

The 22nd Annual Terry C. Shackelford, MD, Memorial Lecture My Father's Black Bag: Medicine in the Great Depression

Abstract: This commentary, given on November 18, 2004 as the 22nd Annual Terry C. Shackelford, MD, Memorial Lecture, recounts Dr. Walter Benjamin's poignant memories of his father's medical practice in the rural community of Pipestone, Minnesota. His stories illustrate the many differences between today's health care consumer and the patients of what Benjamin calls the "Golden Age" of medicine.

—by *Walter W. Benjamin, PhD*
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This presentation is taken from my recent book, *The Magical Years*, whose cover shows two proud brothers, Robert and Walter Benjamin. The date is 1936. We are 12 and 10 years old, respectively, and proudly display a 17-pound Northern Pike and a 10-pound walleye caught in Woman Lake. Bob, as many of you know, was a general surgeon at Park Nicollet for many years.

Historians consider the Great Depression, after the Civil War, the second greatest psychic assault on the American soul. It began on "Black Thursday," October 24, 1929, when the stock market crashed. Unemployment rose to 25%. It ended a decade later, September 1, 1939, when Hitler sent his Panzer Division into Poland. Even with the New Deal, unemployment did not drop much below 14% to 17% during the decade. Historians still debate its causes: (1) reckless stock market speculation, (2) the 1930 Hawley-Smoot Tariff Act that shut down global trade, and (3) the punitive reparations of the Versailles Treaty that destroyed Germany's economy and spawned the evil virus of Fascism. We will never know how close we were to a revolution.

During the early 1930s, a drought of epic proportions struck the Midwest. Twenty-two states were "burned out,

blowed out, and boiled out." John Steinbeck's classic, *The Grapes of Wrath*, poignantly describes the national tragedy. Massive "brown rollers" from Texas to Alberta moved across our land. On bad days streetlights in cities as far east as New York City had to be turned on so traffic could move. My father, a doctor, told new mothers to put damp muslin clothes over the cribs of their babies. We put Vaseline into our nostrils in an attempt to keep dust out of our lungs.

My father came to Pipestone in the fall of 1924 from a general surgery residency at the Mayo Clinic. He was still on his medical "honeymoon" when the economic bedrock of our country shattered. I was only 3 years old and had yet to learn how to tie my shoes.

The Golden Age

Nevertheless, this era has been called medicine's "Golden Age"—golden not because of financial return but because the art of medicine was preeminent. The result was a deep emotional bond between physician and patient. In addition to doing office visits, physicians saw their patients in their homes, on Main Street, in church, at athletic contests, and much more. It was golden because physicians were entrepreneurs who

controlled their own medical turf. There were no “third-party” payers. The classic paradigm of medicine depicted by the English artist, Sir Luke Fildes, was deeply embedded in the patient and physician psyche. Inspired by the death of his son and the devotion of Dr. Gustavus Murray who attended him, Sir Fildes’ painting shows the moment when, as dawn breaks, a child shows the first sign of recovery. The image of the quiet heroism of the family doctor was a huge success with the late-Victorian public. Created in 1891, 2 years before my father’s birth, the piece now hangs in the atrium of the American Medical Association (AMA) headquarters in Chicago.

Pipestone was an “Our Town” type of community of 5,000 people. A place where Norman Rockwell could have found a dozen characters for his *Saturday Evening Post* covers. Of course, for the cynic of Sauk Center, Sinclair Lewis, Pipestone was full of Babbit-Boosters and Elmer Gantrys—simple folk who were glad-handlers and back-slappers, full of gossip, but with little culture and even less gray matter. But Lewis’ critique, as a member of the “chattering class,” tells us more about him than it does about the legion of “Our Town” Pipestones across our land. However humble their attainments, the folk of Pipestone were not conned by externals. They knew that honor was a gift that a man made to himself. They embodied standards and the expectations of virtue and integrity, duty and honor,

civility and promise keeping. Father decided to practice in Pipestone because of the granite bedrock of character as exemplified in Grant Wood’s classic portrait, *American Gothic*. Painted in 1930, Wood loved Iowa and always shied away from the claim that he was satirizing the Midwest. Beneath the surface of this couple is the stoicism and endurance to suffering and penury that my father came to appreciate in his patients. “Gothic,” of course, can mean crude or underdeveloped, but here it symbolizes an enduring character type in rural America.

