls is essential for the reliability of financial reporting and for the overall success of the organization.

In conclusion, effective financial management is crucial for the long-term success of any business. By implementing sound practices such as accurate record-keeping, regular reconciliation, segregation of duties, timely reporting, and robust internal controls, a company can ensure the accuracy and reliability of its financial statements and maintain a strong financial position.

The second part of the document provides a detailed overview of the accounting cycle. It explains the ten steps involved in the process, from identifying the accounting event to closing the books. Each step is described in detail, and examples are provided to illustrate how the cycle works in practice.

Understanding the accounting cycle is essential for anyone involved in financial management. It provides a systematic approach to recording and summarizing the financial activities of a business. By following these steps, accountants can ensure that the financial records are complete, accurate, and up-to-date, providing a clear picture of the company's financial health.

I saw my first ski jump. On Monday morning, arrangements had been made for me to visit the University Hospital and the Anesthesia Department, where Dr. Ralph Waters was Head of the Department. About 2 PM on Monday we started back to Rochester and had walleye pike at the Fish House in Winona for dinner. When we got to our apartment on 121 Sixth Street NW in Rochester, it was late and very cold. Catherine did not want her new husband to take the automobile to the garage several blocks away and walk back in the cold. The next morning we both went back to work.

We were very happy and very much in love. I had much to learn about married life. Soon after we were married, Catherine hurried home from work to prepare a special dinner for me, including some cornbread. Now, different menus are used in the making cornbread in different parts of the country. To Catherine's family, cornbread was considered somewhat like a dessert and it contained sugar and flour. At my home, cornbread was more of a cereal and contained only corn meal, egg, bacon grease, and buttermilk. When I took the first bite of Catherine's cornbread and tasted the sugar and flour, very undiplomatically I said, "I cannot eat this". Catherine blushed and ran to the bedroom and locked the door. I obediently "ate crow" and apologized profusely so that Catherine partly forgave me. It was only after I had eaten all the cornbread, when used as buttered toast for breakfast, did she fully forgive me. I had learned my lesson.

Our first entertaining was a dinner for several of our fellowship friends. Most of them had lived in the South, so Catherine prepared fried pork chops, black-eyed peas and cornbread, made without sugar and flour. When we sat down to the table, Dr. Frank Ashburn from Texas made a comment that remained classical for our family. He said, "I wonder what the poor folks are having for dinner tonight", as a compliment about the food that Catherine had prepared.

I planted a garden back of our apartment in which were a few stalks of corn. During childhood, Catherine had refused to eat corn on the cob, possibly because her brother Joseph ate so much. However, as soon as she became pregnant her appetite changed and she could not get enough of the roasting ears of corn from my garden. Forever after she liked corn.

Those first months of marriage in our little love nest was equal to the Garden of Eden. However, all good things have to come to an end and I had to respond to the call to duty in the U. S. Navy.

U. S. NAVY

Being pregnant, Catherine went to live with her parents at 550 Alta Vista, Dubuque, IA. While I reported to the National Naval Medical Center in Bethesda, MD on 19 Oct 1942. Lieutenant Commander Lee Cardwell was the anesthesiologist at the Center. He had been in the Naval Reserves and practicing anesthesiology in Washington, DC for many years so he was well versed about Navy customs and how to get things done. He was very kind to me and was a great help to me in getting adapted from civilian to military life. In an unintentional way, I was able to help him. I took the written examinations for certification by the American Board of Anesthesiology soon after arriving at the Center and this gave Dr. Cardwell the idea to apply for certification under the grandfather clause. This he did and became certified, which did not help him in the military but helped him get a position on the staff of a civilian hospital when he returned to private practice after the War was over. Later in the War we shared duty again. By chance, when I first arrived at the Center, I met Dr. Mark Foster with whom I had shared a rooming house in Rochester, 4MN. Mark was stationed at the Center and had a room on

Wisconsin Avenue in Bethesda in the home of the Widow Bouvet. I was able to rent a room at the same place, which was located conveniently about halfway between the Center and downtown Bethesda. Mrs. Bouvet had all her roomers for breakfast on Sunday mornings, and in the spring she let me plant a garden back of her home. She was a real nice lady.

I was well received by the surgical staff. Many of them had trained at the Mayo Clinic and knew how I had been trained. A Mayo Clinic trained neurosurgeon by the name of Dr. Hunter Sheldon gave me lots of trouble but he was such a nice fellow that I could not remain irritated. He wanted to do things in a different way, which sometimes was a bit more risky to the patient. At his own expense he had shipped a surgical chair from Pasadena, CA to Bethesda and wanted to do back operations with the patient sitting upright in his chair under spinal anesthesia. I did not want to try it because spinal anesthesia sometimes causes the blood pressure to fall and it would be difficult to treat with the patient in the upright position. Finally I agreed to try the maneuver. When the spinal anesthetic solution was introduced into the spinal canal midway of the back, it promptly fell to the lower end of the spinal canal and did not give any anesthesia where the operation was to be done. So that was the end of that. However, Hunter was full of crazy ideas. Surgical operations on the frontal lobe of the brain were always done with the patient lying on his back. Now Hunter wanted to do frontal operations with the patient lying on his stomach and with the head maximally extended. The advantages for the surgeon from this prone position was that the blood from the site of the operation would run down out of the wound, instead of down into the bottom of the wound where the surgeon was operating when the patient was lying on his back. It is more difficult for a patient to breath when lying on his abdomen, and obstruction of the patient's airway would be almost impossible to correct with the patient's face covered by the surgical drapes. I devised some equipment to partly prevent some of my anticipated complications, and we did a few of these operations but this new position of patients did not help much.

This will be out of order in my somewhat chronological story but will be in context with the devised equipment mentioned above. With the patient in the neck-extended-prone position proposed by Dr. Sheldon, the surgical drapes would be pressed flat against the patient's face. This would interfere with the use of the gauze-covered ether inhaler necessary for maintenance of drop ether anesthesia, as was customarily employed. My plan was to devise a gauze-covered bulb-shaped ether inhaler, which could be connected to the breathing tube in the patient's mouth through a right angle connector. This arrangement would allow the inhaler to be positioned at the side of the face away from the surgical drapes.

About this time, the Surgeon General of the Navy had decided that when one medical officer and one dental officer were at a station where a surgical operation needed to be done under general anesthesia, the medical officer would do the operation and the dental officer would give the anesthesia. In order for this to work, all dental officers would need some instruction and experience in administering anesthesia. A dental officer had been assigned to the Anesthesia Department at Bethesda for such training. I asked the dentist assigned to anesthesia training at the Naval Center, if from his experience in casting metal for dental appliances, he could make the frame that I needed over which to place the gauze for the ether inhaler. He tried but could not produce anything that could be used. Finally what was needed was made by the machine shop at the Medical Center. It was an oval wire cage about 1.5 inches in diameter and about 2.5 inches in length with an adapter at one end to fit the right angle adapter, the other end of which was

attached to the endotracheal tube through which the patient breathed. This served the purpose for which it was made but that is not the end of the story.

The gadget was forgotten because I had no further use for it since the patient position for which it was designed no longer was used. Since drop ether had practically been abandoned for general anesthesia, no one else likely would be having any use for it. However, a short article was published in the journal "Anesthesiology" just to record history. The dentist who had failed to make the cage requested that his name be added as co-author to the article just in case it might help him get a promotion. Even though he had not contributed to the making of the gadget, I agreed to add his name as co-author. The incident was almost forgotten until after WWII when I was a consulting anesthesiologist on the staff of the Mayo Clinic Anesthesiology Department. A letter came from the Ohio Chemical and Manufacturing Company stating that they had had several requests for a "Pender Lemon". Their use of the name "lemon" was used because the gadget was about the shape and size of a lemon. Naturally I gave my permission. A few weeks later another letter came from the manufacturing company that the Pender Lemon had been patented by the dentist who was in training at the time I devised it. I wrote to the dentist that in the medical profession we were glad for our colleagues to be able to use any techniques or equipment that we had found helpful, but the situation must be different in the dental profession. He responded to my letter by writing to the Mayo Clinic saying that I had accused him of being unethical. Nevertheless, he gave permission for the manufacturing company to produce copies of the Pender lemon.

Not all of Dr. Hunter's interests were irrational. We did one study on monkeys to determine what happened to the brain after blunt blows to the head. With lots of help in capturing and restraining the monkeys, I anesthetized the monkeys and inserted an endotracheal tube the same as for a craniotomy for humans. The monkey's larynx is like a baby's and a snake's. Then the top of the skull was removed and replaced with a clear plastic cap, which was sewed in place. In this way the brain could be viewed but not dry out or get infected. After the monkeys recovered from the operations, a measured blow to the plastic cap could be given and the injury to the brain below observed.

The National Naval Medical Center Hospital was used for medical care by many of the senators, congressmen and high-ranking politicians. I had the honor of giving President Franklin Delano Roosevelt a local anesthetic for removal of a sebaceous cyst of his scalp. It was a simple procedure to be done under local anesthesia, but President Roosevelt was running for a previously unheard of third term for President of the United States. This break in tradition naturally provoked some opposition from the electorate. The President had been declared as being in good health, so I was exposed to political dynamite when during the operation I found that that his blood pressure was consistently elevated to about 200/100 mm Hg. The press had a problem about reporting the operation in a way that would not cause any apprehension about the state of his health. If they tried to print that the operation was only a minor one, there would be a lot of skepticism. In order to obviate this, the majority of the newspaper article about the operation was that the President had asked for a cigarette right after the procedure, thereby giving the impression that the operation had not been a serious one.

Another influential politician was a patient of mine during the time when I was stationed at the Medical Center. Harry Hopkins was President Roosevelt's political advisor and had some other attractive title in the Executive Department, which I do not remember. He had been privy to some of the conflicts between some of the high-ranking members of the Executive

Department, which never became recorded in history. Mr. Hopkin's medical story was that, in the past, he had had a peptic ulcer and Dr. Frank Leahy of the Lahey Clinic in Boston had removed part of his stomach. After the operation, Mr. Hopkins had an unusual complication in that his liver was inhibited from generating enough proteins to keep the level of proteins in his blood at a normal level. The result was that when his blood proteins began to get low, he had to go to a medical center and be given albumin or dried plasma proteins intravenously. In time, two things happened. His peripheral veins became sclerosed at the sites where the injections of plasma had been given and eventually no peripheral veins were left into which a needle could be introduced. The second thing was that, from receiving so much protein intravenously, his body became sensitized to some of the introduced foreign proteins, and when unknowingly some plasma which contained some proteins to which he was sensitive were given at a later treatment, he had allergic reactions.

There was a story that Harry had accompanied President Roosevelt when The President met Prime Minister Winston Churchill on a cruiser in the mid-Atlantic during World War II. While there, Harry's blood proteins got low and a high-ranking Naval Medical Officer aboard the cruiser was to administer some plasma. The physician tried vein after vein but was unable to get a needle in any of them. Finally Harry wanted to terminate the effort, but the physician was determined that he would keep trying until successful. So the story goes, the two almost came to blows.

When Mr. Hopkins was admitted to the National Naval Medical Center and was ushered up to the VIP quarters by Captain Harper, the Commanding Officer of the Hospital, for administration of plasma, no one on the staff wanted the assignment. Captain Craig, the Chief of Surgery, remembered that at the Mayo Clinic the Anesthesia Department had furnished a service called "Intravenous Therapy". This service was that an anesthesiologist would start an intravenous administration of fluids and medications to sick patients whose veins had been used up, and the members of the surgical department could not readily get a needle into a vein. On the basis of this memory, the Anesthesia Department of the National Naval Medical Center, who was I, was given the assignment of administering the plasma to Mr. Hopkins.

For several sessions, after all surgical operations for the day had been completed, I would go to the suite occupied by Mr. Hopkins to give him the plasma. His veins were small and introduction of a needle into any was difficult. Most of my tricks from previous experience were needed. The plasma was given very slowly so any reactions to the plasma could be detected early and further administration of the plasma stopped. Usually the procedure lasted about two hours. There was plenty of time for extended conversation, and Harry liked to talk. In this way, I learned many government secrets, which never will be recorded and for which I have no memory of the details or the names of the individuals involved. For some reason he trusted me with the information. The story that most impressed me was Harry's experiences at the Yalta conference, which was attended by President Roosevelt, Churchill and Stalin. Harry had been at President Roosevelt's elbow throughout the conference. The impression I got was that the whole thing was conducted much like a game of poker with countries and populations serving as chips.

The National Naval Medical Center was composed of five separate commands under the command of an admiral. The five commands were Hospital, Medical School, which did the laboratory procedures on hospital patients; Dental School; School for training warrant officers; and a Research command. The Hospital had no blood bank from which to get blood for transfusion to replace that lost during major operations. It was proposed that the Medical School

establish a blood bank but the commanding officer of the Medical School refused. The Mayo Clinic trained surgeons stationed at the Navy Hospital knew that at the Mayo Clinic the Anesthesiology Department administered the blood bank. Such was proposed for the Naval Medical Center, but the chief of the Department of Anesthesia, Dr. Cardwell, refused because he had had no experience in running a blood bank. So we had to operate without blood transfusions.

When Dr. Cardwell was transferred to the U. S. Naval Hospital in Oaknoll, CA, I assumed the administration of the Department of Anesthesiology but never was officially appointed as head of the department, and this created some problems but they never caused any confrontations. My rank was Lieutenant, junior grade, the lowest rank in the Medical Corp. All the surgeons outranked me. By tradition, the officer with the highest rank in a department became the Head of the Department. Sometimes an anesthesiologist was temporarily appointed to the Bethesda Naval Hospital with a rank higher than my rank, but no one told me to turn over the administration of the Department to him so I kept on as before. Sometimes I had officers assigned to anesthesia but they only stayed a short time and sometimes I was the only anesthesiologist in the Department. Sometimes I had to use some psychology on the surgeons. If differences of opinion arose, the surgeons could not "pull rank" on me because they knew that Captain Craig would back me up, since I was more essential to the every day running of the operating room than they were. In other words, both the surgeon and I knew that I had indirect access to the Chief of Surgery's rank.

When Dr. Cardwell left, I was approached about setting up a blood bank. Already I had more jobs than anyone, since sometimes I had to perform all of the anesthesia given in three operating rooms, had charge of oxygen therapy, and did diagnostic nerve blocks. I felt that I should propose some conditions under which I would try to set up a blood bank. Of course, I also knew that if I got too demanding, I could be transferred and, with my rank, the assignment probably would be to serve with the marines on Attu Island. My proposals were- (1) the medical school would train three Waves to do blood cross matching, (2) that we have a room near the operating suite in which to do the blood cross matching, and (3) that when I was not available, one of the five physicians on call would verify the accuracy of the blood matching, which had been set up by the Wave technician. There was some foot dragging about some of these requirements especially the one about the verification of the accuracy of the blood matching by a medical officer. In the hospital, there was a large psychiatry unit and usually there were one or two psychiatrists on the call list. They really howled about being required to take the responsibility for verifying a laboratory test about which they had little knowledge. However, my request prevailed. We were to get the blood for the blood bank from Captain Dusty Newhauser who ran the dried plasma production plant in Washington, DC. Captain Newhauser threatened not to let us have any blood if we did not handle it properly and he backed me up. We finally got a system running with three good conscientious hard-working Waves doing the cross matching. After the operating list was over, I would personally start the transfusions on the patients in the wards and sit with the patient to watch for reactions to the blood. The blood was poor quality. It had been drawn in various bleeding centers to be used for making dried plasma and had not adequately been shaken during the drawing to mix the blood well with the anticoagulant. The result was that some bottles of the blood contained clots, which clogged the intravenous and tubing and needle going to the patient. There were no glass tubes in the rubber stoppers of the blood bottles to allow air to enter the bottle as the blood ran out, so I had to devise some small

metal tubes to let air into the bottle. This arrangement considerably increased the length of my working day. Many of the medical officers would stand in the hospital foyer with their hats under their arm watching the hands of the clock move to 4 PM and then leave the hospital.

