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(SNP129) Delmar Weaver, MD interviewed by
Dorothy Noble Smith, transcribed by Janna W.
Zirkle

Delmar F. Weaver

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Dear Mr. Anibal,

Thanks for your courtesy and kindness on the phone. This will obviously require a transcriptionist who is careful, experienced, and has a good dictionary. I will be glad to help her over the phone or come over if necessary. She may want to send me a rough draft for correction before typing it finally.

ORAL HISTORY
SHENANDOAH NATIONAL PARK

Regards to
M. Smith.
Yours truly
W. Weaver
M.D.

NARRATOR: Dr. Delmar Weaver
Box 862 Culpeper, Va
INTERVIEWER: Dorothy Noble Smith 22701
DATE: December 9, 1977

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1-999 2266 No!
703 743~~

This OK + 1-703 999 2227⁴³

Transcribed by:
Janna W. Zirkle
Completed date:
October 8, 1980

Charles Anibal
Shenandoah Nat Park
Rt 4 Box 292
Luray, Va 22835

Culpeper

I: This is an interview with Dr. Delmar Weaver who is now in ~~Culpeper~~.
Dr. Weaver, I understand that you practiced medicine in Madison and
in Stanardsville, is this correct?

Stanardsville

N: Yes ~~madam~~
Mam?

I: Did you treat any mountain people while you were doing this?

N: Yes ~~madam~~
Mam?

I: How did they get in touch with you?

N: Various ways, one of the common ways would be through the missions
who had telephones and through the stores who had telephones. The
people themselves rarely did, but they would come down to the store
and call me and I would go.

I: Would they call you from Nethers or Syria or where would they call
you from?

N: Well, when I was in Madison I didn't see as many mountain people as
I did later in Stanardsville but I saw quite a few and Dr. Ross was
at Criglersville then and he got a bunch of them because he was
closer to them than I was. But when they wanted to contact me they
would call from Syria or Criglersville or one of those places.

I: Would you have to go by horseback or walk up to them?

N: I could get to most places by car and walking a short distance when
I was at Madison. Now if we're going to talk about Stanardsville,
that's where I saw most of the mountain people and ~~(interference
on tape) and experience there constituted a very small part of
what.....I expect to tell you.~~

My experience
in Madison
constituted a
very small
part of
what I
expect to
tell you

I: So then, when you were in Stanardsville, the people contacted you
~~How?~~ First of all, why did you go to Stanardsville from Madison?

N: Well, it was during the depression and I went to Madison for economic
reasons after an internship. I graduated from the University of
Virginia in ~~32~~, 1932 and interned a year and had a short surgical
residency and I went to Madison largely for economic reasons
because I intended later to get further education in medicine.

J. N. Clote

When

I left Madison, I was in partnership with Dr. J. M. Coor ~~in~~
~~Madison~~ a very grand, popular, dedicated general practitioner and
after being there a year I found out over at the University one night
when I was over there seeing some of my friends, that Dr. Davis who
was the only Dr. in Stanardsville, and the only one that was active
in Greene County, had a serious illness and probably wouldn't live.
Soon after that he did die and I went to Stanardsville and made
arrangements with his daughter and family to take over his office
and automatically got his practice.

I: Did that change the mountain people you took care of? Did you

take care of different ones then than what you had in Madison?

N: ~~The~~ Madison and Stanardsville, well, I have to answer it like this. The people in Madison, for the most part, Madison County and the town of Madison, ~~there~~ were a large number of Germans, Lutheran Valley *people,* near Madison, ~~was a home for~~ many of them ~~that~~ were associated with Governor Spottswood's activities down around Germana. They were well-to-do farmers that were thoroughly reliable. Many of them were quite educated. The mountain people were not as numerous and they weren't as closely related, in my opinion, to the Madison people as they were in Stanardsville. In Stanardsville I felt, more of the people and in Greene County had close relations with mountain people. Many of them had come out of the mountain and were living in Stanardsville and I felt that the communication at that time with the outside was not quite on the same plane as it was ^{with} the people in Madison County.

I: That's a ~~fascinating~~ fact.
fascinating

N: If it is a fact. That's just my opinion.

I: The people when you were in Stanardsville.....Dr. Ross was still working?

N: Dr. Ross was practicing in Criglersville which is between the the mountains and Madison and I mention him simply to point out that he took care of the mountain people pretty well when I was in Madison. But in Stanardsville I was the only Dr. in Stanardsville, the only one in Greene County and the people in the park and in the mountain area went either to Stanardsville or to Elkton where, there ~~was~~ were one ^{or} two Doctors.

I: Can you recall any of the names, the family names that were in that area?

N: Lam, Breedon

I: You were in with a rough bunch.

N: I wish you would have ask^{ed} me that sooner and I'd have had time to think them over and jot them down, Taylor, Meadows, let's see.....

I: Were there any Dodsons?