My childhood was void of the din of television, corporate-dictated 2-year moves, easy divorce, 4-letter words in public, nudity, abortion, illicit drugs, and R-and X-rated movies. Men opened doors for women, rose when women entered the room, and did not eat with their hats on. Females did not reveal their breasts, buttocks, and belly buttons in public and only military “lifers” had tattoos. Words such as “Internet,” “Web site,” “gigabyte,” and “RAM” did not exist. Neither my father nor an engineer would understand the word “virus” as presently used in medicine and computer science.

While Father did not have a support staff of specialized nurses, clerical staff, sophisticated laboratory tests, and MRIs, he did have advantages that today’s doctors might envy. Among them, he was free from practice protocols dictated by insurance companies, from OSHA regulations, hazardous waste disposal, and

mountains of paper work required by HMOs, PPOs, and \$50,000 malpractice premiums. It was an era when the AMA was controlled by the solo practitioner who was not unlike an entrepreneurial businessman. He may have had fewer patients than today’s internist or family physician, but his relationships with them were much deeper.

A new Ashton Memorial Hospital influenced Father to locate in Pipestone. It had “an operating room with a pure white finish, an x-ray room with one of the most modern machines, a well-equipped sterilizing room, 16 2-bedded rooms, 2 single-bed rooms, and 2 wards each having 4 beds. All are light and pleasant.” The University of Minnesota Medical School’s Dean Lyon spoke at the dedication and complimented Pipestone on employing the “new ideal of democracy in financing, with private benevolence (the naming gift was \$25,000) being joined with public funds.”

It was an era when medical miracles were scarce. Even so, in the minds of many, M.D. stood for “Minor Deity.” Society was hierarchical both socially and professionally. The dogma, “You must follow Doctor’s orders” was as rigid as its ecclesiastical parallel regarding the Holy Trinity. Since few folks during the Great Depression had money, unlike today, a legion of trial lawyers did not run roughshod over the lush medical turf.

To use a journalistic metaphor from “Operation Iraqi Freedom,” Father was deeply embedded in the Pipestone

community. He was president of Kiwanis several times and a member of the Shrine Association that parented the legislation in 1937 whereby the Indian Shrine became a National Monument. He served several terms on the school board, the Chamber of Commerce, the Official Board of the Methodist Church, Current Events Club and many others. After Pearl Harbor, at the age of 49, he volunteered to join the Army Medical Corps. He was turned down because of the shortage of physicians in Southwestern Minnesota.

The classic virtue of Noblesse Oblige was strong. The physicians, lawyers, clergy, successful businessmen, and farmers resided at the apex of the social pyramid and were expected to exemplify virtuous behavior. Their lives were the pole stars by which those of lesser status guided their lives. The culture was void of the modern pathology of “defining deviancy down” or the “sickness of proletarianization,” where the elites succumb to the degrading values of what then was called “poor white trash.” It was a time before the acids of relativism. Moral absolutes held sway. Many were poor of purse but they lived with nobility. The “victimology” cult had not yet appeared. Poverty was not an excuse for thuggish and cloddish behavior. Wickedness was attributed to flaws in individual character, not society’s shortcomings. Debt was ignoble. Marriage was a sacrament. Couples did not keep house before marriage,

and there could be no wedding until the girl’s father had approved. Social pathologies that now thunder across our land like a Boeing 747 taking off were but a whisper during my childhood.

The medical environment

Father’s office was on the second floor of the Pipestone Building and could be negotiated by his patients only after climbing 21 steps up a dark staircase. He alternated between 2 exam rooms, one of which contained his desk. Records were kept on 6-inch by 11-inch cards. He had a code for patients who had a “social disease” known only to himself and his nurse, lest they find their way into the hands of others. He had a small laboratory with a centrifuge and Bunsen burner where he could do simple urine and blood analysis. In the back was a small room for medical supplies that contained an ultraviolet lamp. As a child taking “sun baths” in the winter, I would gaze up at the mysterious arm and leg splints that lined the shelves. Early in his practice Father dispensed his own medications. He sold expensive pills at cost and tripled the price of those that were cheap. Liquid medications were ordered in large 2.5-gallon dark glass containers. When empty, he recycled the jars to hold Prestone antifreeze during the summer months.