During the time that I was at Bethesda, only one qualified anesthesiologist was assigned to the Department of Anesthesiology. Dr. Sydney Edwards, Lieutenant, jg, had trained at the Lahey Clinic and was a very competent anesthesiologist. He arrived right after Dr. Cardwell left, and I was just beginning my responsibility for the Department. I was cautiously approaching the problems and have always regretted that I did not allow Dr. Edwards more freedom to institute his own procedures. As the operating suite became more busy and more operating rooms had to be used after Dr. Edwards was transferred, I finally had to train three Waves as anesthesia technicians.

One Sunday afternoon, a call came to me at home from Commanding Officer Captain Harper at the Hospital. He started the conversation by asking if I were busy. This was very unusual even though I was not on call. He asked if I could come to the Hospital, which I did immediately. The Secretary of the Navy had had a heart attack and was in a private residence in Washington, DC. The physician in charge wanted an oxygen tent to be set up. Captain wanted to know if we had an oxygen tent. I told him that emergency could be met but that I would need a truck and six corpsmen to transport the oxygen tent. We delivered the tent, ice and cylinders of oxygen to the house and up a winding stairway. Captain Harper never forgot that I got him out of what he thought was a predicament, since he did not know whether or not we had what had been requested of him.

The regular surgical staff was competent but some surgeons who stayed only a short time on the staff were not well trained. They did not have much to do and perhaps would get to perform only one simple operation a week, so they would try to make that operation last as long as possible. I had to take this variable into my planning of the anesthesia. Late in my assignment at the Center, we had a thoracic surgeon, Dr. Ed Kent from Pittsburgh, assigned to the surgical staff. He was well trained but had never worked with me. Our first case together was the removal of a very large tumor in the lower right lung. I knew that I might have difficulty with the patient's breathing when he was lying on his left side and the large mass pressed on the left lung and heart but I thought I could manage. After the patient was turned on his left side and the right chest was opened, I began to have increasing difficulty getting oxygen into the left lung. Finally I told the surgical team that we must turn the patient onto his back in order to ventilate the left lung. Apparently Dr. Kent had been working with anesthesiologists who tended to over emphasize problems and he responded to my warning by saying that the tumor would be out shortly and then the patient could be turned. I told him several more times that the situation was getting worse but he demurred. Finally I told him that the patient's heart had stopped. He felt the heart through the diaphragm and yelled, "By golly, he is right". The patient then was turned immediately onto his back, I filled the left lung with oxygen, and Dr. Kent pushed against the heart through the diaphragm and the heart started. Dr. Kent and I operated on many other patients and he always would tell me at the beginning of every operation that if there was anything I wanted him to do, all I needed to do was to tell him. After the war was over, he contacted me and wanted me to come to Pittsburgh, PA to work with him. During my career a similar experience occurred with several good surgeons.

About 5 AM on 21 Dec 1942 I got a telephone call. It was from Catherine in Dubuque telling me that she was going into the delivery room. I was so excited that I could not go back to sleep and finally went to the hospital to start an operation. About 9 or 10 o'clock when I was giving an anesthetic I got another call, it was from Catherine telling me that we had a son and that everything was fine. When I went back to the operating room and told Dr. Cardwell, who had continued the anesthetic which I had been giving before being called to the telephone, what the call was about he said, "That is the way to have a baby".

Mom and Pop McCaffrey had been wonderful to take Catherine to live with them. Pregnant women are subject to emotional changes, and Catherine had the added emotional stress of her husband being in the military and not able to give her normal support. Both Catherine and I were very anxious for her and John to come and live with me. Finally a nice two-story house was rented, only a couple of blocks from the Hospital. There we lived the idealistic life of new parents. In Catherine's life, Johnny was the greatest gift that God ever gave. She even ironed his diapers for a short time. This was when diapers were made out of soft absorbent cloth that had to be washed and dried for reuse. I remember vividly her and Johnny's arrival in the Washington train station. The rule was that people meeting passengers could not go down to the tracks but had to remain in the waiting room one flight up. However, when I saw her forlorn and frightened look when she got off the train with her baby tightly clutched in her arms and no Bill was there to meet her, I hurried down the forbidden stairs and hugged them both. We even went to the extreme of riding home in a taxi, probably the only time that we did so during the two years we lived in Bethesda. Catherine approved of the house that I had rented and settled down to make it a home. There was no baby bed, so for some time Johnny slept in a dresser drawer.

Very soon Catherine met the family next door and then some of the families in the neighborhood so we no longer were strange military people. The Blanchards next door proved to be very dear friends and remained so for many many years, even after they moved to Philadelphia and then to Cape Cod. Fred and Mary Blanchard had twin daughters, Mimi and Ann, one blonde and one brunette. They loved Johnny almost as much as Catherine did and named him Johnny Puss. When they would come home from school and play with him through the fence of the pen that I had made for him in the front yard, he would really put on a show and strut for them. Fred had a good garden and we played badminton in the Blanchard's back yard.

Everyone was about on the same economic level. Fred worked for the Otis Elevator Company in Washington so his salary was more than my military pay but no matter how much money one had there was not much available to buy. Almost everything was rationed, especially gasoline. Each person received two books of stamps. The green stamps were needed to buy vegetables and the red stamps to buy meat and milk. Even John as a citizen was issued a book of stamps even though he only needed the red stamps for canned milk for his formula. That meant that we could use his green stamps.

One evening when I came home from the Hospital, Fred asked me to have a look at Ann, who had come from come home from school not feeling well. She had a high fever and had some muscular twitches, which children sometimes get when their body temperature is high. I told Fred that she might start having convulsions if not given treatment. He had enough confidence in my judgment to accept my advice that it was an emergency, so we took Ann to the Children's Hospital, where the staff agreed with my diagnosis, and treatment was given immediately to lower her temperature. She recovered promptly, and forever afterward the family gave me credit for possibly saving her life.

The Safeway grocery store was located in the business area of Bethesda about a mile from our home. The only transportation was by a bus, which ran infrequently, so most of our supplies were carried by hand. I borrowed Mrs. Bouvet's wheelbarrow to transport the cases of John's milk or else balanced the case on my head. The City of Bethesda plowed an area in the neighborhood and divided it into small plots for the neighbors to use as victory gardens. The Japanese beetles ate most of my corn and beans. In my ignorance, I had planted a whole packet of chard seed at one planting and it did well. The result was that we had chard that we could not even give away. Even to this day, I do not like chard.

Entertainment was no problem. There was none. We entertained ourselves. Occasionally there were air raid drills at night so all the lights in the house were turned out or opaque curtains drawn. In warm weather, one could go outside and watch the display of searchlights illuminating the simulated enemy planes. On certain nights, motion pictures were shown at the hospital. Catherine and I would take Johnny and leave him in the operating suite for the hospital corpsmen on duty to play with while we went to the cinema. Sandy, one of the Waves in the operating suite, became enamored with Johnny and would come to our home to see him. The trip to downtown Washington was rather arduous with a bus change at the District of Columbia line, so we rather seldom took it unless Catherine had special needs for a holiday. There was a golf course across the highway from the Center where some of the staff played but the Center itself had no facilities for athletics or entertainment. Once, one of our friends, Frank Ashburn, whom we had known well in Rochester and had been stationed the National Naval Medical Center while we were there, was able to get some black market steaks, and he shared them with us.

In spite of being pregnant, on 24 Feb 1944 Catherine had a dinner party. Invited were Captain Craig, the Pudenzes, the Sheldons and the Edwards. We did not know just how pregnant she was, because she and Dr. Robishaw, the obstetrician at the Center, did not agree about the expected date of delivery. She had her calculated date but he said the uterus was not large enough for that date, so we were using his date, which was one month later than Catherine's date for the delivery. The next morning she was not feeling well enough to wash the dirty dishes from the dinner party. I was the only anesthesiologist at the Hospital and had to leave early to get the operating list started. About mid-morning, Catherine called that she definitely was in labor. I could not leave, so Dr. Robishaw took Catherine to the local Suburban Hospital, leaving John with the Blanchards. I finished at the Medical Center just in time to run across the National Institute of Health grounds to get to the Suburban Hospital and give some anesthesia to Catherine for the birth of a cute baby girl with lots of black hair, who later was named Mary Catherine and nicknamed Mimi C by Dr. Frank Ashburn. Everything went well, but the troubles were just starting. I had to get up early enough to prepare Johnny's formula for the day, take him with formula and diapers to whoever had agreed to take him for the day, and then hurry home to get dressed in time to go to the Hospital to start the operating list. In the evening, I had to pick up Johnny, feed and bathe him, then wash and dry diapers for the next day with a second hand Maytag washer with hand-turned wringer that Pop had been able to find in Dubuque and had shipped to us. No new household equipment was available for purchase, since all such manufacturing had been diverted to the war effort.

For the reasons described, no preparations had been made for the delivery at this time. Finally, I called my Mother and asked her if she could come and stay until Catherine could get well. Mother had never traveled alone and was afraid to try it, but her love of her family was

greater than her fear and she agreed to come. Someone drove her to Meridian, MS, put her on a train and I met her in Washington. She took over the complete care of Johnny and from then on he has been partly hers.

The next emergency came when the owners of the house where we were living wanted to move back. Houses for rent in the neighborhood around the Hospital were scarce but we finally found one at 8514 Salem Way, Bethesda during the summer of 1944.

The neighbors next door had a little girl about Johnny's age who played with Johnny through the fence separating the two properties. One day Johnny stuck his finger through the fence and the little girl bit it.

While we were living on Salem Way, Catherine decided to go on a visit with Mimi and Johnny to Kosciusko, MS with a man, whom I had known, named Horace Middlebrook, who was driving from Washington to Kosciusko. It turned out to be a horror trip that made Catherine shiver every time that she talked about it later. Nothing that was not remedial happened during the trip, but just erratic behavior by Mr. Middlebrook and frequent stops for no good reason.

In the fall of 1944, notice of eviction from the house on Salem Way was received. Again we were in the market for another house to rent. Through one of Catherine's friends, a house for rent was found at 4520 South Chelsea, Bethesda located in the same community as the other two houses in which we had lived and in the community where Catherine knew some of the inhabitants. There are many sweet memories from life in this house, for example, it was in this house that Mimi took her first steps. When I got home in the evening and lay down after dinner, I sometimes smoked a cigar. When I needed a match to light the cigar, I would ask Johnny to get a match from Catherine. He would go to her and say, "Poke Momma, Daddy Poke", which we thought was rather cute. For Christmas, I made Johnny a toy train with wheels sawed from sections of a broom handle. To him it was as great as the most expensive metal train.

GOODBYE, BETHESDA

On 23 January 1945 came the big bomb in the form of orders for me to be detached from the National Naval Medical Center and report for duty on the hospital ship U.S.S. Solace. Departure from the National Naval Medical Center and life in Bethesda was difficult. It was not as difficult as my 1940 departure from Carthage, MS because we always had known that our residence in Bethesda was temporary. Still, it had been our home for 2 ½ years and the entire time of our married life together. There was no way of knowing whether or not we would ever return. The reluctance to leave Bethesda was not related in any way with my fear of dying while on duty in the Pacific theatre of combat. In fact, I personally was excited about the new experience and wanted to get out there and do my part in winning the war as soon as possible. A few soldiers and sailors were apprehensive about dying or being injured but the vast majority had an inner feeling that they would be safe and that they would return. As they expressed it, no bullet or bomb would have their name on it. Such an attitude was a great contribution to the moral among the troops and led to many acts of bravery.

Our household effects were crated and sent by the Navy to the house at 787 Caledonia Place, Dubuque, IA that Catherine's father, Frank "Pop" McCaffrey, had been able to find for Catherine, John and Mimi to live while I was overseas. Catherine, John, Mimi and I went by train from Bethesda to Kosciusko, to say "goodby" to my parents and relatives. I went on to New Orleans, LA and then to San Francisco, CA for transportation further west. Mary Hickey, Catherine's sister, came to Kosciusko, MS to help Catherine get her now fatherless family to Dubuque.

The three days and two nights trip from New Orleans to San Francisco were by troop train, made up of passenger coaches and a dining car. There were no pullman cars (sleeping cars) and no place to lie down. In fact, sometimes there were more passengers than seats so some had to stand part of the way. When the troop train stopped to let service men off the train at their destinations, the previously standing passengers would have first access to the vacated seats. Then, the new fresh passengers had to stand to await an available seat. Military rank received no preference in seating. Many of the passenger coaches had been brought into use from storage and the seats were old and hard, some even still covered with red plush from use decades before. There were no chair seats. The one lavatory in each coach was in almost constant use and pity the poor service man who contracted diarrhea. This was our indoctrination to the scarcity necessary to conduct a war.

Finally I reached San Francisco and was billeted in a hotel on the northeast corner of Union Square. I think the name of the hotel was the Paris Hotel, that had been conscripted by the government and was torn down after the end of WWII. The week in San Francisco was spent getting immunization injections, even for typhus, and attending conferences about living in the tropics. We were advised that leather luggage soon became moldy in the hot damp atmosphere of the tropics, and that Navy-issue black leather shoes were soon cut by the crushed coral used to construct roads. No dress Navy uniforms were worn. The universal garb was cotton khaki shirts and trousers. We were advised to go to the army supply depot on the San Francisco Presidio and get duffel bags in which to put our belongings, and regulation khaki cotton shirts and trousers. My navy uniforms and leather shoes were packed into my suitcase and sent to Catherine in Dubuque, IA. It being near 14 Feb, our wedding anniversary date, a heart shaped wax candle was included in the contents of the suitcase. No leather boots with composition soles were available at the army supply on the Presidio, and I was advised to try to get a pair in Pearl Harbor or wait until I got to my ship to get a pair.

Eventually about 20 personnel were loaded into a bus and taken to Oakland, CA where we embarked on a freighter, the SS Planter. The Planter formerly had been owned by Alcoa Co. and used to transport aluminum ore. It was on this ship that I lived for the six plus weeks that it took to get to my station on the USS Solace. Among the personnel who embarked in Oakland was a regular Navy Lieutenant Commander, who decided that since his was the highest rank of the group of Navy passengers, he was the commanding officer. He insisted that as the only medical officer it was my duty to inspect the food served for each meal. Several of the navy passengers got seasick and one was not able to get out of his bunk during the five days that it took the ship to get to Pearl Harbor. I did not know anything about treating seasickness and even if I had, there were few medical supplies on the Planter.

