THE HORSE AND BUGGY DOCTOR

by

ARTHUR E. HERTZLER, M.D.

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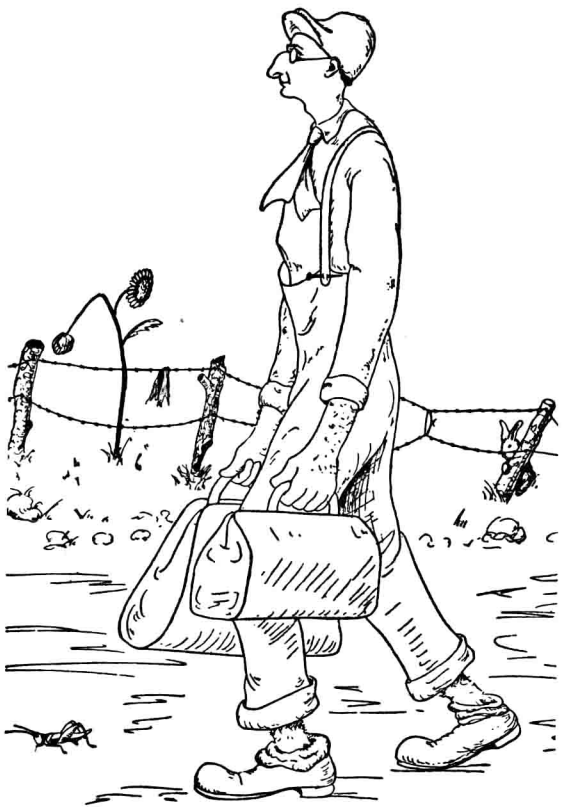

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FIRST EDITION

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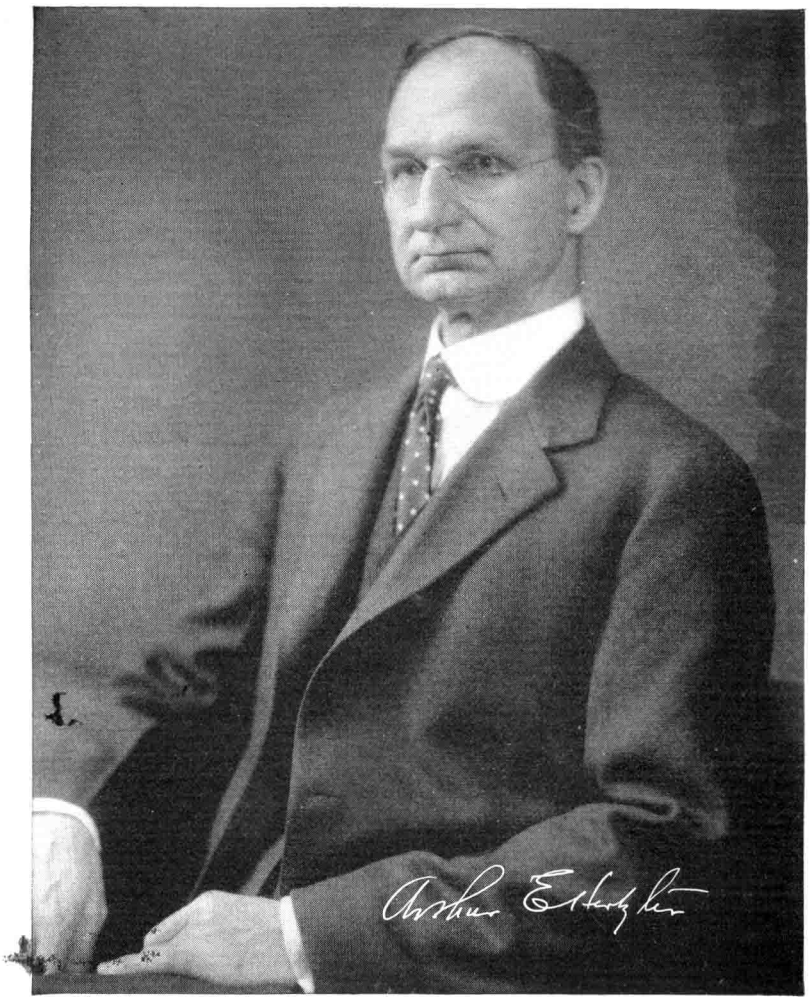


An old country doctor "in the last half of the seventh inning."

To

AGNES, HELEN AND MARGARET

My Daughters

PREFACE

LET THIS SCREED BE A WARNING TO ALL THOSE WHO FEEL AN urge to take up a pencil. It began innocently enough. My kid daughter, a trained nurse, being possessed of a small son, desired to know something of my early life so that she might institute prophylactic proceedings before it was too late.