The waiting room had a dozen dark maple, straight-back chairs. Sitting in them only added discomfort to the illness of his patients. Centered on one wall were 2 impressive framed

photographs, signed, “With best wishes to Dr. Walter G. Benjamin.” The photos were of Drs. Will and Charlie Mayo. What a powerful placebo effect! Father was proud to have learned gallbladder and goiter surgery from them. Like a state fair blue-ribbon winner in stitchery, he liked to point out to me the nearly invisible 12-inch neck scars of his patients. In the mid 1930s, he was proud that the wife of one of Minnesota’s Congressional delegation had chosen him to have her gall bladder out in Pipestone rather than go to Mayo. He enjoyed telling anecdotes about the Mayo brothers: a patient comes up to Dr. Charles and asks, “Are you the head doctor here?” “No, no,” replies Charles. “My brother is the head doctor. I’m the belly doctor!”

Posters and clippings warning patients against the lure of “socialized medicine” were prominently Scotch-taped to the wall by the receptionist’s window. It was an era of paternalism. Father wanted to prescribe his patient’s political prescriptions as well as their medical ones! As the Depression deepened he grudgingly understood the need for Blue Cross and Blue Shield as a hedge against bankruptcy, but he lamented the increasing paperwork that such programs required.

Because my father was in his patients’ homes and “third party” payers were not yet present, he knew their straightened circumstances. During the worst years of the Depression, he might have cancelled

25% of his billings. However, if he saw one of his patients enter Sammy's, our town's saloon, he would turn over his bill to a bill collector. My father was a teetotaler and considered drinking, along with smoking, to be cardinal sins. The saloon was a veritable slippery road to Hell. "The only time I have been in a saloon," he once told me, "is to pull some drunken sinner out." I suspected his story was apocryphal, since he was vague on the details. He may have recounted his Good Samaritan heroism for its pedagogical purpose.

Depression-era medicine in the heartland was almost always solo, competitive, and territorial. Like the village baker, butcher, and candlestick maker, physicians, too, guarded their turf like a mother wolverine protecting her den. With women consumed with *kuche*, *kinder*, and *kierke*, medicine was a male-dominated profession. The label "hen medic" was the nearly universal term that awaited any female brave enough to enter the privileged male sanctuary. Financially, physicians were middle class. Most had entered the guild out of humanitarian motives; some simply wanted to escape the farm, mill, or mine and raise their social status. Father told me that he knew of 3 physicians in southwestern Minnesota who had died as paupers.

As a medical entrepreneur and workaholic, he seldom took more than two weeks of vacation during the year. Our favorite vacation spot was Kee Nee Moo Sha Resort on Woman Lake.

In 1937 during a 6-week trip to the East coast, he hired a *locum tenens*. Upon our return, everyone in town was terrified that they had a frightful terminal illness. The itinerating medic had done some research on a rare disease and it was the prism through which he saw all the ailments of Father's patients. Alas, he had forgotten the adage: "When you hear hoof beats in Texas, think of horses, not zebras!"

Because of a limited biochemical armamentarium, Father emphasized health education. He knew that the 5 categories of disease—the physical/medical, social, genetic, emotional, and spiritual—were interrelated. Consequently, his advice went beyond the medical turf as narrowly described. He subscribed to the 7 medical virtues as if they were holy writ: (1) regular exercise, (2) weight reduction, (3) no snacking between meals, (4) no tobacco, (5) breakfast every day, (6) a minimum of 7 hours of sleep a night, (7) no liquor. He incarnated the adage, "We don't wear out; we rust out!" He took a mile walk every night before going to bed. Our house never contained any soda: "Pop makes millionaires," he told us. "It's nothing but colored sugar water."

The black bag

Just as the white collar and black suit are the symbols of the authority of a priest, so, too, was my father's black bag a symbol of his authority and mysterious healing power. At home it

was always immediately to the right of the front door; in the car, it rested behind the driver's seat. It was a big solid case of smooth black leather reinforced with plywood, and it weighed 12 pounds fully loaded. On one side were dressings and syringes. Subcompartments contained needle sutures and a case filled with vials of injectable and oral drugs and medications needed in an emergency. The opposite shoulder had chrome-plated containers for tongue blades and cotton, 2 types of catheters, a plastic hemocytometer kit for evaluating blood cell counts. The main compartment had a stethoscope, a triangular reflex hammer, a box of finger splints, and an ophthalmoscope, its lacquer worn through by tens of thousands of handlings. On top, carefully wrapped in sterile cotton cloths, were several simple surgical kits. Autoclaves sterilized syringes and other instruments, but Depression-era frugality meant that needles were sharpened and used again and again.