The entry into Pearl Harbor was exciting even though most of the destruction caused by the 7 Dec 1941 Japanese attack had been removed. All the navy passengers got off the ship in Pearl Harbor except a Reserve Navy lieutenant, who was assigned to the Planter as the gunnery officer. His only duty was occasionally to fire the 5-inch gun on the ship at balloons released into the air as a drill. Supposedly the gun was intended to protect the ship from being boarded by the enemy but had never been used for such a purpose. From the lack of accuracy in the firing at the test balloons, it is doubtful that even a large ship could have been hit. The Planter was tied up at a pier for a week for unloading and loading freight and the lieutenant and I had a Hawaiian

vacation playing tennis and drinking free milk shakes at the recreation area. Some way to fight a war!

This seemed like a good time to try to find some boots and someone told me that some could be procured at the U. S. Marine barracks on the west coast of the island. After hitch hiking to the supply depot I asked for a pair of boots. The marine in charge wanted to know to what unit I belonged. When I explained that I was enroute to duty on the hospital ship U. S. S. Solace, he explained that the Solace was not assigned to the same unit as the Supply Depot so he could not issue me a pair of boots. In this way I learned that I was what in Navy slang was a "pubit", poor unfortunate bastard in transit. As I was walking away from the Supply Depot, I became aware of someone following me. It was a small short marine no taller than about 5 feet six inches. He addressed me, "Lieutenant, I heard you asking for a pair of boots at the supply tent. I have a pair of worn out boots in my tent that I will give to you, then you can take them to the supply depot and exchange them for a pair of new boots." I pointed out that the size of his offered boots and the size of the boots I would be requesting would be quite different and any exchange of boots surely would be questioned by the personnel in the supply tent. He assured me that there would be no questioning. Since I had nothing to lose, I accepted his old boots and took them back to the same person to whom I had talked a few minutes previously and asked for a pair of new boots in my size in exchange. There was no discussion. The attendant took the old boots, handed me a new pair of boots, and I was on my way. The military functions by rules that are not always logical. The rules are governed by other rules that prevent the original rule from being changed, except by certain procedures. In Guam, I was to have a similar experience later.

Finally the USS Planter left Pearl Harbor en route to Eniwetok Atoll (where just seven years later the first H-bomb was to be exploded). During wartime, the destination of any U. S. ship was supposed to be secret to everyone on the ship except the captain. However, some wartime restrictions were beginning to be relaxed as the southern part of the island-hopping route to Japan was secured. The destination of the Planter was not officially definite but the rumor was universally accepted that it would be Saipan Island, in the northern Marriani Islands. Rumors about many subjects were constantly circulated about the ship and were called "scuttlebutt".

As I remember, the trip took about three weeks and I came near to becoming psychotic. There was absolutely nothing to do on the ship 24 hours a day, whereas all my habits for years had been adjusted to rushing and pushing to meet my commitments. On the ship, I had no job and no responsibility except to stay out of the way of the ship's crew as they went about their duties. One could sleep only so many hours a day and eating took up only a few minutes. Several hours a day could be spent walking the decks of the ship for physical exercise but even that did not provide any mental activity. The view of the horizon did not change. The reading of the book "War and Peace" probably saved my sanity. Certainly the book would not have been finished under normal circumstances, so in a way there was some benefit derived from my isolation. To relieve the monotony, I resorted to making a folding deck chair with some canvas and some pieces of wood I found on the ship. The crew played poker at night but I had never learned to play it successfully and did not like it. Neither did I have any money to donate to the sharks. Almost all my pay from the Navy was sent to Catherine to pay the living expenses for her and the children. Actually, not having cash money was not an inconvenience. The Navy provided all my necessities and there was nothing to buy. With money not having any value, most interchange of property was by barter. A bottle of whiskey would "buy" a Japanese ceremonial sword. Alcoholic beverages were strictly forbidden aboard ship but rationed cans of

beer were provided free at recreational areas ashore. On the Planter, one of the crew had found a passageway into the secured hold of the Planter. Every once in a while this crew member would squirm into the hold and get some cans of beer being transported to recreational centers in the far Pacific Islands. He was careful not to let the Captain know what he was doing because, if caught, he could have been court-martialed.

The Captain of the SS Planter was an amiable friendly man who played poker with the crew and spent time talking with them. Some ship captains remain aloof from the crew and spend most of their time alone in their private cabins.

One day out of Eniwetok, a Navy plane went down within sight of the Planter. The ship circled back to pick up the pilot. It was amazing that, even from the elevation of the deck of the ship, how difficult it was to see the pilot and his raft on the surface of the sea, although it was midmorning of a bright sunny day and the waves were not high. Under less favorable circumstances, even such a simple rescue could have been uncertain. The pilot stayed on the Planter overnight until we anchored in the atoll. He and his mates were very thankful for the happy ending and entertained us royally.

Later, I was to learn that at about the same time that we rescued the Navy pilot in the Pacific Ocean, my brother Charles, an Army fighter pilot, died in a crash of his plane in France. The oral report my Mother received was that, while he was returning from a mission, he reported his position to his base and said that he had been injured and probably would not be able to get to the base. Later the wreckage of his plane was found and his body recovered. There had been no Planter to rescue him. In life, the dice of chance roll in various directions. His body is reported to be interred at Plot J, Row 30, Grave 31, Lorraine Cemetery, St. Avold, France. After WWII, the U. S. government offered to return Charles' body to Kosciusko, but I advised my Mother to refuse the offer. The body would not be the person of Charles and it would only serve to remind her of her loss and increase her grief.

The strategy of the USA Armed Forces for winning World War II was called "island hopping". Starting with Guadalcanal, Pacific islands occupied by the Japanese were attacked and occupied in a northern direction toward Japan. The Mariana group of islands, including Guam, Tinian and Saipan, had been occupied, and the next objective was to take the Island of Okinawa and the smaller islands which surrounded it. When completed, the Campaign would provide a shorter aerial bombing distance to Japan. My mission in the Pacific was to participate in this Okinawa Campaign. The base of operations from which the invasion of Okinawa was to take place was primarily the recently secured Mariana Islands, hence my destination was the Island of Saipan.

The trip from Eniwetok to Saipan took only about a week, but after arrival we were refused entry into the harbor. The ship stayed anchored off shore for 4 days before we could enter the harbor. When the ship finally got in and I reported to the harbormaster for orders as directed, I was told that the location of the Hospital Ship Solace at that time was unknown. Later I learned that the reason that the Planter could not enter the Saipan harbor was that the harbor was occupied by the invasion fleet preparing to invade the Island of Iwo Jima. Because of the delay, I missed the invasion of Iwo Jima by only a few days. Maybe this was fortunate, since I was told that during the Iwo Jima invasion the hospital ships were stationed between the coast and the bombarding vessels farther at sea.

On arrival in Saipan, I was assigned to a cot with a mosquito net in an Army barracks with orders to report daily to the harbormaster. This was where I learned that the Army subsisted

mainly on Spam. Again there was nothing for me to do. I walked in the surf looking for the type of snail shells that the G-Is were using to make ornaments and jewelry for sending to wives and girlfriends. For buying these ornaments from their designers, some desirable usable article was much more valuable than money. The G-Is also made bracelets from stainless steel and plastic decorations from plexiglass, both of which they obtained from fallen aircraft. I purchased a few ornaments for my wife and some were given to me free.

When the earlier battle for Saipan was being fought, some Japanese soldiers took refuge in the mountains in the northern part of the island. They were able to survive by getting food from the Army garbage dumps. Many years after WWII, many of these Japanese soldiers living in caves in the mountains still refused to believe that Japan had lost the war. Some of the American servicemen stationed on Saipan while I was there seemed to think that they had been cheated by not having been given the chance to kill a Japanese soldier. They would make unorderly forages into the mountains looking for Japanese soldiers. The Japanese had all the advantages of knowledge of the terrain and several of the Americans got killed.

I learned that, before the war, the natives on Saipan, mostly Koreans, had been used as slaves by the Japanese for working in the sugar cane fields. When the island fell to the Americans, these Koreans had been rounded up and kept in a wired enclosure to protect them from being molested by the American military personnel. They were not regarded as prisoners but were not permitted to leave the compound. The Island of Saipan was under the administration of the Army but for some reason Navy physicians were assigned to care for these Koreans, so I went to visit the compound. Being a physician, I was freely admitted and shown about the compound. Of course, I was interested in the medical care being given the inmates, which of necessity had to be very simple. I asked about operations being performed and was surprised by the answer. Cataract extraction of the eye was the most frequently performed operation.

The reason was that most of the Koreans were elderly who had been maintained for many years on poor diets, which lacked vitamins. The result was that many of the inmates were almost blind because of the cataracts they had developed. Being an anesthesiologist, naturally I inquired about the anesthesia being given for the removal of cataracts in the open sheds that they used as operating rooms. Again the answer was amazing. The surgeons explained that formerly they had put drops of topical anesthetic solution in the eye to anesthetize the conjunctiva of the eye before operating. Their supply of anesthetic solution became exhausted, and they had been unable to obtain a new supply. In desperation, the surgeons decided to try doing the cataract extractions without any anesthesia and to their surprise it seemed that it made no difference whether anesthesia was used or not. The only explanation for such a phenomenal occurrence is that these Koreans, for whom discomfort and pain were expected conditions of every day living, were faced with a lifetime of blindness. The promise of being able to see was such a potent stimulus that in order to have the operation they could psychologically block the reflexes that caused the eye to move in response to pain stimuli. As a parenthetical comment to illustrate my opinion of acupuncture, had a needle been stuck in a toe before the operation, acupuncture would have been given the credit for producing the anesthesia for the eye operations.

After about a week on Saipan, the harbor master gave me orders to fly to Guam and await the arrival of the Solace. There was not much to see on Guam. During the invasion of the island by U.S. forces, most existing habitation near the port had been destroyed. However, the weather was balmy and my quarters were located on a hill overlooking the harbor.

In a few days, a white painted ship entered the harbor which turned out to be the Solace. Standing at the rail of the ship was an officer intently scanning the people standing on the dock. When he asked me my name and I answered, he began shouting and waving his arms. He was the young surgeon who for months been searching for me at each port at which the Solace had called, since he knew that I was to be his relief on the ship. He was not long in getting his personal effects off the ship and start searching for transportation back to the United States.

All hospital ships had two completely separate crews. The doctors, nurses and medical corpsmen who provided care for the patients comprised one crew whose commanding officer on the Solace was Captain Hall. The officers and sailors who sailed the ship was another separate crew whose commanding officer on the Solace was Commander Peterson. On going aboard the Solace, I reported to Captain Hall who assigned me to the surgical department to be in charge of a minor surgical ward. Lieutenant James Carpender, whom I had known at the National Naval Medical Center in Bethesda, invited me to share his cabin, which I appreciated very much since everyone else was a stranger. He and I proved to be compatible, and when he left the Solace he gave to me his "abandon ship" kit which no longer was being issued to everyone. The sheathed hunting knife in the kit and a pocketknife, with a built-in screw driver, which he gave to me are still in my possession. The hunting knife was kept in my desk at home and used as a letter opener. The pocketknife was kept in my work trousers.

Within a short time after boarding the Solace, I heard that Captain Strange, the Chief of the Surgical Department, was to do an appendectomy. Having served as an anesthesiologist at the National Naval Medical Center in Bethesda, the assumption was made that, in addition to the minor surgical ward, I also would be in charge of anesthesia. I went to the operating room to find out what kinds of anesthesia equipment were aboard. While there, a corpsman told me that Captain Strange would give the patient a spinal anesthetic as well as do the operation, so I left. During the time that I was aboard the Solace, I never was assigned to anesthesia and never gave an anesthetic in the main operating room. There was no Department of Anesthesiology. Each surgeon provided the anesthesia on his own patients. Fortunately, most of the operations could be done under local anesthesia which was provided by the surgeons. Few operations required a general anesthetic and none required any complete muscle relaxation for which curare would be needed, so most of the operations under general anesthesia could be done with Pentothal. The surgeon got anyone who was readily available to give the Pentothal regardless of their inexperience.

When I wrote to my friends at the National Naval Medical Center that I was not giving any anesthesia and was only a ward surgeon, they got quite vociferous in their criticism. Finally they were warned that if they continued their criticism, they might find themselves assigned to sea duty. They probably were not getting the anesthesia service that I had given them when I was stationed at Bethesda, while at the same time my services were not adequately being used where I was. The trouble lay primarily in Captain Strange being an old duffer from the mountains of West Virginia who probably had never heard of an organized Department of Anesthesiology. The Navy possibly had assigned him to a hospital ship where he could not get into much trouble trying to perform major operations.

Before WWII, the U.S.S. Solace had been a cruise ship, the S. S. Iroquois, running between New York and Bermuda, so originally she had been designed to provide some comfort. In her reconstruction for wartime use as a hospital ship, some of the arrangements for comfort had been lost but some remained. In the middle of the ship, the wide stairway between decks

remained which helped to eliminate the feeling of crowding which was so characteristic of Navy ships. The bottom of the hull was rounded which allowed a bit more rolling and pitching of the ship but we met only a few storms during the Okinawa Campaign. One reason the Iroquois had been selected for a hospital ship was because of her speed of about 20 knots, which enabled her to keep up with whatever fighting fleet to which she might be attached. All in all, she was a good ship on which to have sea duty during a military conflict. She was a happy ship in spite of the wounds of some of some of her patients. The members of the two crews lived peacefully with respect for each other.

Commander Peterson, USN, was a career line officer in the regular U. S. Navy, in contrast to being in the Reserve Corp. However, his career had been aborted when he married a native Hawaiian woman. The fact that she was a member of the Hawaiian aristocracy made no difference. She still had brown skin and was a native. In the peacetime Navy before WWII, naval officers and their families were a tightly knit society. The society was dominated by the wives of senior officers and these wives maintained strict rules about social behavior. If an unmarried junior officer wanted to advance in rank over the years, he married a graduate of a prestigious eastern girl's school with acceptable connections in high society. If he really wanted to advance with certainty and rapidly, he married an admiral's daughter. In this way, the wives were assured good husbands for their daughters, and high standards were maintained. Commander Peterson had ignored the code so he never would be promoted or have command of a major ship. Hence, he became captain of a hospital ship rather than a cruiser or a battleship.

All the occupants of the Solace during my assignment were sorry about Captain Peterson's plight but personally pleased that he was our Captain. He was a pleasant friendly man, not haughty about his position as so many naval captains are. He seemed to strive to keep his ship a clean happy ship and set the example himself. On occasion when the ship had an extra day in a suitable port, he would arrange for a picnic for the nurses on some beach with facilities for dancing. The nurses were free to invite guests to the picnics, and I frequently was invited.

Traditionally the role of the hospital ship was to follow the fleet to which it was attached and provide medical care and treatment for the sick and injured personnel. Most civilians are not aware that care of the injured is regarded as an impediment to the primary goal of the military, which is to destroy the enemy. The only contribution of medical care to the primary goal of the campaign is the promotion of the morale of the personnel actually doing the fighting. The written goal of the Navy Medical Department does not say anything about humanitarian concern. The stated goal is "To keep as many men at as many guns for as many days as possible". In other words, get the sailor back to active duty as fast as possible.