N: Dodsons, now Dodson's name I associated more with the Madison group than I do with the Greene County group.

N: Incidentally, since I've been back here seven years I have people come in my office and as soon as they give me their name I can usually come pretty close to telling where they came from and I'll say, "where did you grow up?" "Well I grew up in Orange or I grew up in Fredericksburg or somewhere", but I say, "but your father didn't, your father was probably was from Greene County." Yes he was."

N: So the names are closely identified with each geographical area.

I: Did you go into Jollet Hollow or along Naked Creek ever?

N: (Evidently shook his head no)

I: How far up the mountain would you have to go to treat these people?

N: I would go over the mountain even. You see, the Spottswood Trail goes from Stanardsville over to Elkton. Most of patients that I saw were on the Greene side, the east side of the Skyline Drive. Sometimes however I would go all over and have cases on the opposite side....of the mountain.

I: Did you get paid for going, did they have money to pay you?

N: Now are we talking about the Madison people or the Green.....

I: Any one of them.

N: Well, as I've indicated the Madison people were pretty thrifty, some of the Green people were. The mountain people may or may not be. I mean, I'd go up in the mountain and they'd be a house that was spotless and the people around were attractive and handled themselves well, paid their bills, ~~and~~ there would be a house within two hundred yards that was just the opposite. In connection with charges, I tended to charge what I thought the traffic could bear because in a location like that the people just didn't have many ways of getting a lot of cash especially during these times, when this was right at the middle of the depression and I would charge a dollar for office visits. Sometimes they would come in and if they had 75¢ wrapped up in a handkerchief and I could see it, and I knew that ^{was} what they intended to pay I'd charge them that. Of course some of them I didn't charge anything. ~~I've been~~, I've practiced on some people that owed me money and would bring me some squirrels every once in awhile or something like that.

there would

N: Nobody, I would say I ^{shouldn't} ~~wouldn't~~ say nobody, but with few exceptions they didn't have much money. Now the people in the mountains and in the foothills that I dealt with, many of them, would have a little farm, a little orchard, they'd have a couple dogs around especially if they were coon or opossum hunters ~~around~~, they would have a cow maybe several cows, they'd have horses and some of them would, ~~they'd~~ cut bark and and that was a way they made money. A few of them ~~was~~ ^{were} making liquor, moonshine, some of them would go out when they could get work to the small towns and make some money doing that. Of course when ^{Roosevelt came in} ~~the CCC came in~~, ~~Roosevelt came in~~ that was a tremendous thing for these people. They had cash for the first time and ~~they really~~, you could see quite a change. Now to anticipate myself and go ahead a little bit, ~~after~~ I'd been away for a number of years and came back and we had the second World War with the economic changes, ~~there and~~

Roosevelt
and the CCC

and these people had been moved out to Madison and the areas around, I could see their standard of living was better and they showed all the signs of this change,

I: In other words you feel it was to their benefit that they were moved out?

N: I don't know that I can answer that, I can't see.....well I don't know. ^{of} course I suspect the reason they was up there was because ~~they~~ ^{there} happened to be ~~the~~ ^{as} the people in their group who sort of went where life was easier for them and I think probably ^{with} diffusion they were able to come across by coming out has helped them in many ways ^{his} would be my guess. Whether they are better off or not is a sort of philosophical question that I wouldn't want to answer.

I: What particular things were you, were there any main things you were called in for?

N: Yes, I treated foreign bodies in the eye, nosebleed, ^{infected} ~~infected~~ ears, sore throat, tonsillitis, cuts and bruises, high blood pressure, heart disease, pneumonia, that was one of the most serious things we treated because we didn't have antibiotics then and one year I treated 33 ³³ cases of lobar pneumonia and three of them died.

N: That's ten percent mortality which incidently was a pretty good mortality and it wasn't because of anything I did because there wasn't much I could do. But if they got well you thought you were a real good doctor if they didn't you felt badly.

N: I remember one man, when his twenty year son had died of pneumonia, came in my office one day and he wasn't unpleasant about it but ~~he~~ said, "Doc you know Dr. Davis ~~worked~~, practiced in my family for many years" ~~and said~~, "and we never had anybody die before."

I: (Laughter) He didn't realize the seriousness of what the boy had.

N: Also had measles, whooping cough and many obstitrical cases. I remember delivering three ~~women~~ ^e obstitrical cases one day and then the thing that was interesting medically, I don't know if it'll be interesting to you or not, but at that time the older doctors were still doing vaginal examinations ~~and examing~~ ^{or} a women at term who ~~was~~ ^{was} going to deliver. But we were taught of course, to do rectal ~~exams~~ ^e because of the question of defection. ^{injections} It wouldn't make so much difference now because we have antibiotics but I presume, I don't know, I imagine obstetricians still do rectals in the examinations. Now, you may be interested in some of the drugs we used at that time.