Of all the contents, the one capable of bestowing the greatest and fastest comfort was a shiny brown urinary catheter. On many occasions Father would arrive at a farmhouse to find an elderly man in agony. A simple passage of the slender tube brought instant relief and surpassing gratitude.

But the greatest mystery was contained in 3 dark brown leather cases holding the entire pharmacopoeia of the era in 36 bottles with metal screw caps. The drugs ranged from dangerous narcotics such

as morphine sulfate (“Warning: May be habit-forming—POISON”) to relatively innocuous analgesics such as codeine, sodium salicylate, and Upjohn throat tabs. As a child I saw those bottles as little soldiers with different colored uniforms standing at attention. When their caps came off, exotic odors attacked my nostrils, smells so exotic that I could not possibly doubt the healing potency of their source.

Such a paltry armamentarium! He had no antibiotics, no effective antihypertensives, no diuretics, no hormones, no antiarrhythmics, few antacids, and only a few good pain drugs and sedatives. To be sure, Father’s medical intervention far exceeded the 19th century quatrain:

*Howe'er their patients may complain
Of head, or heart, or nerve, or vein
Of fever high, or parch, or swell
The remedy is CALOMEL.*

Compared to that snake-oil hucksterism, medicine had advanced light years by the 1930s. Nevertheless, at that time a woman could still die in childbirth; a child could die of strep throat, whooping cough, or meningitis; anyone could perish from appendicitis, pneumonia, tuberculosis, heart failure, or a host of other ravages for which treatment is now considered routine.

Farmhouse call

Before the Second World War, scarcely a night went by without Father making 1 or 2 house calls between midnight and 7:00 A.M. If I was awake, I would hear a predictable

sequence: a telephone ring, quiet talking, sounds of Father dressing, footsteps descending the staircase, the slam of the front door, the opening of the garage door, the engine of the Ford coughing and then catching fire, and the squeak of tires against the hard packed snow as he backed out.

When he made a call to a farm home after supper, he always took one of his children with him. As the farms flashed by, his head would pivot in an arc of 180 degrees as he offered a continuous horticultural and moral

homily on the progress in the fields, the status of a barn, garden, grove, weeds, crops, state of repair of the fences and more. Father had seen but a small fragment of the world but he was not averse to making sweeping judgments. Like a Hebrew sage he

drew moral lessons from nature. A poor-looking farm betrayed the farmer’s personal failures. He saw symmetry between farming and medicine. Weedy fields, dirty and broken equipment, delinquent children, poor animal stock, and run-down fences were akin to a patient who lets his body get out of shape.

Father had a library of aphorisms he repeated ad nauseum:

“Put overalls on your money and let it work for you.”

“First get all the facts, and then draw your conclusion from those facts.”

“If you marry the wrong woman, your future is behind you.”

“Take care of the nickels and dimes, and the dollars will take care of themselves.”

“Put your money in land. God isn’t making any more of it and it can’t be stolen from you.”

I was amazed that he knew almost everyone within a 15-mile radius of Pipestone. He kept straight the legions of Olsons, Petersons, Millers,

Johnsons, and Dutch Vander-whatevers. He always drove a Ford. Symbolically, it was important for a country doctor not to put on airs of affluence. It always had an exterior 6-inch spotlight so he could pick out the addresses of farmhouses at night.

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“You go 6 miles north from the Trotsky turn-off on County road 14, then 2 miles. It’s the farm with the cream-colored, broken-down sheep shed with a half-a-dozen half-dead Chinese elms in front.” To physical directions he could add a genealogy and a judgment regarding whether they were “good” farmers—that is, whether they paid their bills; had well-mannered children; were thrifty, successful, conservative, churchgoers; and voted Republican. Character was

everything.

Knobby-like snow tires went on the rear wheels November 1st. They made a piercing whine at high speed. The gas tank was never allowed to fall below half full in the winter. The trunk was full of emergency gear – blankets, an obstetrical bag, logging and tire chains, matches, sand, wood blocks. Sometimes we got stuck in snowdrifts or got stuck when spring rains turned the road to gumbo. I would wrap myself in a Hudson Bay blanket while he would hike to the nearest farmhouse to get a team of horses to pull us loose.