During the Okinawa campaign, as many of the seriously injured patients as possible were evacuated by air transport. The less seriously injured were evacuated in several hospital ships from the Okinawa area to base hospitals on either of the islands Tinian or Guam. So, during my period of service on the Solace the objective was not to provide long term medical care but only emergency care during the time of transport. I learned this the hard way. Many of the patients on my ward were taking anti-malaria medication as prophylaxis against the possibility of developing the real disease. My plan was to discontinue the prophylactic medication now that the patient was out of the area inhabited by mosquitoes, which might be carriers of the parasite. According to my thinking, if the patient already had the parasite in his blood, symptoms would develop, the specific type of parasite could be diagnosed, and the patient given adequate curative doses of a specific medication. Captain Hall, the commanding officer of the Medial contingent

on the ship, saw my discontinuation orders for anti-malarial medication and explained to me that we were not to institute any long range medical care but limit our care to what was necessary during the time the patient was on the Solace. My thinking was changed immediately.

The trip from Guam or Tinian to Okinawa lasted 4 days, so on my first trip to Okinawa I had that long to get acquainted with ship routines and get orientated about my job. My ward was immediately above the engine room and at the water line on the hull so that the portholes had to be kept closed if the weather was rough. As I remember, there were 40 or 50 bunks in stacks of 3 on my ward. In addition to me, there was a nurse and 8 corpsmen to care for the patients. They knew a lot more than I about the routine care of the patients and I had to learn not to interfere unless I was certain about making changes. As it turned out, there was little medical care needed from me. Most of my patients already had been treated at several first aid stations when being evacuated from the fighting front to the Solace. My main jobs were keeping the wounds dressed and recording the injuries on each patient's Navy health record. Most of the wounds were superficial ones of the extremities but had to be watched closely for infection. Most of the other wards on the Solace had fewer beds but the patients were more incapacitated and required more attention.

Patients came from the shore to the Solace in several kinds of small boats and were brought aboard up the gangway. One time a big LST came alongside, and its patients were handed over the rails. When a patient was admitted, the first thing that happened was that all his clothes were stripped off. It made no difference whether the clothes were bloody or stained or had just been issued at an aid station a few hours before. The patient took a shower, put on newly issued clothes and slept usually for almost 24 hours. His old clothes were piled on the fantail (rear) of the ship to be dumped into the ocean as soon as the ship put to sea. After their sleep most of my patients, being ambulatory, went about all over the ship. It was sometimes difficult to find them when needed for examination or to be given instructions. Of course, they had to return to the ward for the evening head count.

During the first three trips I made on the Solace to Okinawa, all the hospital ships were observing the Geneva rules made after WWI about hospitals not being considered as part of war and therefore not subject to destruction. Under these rules we loaded patients during daylight hours and then left the harbor, where the fighting ships were anchored, and cruised about in the ocean with flood lights focused on the large red crosses painted on the ship. Had we remained in the harbor with these lights on, the other ships would have been made visible to invading Japanese aircraft. Then when daylight came, we reentered the harbor and resumed loading patients. The Solace accommodated about 450 patients and it took us about 4 days to load this many. By this schedule, we had the nights between loading to care for the patients admitted that day.

On about the fourth trip, one night when we were outside the harbor with all lights on, we got bombed. Fortunately they missed the ship but immediately all lights on and in the ship were blacked out. To inexperienced me, the shock felt like the ship had hit something solid in the water, but the patients knew in a second what had happened and all scrambled for cover. About a week later, the hospital ship Comfort was hit at night by a bomb from an aircraft, and after that the hospital ships stopped leaving the harbor at night. We remained in the harbor blacked out like all the other ships. This created problems because unless the ship was moving there was little ventilation. By this time the weather was hot and humid in the area of Okinawa, and the inside of the ship got stifling hot. While writing in the health records, my elbows had to be kept

below the level of the desk on which I was writing so the sweat on my arms would run down toward the deck rather than onto the pages of the records. There was not much relief from going out on deck because at sun down, small boats called smog boats began weaving in and out among the ships in the harbor releasing billowing clouds of a substance that smelled like kerosene. The purpose of this was to obscure the location of the ships from any invading enemy aircraft.

One bright sunny morning when I was officer of the day and stationed on an upper deck, suddenly all the anti-aircraft guns in the harbor and on ships began firing at once. High up in the sky was a single engine Japanese plane slowly circling over the harbor. The ineffectiveness of anti-aircraft guns was evident. Deliberately the Japanese went into a dive and went down the smoke-stack of the cruiser Birmingham and exploded. From the explosion a perfect large smoke ring rose into the air. We got a lot of patients from this catastrophe, especially burned patients.

The kamikaze Japanese planes left Japan loaded with only enough fuel to get to Okinawa. Once there, they either flew into their target or went into the ocean. The U.S. defense against these kamikaze planes getting over the Island was to station a ring of radar equipped small ships around the Island. The ships were stationed apart at about the effective radar distance. The incoming Japanese planes would be detected by this ring of radar and the information sent to fighter planes ashore who would intercept the incoming planes. The Japanese offensive strategy was to sink one of the outlying radar ships and thereby create a gap in the radar defense through which the kamikaze planes could reach the Island undetected. This happened infrequently but occasionally, as described for the Birmingham disaster, in which a single small plane was able to incapacitate a large important fighting ship.

As explained, when the Solace was full of patients we sailed the four days to discharge our patients on either Tinian or Guam. Hoping that at some time I might be called upon to provide anesthesia for a major surgical operation on the Solace, I wanted to have the equipment that would be needed, especially endotracheal tubes for allowing safe artificial respiration. Knowing that the Navy had stocked endotracheal kits, on one visit to Guam I went to the Navy Supply Depot and asked for such a kit. They explained that they had a supply of such kits but could not issue one to me. They were the supply source for the Fifth Fleet and at that time the Solace was not part of the Fifth Fleet. This is another example that rules sometimes are not logical.

One of my habits was to visit other hospital ships and both Army and Navy military hospitals ashore, when the opportunity became available. At the Army Hospital on Guam, I met Major Brown, who was very cordial and freely exchanged experiences and problems. I sadly related my failure to get endotracheal equipment at the Naval Supply Depot. When I was ready to leave, Major Brown explained that by Army regulations, an anesthesiologist was in charge of the operating suite of the hospital and all operating equipment was assigned to him and he was accountable for it. In spite of these regulations, he had an extra set of endotracheal equipment and he was going to let me have it to use on the Solace, an attitude completely opposite to the rule-bound Naval Supply Depot.

Major Brown's kindness and generosity did not remain fruitless. On the Solace's last trip from Okinawa, an orthopedist who had trained at the Mayo Clinic and knew the excellent services provided by the Department of Anesthesiology there, approached me for help. He had a patient whose jaw and most of his face had been shot away. Having no bony support, the tongue fell back against the back of the throat when the patient was in any position except face down.

The surgeon could not do any adequate repair under local anesthesia and had no way to keep the patient breathing under general anesthesia. The surgeon asked if there was any way that I could allow him to repair the injuries and keep the patient alive. Thankful that I had Major Brown's gift, I was happy that I could promise to take care of this unusual situation. The operation was not done in the main operating room but in the small operating space in the orthopedist's ward. I was able to pass an endotracheal tube through the patient's nose, through the larynx and into the trachea to assure an adequate airway through which the patient could breathe. At the same time all the anesthesia apparatus was away from the patient's face so the surgeon had complete unhindered access to the traumatized area. All went well, and before the operation was finished we had quite a gallery of other surgeons watching, including Captain Strange.

There was one problem. I could not be certain that when the operation had been completed and the patient was still anesthetized that he could breathe when the endotracheal tube was removed. Deciding not to take a chance, I decided to leave the endotracheal tube in place until next morning when all the patient's reflexes had returned. As soon as the patient could understand, I explained to him that he would not be able to talk until the tube had been removed. This was done to prevent the apprehension he might feel when he awoke and was not able to talk and assume that the inability to speak would be permanent.

The chief engineer of the Solace had for a year or more been warning that the ship's engines had been patched and repatched and some day soon were going to quit. Since Okinawa was now essentially secured except for a few Japanese soldiers in caves in the southern mountains, the Solace was ordered to the States for repairs. So, with a load of mostly convalescent patients we sailed east. Life on the ship was rather monotonous without any work to do until mid-day on 6 August 1945. At that time, the radio message was rapidly passed to all on the ship that an atomic bomb had been dropped on Hiroshima, Japan. None knew much about an atomic bomb except that it was powerful and capable of producing destruction almost beyond imagination. Our intense personal interest was the effect that the use of the bomb would have on the duration and extent of the war.

While anchored at Tinian, in the late afternoons we had watched the B29s taking off for Japan, one about every 15 minutes for hours. All were so loaded with fuel and bombs that they would almost be out of sight before being able to get very far above the water. We knew that the bombing by planes was only the first step in the invasion of Japan and that in time we also would be in the thick of the bloody conflict. The news of the bomb raised our spirits and our hopes. Since the end of WWII, there has been considerable discussion about whether or not President Truman acted wisely in making the decision to use atomic bombs. There is no doubt by any of the military personnel scheduled to be involved in the future invasion of Japan about the use of the atomic bombs being a conservation measure.

Our destination was Portland, OR. The trip up the Columbia River from Astoria was wonderful. Having been so long in the Pacific where almost everything except the palm trees were brown and flat, the high mountains covered with green cool trees on each bank of the Columbia was invigorating. When we arrived at Portland, Captain Peterson asked for a tugboat to guide the Solace into her berth alongside a pier. When told that a tug would not be available for several hours, Captain decided to dock the ship himself with the ship's engines, which he did with only slight damage to the pier. The Solace had twin propellers, which made her easy to maneuver.

Leave to Dubuque

With the ship tied to the pier, the officers were allowed to use their cabins while the ship's engines were being repaired, or they could request leave of several weeks duration. I requested leave to visit my family in Dubuque, IA. With leave papers, officers, and I presume enlisted personnel, could go to a military airport which furnished transportation and get on a list for a seat on a military plane to their destination. There were no scheduled flights; a passenger just waited until a plane happened to be going in the direction that he wanted to go. I had no trouble getting to Dubuque and being received with hugs and kisses. Pop McCaffrey had been able to rent half a duplex for Catherine, John, Mimi, and unborn Jane which was located at the rear of 550 Alta Vista where Mom and Pop McCaffrey lived. A nice friendly couple, the Tangermans, lived in the other half of the duplex with their young son. Pop took good care of Catherine and her family and fired their furnace so they stayed warm. Miss Mimi, my young daughter, had learned that when Pop came to see them each afternoon, he always brought cookies. When she saw him coming up the hill to their house she would demand, "Tookies, Pop, Tookies" almost as if cookies were the price for entry.

The duplex had two stories with connecting stairs in the middle of the house. Catherine was apprehensive that, if fire started on the lower floor when she and the children were asleep on the second floor, they would be trapped. This was remedied by tying one end of a heavy rope to the handle of a large aluminum pot. The other end of the long rope was tied to the frame of an iron bedstead located in one of the two upstairs bedrooms. The escape plan was that, in the case of a fire downstairs, Catherine would put John in the pot and lower it through the window to the ground. Then the pot would be pulled back through the bedroom window and Mimi placed in it and lowered to the ground where John could take her out. Finally, pregnant Catherine could climb down the rope to safety. Fortunately, this plan never was tested, but it relieved Catherine's apprehensions.

The reunion of the family was ideal except for one thing. As soon as I entered the mid-west my ragweed hay fever blossomed, making me miserable day and night. Finally, the family agreed for me to cut short my leave and return to Portland where there was no ragweed. When I arrived at the military airport in Minneapolis, MN, there was no transportation west. When I checked in next morning, I was told there might be a ride later in the day. The story was that General Eisenhower was in Washington, DC and while the General was busy there, the pilot of the General's private plane was to come through Minneapolis on his way to visit his family in Bozeman, Montana. If the pilot agreed, and if I wanted a ride part of the way to Portland, I could have the ride. I eagerly accepted.

The plane was a large bomber and the pilot suggested that I might like riding in the bombardier's blister located on the very front of the plane. By crawling through a narrow tunnel of wires and equipment, the blister was found. The view was a veritable fairyland. The unobstructed angle of vision was 180 degrees since all of the rest of the plane was behind. When flying into the wind most of the sound of the engines was not audible. It was as if I was sitting in Aladdin's chair floating through the universe. The mountains looked as if I could reach out and touch them. Such a feeling I had never experienced before or since. The nearest type feeling similar to it is that of riding in a hot air balloon.

As we neared Bozeman, over the ear phones I could hear the conversation in the cockpit about whether or not the runway at Bozeman Airport was of a standard that would safely accommodate an airplane as heavy as the bomber. For a , was a possibility that my arrival might be in the wrong direction to get to Portland. Finally someone made the decision that it was safe

to land at Bozeman Airport, and so was ended one of the most memorable experiences of my life. A commercial bus was taken to the Great Falls Montana Military Airport where transportation became available back to Portland.

The ship still was being repaired and many of the ship's officers, medical and otherwise, were living in Portland. There were no patients to take care of and many of the officers were reading about atom bombs. The private Aero Club issued courtesy memberships to the officers, so most of us ate there in the evening and stayed on to dance with the wives of Club members who were away on military service. Retail liquor could be purchased only in Oregon State Liquor Stores for consumption away from the premises. We could get a liquor license to purchase alcoholic beverages and keep it in a rented locker at the Aero Club for private consumption. This proved to be a very advantageous arrangement for both the officers and the Aero Club, which might have had financial troubles with so many of its regular members absent.

Eventually the ship had been repaired, and the time came for our sojourn in Portland to end. Back down the Columbia River we went on our way back to Pearl Harbor. The scenery along the Columbia was not as impressive as it had been when we were returning from the Pacific Islands. Many of the former medical personnel that had been assigned to the Solace were no longer with us. They had been assigned to new stations since the Solace was no longer to be used as a hospital ship but was to be a troop transport to carry personnel from the Hawaiian Islands to the west coast of the U.S.A. With the hostilities over, all the reserve Navy personnel were trying to get out of the service. I was no different from the others but I did not qualify for discharge. Discharge eligibility was based on the number of "points" that an individual had acquired. The number of points related primarily to the length and type of service that the individual had served. Not having enough points to be discharged, I was assigned to a group of medical officers in Pearl Harbor awaiting reassignment to some new station, probably on a Pacific Island, maybe back to Okinawa.

Since there were no duties, I followed my custom of visiting local medical military facilities. The Aiea Navy Hospital located in a sugar cane field high on a hill overlooking Pearl Harbor was selected. Fate continued to serve me well. At the Aiea Hospital I found my friend, now Commander Lee Cardwell, on the staff of the Hospital. As soon as he found out that I was assigned to the pool of medical officers awaiting new assignments, he contacted someone and I was assigned to the staff of Aiea Hospital, probably the best medical duty for a Navy officer at that time. It was indeed delightful. Now that hostilities had ceased, there were few acutely injured patients being transferred to the hospital, and as a result there were not many operations being done. There was plenty of time to explore the Island of Oahu.