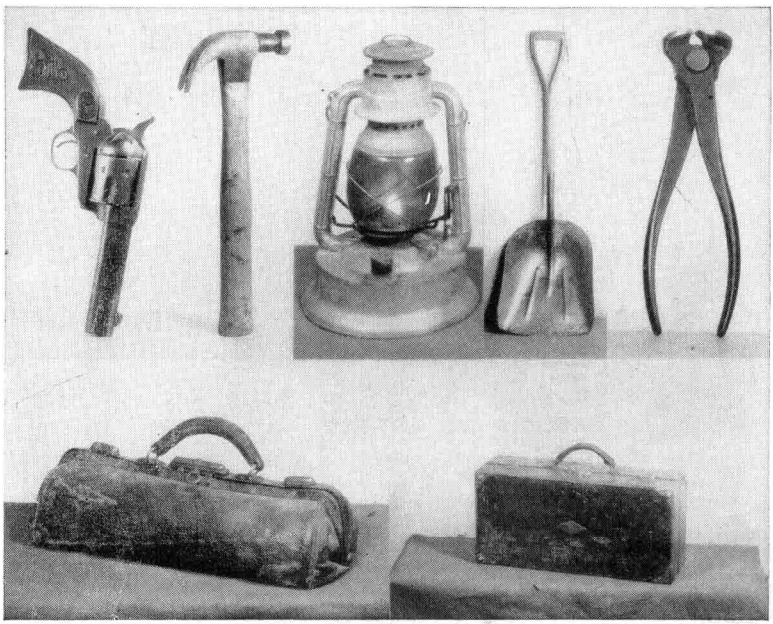
I chanced to tell a publisher friend, as an excuse for the delay in more important writing, what I was doing. At once he began his seductive procedures. He wanted to see what I had written. The argument presented was that there should be a record of the old country doctor by one of the species. Admitted. I prepared to write one anonymously. Rejected, because it might cast suspicion on some innocent colleague. Unanswerable. I started to write in the abstract, but it sounded like a sermon or a newspaper editorial. Terrible. Concrete cases had to be inserted to give point. I was urged to make it more and more personal. I protested modestly. A lifelong friend countered that it was a fine time to profess modesty after one had taken a bath in a glass bathroom located on Main Street. The argument was unanswerable.

I had to sacrifice my better judgment in telling the story as an individual. To write a life story when one is still in the height, or depth, of one's life work is, to say the least, premature. But

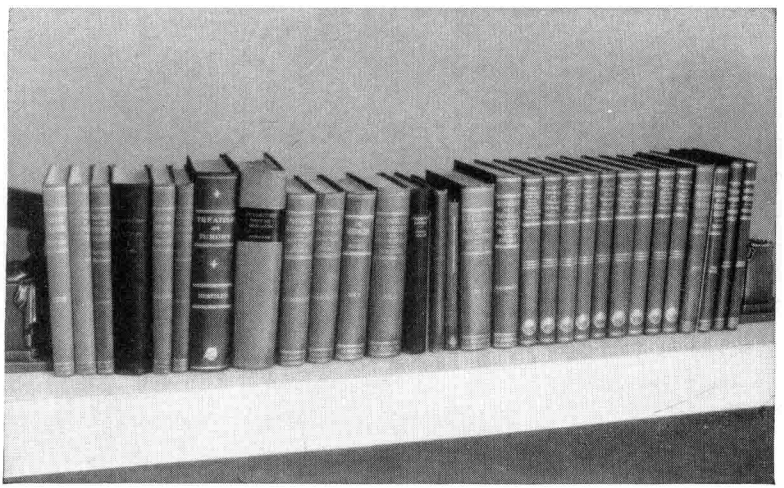
it is not individual, because the same account might have been written by countless thousands of old country doctors with, of course, personal variations. Therefore it is in no sense an autobiography. It is a history of my own times. It is personal only as far as is necessary in order to give it point. I have put down the facts as they unfolded themselves, as far as the material made it possible to do so. It is not an autobiography in that I have carefully avoided revealing my own philosophy of life, though I may seem to have done so. The facts presented are general, not personal, and can be defended on scientific grounds. A doctor of medicine may think one thing and feel another. It takes both thought and feeling to make his philosophy of life. The first he develops; the other is largely hereditary.

A. E. H.

Physician and surgeon (about of 1894).