N: We used digitalis, I digitalized patients. Some caffeine for heart disease, aspirin, in several colors, we dispensed our drugs and in my office I had blue aspirin, pink aspirin, green aspirin and white aspriin.

I: That's the same as the sugar coated pills, I guess.

N: You give them to these people and I never felt that you were deceiving them.

N: They had ^{Urotropin} ~~uracilin~~ for kidney, ^{and} urinary tract infections, ^{lactated} ~~lactative~~ pepsin for stomach problems, Browns mixture ~~and~~ for coughs, luminal, sodium anatal, ~~sedatives~~, ~~argarel~~, ^{Sedatives} ~~mercurochrome~~ for cuts and bruises, so forth.

I: Did you ever find that some people were in pretty bad shape because they had tried to doctor themselves with their own herbs?

N: I wouldn't say that, I would answer that like this. I don't recall seeing any harm done by drugs that people took on their own ~~un~~intentionally, but I would say that, I saw many people that were neglected and I think that if they had been treating themselves it just increased the time that they took before they got to somebody who could diagnose them and treat them right.

I: Don't you think alot of this lobar pneumonia was due to them saying well, we'll put a poultice on him and this will make him better?

N: I have to, I'm sorry, I disagree with you.

N: Lobar pneumonia comes out of the blue, nobody knows what causes it well they know what causes it, neumonococes but it does come when you've been exposed to cold weather, fall in the creek, get wet, that kind of thing but I wasn't impressed that there is anything I can point to that causes Lobar pneumonia. Now when the people ^{used} the poultices that you were talking of, onion poultice, cow dung poultice, various oils on flannel that ^{were} put on the chest, were used in spite of what I would do, and except for being unpleasant when working around them, I never felt they did any harm. Of course if they try to ~~eat~~ ^{treat} a Lobar pneumonia for four or five days, like that, before calling a doctor I think that they probably did increase the mortality.

Pneumococcus bacillus,

I: Did you know of any herbs in particular that they used, they had mentioned that they would make various cheese out of all different types of things and one would be used for coughs, one for something else.

This word is probably: teas

N: No ~~madam~~ ^{Mam}, I don't have any information on any of them.

I: Did you ever hear of them using rabbit oil for ear aches?

N: No, the only thing of that nature that I've seen them use for ear aches is salt, hot salt, warm salt in a sack would be put on the ear and probably did have some benefit, the heat's what's beneficial, but the salt was thought to be specially useful.

I: Just yesterday at Mrs. Meadows, I heard they would use skunk oil for colds, make poultice and put skunk oil on it. Have you ever heard of that?

N: I had one man use a term one time I had never heard before or since. His child had pneumonia and he was getting along fairly well but after a few days the father became impatient and he said, "Doc you don't think this child is liver grown do you?" L I V E R G R O W N was ~~what~~, the way it sounded, I told him no I didn't think so. I never heard of it before, never heard of it since and I don't know what he meant or how he got that term.

- I: Yes, I wonder what it was. Regarding the people themselves, were you ever called in to patch up wounds of any kind?
- N: There was an awful lot of cutting, shooting and fighting and the wounds that resulted from that many times. I was called to eight murders during the two and half years I was out. They called me because they seemed to think it was the thing to do when anybody ^{had} been killed. I don't recall the details of but about four of them. I had alot of cuts and bruises to sew up. There were quite a few automobile accidents, some farm injuries. I remember one woman her dress caught on fire standing in front of the fireplace and she died general burns. I don't know whether she would be able to survive now or not, but in those days ^{you} couldn't do much about it.
- I: You know they've never mentioned burns. What did they first do for her before you got there?
- N: Nothing, very painful thing. You see, I was fortunate in having a very outstanding medical center within thirty miles and having one year internship and no hospital, I was limited as any general doctor in what ~~he can~~ ^{I could} do. You don't do extensive surgical things but I think what we did best was diagnose things and know what was important and what wasn't and then if something was ^{complicated} and you could see the seriousness of it get them into a medical center and that's what I did for this woman that had this burn.
- N: They probably couldn't do any more for her than I could.
- I: But it made you and her feel better that more was being done.
- I: How about snakebite, did they have many snakebites?
- N: I didn't see any snakebite. I had snake vaccine, in my office, prepared for it and I always felt about it like I do a tracheotomy now, ^{being} a specialist I hope I will never be required to do a tracheotomy in some resturant or the bus or somewhere. I always kinda hoped I would never have any snakebites and I didn't, I don't ever remember seeing one.
- I: You don't remember seeing the snakes?
- N: The snakebite.
- I: Oh, but you did see snakes when you went out?
- N: Oh yes, you see in the area I was at there weren't many poisonous snakes. ^{As} Far as I know the rattlesnake, which was high up in the mountains as a rule and the moccasin were the only ones. Snakes, I'm not an expert on snakes, I guess.
- I: So, there was no general pattern of diseases that sorta would sweep through entire areas?