A cousin of mine, Benson Guyton, who had lived next door in Kosciusko, MS when we were growing up, had been captured when Corregidor Island in Manila Bay fell to the Japanese early in WWII. He had been on the Bataan death march and had been a prisoner of war for the duration of war. Benson had been liberated and we learned that he would be coming through Pearl Harbor on his way home. It was a sentimental reunion when five former playmates assigned to military duty in the Pacific were able to celebrate survival: Benson; Owen Guyton, Benson's older brother; Elmo Peeler, a high school classmate of Benson's; my brother Aaron and I. In one of Benson's rare letters to his parents when he was a prisoner, he had written, "Keep the hen house door closed". Everyone had been puzzled about the statement and was anxious to learn what he had meant. Unfortunately he could not remember having written the message.

My brother Aaron had been a dental student when war was declared. He joined the V12 program whereby the government would pay for the remainder of his dental education provided he promised to join the Navy after graduation. After graduation from the University of Tennessee Dental School, he joined the Navy and was assigned to the same Pearl Harbor pool of officers where I had been. Again my friend Dr. Cardwell worked his magic and he was able to get Aaron assigned to the dental staff of Aiea Hospital, so Aaron and I roomed together for a month before he went on to duty on Guam. This was very fortunate since I had had little close relationship with Aaron since I had left home to go to the University of Mississippi. On Thanksgiving, he and I were able to get two days leave to spend on the Island of Hawaii, the big island. We went up to the active volcano and saw the sights. When we returned to the airport in Hilo to go back to Oahu, there were not any planes flying because of the holiday. We were about to be AWOL, away without leave, but finally we got a flight and were able to report to our stations before our leave expired.

With Aaron away, I became more anxious than ever to get discharged. There was a rumor that if an officer who did not have the necessary points to be discharged, could get his commanding officer to certify that he was non-essential for the duty to which he was assigned, he might be discharged. The executive officer of the Aiea Hospital reluctantly signed such a document for me and it was sent to the Navy Department with my request for discharge. Almost immediately, orders were received for me to report for duty at the Navy Hospital in Sampson, NY.

CAN A SAILOR STILL BE SHANGHAIED?

My orders to Sampson, NY allowed air travel, which at that time was at a premium. The orders also allowed 10 days leave, which I wanted to spend with my family in Dubuque, Iowa. After studying a calendar, I realized that if I elected to use air travel, the leave with my family would expire before Christmas. Travel by surface (ship) would take 5 or 6 days longer and allow me to be with my family on Christmas, so I applied for travel by ship. Late one afternoon, a telephone call came from the transportation office wanting to know if I would accept passage on a ship going to the U. S. westcoast who had requested a medical officer. When I inquired what kind of a ship it was, they said that they did not know since it was an X class ship, meaning that it belonged to a miscellaneous class and the transportation office thought it was some kind of training ship. This sounded a bit strange but seemed to indicate a ship with a large crew and maybe I could offer some service. I told the transportation office that I would go down to the docks and investigate and let them know my answer.

So, all my belongings already having been packed, I went immediately down to the docks where, contrary to my expectations, the designated ship was not tied up to a pier but was anchored out in the stream. Now I was really perplexed but, having come this far, I thought I had best investigate further. A water taxi was taken out to the ship and a request made to the officer-of-the-day to talk to the captain. His reply was that the captain was ashore and would not return until late. If I liked, he could give me a bunk on the ship for the night and I could talk to the captain the next morning. This did not suit me but unless I accepted I would have to make the trip back to the Hospital and repeat the trip the next morning, so I accepted. I was rather sure that the ship was not a training ship and that I did not want to travel on it to the west coast.

When I awoke at about 7AM the next morning the ship was under way leaving Pearl Harbor with me aboard. The story was that the ship was a broken down tanker being sent to the USA to be decommissioned and capable of a speed of only 5 knots. The captain, formerly a

lawyer and now a reserve Navy officer, had experienced some abdominal pain during the trip from Japan to Pearl Harbor. He had been examined at the Aiea Hospital in Pearl Harbor and no pathology had been found. Still, he had requested a medical officer as passenger for the trip to Long Beach, CA in case the pain returned. His concern was understood but the secrecy with which I had been lured aboard was resented and definitely regarded as nothing short of the custom during the time of the sailing ships of hauling drunks aboard ship the night before sailing and forcing them to remain as shanghaied crew.

To add insult to injury, the captain informed me that there was no cabins available for me in the officer quarters of the ship and I would be quartered with the chief petty officers. It was a very good thing that the captain experienced no further abdominal pain during the time when I was aboard, otherwise I probably would have had to do an appendectomy on him without anesthesia. I detached myself from the entire crew and lived in the sick bay of the ship. The weather was balmy and from the deck I saw many flying fish and migrating whales. In order to pass the time, I found some wood in the carpenter shop in the hold of the ship and tools enough to fashion a unique wooden tray, which is in the possession of my son Charles.

Also in the hold, a primitive metal lathe and a huge pile of empty brass casings of anti-aircraft shells were found. Never had I had any instruction in using a metal lathe but, using my memory of having watched machinists use them, and by trial and error, I was able to convert some of the shells into ashtrays of several designs. So the shanghaied time was not a complete loss but had caused me much anxiety about my plans to spend Christmas with my family.

It took 10 days for this slow broken down tanker to sail from Pearl Harbor to Long Beach, CA. As soon as the ship docked, I hurried to the transportation office to request travel. The clerk just shook her head and explained that travel east was jammed and nothing was available. I could try the next day. This went on for two days and it seemed that instead of having my leave expire before Christmas that I would not get to Dubuque by Christmas. On the third day, the little woman at the transportation desk took pity and explained that still there was no eastbound transportation available, but she could rule that transportation to Salt Lake City, Utah was north-south traffic and get me on a plane as far as Salt Lake City. I accepted eagerly. After about 12 hours in Salt Lake City, I was on a plane whose destination I did not know except that it was going east. About 2AM, I was awakened and told that I had to leave the plane because someone with a higher priority than mine had requested my seat. Later I learned unofficially that some senior officer was shipping his dog east. There I sat at 2 AM at some God-forsaken place on the plains of Kansas. A bus was taken to Kansas City, MO where a seat on a commercial plane was available to Chicago, IL. From there a train took me to Dubuque where I arrived at home on Christmas Eve.

In spite of many discouraging difficulties, a wonderful time was spent with my family, and I met my lovely daughter Jane Ann for the first time. She had been born on 21 Sep 45 and was just three months old. Catherine had bought a beautiful white coat for our reunion and many pictures were taken with my old Lieca camera. Unfortunately the loading of film was from the bottom of the camera and was difficult. In my excitement, the film did not get firmly attached to the take-up spool and no pictures were exposed, much to our disappointment.

ON TO FROZEN SAMPSON, NY

After almost a year in the tropics in the Pacific, I arrived at Sampson, NY in the middle of winter. A horizontal ridge developed on each of my finger nails and slowly grew out to the end of the finger nail. Probably this was due to the continued vasoconstriction of the arteries in my

fingers from the cold. The barracks were heated but had not been constructed tightly and were not well insulated so cold drafts were almost constant.

The Navy station at Sampson has been built early in WWII and used as a boot camp. A boot camp is the station where new inductees were sent for their first indoctrination into military life. Sampson had been a large station, but when I was there most of the station had been closed. It was located in the finger lake district of western New York State near Elmira, NY, south of the Great Lakes, where much snow fell. The Hospital was mainly for chronic tuberculosis patients, but there were a few general surgery patients. There was not a great volume of surgery and therefore not much work to do. Everyone was concentrating on how to get out of the Navy. The staff seemed to be well trained and, even though there was no entertainment and no social life, they were reasonably happy. The same was not true of the tuberculosis patients. They were resentful of their plight and their prospects for the future. Discipline was poor, and there was not much that could be done about it. The tuberculosis patients would get leave, go to town, get drunk, come back to the Hospital, and create disorder, including fights. The officer-of-the-day was responsible for maintaining order in the Hospital, but there was not much that he could do. The culprits could be put on report and brought before the captain's mast but could not be given a severe sentence because of their illness. If they caused danger to the other patients, the culprits could be put in the brig temporarily.

There was no surgeon on the staff who had been trained in chest surgery. However, several of the general surgeons saw the opportunity to get some practice in operations on the lungs. They scheduled a patient for removal of a lower lobe of the right lung, which contained tuberculosis. I did not like the arrangement but did not have enough evidence to refuse to give the anesthesia. Things went along reasonably well until the surgeons decided to sever the bronchus before dissecting the blood vessels to the lobe, which I knew was opposite to usual procedure. The result was that one of the clamps came off a vessel and bleeding started. In the rush to stop the bleeding, the clamp on the bronchus came off and I was faced with a dilemma. With the patient lying on his left side, the blood coming from the unclamped vessel was running down into the open bronchus and filling the left lung. This left me with no way to get oxygen into the patient. I was trying to keep the patient alive by sucking enough blood out of the left bronchus to get a few breaths of oxygen in the left lung then sucking more blood, but things were going from bad to worse. Finally the surgeons got the bleeding vessel clamped and the operation was completed without further complications. Later I recommended to the chief of surgery that no more chest operations are to be done until surgeons trained in thoracic surgery were available. The chief of surgery, being a reasonable man and not prejudiced by the invincibility of a surgeon, concurred with me.

An incident occurred which led to a lot of talk but was really much ado about nothing. One of the operating room nurses planned to drive to Boston to see her fiancée over the weekend. Knowing that our friends, the Blanchards, from the days when I was stationed at the National Naval Medical Center in Bethesda, MD were now living in a suburb of Boston, I asked the nurse if I might ride to Boston with her and visit the Blanchards. She was pleased to have company for the long trip over snow-covered roads. I called the Blanchards who were pleased to have me come. So we made the trip without incident. When I told the Blanchards that I had traveled with a single nurse, they "oohed and awded" and Fred raised his eyebrows about me being so risqué. It had not occurred to me that there was anything out of the ordinary for me to travel with a friend who was going to see her fiancée. However, when I wrote to Catherine that I had seen the

Blanchards and had made the trip with the nurse, she had a fit. Characteristically, she was not so upset about what she thought I might have done as about what people would think might have happened. So the incident ended without anyone's reputation being damaged.

POST WAR ROCHESTER

Finally the long awaited orders arrived which directed me to be detached from duty at Sampson, NY on 9 Mar 1946 and proceed to New Orleans, LA for release from active duty in the U. S. Navy on 26 April 1946. In my request for release from active duty, I had requested that I be detached in New Orleans, LA in order to visit my parents in Kosciusko, MS. In the orders for detachment, leave of one month and 17 days was granted.

Mary Hickey, my sister-in-law, was able to help Catherine, John, Mimi, and Jane to travel from Dubuque, IA to Kosciusko to meet me. We had a wonderful reunion with everyone so happy that I had survived and was back at home. In time, my family and I went back to Dubuque to make preparations for my return to civilian life. Until then, I had not realized how dependent on the Navy I had been for housing, food, clothing, transportation, and the ordinary requirements for living. Now that I was back in civilian life, prior preparation for all these things had to be made in advance, they did not just happen. Transportation probably was the most pressing need. No new automobiles were available since the car manufacturers would not be able to convert from making military vehicles for a couple of years. My father-in-law, Frank McCaffery, had an old Ford sedan that his family was no longer using very much and he was kind in being willing to sell the car to me. It was a Godsend.

Already a date had been agreed upon for me to resume my fellowship in anesthesiology at the Mayo Clinic. Some type of housing would have to be secured for my family in Rochester, MN. With their usual great foresight, the administrators of the Mayo Clinic had realized that when World War II was over, many fellows who had been in training before enlisting in the military would be returning. Many would now have families, and housing in Rochester would be inadequate. To help prevent this problem, the then Mayo Properties built one hundred small two-bed room houses in southwest Rochester west of the factory with the water tower in the shape of an ear of corn. These houses were rented at a reasonable rate to doctors returning to continue their training. Returning as a fellow, I was eligible to rent one of what became known as "the prefabs" since they were prefabricated houses built in a shape resembling the quonset huts that the military had found so useful. The tops of the prefabs were rounded and the inside space consisted of two very small bedrooms, a living room, combined cooking and eating area, and a shower. One redeeming feature was that the houses had full basements for laundry and storage. However, the prefabs were built in a low-lying area and when the nearby Zumbro River flooded, some of the basements became filled with water. Another good feature were the detached garages, which served as shelter for the automobiles from accumulating snow and also as additional storage.

My children were too small to be bathed under a shower, so a zinc laundry tub was purchased, filled with water from the shower above, and then the kids could be properly scrubbed. The interesting thing is that I still have the tub, which, with the soldering of holes in the bottom occasionally, has been used over the years for a variety of jobs. We were living in the prefabs during the first year after their construction and before any landscaping had been done. After the spring thaw the yards were a sea of mud, so the children needed frequent baths. The prefabs were built as emergency housing and after several years were demolished and the area used for more conventional purposes.

The prefabs were not the only housing built for the fellows by the Clinic. The Graham Addition of conventional houses was built for sale to fellows in training on land in southeast Rochester and called "The Homestead". This land had been the home of Dr. Evarts Graham, one of the early partners of the Clinic. These were two story, three bedroom houses with attached garage. We lived in the prefabs for about a year and in 1947 moved to The Homestead at 405 14th Ave., S. E., Rochester, MN. While living in this house, Charles, Sarah and Louise, my last three children, were born. While the Homestead houses were for sale only, I was able to rent one since by this time I was on the staff of the Clinic. At the time I thought I was lucky to be able to rent and not have to buy when the money would have to be borrowed. In this I was wrong. The fellows who bought Homestead houses were able to sell them in about two years for about \$5000.00 more than they had paid for their house.

Mrs. Sibley, whom all my children will remember, lived about a couple of blocks from our house. Her husband had a barbershop in their house and I got my haircuts there. Catherine and Mrs. Sibley got to be friends, and Mrs. Sibley became an important part of our family. When Dr. John Kirkland, a young Clinic surgeon with whom I worked, found out that Mrs. Sibley was interested in our family, he said that we had no worry. She had been a life-long friend to the Kirkland family. Mrs. Sibley made the best peanut brittle candy that anyone ever tasted, but she would not tell anyone the recipe. Our last night in Rochester was spent in Mrs. Sibley's home and she finally told Catherine the recipe for her peanut brittle, provided that Catherine would not give it to anyone else. So far as I know the only one Catherine told was my daughter Mimi, who now makes as good peanut brittle as Mrs. Sibley ever made, God bless her soul. So far as I know, Mimi has not given the recipe to anyone. By watching Mimi make peanut brittle I have a general idea about what she does but do not know the amounts of the different ingredients.

TO THE INSTITUTE

While we are thinking about houses where we lived, I might as well carry it a step further. After Sarah and Louise were born, the Homestead house proved to be too small for eight people so Catherine and I began to look for a larger home. About this time Dr. Charles Sheard approached me about buying his house. The house was not located in Rochester but about 2 miles outside the city limits, near the Clinic Experimental Institute where all animal research was done. Dr. Mann, Bollman and Sheard, being basic scientists and involved in research, had built homes near the Institute. We realized that purchase of the Sheard house would involve a lot of Catherine's time in driving the children back and forth to school and all their social activities. Also getting baby sitters probably would be a problem. There was a small school, the Bamber Valley School, nearby but it was only a grammar school and Catherine insisted that the children attend the St. Johns parochial school in Rochester. Then there was the question of finances. The Clinic had a policy of helping young staff members secure homes in which to live. Under this policy Dr. Sheard, even after about 20 years, had not finished paying for his house. Therefore, the sale of the house to me was primarily an arrangement for the Clinic to pay the remainder of the mortgage on the Sheard house and guarantee my mortgage to the bank for purchase of the house. As I remember, my loan was for \$20,000.00 at 5% interest for the house and seven acres of land. So, in about 1950 we became owners of our first house. I borrowed \$5000.00 from my Dad for the down payment on the house and lot. No papers were signed for his loan, he just wrote me a check. No second mortgage or any other security for his money was requested. Each year when the family went to visit in Kosciusko, I gave Dad a check for \$500.00 which I

regarded as interest on the loan. He always accepted the check but usually gave me a check of variable amounts when we left with no explanation as to what it was for. He never mentioned the loan and no payment on the principal was made.