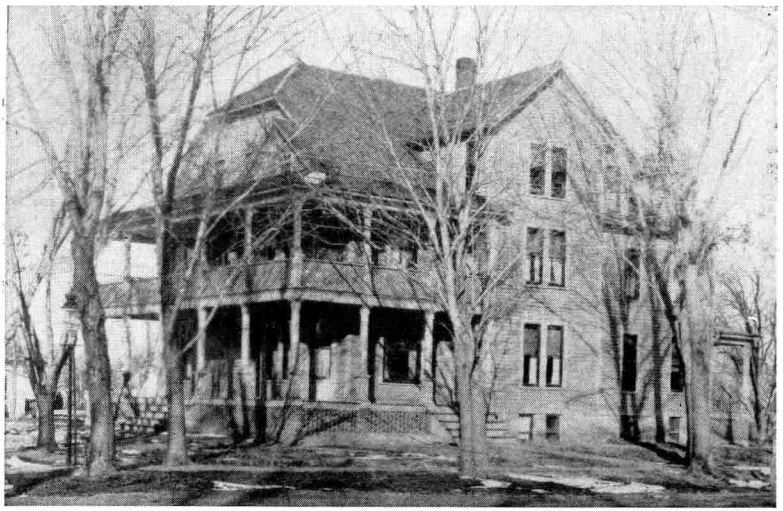
The implements of travel of the country doctor. *Above, left to right:* Colt "Peacemaker," carpenter's hammer, lantern, scoop shovel, wire cutters. *Below:* instrument bag, medicine case.



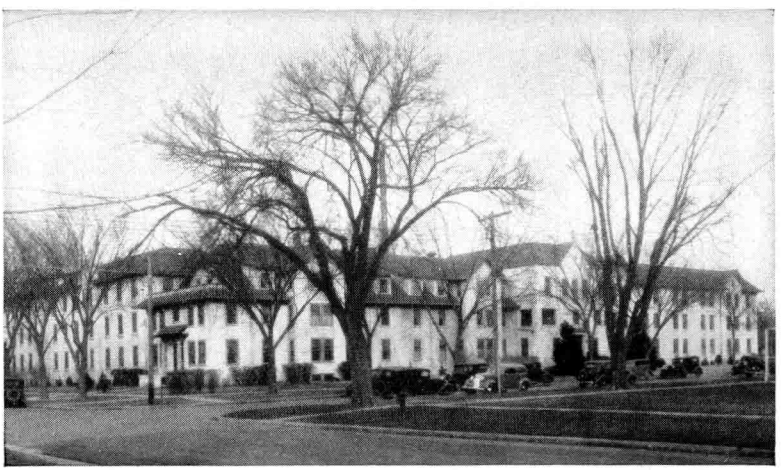
A country doctor writes himself some books. (I feel I must here quote John Hunter: "Do not ask me what I have said, nor what I have written but what I think today and I will tell you.")

Almost an exact replica of Old Jack and the buggy of more than forty years ago. This and the following illustration are reproductions, for citation purposes, of old doctors' scenes.

Representing a very accurate reproduction of an operation for perforated ulcer. The "monkey" stove, the old lantern on the china closet and the kitchen table, the overalls on the patient's legs are faultless. The dishpan on the floor should have been on the chair, the chair within reach of the operator.



The first building in these parts to be built for hospital purposes.



A country doctor's hospital today, showing two sides of a rectangle. The north and east sides are four story with basement. Total length 576 feet.

CONTENTS

CHAPTER 1

"PROTECT US, O GOD, FROM DIPHTHERIA!" THESE RINGING WORDS uttered by my father at morning prayers were my first introduction to the tragedy of diseases. The atmosphere in our home that morning was tense. Father and mother ate no breakfast, and we children, not knowing why, left the large platter of fried mush, which usually quickly disappeared, practically untouched. Soon father left home dressed in his Sunday clothes. Mother, pale and silent, continued to walk the floor, wringing her hands and going to the window now and then to look down the road. I followed and looked up and down the road too, but saw nothing. Some hours later a long line of teams came slowly down that road. Driving the lead team, a strange one, was my father, and beside him sat a man I did not know. In the bed of the farm wagon were three oblong boxes. Following were spring wagons, farm wagons, and a large number of men on horseback. Questions directed to my mother brought no answer. Father returned home after many hours and cryptically announced as he came in the door: "Five more." Mother sank into a chair and covered her face with her apron.