N: Let me give you one example. I had thirty cases one summer of severe headache, temperature of 101, slightly stiff neck and most of them cleared up in three or four days and three of them got a very severe permanent paralysis of ~~their~~ ^{there} arms and legs or both. I diagnosed, ~~course~~ ^{of} it is easy to diagnose the ones that had paralysis, I thought all of them had it. I was living in a boardinghouse and the son of the lady that was running the boardinghouse got the same thing and I told her I thought she ought to close it to the outside, and she got furious and said she wasn't going to do it. I called the Health Officer from Harrisonburg who came over and looked the situation over he was on both sides of the fence, he didn't help much. He suggested I get a man from the United States Public Health Department in Washington, which I did, and he came up and looked the situation over and did not support me, ~~in closing this~~. Subsequent events and many years of experience since that and ⁱⁿ retrospect I've always felt absolutely certain that all of these people had poliomyelitis and the only ones getting a definite diagnoses were those that became paralyzed.

*it infantile
paralysis,*

I: Isn't that something. Now how did that ever ~~got~~ ^{get} up into the mountains?

N: I always thought, that it was and I haven't had anything to support it, and I don't know whether I would, I haven't thought about it much for years. I had an idea it was from some intermediate host maybe like some kind of bug or insect or something like that. But, I don't know. ~~Of~~ ^{of} course the polio vaccine has made ~~that~~ history and there isn't so much research done on what it is now. But you know a very tragic thing happen^{ed} that same summer. When I was in Standardsville I happen^{ed} to be going with my future wife who lived in Madison which was 15 miles away, and her sister had three children and they lived in New York, it was West point, ~~then~~. My ~~mother~~ ^{brother}-in-law was a lieutenant in West Point ~~in Albany~~. They came down this summer and as soon as I found out they were there and realized about these kids that I was treating when I came over to see my wife I never went in the house again. She would meet me out at the car because I didn't know what was going on and don't you know, when they went back to New York about three weeks later one of those boys got poliomyelitis and is still paralyzed in one of his legs.

I: Well thank goodness you can't feel responsible.

N: Well I don't but it's still possible that I had something to do with it but nobody else has ever thought that and I don't think it much. But I do think it's a very strange coincidence.

I: Do you feel the general health of the people was good?

N: I think it was just about the same as the health of the people anywhere else. I think they neglected their teeth, diets, I don't think ~~always~~ ^{diets were} as good as good diets now. I can't think of them as being helped by the mountain air, atmosphere and the mode of living and so on there, so that they had a distinct advantage over people any where else. If I had to make and uneducated guess I'd say ~~they~~ ^{it} wasn't as good as ~~they~~ ^{it} was other places.

I: So you feel there were diet deficiencies?

- I: Well, to hear them talk they say, we always ate, good, we always had good cabbage and potatoes, always had hogs and eggs and milk....
- N: Yes, well they did but I think well, I remember treating a number of cases of rickets so there was something they weren't getting.
- I: Were you ever ~~treated~~^{threatened} when you went up into the hollows at all? Did you ever have any problems?
- N: I have never, night or day, felt the least bit uncomfortable anywhere up in the mountains. But, well I take that back. This was in the foothills and I was called to see a woman whose husband had beat her up, one night. I was over visiting the girl who became my wife and she went with me. She was sitting out in the car and this man came up to the car and greet^{ed} me when I got there, he was still at home and he had a shotgun in his hands. I went in and his wife was there and had a laceration of the head that I needed to dress, I didn't have to sew it up, and I dressed her and took care of it and he stood there by me with his shotgun the entire time and I had my right hand on my pistol in my pocket the whole time.
- I: (Laughter)
- N: I'd say that's the closest I came to any incident and that wasn't in the mountain but I never at any time felt he was antagonistic toward me but I just didn't want to take any chances.
- I: You and I both know and they all have admitted that there was quite a bit of moonshinning going on up there in the mountains. Did this, cause, you think, any more quarrels than there should have been?
- N: Well certainly, alcohol always causes more quarrels. Are you speaking of them drinking it or making it?
- I: Drinking it.
- N: ^{Oh!} ~~All~~ sure, I think anytime people drink alcohol there's apt to be more incidents of all kinds.
- I: And it didn't make them leery of strangers, the fact that they made moonshine?
- N: Well you see this was during prohibition, no it wasn't, no this was after the repeal but are you talking about drinking whiskey or making it?
- I: Making it.
- N: Oh, well, I suppose there was some competition between the people that made it. It was being done illegally. I don't think that moonshinning

or making liquor was a major cause of fighting and that kind of thing.

I: Did you find much inbreeding?

N: I would say, as far as I know, and I don't have the records of that in very many people but, I would say that there's more of it up there than there is outside. You would expect it to be because the people were there close together, living together and so on.

I: It didn't seem to affect, at least the ones that I've interviewed, it didn't seem to affect their mental capacities, the inbreeding. Did you find that it did because you were there with them. Now I'm seeing almost second generation.