If the temperature fell below zero, I was allowed to come into the farmhouse kitchen. Otherwise I stayed in the car and was warned not to play the radio too much lest the battery run down. Father's reception both astonished and comforted me. It was almost as if Jesus himself had entered that humble abode. The farmer's ruddy, weather-lined face bespoke gratitude as he exclaimed, "Thanks so much for coming, Doc. We're truly thankful!" Father would enter the bedroom as I stayed with the other members of the family and warmed myself around the massive, cob-burning kitchen stove. I would munch on a cookie that the Misses would give me. But I was a shy and undersized boy, and members of the family tried to draw me out without much success.

Father would shake out some pills from the little glass containers of his black bag into small envelopes.

Sometimes I would hear fragments of conversation. "Now John, I've written the dosages out. Be sure you don't take more than 2 of the brown pills a day. That wouldn't be good for you." "Doc," John might respond, "My hay is down and may mildew if this hangs on." "John," Father might respond, "You're going to get well. But you might call Bert Peterson if you are worried about your hay. He's got a couple of big strapping boys that might be able to help you out."

Several years ago I gave a talk on medical ethics at a town meeting forum in Pipestone. Afterwards, a man came up and said, "Dr. Benjamin, I too, am a Walter Benjamin." Then he told his story: "Back in the winter of 1929, there was a terrible blizzard. All roads were blocked. My mother was in labor in a farmhouse 3 miles across the state line in South Dakota. Your father hired a team of horses and went 10 miles through the snowstorm and delivered me. In gratitude, I was named Walter Benjamin Elaftson!"

Pardon me for an editorial comment: When physicians stopped going through blizzards to the sick, medicine lost a symbolic paradigm of great significance.

During the 1930s he charged \$2 for an office visit and \$3 for a house call. Many of his patients had to pay "in kind" and would drop by the house and say "put it on the bill." As a result, I got my first lesson in anatomy by cutting apart a half a hog or a shoulder of beef that I had lugged down the basement. One afternoon I

chopped off the heads of 30 chickens, tore off their feathers, and helped my Mother stuff them into jars for canning. Our daughter and his granddaughter, Dr. Barbara Benjamin, inherited a beautiful black walnut cuckoo clock that he received from a farmer as payment for a "confinement" case. The carving is of the classic scene – a wolf at the bottom hungrily looking up at the crow and hoping it makes a misstep as it picks off grapes at the top of the façade.

Milk was not required then to be pasteurized, and Father worried about its bacterial content. Some farmer's operations were rather sloppy, and they didn't wash their cow's udders before milking. The solution? Our Sunday school superintendent, Mr. Bowman, had a large garage. Father bought a Guernsey cow. Mr. Bowman stabled it in his garage, gave us one-third of the milk and had the rest for sale and for his family. It was a win-win solution for both parties.

Father knew the wisdom of the Talmud truism—"The tongue is the most important organ of the body." Words could be "door openers" or "closers." Words could release vital forces within a patient to fight his disease or give a sense of physician abandonment that led to despair. Because of a modest technology, Depression-era physicians made extensive use of their hands. Like the shamans, priests, and rabbis of old, they knew the power of touch mediated a mysterious and healing

power. Today, because of the technology of patches, lines and tubes of an infinite variety, the placebo effect of the hand is in retreat. "Skin starvation" is rampant, especially among seniors. Consequently, this hunger is increasingly being met by chiropractors and massage therapists. Because Father was not under the pressure of the 11-minute "limited visit" he had time to share personal stories and advice such as the following:

Jacob Vander Sluis has put his clothes on after an examination and Father has reported his findings. "Doc," asks Jacob, "You have time for a question?" "Of course, Jacob," Father replies, "What's up?" Father takes off his stethoscope and puts it on the desk and looks up. "Well, you know my 2 sons, Elmer and Conrad, are now 13 and 16. Big strapping boys they are. You've been out to my farm. It's 120 acres, a good producer except for that slough toward the north. I'm milking 18 Holsteins, 4 more than last year. Mattie and I were talking the other day. My credit is good with Oscar at the bank. I've got a few thousand tucked away. Prices of corn and barley have been good. Mattie and I thought we might try and buy that 80 that abuts our farm on the south. It lies very nicely and drains well. "What do you think?"

Try asking a physician that kind of question today!

The physician during the Depression, consequently, wore many hats. In addition to his knowledge of medicine, occasionally he had to be

counselor, "Dutch" Uncle, educator, judge; sometimes even a pastoral or priestly role was necessary.