As days wore on I learned that the wagon had borne the coffins containing the bodies of three of my playmates. Five more followed in quick succession. Eight of the nine children

in that one family died of diphtheria in ten days. There remained only a baby of nine months. The mother took to carrying this child constantly even while she did the farm housework. Clutched to her mother's breast, this child seemed inordinately wide-eyed as though affected by the silent grief which surrounded her. I used to steal away without knowing why and visit this home. There was something fascinatingly tragic about it. Watching that mother, I was learning then, though I did not know it, that it is not the dying but the living who suffer.

Only slightly less terrible was the havoc wrought by diphtheria in other families. I know of several cemeteries which contain four or five graves made within a week or two. In fact, there were few families in those days which had not suffered from this devastating disease. In my early practice a family history usually revealed that some member had died of one of the infectious diseases of childhood, of which diphtheria was the chief.

The reign of terror during a diphtheria epidemic brings out a trait common to the entire human race: when confronted with unknown perils people seek aid from some Supreme Being. Prayers for protection literally filled the air in those days of doom. There was no appeal to the science of medicine because there was none. The prayers were all abstract supplications; no one prayed that the doctors might find a remedy. No one thought of this possibility. The pious may believe that these prayers were answered through the instrumentality of doctors after a remedy was discovered. Nothing better illustrates the passive reliance on an unseen being than the text chosen by the ministers who preached the funeral sermons of these young victims: "The Lord giveth and the Lord taketh away." It also shows the universal tendency to place the blame for disaster beyond the pale of our own efforts.

In order to appreciate the distance medical science has traveled, let us picture the course of a typical case of diphtheria fifty

years ago. The child is dumpy, listless and feverish. It may or may not complain of sore throat, for diphtheria is much less likely than tonsillitis to produce local symptoms. The membrane more or less covers the tonsils and the adjacent regions of the pharynx, even into the nose. The pulse rate becomes rapid, even running, and thready until it is uncountable. In some cases the membrane extends to the nose; one detects this extension by the appearance of obstructed nasal breathing. These cases die of toxemia, the effect of the poison produced by the bacteria. This caused the death of approximately a fourth of the patients about the sixth day. Sometimes the patient seemed better on the fourth and fifth day and the parents became hopeful. The doctor, noting the obstructed nasal breathing, knew those hopes were unfounded. Shall he tell the parents now that the child is doomed or shall he wait a few days, letting them hope until the blow falls?

More dramatic still were those cases in which the disease began in the larynx or extended to it from above. The membrane gradually clogs the lumen of the windpipe. The child, fevered and delirious, becomes bluer and bluer as the windpipe fills up. He is too busy breathing to cry. The appearance of the deeply blue face is made more terrible by the bulging, unseeing eyes. The head and shoulders pull back, the hands twitch. Then the entire body relaxes and the face becomes less livid. The child is dead. I sat through such a terrible night once, inactive—just once.

Nor was diphtheria the only disease of bygone days that decimated, even several times plus, many families. Scarlet fever swept entire neighborhoods, destroying many children directly or indirectly by involvement of the kidneys or by brain infection due to the invasion of the middle ears. The latter complication when it did not kill often resulted in deaf-mutism. Scarlet fever is as infectious as diphtheria but much less fatal.

It ran its course in a week or ten days, and death from collapse, though not common, sometimes occurred.

Measles, though less fatal than diphtheria or scarlet fever, added its quota to the casualty list of childhood. Of all diseases it is the one most readily disseminated. If housing facilities were poor, pneumonia was a frequent complication which resulted fatally in many cases and in many more left constitutional defects. I had experience enough with this disease in my early years of practice.

Since measles is much more fatal in adults than in children, mothers were anxious that their offspring should have the disease in childhood. My mother sent me, when I was nine years old, to play with a neighbor boy who had the disease. We played dominoes several hours but I took nothing. This is inexplicable because, as already mentioned, measles is the most readily spread of all infectious diseases.

Smallpox was the only infectious disease which the profession knew how to combat. Vaccination was already known and practiced in a crude sort of way. Because of this crudeness infections sometimes resulted, giving rise to skepticism as to the value of the preventative. Instead of using "points" as is done now, the vaccination was done from patient to candidate. A healthy child who had been vaccinated and had a good "take" was selected and the children to be vaccinated were lined up before the donor. The doctor scratched a little place on the skin on the upper arm until the blood began to ooze and then, dipping the lancet into the pus of the lesion on the arm of the inoculated child, rubbed it over the denuded area of the candidate's arm.

Then, even as now, tuberculosis was the great and universal scourge. Here also the etiology was unknown and it was generally considered a constitutional disease with the local lesion as secondary. This was the status when I was a child. The incipient stages of the disease were mistaken for the precursors.