N: I said I wasn't going to express any opinions on this thing that I wasn't sure about but I will a little, yes. I had families, ~~that~~ I remember one family that had three or four people that had a hair-lip. Now the anthropologists can give you a good case for why that's not hereditary well, I think it is. ~~The~~ I remember two or three people in one family ^{who} had club feet. What I'm talking about now are genetic things, I'm not talking about inbreeding. My idea of inbreeding is that there isn't necessarily any harm comes from it but I think it could be tremendous advantages come ~~from~~ ^{to form} it if the good qualities and good genes are the ones that are predominate ⁱⁿ in the offspring which ~~they~~ ^{they} sometimes are.

Predominant

N: I think that the disadvantage of inbreeding is that if you get too many of the bad genes and bad qualities then that's where your problem comes.

N: I'm not, I don't have any support or information to contribute regarding inbreeding myself, just in a casual way and the fact ~~the~~ when people live closer together I mean even now we're learning more and more all the time about those things.

I: Well you just go on and you just tell me anything that you recall.

N: O.K. let me look my notes over here and see if I can see anything that you might be interested in. We didn't talk much about charges. I'll give you a rough idea of what I charged people. Now, I charged a little more when I was in Madison than I did in Stanardsville because it was a little different class ^{of} people. ~~that~~

N: I think the people in Orange, Gordonsville and Charlottesville charged more than I did in Greene County because you had a different economic setup. Office visits as I said would be a dollar or even less. The drugs were dispensed, in Madison we had a drug store, we didn't have one in Stanardsville but most of the drugs they had I gave them and charged for them in my office. I'd give tablets, capsules in small envelopes and liquids in bottles of different sizes, House calls were about three dollars close by.

If I went up in the mountain and had to ride a horse it may be at the most, eight dollars and this would take a half-a-day or more.

N: O B cases were 15 or 20 dollars. I remember going up in the mountain once to see a woman that had had a baby and the baby was lying in bed and the placenta, (afterbirth) was lying in bed too, she delivered them both. Well I'd been in a Medical Center and we always ^{as} soon as the baby was born we'd cut the cord and then the placenta was delivered. I was a little concerned because they were both lying in bed together. Well, after thinking about it a minute and talking to a ^{later} O B man ^{later,} that's a natural way to do it and actually, the baby gets ^{little} ~~better~~ blood tranfusion by getting that extra blood while the placenta is separating, you see so it takes care of itself.

N: ^{As} Soon as the placenta comes out the uterus contracts, you see and that's just a little side thing, it isn't much.

I: No, but it's fasinating thing.

I: Were you ever called on to do any dental work? Pull teeth?

N: Yes, Yes and I was called on to treat horses and... ^{dogs.}...

I: (Laughter)

N: I remember sewing up a big cut on a horse that had been caused by a boar's teeth and I spent a long time, I'd put a stitch in or stick a needle in and the horse would kick at me and I'd jump back and I spent several hours doing that and after I had done it, of course the stitches all cut through very promptly and I learned later that there is no use ever to sew a horse up, they always break. ^{D.p.e.t.}..

I:

N: One thing I mentioned about the people up in the mountain that had cars, they had either a Model T or Model A Ford. Those that lived high up in the mountain had a practice of when they ^{were} coming down they would cut a cedar bush or if they already had one, a cedar tree, and tie it on the back of it and drag that down the mountain and keep from burning the brakes out.

N: I told you about how they got me. ^{When} ~~Where~~ I was there, ^{there} was a lower Pocosan Mission and an upper Pocosan and there was a mission ^{at} near Fletcher and Kinderhook and they were the people that had the telephones and then the stores, there was a store at Fletcher and a store at Kinderhook and those people would come down to which ever store they wanted to go to. At Fletcher there was a very, to me, interesting situation. The Civil War was over and one of the Generals, I don't know if I ever ^{which} ~~know~~ asked Mr. Fletcher, who was a VMI graduate, to come back there and teach school and he

did. He had three children, ^{of} four children. The man that I knew (his son) was a very well known Revenue officer during the prohibition and all the mountain people were scared to death of him because he was effective, he was good, and he got them. He lived there at Fletcher at this store and Miss ~~Erma~~ ^{Fletcher} ran the store and lived there at Fletcher and Miss Erma had a sister that taught school in Norfolk and there was a young girl in the family that wasn't very well and I was called to see her one night and she was having obviously some heart disease. She was ~~not~~, in her twenties, probably having some heart disease and problems I felt were beyond me so I asked Dr. Eddie Wood who was the professor of cardiology at the University of Virginia to come down and see her. I took him up there, he examined this girl and tapped her chest with a needle, she had fluid, he made a diagnosis of Peck's disease, it's the only case I've ever seen before or since. Peck's disease is a disease where fluid collects in all your body cavities (medical terms) and so on. Well he withdrew some fluid, the girl was quite sick, and then he digitalized her, he gave her a handful of digitalis tablets and we weren't too hopeful but actually she died very soon after that. I don't know how far you want to go on this.