Another bag in the trunk of rich Gladstone leather was Father's obstetrical bag for "confinement" cases. It is now in the Pipestone County Historical Society museum. One circular steel instrument had tiny sharp teeth that could be rotated and was for trepanning followed by the crushing of the skull of a baby that was stuck in the birth canal. Such instruments had been used by shamans, midwives, and medical priests since the Bronze Age. I often thought of the agony of triage he faced—caught in the bedroom of a farm home, with a winter wind filtering through the window sash. "Can I save both mother and child, or one, or neither?" It was a penultimate decision made all alone. There are no obstetricians, emergency rooms, calls to 911, EMTs, or ambulances. And if he saved the mother, several months later he would put on his counselor hat and say gently, "Martha, I believe you are now healed. Why don't you and Elmer try again? I'm sure that you will deliver a healthy baby this time."

When I lost a junior classmate, Betty Meling, in 1943, I realized that medical care had to be judged in terms of a scientific/historical continuum. Betty was a lovely girl, wonderful personality, good student, she didn't have an enemy in the school. The type of girl every parent would want as a daughter or daughter-in-law. But Betty had severe pain in her stomach; she couldn't keep anything down. Tests

were inconclusive. Father was troubled and told me "she was a spoiled brat!" (A case of blaming the victim?) But Betty was "crashing." He opened her up and discovered intussusception; the small intestine had telescoped in on itself. He could not save her. Sir Fleming in England had discovered penicillin during the Second World War but it was in short supply and went for our military. Father went around in a blue funk for days asking himself "if only" questions, and I could only wish that she could have had her condition a few years later.

Besides trying to cure disease or at least "keep company" with his dying patients, Father had to protect his flock from the medical masqueraders and charlatans. He was exceedingly territorial and didn't "cotton" to chiropractors, homeopaths, naturopaths, and herbalists stealing his sheep. When a long-term patient turned apostate, it was akin to a pillar of the Methodist Church succumbing to Mormonism.

There were other interesting incidents as well. The Ericksons had delayed having their son, Conrad, circumcised, and at 2 years of age, his mother brought him to the office for the procedure. Conrad seemed dimly aware that they were going to fuss with his "wetter;" he considered it his most important organ. Held down by his mother and a nurse, his scream was like a power drill on sheet metal. Some mechanics at the Chevy garage three blocks away even heard Conrad's bellowing. Rumor had it

that half of the patients in the waiting room got up and walked out. Later, Mr. Erickson, a trucker, accosted Father on Main Street and berated him for not taking Conrad to the hospital. “Mr. Erickson, don’t you tell me how to practice medicine,” remonstrated Father, “and I won’t tell you how to drive your truck!”

He especially despised a couple of “gut washers” as he called them in Canton, South Dakota. They were disciples of the inventor of corn flakes, “Doc” Kellogg of Battle Creek, Michigan, whose “health spa” became the Mecca for tens of

thousands of sufferers of undifferentiated complaints during the late 19th and early 20th century. Kellogg claimed that our intestines, like water or sewage pipes, are constantly becoming encrusted with gunk. Only a regular “flushing out” would restore one to health. A tube was passed through the anus and rectum into the colon, which was flooded with warm water. The procedure had a fancy name, “high colonic irrigation.” One patient reported back to my Father, “Doc, all kinds of crud that had been festering up there for years came out—bits of rancid cheese, water melon seeds, and Old Maids from the pop corn I eat

every Sunday. Oh, I feel so much better.” Father didn’t know whether to laugh or cry.

Along with medical charlatans, Father distrusted lawyers. He was sued only once during his 45 years of practice. He won in an out-of-court settlement but he was devastated that a member of his medical flock would

prove unfaithful.

Father’s favorite patients were farmers. Since they lived at the behest of nature, they had a modest fatalism regarding their own health.

Just as a promising crop in June could be lost by a plague of grasshoppers, drowned out by an

8-inch downpour, or ruined by an early frost, they also knew that there were limits to what medical science could do. Nature fights for you for a time and then turns against you. Like Susan Sontag in *Illness as Metaphor*, Father knew that “Illness is the night side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and the kingdom of the sick. Although we prefer only to use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. The Lord God giveth...and with the same hand, He taketh away.”

Once, Mother pleaded, “Walter, we have enough money. Why don’t you retire?”