It was a well-built house, having been constructed by Mr. Pagenhart, who had retired but his construction company was still in business under the management of his son. Mr. Pagenhart was a member of the Rochester Methodist Church which I attended and had a good reputation. The house was essentially a four-story house with a basement with full size windows on the north side, two regular stories, and a furnished attic, which served as the fourth bedroom which John and Charles occupied. Catherine was well satisfied and was willing to make the sacrifices of driving time for the conveniences of the home. The maintenance of the outside of the house had been sadly neglected, apparently for the whole 20 years that the Sheards had lived there. The landscape was overgrown, stone walls were tumbled, outside woodwork had never been repainted. The apple orchard was crowded with sumac bushes. Regardless of all this degeneration and the work that would be needed to repair it, we were enthused because it was to be ours for many years. The result was that for as long as we lived there, most of my time when not on call on weekends and a large part of vacation time was spent repairing the house and surroundings.

No nest ever is perfectly finished for the female who is to occupy it and raise her young. Catherine said she had always wanted a screened porch, which this house did not have. I approached Mr. Pagenhart, who had built the house in about 1925, about adding a screened porch and he magnanimously agreed to build a porch just outside the kitchen for cost of material and labor. This was a golden opportunity, so a porch was built soon after we got settled in the house and we found it very convenient.

When first inspecting the house before purchase, a sump pump was in the drain of the two-car garage. Dr. Sheard voluntarily explained that the pump did not go with the house. He said that the drain was stopped up and all that would be needed was to have it opened with a rototiller. I accepted his word. After we moved in and had a rototiller come to open the drain, it was found that there was no drainage pipe attached to the drain. I discussed the problem with Dr. Sheard and requested that he pay for having the drainage pipe installed, as he had assured me that it was. When he refused, we exchanged some angry words and I reminded him that he had plainly lied in order to sell the house. My only recourse was to go to the Clinic and complain about Dr. Sheard's intentional lying. After thinking over this complication, I decided to disregard Sheard's lack of moral behavior and put in the drainage pipe myself. It took me two weeks of vacation time to accomplish the task because the pipe had to be put under a patio, a large section of lawn, and under two stone walls. Sheard was not a physician; but a biophysicist, and the morals of physicists may be different than those of Christians.

A couple of my surgeon friends, Drs. Thompson and Counseller, advised me not to be in a hurry to pay off the loan on the house. They pointed out that the interest on the loan was only 5%, which was low at that time, and I could invest my savings for a higher rate of interest. This must have been what Dr. Sheard had been doing for 20 years. However, I did not know about business investments and paid off the mortgage as savings accumulated.

When I joined the Clinic staff, Mr. Harwick the Clinic business manager, set my "drawing account" at \$8,000.00 a year to be paid in monthly installments. His explanation for this small amount was that during the depression of the 1930's, the Mayo Clinic was not able to pay its bills and had to lower salaries of members of the staff, with the result that some of the

members resigned. To prevent such a happening in the future, the present policy was to keep monthly drawing accounts low. If the earnings of the Clinic during any year were adequate, then a bonus would be awarded at the end of the year. Our family policy in general was to put the monthly check from the Clinic in a bank account from which the living expenses would be paid. Then if a Clinic bonus was paid, the bonus check would be deposited in a separate bank account to pay off the mortgage. If any funds were left in the bonus account, it would be kept there as savings. Naturally, on occasion there was a temptation to use the funds in the savings account for other purposes, such as buying a desirable piece of furniture. In general, Catherine and I agreed about the handling of funds. However, most of our serious disagreements were about use of saving account funds. She was not as appreciative of the security of having an adequate savings account as I was.

In general, the pla

n for division of responsibility for every day living was that I and the sons would take care of the outside of the house and the lawns and garden, while Catherine and the daughters would take care of the inside of the house.

Dr. Robert Devloo, a Belgian physician who was enrolled in the then Mayo Foundation as a Fellow in Anesthesiology, frequently came on weekends to help me with the painting and repairing. In this way, he became almost like an uncle to my children. He loved them and they loved him. One fall we had a leaf raking party at our house. All the members of the anesthesiology department were invited on a sunny Saturday to bring their rakes and come out. We prepared beans and hot dogs and some kind of dessert in the garage and everyone had a good time. In spite of now having a house of which she did not have to be ashamed, Catherine was reluctant to do much entertaining. There was a separate dining room for which she had bought some good second-hand furniture, but she would invite friends and outside visitors to the Clinic Anesthesiology Department only if Mrs. Sibley would come to help. We had a large living room with a fireplace, which was rarely used. On the second floor was a large master bedroom the same size of the living room, which only was used for me to sleep in during the hay fever season when the room could be kept closed. There was a refrigerator of sorts located in the basement, which was designed to cool the master bedroom but it did not work.

Dr. Bollman, a physiologist, and his wife Mildred lived next door and were good neighbors. Mrs. Bollman said that she felt guilty when at 6:30 AM she would hear Catherine and the children calling "good-bye" to me as I left for the hospital, knowing that Catherine already had prepared breakfast for the family and gotten the children ready for school. Dr. Bollman had an excellent garden, which encouraged me to prepare one. However, he did not approve when I got the animal attendants at the Institute to bring the droppings from the animal cages for fertilizer on my garden. Dr. Bollman advised me early that if I spent what money was needed to get the apple orchard cleaned up for the purchase of apples in the market, I would get much better apples for less money. However, I dug the sumac roots out of the apple orchard and hired a man to disk the orchard. We got a lot of types of apples that were no longer available in the market. In addition, the family got lots of fun picking the apples in the fall and storing them in the water-pump room where they were kept moist and would not freeze.

Dr. Bollman's son Okie cut the bushes and repaired the stone walls for me, which was a big help. Also an employee at the Institute, Bob Cates, also helped work on the yards. He lovingly called the Twins "you little apes" when they pestered him at his work, this tickled them

even though they did not understand the meaning of his words but was able to understand the affection in his voice. My son John was able to help some with the yard work but Catherine always thought I expected too much from him. One Saturday when he was visiting the Eddy Wells family next door, he asked what day it was and when told that it was Saturday responded, "Good, then tomorrow is Sunday and I will not have to work at home." The Wells thought that I was a real slave driver to be forcing my seven year old son to work. Later in life he appreciated the experiences he had working with me and reminded his younger brother Charles, "One thing that Dad taught us was to work."

Bob Cates' daughter, Bonnie, was our principal baby sitter. Another one was a young pretty foreign student named Mariana who was living with the Wells for a year.

One of the "perks" of living near the Institute in the winter was having the grounds keeper, Mr. Lawrence Glynn, plough the snow off the Institute roads early in the morning. This saved having to shovel the snow before going to work. His son and my son John were laying across the road from our house and somehow set the grass on fire. Soon the whole neighborhood was helping put out the fire and Mr. Glynn got out the Institute tractor and plowed down the grass and weeds around the fire to stop it from spreading.

In this same area was a rather steep hill down which all my children and I used to ride down on a toboggan, much to Dr. Devloo's dismay. Since there were no brakes on the toboggan, at the foot of the hill the only way to stop the toboggan was to run over one of the small pine trees. This, of course, dumped the toboggan on its side and spilled all of us into the snow, much to the children's delight.

Ice skating was the favorite winter sport. The city of Rochester maintained an outside rink and there was an inside rink at the Civic Auditorium. The children needed very little instruction about ice skating, it seemed to come naturally to them since Catherine had been a good skater almost all her life. With me it was a different story. Finally after many falls, I learned to do straight forward skating but fancy turns and backward skating always were difficult.

The hills near Rochester were not steep enough or high enough for real skiing, but a few enthusiasts, who had lived in places where skiing was common, rigged up a small rope tow near our home. This led to a terrible tragedy. One evening everyone was leaving to go home but a young married woman wanted to take one last run down the hill and was to turn off the motor which ran the rope tow when she finished. Unfortunately at the top of the hill her scarf got caught in the pulley around which the rope ran and she was choked to death. No one was there to help her. To add to the tragedy, she had two small children.

A YOUNG PROFESSOR

Now back to the arrival at the Mayo Clinic right after being discharged from the Navy and being appointed a member of the consulting staff in anesthesiology. Most of the full time members of the Clinic received some academic teaching rank in what was then the Mayo Foundation, an extension of the Postgraduate Department of the Medical School of the University of Minnesota. The term "Mayo Foundation" is not to be confused with the Mayo Foundation of today, which has to do with finances.

My first appointment as an educator in the University of Minnesota probably was as an Instructor and not as a Professor. I never understood the formula for advancement in academic rank in the Mayo Foundation. Without any request from me, I was promoted over the years, first

to assistant professor and then associate professor. Not all the members Mayo Clinic were routinely promoted.

Education of the Fellows in training in the Mayo Foundation primarily was patterned after postgraduate education for Masters and Doctorate degrees in most universities. The Facilities for learning were made available but it was the responsibility of the postgraduate student about which facilities he used and to what extent. At the Mayo Clinic numerous conferences could be attended, one of the most complete medical libraries in the world was available, and Fellows were encouraged to participate in the writing of medical papers for publication. The learning of clinical medicine, however, was primarily by doing. Didactic lectures were rare. Transfer of clinical information was on a one-on-one basis.

During my first year or two as instructor a peculiar problem was encountered. Many of the fellows in anesthesiology enrolled in the Mayo Foundation had left their fellowships to enter the military and now had returned to finish their fellowships. Another group had been assigned to anesthesia services during their military experiences and were allowed one year of credit as training by the American Board of Anesthesiology. This latter group, in general, felt that they knew all they needed to practice anesthesiology. They had applied for a fellowship in anesthesiology in the Mayo Foundation, not to learn, but just to get credit for another year of training to meet the requirements for taking the examinations given by the American Board of Anesthesiology for certification as a specialist in anesthesia. After World War II many hospitals were requiring certification by an American Board before being given privileges to practice that specialty as a member of the hospital staff.

My difficulty was that members of both of the above mentioned groups were my peers. They were about the same age as I was and many had had similar training to mine. Yet as a member of the full time staff I was their teacher, was responsible for their education, and, what was most important, I was responsible for their treatment of patients. It was my duty to assign work and to be responsible for it being done safely. Naturally, what I thought was most safe did not always agree with the opinion of these older fellows.

At that time, each hospital to which Clinic patients were admitted had a staff anesthesiologist assigned. The assigned staff anesthesiologist was responsible for all the actions of all anesthesia fellows and nurses assigned to that hospital. The post-military fellows frequently wanted to leave the operating rooms while operations still were being performed but they could not do so without my permission. It created a fine line that I had to follow to discharge my responsibility to the Clinic and the patients and still maintain the respect and good will of these older fellows.

Knowing that this group planned to take the examinations for certification by the American Board of Anesthesiology, I felt that it was my duty to help them prepare for the examinations. Almost to a man, they thought passing the examinations would be only a formality. Having served as associate examiner for the Board, I knew that they were not prepared and not likely to pass the examinations the first time they took them. Multiple choice questions were just beginning to be used for the written examination but the military-only fellows had not had any experience with multiple choice questions, or for any questions about the science of anesthesia. So I set up some practice examinations, both written and oral. Each fellow was requested to submit five multiple-choice questions and be prepared to defend the one correct answer to each question. I personally edited all the questions submitted and made copies for the examinations, which were given on a voluntary basis in the evenings. This awakened a

few and probably lead to more reading and study but still many of the fellows failed as candidates for certification by the Board. Another incident helped alert the fellows to the importance of proper preparation. Three Clinic anesthesiology fellows went to the main campus of the University of Minnesota in Minneapolis, MN to take the oral examination for a Masters degree in Anesthesiology. All three failed. One good student who had over estimated his didactic knowledge went to work studying and passed the University examinations the next time they were given.

Somehow I was able to stay on the fine line and retain the respect of most of these older fellows without any major upheavals. Both the fellows and I knew that the situation would vanish in a year or two as the post-military finished their fellowships. However, a loss of backing occurred as Dr. Lundy resigned as head of the Anesthesiology Department. Earlier I related how I had been able to retain Dr. Lundy's respect and he had remained interested in my career. Dr. Charles Adams was appointed head of the Department in spite of him having had an extensive sympathectomy for hypertension. Dr. Adams did not have the energetic personality which had enabled Dr. Lundy to build a respected Department even though it had taken a lifetime. However, Dr. Adams offered to assign me as chief anesthesiologist at St. Marys Hospital where four surgeons operated who were also members of the Board of Governors of the Mayo Clinic and appointed heads of all the Clinic departments. I was not aware that personal politics were necessary for appointments or any other recognition but that whatever was good for the Clinic would be instituted on an impartial basis. I lived to learn my mistake.

I turned down Dr. Adams' offer because I had gotten interested in anesthesia and care of patients during operations on the lungs, almost all of which were done at the Colonial Hospital. Dr. Harrington, the chief thoracic surgeon, had been difficult for all of the staff anesthesiologists to work with. I was determined to work with Dr. Harrington in peace and be able to introduce some modern techniques for the care of patients during operations when the chest was open and the normal mechanisms for breathing were impaired. About the same time Dr. Clagett was added to the Thoracic Surgery Department and he was a progressive and very capable young surgeon. These factors gave promise for the development of an excellent thoracic surgery team, of which I wanted to be a member. In just a couple of years the Clinic decided that a Cardiac Surgery Department should be established. Dr. John Kirklin, who had just recently joined the Surgical Staff, was selected to head the new department, and was scheduled to visit the principal medical centers where some type of surgery on the heart and great blood vessels in the chest was being done. I do not know who recommended me but I was selected to accompany Dr. Kirklin on the tour and to help set up the cardiac surgery program when we returned. Dr. Kirklin and I visited six hospitals on the USA east coast. In Chicago we observed repair of congenital defects in the hearts of children at Children Hospital using decreased body temperature to allow stopping of the patient's blood circulation for a few minutes while the defects were repaired. In Philadelphia, valves of the heart which had been narrowed by disease were being opened by the surgeon forcing his finger through the narrowed valve. At Johns Hopkins in Baltimore, MD Dr. Blalock was doing his operation on malformation of great vessels in the chest. In Boston, MA operations on the heart at both the Peter Bent Brigham and Childrens Hospitals were observed and the care of patients discussed.