Pick's

I: Oh forever. As long as you want to.

N: One of the first cases I saw when I went to Stanardsville I was called to see a ~~nine month~~, nine day old baby. When I started to look in his throat, which I always do ~~a~~ ^{as} routine exam, when I started to look in his throat he couldn't open his mouth and I made some inquiries and found out he'd been delivered by a midwife nine days before and she had cut the cord with some sissors which just happened to be lying around and weren't sterile and I made a diagnosis of tetanus on this baby and drove it to the hospital in Charlottesville myself, which occasionally I had to do and this child's grandmother went along with me. When I'd come to Madison I'd bought a Model A Ford, used, with the understanding that (I'd bought it from a friend of mine) that after six months I could trade it on a new one. I had traded it in and had a brand new V8 Ford when I started to Charlottesville with this baby and this grandmother. Well she'd never been in a car before and I must have stopped a half dozen times to let her be sick while we ^{were} on the way to Charlottesville.

I: She was a help.

N: A case, ~~the~~ child I delivered in Stanardsville was bleeding from her rectum, just two or three days old and I'd never seen anything just like that and I called a pediatrician at the University of Virginia and after consulting him I withdrew 25cc of blood from the Mother's arm and injected it in the baby's hip and cleared him up. Are you interested in this type of thing?

I: Yes, what was it?

N: Some kind of bleeding problem that children get, I've gotten the name of it, I haven't treated it since but there was some blood

clotting elements in her blood that the baby didn't have.

I: amazing.

N: I remember, this was way up in the mountains, ~~a case of a woman called~~
~~A~~ woman was in labor and I got up there and found she was having
convulsions from the ~~ECI~~ ^{ECI} ~~and~~ ^{and} it was difficult to handle her because
of the motions in the convulsions and so on and I happened to have a
man with me that used to ride around with me, ^{to} open gates just for the
company, he was a painter that lived there in Madison, this was when
I was in Madison, ~~and~~ I went out and tried to get him to come in and
help me and hold this lady something while I took care of her and
he wouldn't have anything to do with it. He said he was afraid some
of these men around there would take exception to it and he kept out
of it.

I: He was right, they would have.

N: I think they might.

N: I remember riding a horse up in the mountains four miles when the
temperature was four degrees below zero to see a boy that had
tonsillitis. One morning I was called by a ~~couple~~, middle aged,
couple to see the mother of one of them. It was in the summertime,
~~it was probably~~ about daylight and ~~rode~~ ^{rode} out and walked in and she
was on the ground floor in bed and the couple met me at the door
and I spoke to them, said hello to the patient and I took my coat
off, rolled my sleeves off, opened my medical bag and walked over to
the patient to examine her and she was dead, ~~and~~ I don't know how long
she had been dead and the people there didn't know either. This had
to do with mountain people but it ^{is a little unusual.} Do you want this kind of thing?

I: Definitely, yes.

N: I was called to see a little girl, four years old, she and her sister
who was about six had been playing around a stove in the summertime,
no fire in it, and the older girl ran and told her mother her sister
was asleep and the child was unconscious. I didn't have any idea
what was wrong with her. I took her to the University Hospital where
she died and when they did the postmortem they found this cherry-
red look that the blood has ~~and the tissues has~~ thinking that she
~~had carbon monoxide.~~ I still didn't have any idea where she could
have gotten it. Several years later I was out at the Mayo Clinic
and talked to a pediatrics friend of mine out there and he suggested
she might have drunk coal oil. I don't know whether that's what it
was or not but that's always been interesting to me. Now I delivered
a baby right in the foothills of the mountains perfectly healthy as
far as I knew and several months later they called me one day and I
went up there and the baby was dead. Only explanation I had was crib
death. It's a condition that ~~has~~ we've known about many years and I
saw no cause for the child's death. I was glad in a year or less when
the mother was pregnant and had another baby. I delivered it and several
months later had exactly the same experience, the second one, the same

died

~~ECI~~
eclampsia

nothing

when there
is carbon
monoxide
poisoning

way. I don't know how much you know about crib death but it's a sudden death in children that you don't have any explanation for. There's ^{have} been any number of explanations but I recall when I was interning it was thought to be caused by an enlarged thiuous and routinely when children were born ^{they} had the thiuous x-rayed and if it looked enlarged in the opinion of the radiologist he would give an x-ray treatment. Many of those children in the past twenty years or so have developed cancer of the thyroid gland from the radiation.

looked

thymus

thymus

I: ~~All~~ dear.