“Mabel,” he said in some heat, “I don’t work for money.”

My Father seemed worried and depressed as he moved into his 70s and continued his solo practice. His older patients were dying. Young couples sought out newly minted physicians closer to their own age. Group practices that demanded retirement at a certain age were in vogue now. Hobbies such as photography and travel held no allure for him. Father was a “workaholic,” for whom retirement meant indolence. Once, Mother pleaded, “Walter, we have enough money. Why don’t you retire?” “Mabel,” he said in some heat, “I don’t work for money.”

Polio

One of the cardinal fears of the Great Depression was poliomyelitis—polio—the “Summer Terror,” the greatcrippler of little children. Polio peaked during the dog days of July and August and newspapers kept a record of new cases as faithfully as they did baseball scores. The populace practiced the age-old remedy of isolation; theaters shut down, swimming pools drained, Sunday school closed, county fairs canceled. Not even the family of a Mayo-trained physician was immune.

I was only 4 years old when we lost my 2-year old brother, Dickie so my memory of him is fleeting. I do remember playing in the sand box and putting sand in his diapers and making him cry. But Dickie, as was said in those days, suddenly became “cranky.” He spiked a high fever—physicians called the

“Dromedary-type” after the humps of a camel. A classmate of Father’s, a specialist in pediatrics, drove all night to Pipestone from Minneapolis. They put Dickie on Mother’s dressing table (contagious cases were not admitted to the hospital), performed a spinal tap and discovered that bulbar polio had invaded Dickie’s brain. Dickie died within 48 hours.

The law required that anyone dying of contagion be buried with 24 hours. No more than 15 people could attend the funeral. Dickie was placed in a small galvanized steel box and buried at Hutchinson, the site of the family homestead. (After Dickie’s death, we visited his grave every Memorial Day to adorn it with spirea and tulips from our yard.)

Late at night as they returned home from Dickie’s funeral, my parents could see light coming from every window in our house. Something was wrong! Anna, our hired girl, met them at the door. “Bobbie,” she said in a frightened tone, “started getting cranky this afternoon!” Mother broke down and sobbed as Father ran up the stairs to check on Bobby.

The Summer Terror had struck again.

Grasping for hope and any remedy that might stem the onslaught against our family, father frantically sought blood from any child who had survived polio. After many fruitless calls, he finally persuaded a farm family to allow him to draw a few ounces from their child to give to Bobbie. No medical evidence suggested that the transfusion would be beneficial. But when your personal

world is collapsing, desperate responses follow. Bobbie was driven to the University of Minnesota hospital where, after some paralysis, he fully recovered.

Years later Mother took me into the bedroom and lifted the dresser scarf to show me where the ether had marred the varnish. She never had it refinished. Along with a few photos, a pair of booties, and a locket of hair, it was a talisman of the most devastating moment of her life. Like every woman who has lost an infant, Mother had gained a child of immortal youth. Existentially, my parents knew it is better to drink of deep griefs than to taste shallow pleasures.

Fast forward to the early 1960s. I am at Morningside College in Sioux City. My wife, Marjorie and I, gather with other parents at the grade school. Our children, Barbara and Mark, are on the stage of the theater with the other children. Each child has a tiny paper cup that holds a few drops of a colorless liquid. “Drink up, children. Bottoms Up!” shouts the principal.

My eyes filled with tears. I thought of Dickie as a new medical ritual of Salk vaccine made my children, and all future children, forever immune to the Summer Terror. They would never see classmates, as I had seen mine, dragging crippled limbs along, their legs as thin as sticks, burdened with cumbersome metal braces. We would never again have a president like Franklin D. Roosevelt, struck down by the Great Crippler in the prime of life, a master of statescraft but physically impaired. The March of Dimes would

have to turn to other concerns. Those black living coffins, the Iron Lungs, would be cut up for scrap.

An appraisal: then and now

The dignity of medical practice that Father knew is severely threatened. Doctors are now known as “providers” and patients as “consumers of medical services.” A gap of painful consequences has opened between what people want and hope for from medicine, and what it can actually give them. The Depression was not an era of unquenchable wants and never-satisfied hopes stimulated by constant hype of new and expected medical breakthroughs. Medicine had not yet turned its face, on request, against those human conditions that testify not of illness or bodily failures, but the absence of some perceived good that some human beings want: a better appearance (cosmetic surgery), an enhanced sense of well-being (Prozac), or greater height (human growth hormone). Death was not viewed as pornographic. No genetic scientist then cried, “Forward to Methuselah!” Patients today do not fear death. Instead they are terrified of being subjected to “technological torture” amid a drawn-out, dehumanizing dying process.