When Dr. Kirklin and I returned to the Mayo Clinic anxious to put into practice what we had learned, we found that the Clinic cardiologists were not as convinced about the future of cardiac surgery as we were. For instance, if the cardiologists thought a patient with a narrowed

mitral valve of the heart would live another six months while on medical treatment, they would not refer him for surgery. If they thought that the patients were too ill to live six months, they would let us operate on them. This attitude about cardiac surgery gradually changed with time and success of the operations. At this time no open-heart operations were being done with artificial circulation, because the pump apparatus had not been perfected. However, such a machine was being built in the Mayo Clinic laboratories. I left the Mayo Clinic in October 1954 before the apparatus was completed but in February 1955 Drs. Kirklin and Patrick sent me a telegram that the first open-heart operation with the pump had been successfully performed.

GOODBYE MAYO

Along about 1950, I had begun to think about my future and my retirement. Because of the rigorous winters in Minnesota, I did not think I wanted to spend my old age years there. It seemed reasonable that, if I were to move to some more clement climate, it should be done early and not wait until old age to move and start sinking life roots in a strange place. This was only musing and no serious plans were considered. Probably if conditions had remained the same, the right time for such an upheaval as finding a new position, buying another home, and moving a wife and six children never would have been found.

But conditions did not remain the same. Dr. Adam's failing health lead him to resign as head of the Department of Anesthesiology and a new head was to be appointed by the Mayo Clinic Board of Governors. Dr Harry Seldon was the next most senior member of the Anesthesiology staff and I was next in line of seniority. The Board of Governors did not appoint either of us but appointed Dr. Faulconer who had become a member of the staff only after World War II. This was a surprise to everyone, including me. I assumed that the Board of Governors had thoroughly reviewed the records of all three of us and that there was something that had lead them to think that I would not be a satisfactory head of the Department. If so, it was necessary for me to find out what my mistakes had been and not keep repeating them. I was referred to talk to Dr. Priestley, who was a member of the Board of Governors and a surgeon who performed his operations at St. Marys Hospital. When I asked Dr. Priestley what my mistakes had been, he angrily replied that the Board of Governors did not have to explain their actions to anyone. That as long as the Board did not interfere with my practice of medicine, its members could do anything they cared to do without having to consult me. He did finally admit that the Board had thought that I would be too much like Dr. Lundy. Dr. Lundy had spent 30 years building the Mayo Clinic Department of Anesthesiology to become one of the most prestigious in the world, so I did not think that being like him was anything but a compliment. Dr. Priestley's replies made me seriously consider whether I wanted to remain part of an organization that was controlled by a system with such an arrogant attitude. In defense of Dr. Priestley's ire, later I learned by the "grape vine" that some of "my" surgeons who had worked with me at the Colonial Hospital had privately criticized the Board of Governors for making the appointment without consulting them. This had lead to some discord in the higher levels of Clinic administration. So Dr. Priestley's irritated tone in speaking to me, may not have been directed at me personally as much as a result of the subject of the appointment having become a tender subject to the Board of Governors.

Prior to the above interview, my family had become friendly with Dr. Philip Lee, who was serving a fellowship in internal medicine under the Mayo Foundation and who was a son of Dr. Russell Lee who was organizing a multi-specialty clinic in Palo Alto, California. Dr.

Russell Lee had been planning to add a department of anesthesiology so Dr. Philip Lee arranged for me to meet Dr. Russell Lee during one of his visits to the Mayo Clinic. "Russ", as his colleagues knew him, was a convincing salesman and an arrangement was made for me to spend a week visiting the Palo Alto Clinic in August 1954. I found the partners of the P.A. Clinic to be competent and their attitude to be optimistic. Stanford University with its cultural advantages was nearby and the City of San Francisco, where I had served an internship in 1935, was only 30 miles distant. One of the fellows in Anesthesiology at the Mayo Clinic who was a graduate of the Stanford Medical School, Dr. Grant Fletcher, had told me that the Stanford Medical School soon was to be moved from San Francisco to the Stanford campus in Palo Alto, CA. For me this was an essential asset because I wanted to be associated with a teaching institution.

Probably the most determining factor that influenced me to leave the Mayo Clinic and join the Palo Alto Clinic was absence of hay fever. During my internship in San Francisco in 1935, for the first time in my memory, no hay fever symptoms were experienced in the fall and the same could be expected in Palo Alto, CA. By contrast, for six weeks during August and September in Rochester, MN, I was practically incapacitated with symptoms of hay fever.

The sum of all these influences lead me to resign from the Mayo Clinic and accept a position with the Palo Alto Clinic that, after two years of probation practice, could allow me to become a partner with full voting privileges in the democratic partnership. I was scheduled to begin work at the Palo Alto Clinic in two months on 1 November 1954. Fortunately I was able to rent a house on 125 Lowell Avenue, Palo Alto, CA while still on my visit in August. This was due to help from Mrs. Maude Cardwell, wife of my friend Dr. Lee Cardwell, who then lived in Menlo Park, CA while working at Franklin Hospital in San Francisco, CA. It seems that the Cardwells were our guardian angels regardless of where we were. They helped in many ways to ease the transition from the Midwest to the pacific coast and were very hospitable.

THE MIGRATION

Transportation of six children aged 5 to 12 years of age and all the accumulation of household effects during 12 years of marriage was a big undertaking and required much planning of details. Bids had to be solicited from several moving companies. The bid of the Mayflower Company was selected and the cost was found to be roughly 7 cents per pound of belongings to be shipped. That meant that Catherine and I had to estimate the value to us of all the items to be moved and decide whether or not they were worth as much as 7 cents per pound of their weights. Naturally there were disagreements between us but Catherine's choice of items to be shipped usually prevailed. The only discussion between us that I remember was about the plantation bell that had belonged to my Aunt Annie Roach. The bell weighed over one hundred pounds and would have to be crated for shipment. My opinion was that it had only sentimental value and should not be included in the items to be transported. To my surprise, Catherine was adamant that the bell should be kept, so Mr. Hovel, a carpenter and the husband of the charming lady who had done some baby sitting for us and was enamored with my son Charles, crated the bell and it was shipped. It turned out to increase the attraction of the house that we eventually bought in Los Altos Hills so, as usual Catherine's opinion turned out to be the correct one.

Finally the moving van was loaded. Since the house was completely empty, we could not spend our last night in Rochester at home, so all eight of us slept and had breakfast the next morning at the home of our dear friend Mrs. Sibley. Mrs. Berg, another baby-sitting friend, had agreed to accompany the family on the trip to California to help with the children. Mrs. Berg had never traveled outside the State of California so it was to be an exciting trip for her. The

agreement was that her return trip home would be by air at our expense. She was a very kind lady and was a great help with all the details of travelling.

A multi-page booklet of maps was secured from the Continental Oil Co. marked with the recommended route to be followed. This booklet has been saved and from it I shall relate the route we followed. The motels in which we spent a night will be given in case some future members of our family may wish to visit these places. I hope these details will not be monotonous to you readers. If so, just skip to the next section about life in California.

We were not limited to a strict time schedule and stopped occasionally to visit sites of interest. Unfortunately I do not remember most of these sites and doubt that any of the younger children do either. The total trip covered nine days since our only commitment of time was to be in Palo Alto when the moving van arrived and was ready to unload. I made a resolution before we left that I would not hassle Catherine about getting on the road early in the mornings, as too frequently had happened when we were going on camping trips.

I have called the move a migration. The motorcade consisted of a Chevrolet station wagon with the rear seat turned down so that a quilt-covered level space was available for the children to play on and lie down. An attempt was made to keep this area relatively clean by having the children kneel on the edge of the area when getting in and having their feet or shoes wiped with a cloth. To the station wagon was attached a homemade metal trailer containing our entire luggage, which was covered with a canvas tarpaulin secured at the sides with wooden strips and small C-clamps. Behind the trailer came the Chevrolet sedan. The children rotated between riding in the station wagon and the sedan. I usually drove the station wagon and Catherine drove the sedan. The confinement of the children for long periods of time was trying and there were frequent personal conflicts but they read comic books and played cards. Whenever the motorcade was stopped, the children were able to go to a restroom and run about.

Expenses incurred on the trip are not relevant except as comparison with modern prices. For the station wagon, gasoline cost \$39.31 and oil cost \$1.22. For the sedan, gasoline cost \$30.07 and oil cost \$0.45. The total for lodging for eight nights was \$72.00. There is no total available cost for food but we ate breakfast in our motel rooms, which consisted of cereal and milk bought at a nearby market. I do not remember what we had for lunch but it probably consisted of sandwiches, which Catherine had made before leaving our rooms in the morning. The only restaurant meals were eaten in the evening if we arrived at a motel early enough. No prior reservations were made for places to sleep. In late afternoons we began looking for a suitable looking motel at which to spend the night. Our requirements for lodging were rather difficult. What we requested was two connected rooms, each with two double beds. Even this was not adequate for nine persons but Charles usually slept in a sleeping bag on the floor. Usually what we requested was not available and we had to take what was available. In general, the motel keepers were sympathetic and tried to provide us with adequate accommodations.

The exact date that we left Rochester is not remembered. With her miraculous memory, no doubt Catherine would know but she no longer is available. By calculation, I believe that we left on a Tuesday. From Rochester, MN, we went south on Highway 63 then west on Highway 16 to Worthington, MN and south on Iowa State Highway 33 to Sioux City, IA, where we crossed the Missouri River. Then south on Highway 77 to Freemont, KS, passing only a few miles east of Pender, NB., and then west on Highway 30 to our first stop at Valley Court Cabins in Schuyler, NB. We then followed Highway 30 all the way to Salt Lake City and then Highway 40 to Sacramento, CA and finally Highway 50 to the San Francisco Bay area.

The second day we passed through North Platte, NB and stopped for the night at Lakeside Motel at Ogallala, NB. Here we visited the Fort Kearny State Park where there was a very realistic looking mounted buffalo. A picture was made of Charles holding on to one of the buffalo's horns and later, when the picture was shown to my Mother, she was petrified because she thought the buffalo was alive and we had allowed her grandson to touch it. The next stop was in Cheyenne, WY where we stayed at Twin Chimneys Motor Court, 2405 E. Lincoln Way. The fourth night was spent at the Jade Motel in Rawlins, WY.

The fifth night we arrived in Salt Lake City, UT very late on a Saturday night. The Country Club Motel had no regular accommodations but when the lady saw our group of sleepy children she agreed to make some room for us for one night. The next day we moved to the Bradfield Motor Lodge, 1213 E. 21st South, Salt Lake City and, it being Sunday, Catherine and the children went to mass in the morning and we did some sight seeing in the afternoon. The next morning on the way out of Salt Lake City we stopped at the Great Salt Lake and went swimming. Then we crossed the desert and stopped at the Random Inn, Elko, NV. The eighth night was spent at the Sonoma Inn in Winnemucca, NV. On Wednesday we arrived at the Sierra Mountains. When we stopped to buy gasoline at a filling station about 4 PM in Truckee, CA, a few flakes of snow were falling. The attendant asked if we intended going west over the pass. When told that we were, he told us that we had better hurry, as the Highway probably would be closed in an hour or so because of the snow. This frightened Catherine and Mrs. Berg but we decided to proceed. About halfway up the grade the road began to get slippery and the trailer tended to slip sideways. We had to go very slowly and night came on, making matters worse. By the grace of God, we made it over the pass but had to maintain a slow pace.

The first place with any accommodations we reached was Auburn, CA. We were cold and hungry and still a bit frightened but the first motel where we stopped had rooms for us. Nothing warm to eat was available but even cold food tasted good. The next morning the sun was out and most of the snow had melted, so we were able to appreciate our first day in California. The decision was made not to rush to Palo Alto. We proceeded casually through Stockton and Tracy, stopped at San Jose Mission and the site where gold was discovered in Coloma, to arrive at 125 Lowell Ave., Palo Alto, CA about 4 PM.

PALO ALTO HOUSING AND SCHOOLS

When I had visited the Palo Alto Medical Clinic(PAMC) in August of 1954 and had made arrangements to join the Clinic, an attempt was made to find a house in which to live when we were to arrive in October 1954. Not much success was being made in finding a suitable house until the day before I was to leave Palo Alto to return to Rochester, MN. Mrs. Maude Cardwell located an advertisement in the Palo Alto Times newspaper of a house for rent at 125 Lowell Ave., Palo Alto for \$125.00 a month. A quick inspection showed the house to be conveniently located about eight blocks from the Clinic. It was an old two-story house on a very small lot but it had four bedrooms and seemed adequate to accommodate our family until Catherine could select a house of her choosing. The redeeming feature was that the adjoining lot was vacant. A not so advantageous feature was that the house was located a half block from the Southern Pacific Railroad tracks. Because of the urgency of having a place to move into, the house on 125 Lowell Ave. was rented. Payment had to be made for September, October and November even though we were not to arrive in Palo, Alto until late October.

Temporary requirements for food and shelter for the family having been met, the next problem was almost as urgent for Catherine, that of getting her children in a school. The

parochial schools were completely full and no vacancies were expected to be available in the near future. This was a severe disappointment to Catherine and the children had to be admitted to the Walter Hayes public school, which was within walking distance of our house. John was admitted to the sixth grade, Mimi to the fourth grade, Jane to the third grade, and Charles to kindergarten. Walter Hayes was considered to be a good school but Catherine was determined that her children would get a catholic education. She pestered Father McHenry, the pastor of the Palo Alto parish, but to no avail. Finally she enlisted the help of Montsignor O'Day in Rochester, MN to pressure Father McHenry. This proved to be effective and in February 1955, John, Mimi, Jane and Charles were admitted to St. Thomas Equinas School and in the fall of that year Sarah and Louise were admitted. They all eventually graduated at St. Thomas and went on to catholic high schools- John to Bellarmine in San Jose; Mimi, Jane, Sarah, and Louise at ; and Charles at St. Francis in Los Altos, CA.

HUNTS FOR HOUSES

From the time that Catherine first looked at the house at 125 Lowell, Palo Alto, she decided that it was not satisfactory. For three years she looked at houses with real estate agents and roamed the neighborhood about 125 Lowell Ave., knocking on doors and asking the occupants if that house was for sale, or might be for sale in the near future. She had made arrangements with several families that, as soon as some chronically ill member of the family died, she would be notified and be given first option to buy the house.

During the three years that we were living at 125 Lowell Ave., oral contracts were made to buy two other houses. One was located on the Stanford University Campus. At that time, clinical professors of medicine could buy houses owned by University faculty and lease land from Stanford University. According to the provisions under which Governor Leland Stanford had given the land to the University for a campus, no land could be sold but could be leased for 99 years. In about 1957 a member of the Stanford Faculty and his wife had separated and they put up their house for sale. Catherine was not excited about the house but she was desperate to move and we agreed orally with the husband to buy the house. Unfortunately, the husband and wife agreed to reunite before the financial arrangements could be made for our purchase of it.

Another house was bought and got to the escrow stage but we did not get it in the end. The older sister of Dr. Blake Wilbur, with whom I did half of my operations, developed a brain tumor, which could not be removed. Eventually she died and Dr. Wilbur, knowing that I was trying to find a house to buy, asked if we would be interested in buying his sister's house near where we were living. Dr. Wilbur was the executor of his sister's estate. Catherine did not think that the house was quite large enough for our family but it was in a good neighborhood and by this time Catherine was getting a bit desperate, so I told Dr. Wilbur that we would buy the house. No contract to buy was written since the terms of sale were clear to Dr. Wilbur and me. The transaction went to escrow and I was asked if I wanted to make a down payment, even though such was not necessary. Not seeing any advantage in tying up funds, no down payment was made.