N: I was called to a wreck one night, this was on the hard surfaced road 29, and there was a fellow in his twenties lying along the side of the road dead. Was not a mark on his body except a piece of glass from the windshield that had stuck in his neck, just above his clavicle and hit the jugular, ^{sub-clavian} vein and artery and he died right there. Abortion was illegal then and it was not to be done and no reputable doctor would induce abortion but there was always somebody on the outskirts that would do it, and maybe it was a good thing, I don't know. But I would be called and I couldn't do anything about it when ^a woman had gone and had the abortion started and maybe have a little problem or not have a problem, ^{but} they just might, ^{want} someone there with them. Once you got there you had to stay, you know, and take care of them. I was called several times to that and I remember one of them was a personal ^{whose family} had known her family for some time and she had gotten a blood stream infection, which they often got, and we all just ~~sat~~ ^{sat} all night until she died.

~~Sub-clavian~~
Sub-clavian

I said I'd been called to eight murders and I can't think of four of them. One of them you might be interested in was a man shot with a shotgun and the charge went in just above his collarbone in his neck and ~~I went~~ I went up in the mountain with the sheriff and the Commonwealth's Attorney, and myself went and ~~a~~ ^{were} group of people around of course and the Commonwealth's Attorney said "who did this?" "Where is the man that did it?" This boy stepped up eight or ten years old and said "I did it." Well that practically ended the investigation.

I: (Laughter)

N: There is a sequel to that but I don't know whether I should put ^{it} on record or not. I saw this boy some after that, ^{he was a smart child,}

I: Did he grow up all right?

N: I don't know, I didn't follow him that long. He was smart.

I: I was ~~over~~ ^{over} to see my wife one night and was called to see a woman, and when I got there she was lying in bed and had been shot right through the thyroid gland and was dead. The story was that her boyfriend had come in and taken her for a walk and shot her through the neck and brought her back, put her in bed, and covered her up. I don't know whether he called me or someone else did.

There was an old man that was crippled and he had a little store and there was a drunk nearby, mean, and I knew him, I'd been in his home and there wasn't anything good I could say about him then. He would go over and threaten this old fellow and he never had beat him up but he had threatened to beat him up. He went over one night drunk and threatened this guy and he'd been told if he came in he was going to shoot him and he did. He shot him several times and when I got there with the sheriff he was lying on the floor dead.

I: That wasn't Gilbert Lam by any chance was it?

N: No.

I: No, ~~because~~ ^{because} he was quite a one with threatening and shooting people.

N: This fellow actually, he was shot here and he was shot in the top of the head. (Laughter by both, evidently due to where he was shot)

N: He wanted to make sure he was dead. (Laughter)

N:Can you stop that while I look this over or does it make any difference?

N: Now their houses were small, wooden enclosures with a roof of shingles or a tin roof and for the most part they were simply ^{and} crudely made and weren't very close as far as the weather was concerned. There were often cracks in them and I remember more recently actually, because I had a farm up there that joined the park and I still go up in that area. I can remember sitting in the living room and looking up through the ceiling into the room above.

N: This was a better class of people. ~~The~~ ^F Fireplaces were common and some of them had wood stoves. Water was obtained from nearby springs or wells and was brought in by buckets. There ~~was~~ ^{were} a few that had a pump in the kitchen that they would pump water out of..

N: Most of them had clocks. Most of their furniture was very crude, much of it ~~many times~~ was handmade. They would sit on a box or a chair someone had made. They had featherbeds, we called them ~~ticks~~ ^{Picks} ~~mattresses~~ ^{or mattresses}. Also they had mattresses made out of corn shucks and straw. Oil lamps of course were universal and I remember ~~for some reason, they,~~ on the mantle of many places they had a little container with, I don't know the names of the things, but ~~little pieces,~~ little strips of paper wrapped up so that they'd be very much the size and shape of a lead pencil and they were used for lighting ^a pipe or lighting lamps from the fireplace.

N: I spent the night a number of times in those places and ^{have} eaten there and usually with pleasure, they ^{were} usually pretty good. If you were suspicious of the place, ^{or} it was not too clean ~~why~~ you could fall back on hard-boiled eggs and coffee usually.

N: Let's see.....

N: ~~I used to~~, ^{when} when I was in Stanardsville, ^{and people were still living in the park} this didn't happen real often but the people that was still living in the Park often, I would drive up on ^{the} Skyline Drive on the Spottswood Trail at Swift Run Gap. At that time the Skyline Drive wasn't hard-surfaced, they were working on it.

N: It was a dirt road and I'd pull my car up there and ^{oh} some occasions there'd be a road going down the mountain from the Skyline Drive to these homes I wanted to go to and other times I would either walk or ride a horse. Actually I didn't have to ride a horse so much there because the distance between the top of the mountain and where these people lived if you had to approach them from up there wasn't so far. The times you rode the horse was when you came from the foothills up to the top.

I: You were a good horseman then?

N: No, I ^{had} ridden them all my life but I never was ~~any~~ ^{very} skilled, ~~not~~ very skillful with them.

I: Oh, some of those rocks some of those horses had to go over.....