Today, medicine is caught on the horns of a dilemma. An ever-expanding technology and the pressure for “just in time” efficiency may not increase patient satisfaction. Critics say the “machinification” of medicine is driving an increasing

wedge between practitioner and patient. Contemporary medical practice continues to be fragmented – divided and then subdivided again into over 100 different specialties and sub-specialties.

The classical trinity of healing involving science (sapiential), moral (values, right and wrong) and the charismatic (Is healing a mystery from God, Nature, or the People?) has been distorted by overweighting the scientific/technological aspects of medicine. The art of medicine and its pastoral, moral, and counseling aspects that were an integral part of my Father’s practice have withered. The exponential advance of medical science—the half-life of medical knowledge is only 5 years—and increasing specialization has brought many wonders. In the past 100 years longevity has increased almost 30 years—from the high 40s to the high 70s.

But the diminishment of classic wholeness of the profession has been significant. Electronic records, computerized physician orders, and paperless prescriptions are now a reality. Chips the size of a fingernail inserted under the skin can contain a patient’s entire medical history. X-rays and body-scans are now read in Bombay and Belfast. Critics worry that the doctor-patient bond, symbolizing the timeless personal keystone of the profession of medicine that underpins trust and accountability, is being eroded in the march toward cyber innovation.

As far back as 1950, the Hungarian psychoanalyst Michael Balint knew that the healing relationship between patient and physician plays a vital role in medical care. Yet as science confirms the power of the healing relationship, other forces in our health care system are conspiring to undermine it. Relationships take time—and time is short in the world of managed care. Fifteen minutes may be long enough for a practitioner to diagnose an infection or dash off a prescription or a referral to a specialist. But it is rarely long enough to make sense of another person’s experience and convey that understanding or act as an advocate. At its worst, our system of managed care can turn the doctor-patient relationship encounter into an anonymous retail transaction. In a world where everything is crunched into numbers and quantities, patients want a dose of a healer who remembers their name. The value of the doctor-patient relationship is not always easy to measure, but it is always immeasurable.

As a personal note, I used to team-teach a master’s level course in medical ethics with a Mayo Clinic rheumatologist. As a resident there, one of his teachers, during rounds, would often grasp the shoulders of one of his patients and say with conviction, “Elmer, I just know that you are going to get well!” And the amazing thing is, he reminisced, “they did!”

The dean of a medical school

laments that “Today, we are turning out ‘body plumbers,’ not physicians.” Pharmaceutical and surgery miracles occur today that one could only dream about. My Father’s world is gone and with it the farming practices, threshing crews, railroad work, family life, and country physicians. Of course, it is unwise to wax too nostalgic about that “Golden Age.” Today we live better, longer, and richer lives than did those in those straightened circumstances. We should be grateful that medicine has made it possible that legions of grandparents are now living to see their grandchildren graduate from college, something that rarely occurred during the Depression.

But the price of technological advance, a diminished moral authority in the eyes of patients, has been high. Alas, the insurance and corporate worlds seem at odds with the humane and personal manifestation of the profession. The world of “high tech” needs to stand beside the physician, not between the physician and the patient. Moreover, futurists worry that the profession will increasingly be dehumanized, caught between the shrinking personal space of corporatization and insurance and the ever-increasing red tape and mountains of paper demanded by a federal bureaucracy.

But medicine today need not be “zero-sum.” Talking and touching are complimentary with technological testing. We can glory in and support the advancement of science and technology while at the same time

acknowledge that the bedrock of the profession is a humanistic art, an I-Thou, a subject-to-subject, relationship. That existential encounter, what the Jewish philosopher, Martin Buber, said was “a meeting,” is unique, unprogrammable, revelational, and mysterious. Within it the healer and the sick confront together the fragility of life and the angst of the soul brought about by disease and the entropy of human existence. Like the petitioner in the confessional booth, that meeting, that unique personal bond, is a constitutive cornerstone of medicine. It must be protected against diminishment.

If we destroy that cornerstone, patients as “medical consumers” may have to look to others for the succor, psychic, and holistic support that they found from those who, like my Father, practiced in medicine’s “Golden Age.”