Thinking that we would be moving into the house in the fall of 1956, I kept the landscaping on the lot watered all summer. My Dad and Mother visited us that summer and Dad would go with me to do the watering. However, he would not help with the watering because he said that the place did not belong to me. Later he was proven to be correct. One of Dr. Wilbur's nephews, who had grown up in the house, decided that he wanted to buy the house from his mother's estate. As executor of the estate, Dr. Wilbur was embarrassed to have to tell me that

his promise to sell the house to me would not be honored, but that the house would be sold to his nephew instead. There was nothing that I could do but accept Dr. Wilbur's decision. I did collect the estimated cost of Mother's and Dad's travel to Palo Alto as expense I had incurred in preparation for funds with which to purchase of the house.

Now Catherine was back to looking at houses with real estate agents. One of these was Marion Clark, who was the wife of Dr. Austin Clark, one of the Palo Alto Clinic internists. Finally, Marion asked Catherine if she might be interested in a house out in the country, which had been on the market for two years. Having had experience with the demands of having to transport children to school from a home located outside the city limits in Rochester, Minnesota, Catherine did not think she was interested but agreed to look at the house. It was a large Monterey style, well built house on 2 ½ acres of land in the recently incorporated town of Los Altos Hills, CA. Catherine was attracted to the home as a place to raise her family and she finally decided that the advantages of the place outweighed the disadvantages of transportation.

The house at 26311 Esperanza Drive, Los Altos Hills, CA had been built by Mr. A. J. Fowle in the 1930's. Mr. Fowle was a mining engineer who had owned the Esperanza silver mine in Mexico and apparently had made a considerable amount of money. When Mr. Fowle retired and moved to Los Altos, he bought 20 acres of land and built a six bedroom house with four full and two half baths. The house was built during the economic depression of the 1930's when high quality materials were available, Mr. Fowle had the funds to buy the best, and he was a knowledgeable engineer with some characteristics of a perfectionist. The result was a very well built house.

When Mr. Fowle died, his family planned to subdivide the 20 acres and wanted to finance the subdivision with funds from sale of the house and 2.5 acres. For two years there was no sale. Finally I offered \$40,000.00 for the house and lot. The family accepted my offer of the house with 1.2 acres of land. The minimum size lot in Los Altos Hills was one acre. I had \$25,000.00 from the sale of my house in Rochester, MN for a down payment and could borrow the rest, so the sale was made on 13 Feb 1957. My family and I enjoyed the luxury and spaciousness of this house for over 38 years. In the light of the value of real estate in Los Altos Hills in the year 2000, the price paid for the lot and house now seems very low. However, this price was certified to be better than 90 percent of the appraised value in 1957. As with the house purchased in Minnesota, the question arose about how rapidly the debt for the house should be paid. Essentially there are two attitudes about this question. There are some who have no interest in paying the principal, and there are others who have principles about paying interest. I belong to the latter group. This policy met with some opposition from Catherine, who wanted to spend more of our income on furniture for the big house.

Eventually, both objectives were accomplished through the ability of Catherine to accomplish some shrewd bargaining. At that time, many families were moving from the east coast of the USA to California. Since prices were higher in California, it was an advantage for these immigrants to California to ship their household furnishings. However, when some of these families elected to move back east, it was advantageous to sell their furnishings in California and buy new furnishings at the lower prices in the east. Catherine was quick to take advantage of this situation. She regularly scanned the "for sale" advertisements in the newspapers. When some item seemed interesting, she would make an appointment to see it. If it met her needs and her demands for quality, she would bargain about a price. If an agreement were reached, I would take the old metal trailer, that had been purchased in Minnesota for

hauling our luggage to California, and pick up the item. In this way, Catherine was able to furnish the six-bedroom house at 26311 Esperanza Dr., Los Altos Hills, CA with nice furniture.

As an example of Catherine's love of bargaining, the following incident is reported. The family made a visit to Juarez, Mexico. On reaching the market, immediately Catherine saw a leather purse that she liked and began to bargain with the shop owner about a price. The children and I soon got bored and left to explore the rest of the market place. About two hours later, when the time for us to leave was approaching, we began searching for Catherine. She was found at the same leather shop still arguing about a price for the purse. We had to leave, but when we were about a half block down the street, the shop owner came running after us and accepted the best price Catherine had offered for the purse. All Catherine ever saw of Juarez was one leather shop but she had the satisfaction of having gotten the purse at her price.

On the way home while passing through the customs office I honestly denied having any type of contraband. After we got to the car, it was found that one of the Twins had some firecrackers in her bag.

GETTING SETTLED IN LOS ALTOS HILLS

The newly purchased Fowle home at 26311 Esperanza Dr. had been vacant for two years and the landscaping had been neglected but the house was as solid as ever. Bats had roosted on the walls high up under the eaves and their droppings had streaked the walls almost to the ground. There was some difficulty encountered in convincing the bats that the house no longer was their home.

The stucco walls on the southern and eastern sides of the house were covered with vines. This gave the house a rustic look but I was told that it was not good for the stucco to have vines growing on it. Removing the vines was no great task, but the thousands of tiny pads about the size of the head of a pin, which the vines had grown to fasten it to the stucco, were a problem. Finally they had to be burned off with a gasoline torch.

The house had three fireplaces. The one in the living room would admit the burning of logs up to four feet in length. The one in the study was smaller and could be used with a grate to burn coal but we used only short sticks of wood about two feet in length in the study fireplace. The fireplace in the master bedroom was never used during the entire time we lived in the house. Wood for burning in these fireplaces was no problem. With a Sears bow saw, the children and I sawed wood from several sources - fallen limbs from the two stone pines east of the house, dead apricot branches and stumps from the orchard, broken limbs from the eucalyptus trees that I had planted soon after we moved, and the several Monterey pines on the adjacent lot that got infested with beetles and had to be entirely removed. By permission, we even sawed fallen eucalyptus limbs on the Stanford campus and have pictures to prove it.

A woodpile was started down the hill at the edge of the orchard and firewood accumulated on the pile faster than we burned it, with the result that some of the wood on the bottom of the pile rotted before it was needed for burning in the fireplaces. Wood for a huge fire was laid in the living room fireplace each Christmas Eve, it was lighted early Christmas morning and kept burning all Christmas day, so that the fire became one of the Christmas rituals.

The house had a large reliable furnace located in the basement that had originally been fired by coal, later by oil and much later we had natural gas piped in after the housing subdivision was developed in which the house was located. This furnace furnished hot water to the radiators through out the house. However, the house was so large that it was too expensive to

keep all of it heated, so the radiators were kept closed in the parts of the house that were not being occupied. I frequently built a small fire in the study when I was working late at night.

During the two years the house was vacant, nature began to take over. At the northeastern corner of the house was a large acacia tree. By climbing up the acacia tree, squirrels could get onto the roof and, through openings under the eaves, gain access to the open space under the roof. There they built nests of leaves and had a nice warm dry homes. At night, their scampering around disturbed sleep in the bedrooms below. The acacia tree was removed and my son John dug up the roots. This did not bar the squirrels from getting onto the roof. Instead of the acacia tree, the "strawberry" tree near the garage was used as a ladder for getting on the roof. Finally the openings under the eaves, through which the squirrels had crawled, had to be covered with sheet metal.

The squirrel problem was minor compared to the woodpecker problem. When the house was being constructed, tile pipes, four inches in diameter, had been incorporated in the house walls to allow ventilation of the crawl space under the roof. Through these tiles, woodpeckers could crawl to get into the space under the roof, which then served as a warm dry haven and an ideal place to build a nest. Prolonged abode naturally lead to the deposit of large amounts of bird manure. Fortunately, the area was dry. Wet manure would have resulted in a foul odor in the rooms just a thin thickness of ceiling away. These woodpeckers were larger in size than common red-headed woodpeckers and more like what we called "sap suckers". The larger birds increased the amount of manure.

Entry to the space under the roof was easily barred to the woodpeckers by placing coils of wire in the tiles. The woodpeckers never ceased trying to remove to the wire and their efforts resulted in a scratching sound heard inside the house. However, this scratching sound was minor compared to the next maneuver of the woodpeckers. They moved up the wall to the apex under the roof where there was a projecting timber on which to perch and proceeded to try to peck a hole through the plank at the junction of the stucco of the wall in order to get inside. The staccato of pecks on the board sounded like the firing of a machine gun. This problem had existed before I bought the house, since there were holes in the wood made by shotgun bullets. Over a period of about a decade, I trapped two woodpeckers and shot three when they were disturbed and lighted in trees within 410-gauge shotgun range. Either the woodpeckers have a long life span or were able to communicate to subsequent generations about desirable living locations.

In general, the family agreement was that Catherine and the four daughters would take care of the chores inside the house, while the two sons and I would care for the outside. With the exception of the short time when Mr. Talboy did some of the gardening, this arrangement was followed of the outside work. Mr. Talboy was a Stanford University graduate who had served as a U. S. Postal letter carrier until he retired, then did some gardening for some of his friends. He was almost completely deaf so one rarely took the trouble to try to tell him what needed to be done. He brought many plants from his own garden and planted them wherever he thought were the appropriate places.

Much later in life my son John was talking to his younger brother Charles and heard to say, "There was one thing that Dad taught us, and that was to work". John remembers climbing a ladder to cut limbs of the stone pines 20 feet long, which had been twisted by storms from the south. Later John painted the outside of the house, including the stucco and trim, and did an excellent job. Charles installed a water sprinkling system to water the lawns. For two years

Charles harvested the apricots in the orchard and sold them commercially. A little parental pressure had to be applied to get the girls to cut the apricots, remove the seeds, and place the halves on a tray for heating in an enclosure where sulphur was burned before the trays were put out into the sun to dry. All the children had had some experience cutting apricots for Mr. Trodeson, along with the migrant day laborers. The girls were paid the usual wage for cutting the apricots but somehow doing it for Charles was different.

With four daughters, Catherine had a larger work force in the house. By chance she became acquainted with Mr. Schotten, who had a paint store in Los Altos, CA. In discussing paint for the inside house decoration, which every woman demands for her new nest, it was discovered that not only did Mr. Schotten sell paint, he also did painting and did it well. In addition, he was an excellent carpenter and cabinet-maker. He and Catherine became good friends, so he worked for us for many years.

When Mr. Fowle lived in the house he had a full time maid and a full time gardener. The maid had her private room and bath near the kitchen, while the gardener had a cottage adjacent to the detached garage. Mr. Schotten removed the partition between the maid's room and the butler's pantry to provide a larger family room. By changing the maid's full bath to a half bath, a space was created for a television cabinet. Cabinets were built along the inside wall of the family room for more storage. Eventually the kitchen cabinets were moved to the adjacent laundry room and the whole kitchen modernized with metal cabinets.

Mr. Schotten had a sad ending. He smoked one cigarette after another and had a chronic cough. His Christian Scientist wife would not let him be examined by a physician. Finally, I paid for him to have an xray of his chest at the Palo Alto Medical Clinic. It was too late. He had a cancer of the lung, which had spread to one of his ribs and was too extensive to be removed. He died a lingering death without the benefit of any treatment except readings by a Christian Science reader.

PART TWO

Palo Alto Clinic

Dr. Russell Van Arsdale Lee had a profound effect on my life. He was the son of a Presbyterian minister trying to convert the Mormons in Utah. The ring of mountains surrounding his home in Utah were sensed as prison walls, from which he escaped to Palo Alto, California and graduated in medicine from Stanford University. In 1930, Dr. Lee was practicing general medicine in shared offices with a pediatrician, Dr. Esther Clark; a surgeon, Dr. Fritz Roth; and another general practitioner, Dr. Lee Neeble.

The dream of establishing a multiple-specialty medical clinic, somewhat similar to that of the Mayo Clinic in Rochester, MN or the Cleveland Clinic in Cleveland, OH. came to Dr. Lee and never left. Mind you, this was in the depth of the Great Depression of the 1930's when some people did not have enough money for food and lodging, and little for health. In addition, the concept of "group practice" was a dirty word in the medical world. Even the American Medical Association considered doctors practicing as a group to be unethical. In fact, Dr. Lee tells the story that the president of the Santa Clara County Medical Society notified Dr. Lee that all the doctors who joined the Palo Alto Medical Clinic (PAMC) would be expelled from membership in the County Society. Dr. Lee's response was that immediately after any expulsion of a Clinic physician from membership, the Society would have a lawsuit to deal with. No lawsuit ever was brought.

In this environment, growth of the Palo Alto Medical Clinic was slow. Many Clinic physicians enlisted in the military services during World War II (WWII) and maintenance of health care in Palo Alto and surrounding areas was difficult. This situation changed drastically after WWII, when many former PAMC physicians returned to practice medicine in Santa Clara County, CA. Many military personnel of all kinds had served at stations in California during WWII and had experienced the advantages of living in the favorable climate. Post-war, the population of both citizens and physicians increased rapidly. Most of the physicians had experienced the advantages of group practice in their military service and were looking for those advantages in their new clinical practice. Under these circumstances, the PAMC grew rapidly and Dr. Lee and partners added specialists in most of the medical specialties.

The addition of an anesthesiologist to the partnership had been considered several times but never accomplished. In 1953, Dr. Philip Lee, a son of Dr. Russell Lee, was serving a fellowship in internal medicine at the Mayo Clinic. Somehow we met and our families enjoyed each other. Some of my children were old enough to "baby-sit" for the Lee children. On one of Dr. Russell Lee's visits to Rochester, MN, Dr. Philip Lee arranged for me to meet Dr. Lee and learn about the advantages of partnership in the PAMC and living in Santa Clara Valley. Dr. Lee was a good salesman and the upshot was that in August 1954, I visited the PAMC and was impressed. One physician whom I interviewed at the PAMC during my visit was Dr. Al Snell, who had been an internist at the Mayo Clinic before WWII but afterwards had joined the PAMC. Dr. Snell's terse

summary of the PAMC was that all the partners were working hard but enjoying every minute of it. Many of the PAMC partners had had their training at the Mayo Clinic and were known to me. All of them recommended that I join the PAMC.

Dr. Grant Fletcher, who had been a fellow in anesthesiology with me at the Mayo Clinic and had graduated from the Stanford Medical School, had informed me that, even though the move had not been announced, the Stanford Medical School was to be moved from San Francisco, CA to the Stanford Campus near Palo Alto. This assured me that the advantages of academic medicine, such as teaching, would be available to me.

From my experience during internship at the Marine Hospital, as already described, I could expect relief from the sometimes-debilitating symptoms of hay fever, which had plagued me almost everywhere I had lived. This was a potent argument for moving. Of course, moving involved my whole family. The children were not old enough to appreciate the advantages and disadvantages of moving. My wife Catherine had lived much of her life in Rochester and was not enthusiastic about leaving. However, like the faithful wife that she was, she was willing to do whatever was best for her family. It is possible that, in spite of the considered advantages, the decision to move would not have been made had not a change have occurred in Mayo Clinic Administration. The Governing Body of the Mayo Clinic refused me a promotion in the Anesthesiology Department without explanation. This was taken to mean that, unless the membership of the Governing Body changed, my position in the Anesthesiology Department might be limited throughout the future. It is my opinion that this was not the determining reason for our move, but was perhaps the trigger that led to the move at that time.