N: The stores that would call me would be the general store at Kinderhook; ~~Fletcher~~, Geer or Dike.
Fletcher

N: They were the main ones and I said I would go as far as I could by car and either walk or ride ^a horse. Let's see.....

I: Did you ever go into Nicholson Hollow or Corbin Hollow?

N: Yes, I don't know now where ~~it was~~ ^{they were for} but the names of those hollows I'm very hazy on. I get it mixed up with the hollows around Barborsville where my father happen^{ed} to be a general practitioner and I remember during the influenza epidemic in 1918 he would go up into these hollows. Bacon Hollow, Becks Hollow and several of them, ~~and~~ I can't identify any hollows really.

N: I just don't happen to know where they are. Let's see now.... maybe the Baby that had tetanus. An old lady came in one day with a peculiar spasm in her arm she would have every two or three minutes, that's when I was in Madison. Dr. Klure whom I was practicing with, he was ^{an} older man, thought she was a really sick woman. I didn't think so, so I ~~let~~ ^{had} her come back in a couple of days and it had extended a little and ~~it~~ it was from a wound in her elbow following a fall in a chicken house. We sent her over to the University and she died and ~~she~~ ^{it} was diagnosed tetanus, ~~with an extended arm~~. So Dr. Klure was right about it.
Clote

N: You know, when I went in with him his experience and know how, bedside manner, or what have you, was of tremendous value to me and ~~to~~ my recent association with medical centers, medical school and all were of considerable

lady
Clote

value to him. So we both profited during that year.

N: I remember one boy I was called to see and he had a very bad throat. I made the diagnoses of diphtheria, ~~and~~ I had a young minister with me who was a very good friend of mine and would ride around with me some and as soon as I saw it was diphtheria *I went back to my office got anti-toxin.* course you don't have time to get a culture and get a report back, you have to do something about it then, he was quite sick. So I left, the minister praying for him ^{while} ~~some and I left them there~~ *I and* ~~and went back to my office, took a trip back to the office and got some tetanus ^{anti-toxin} and went back and gave him an injection. I went back twenty four hours later and his improvement was tremendous. I kept the father posted all along as to what it was from the beginning but I was kind of amused ^{when} he was a little bit skeptical and he said, "Dr. I want to speak to you for a minute," and we went ~~side~~ *side* and he said "Doctor tell me the truth, ~~went~~ ^{what} do you really think was wrong with that boy?"~~

I: (Laughter) Did they have much ^{diphtheria} diphtheria?

N: No, there had been quite a bit of immunization by that time.. I didn't see alot. One of the most interesting I saw was a case of diphtheria of the nose. It just happen^{ed} I got a culture of it the first time I examined the kid and sent it to Richmond and got a positive report of diphtheria. ~~Ulcirated,~~ *diphtheria,* It was a young child.

N: I went way up in the mountain once, rode a horse a long~~s~~ way~~s~~, to see a young woman who had lobar pneumonia and I would have probably ~~ordinarily~~ treated her and maybe gone back to see her another time or two but she also had a cardio-spasm. A cardio-spasm, if you're not familar with it? *Cardia.*

I: It's the heart isn't it?

N: No, a ~~cardio-spasm~~, the cardio is the opening from the esophagus to the stomach. It's also called ^{the} ~~a~~ esophageal-gastric junction. A *esophago-gastric* cardio-spasm is a peculiar contraction of that muscle so that it gets so fluid, the food won't go through it. Well this woman had a cardio-spasm with ^{small} ~~this~~ pneumonia and part of the treatment was to give them fluids, supportive treatment which you couldn't give her. She was quite thin from dehydration and starvation too. She hadn't been able to eat what she should have so I had some men make a stretcher out of straight poles and burlap sacks and sheets and what have you and took her ~~out~~ ~~over to the University, brought her out and then she was taken from there~~ over to the University Hospital where she died.

Another time I went up into the mountain and rode a horse a long way~~s~~ to see a boy eight or ten years old who had a temperature of 104 degrees and spots on his body that I never had seen. By the process of elimination I concluded he had Rocky Mountain Spotted Fever. I sent him to the University of Virginia Hospital, he died soon after he got there and the diagnoses was not confrimed. Several days later I was called to the same home for another boy

who had the same symptoms but had not been sick as long. I sent him to the University of Virginia Hospital with the same diagnosis and it was confirmed and he recovered.

I: Now how much did the University of Virginia charge for these mountain people? They couldn't afford much.

N: Well they had what is known as a clinic set up at that time, ^{and} they could go for practically nothing.

N: Course if they could pay, they did.

N: Probably 25 years later, when I was in Michigan, Doctor ^{cawley,} ~~Causpully~~ professor of dermatology at the University of Virginia, wrote an article published in the Journal of American Medical Association on the Rocky Mountain Spotted Fever seen at the University of Virginia. My cases were not included. I wrote Dr. ^{cawley} ~~Causpully~~, whom I knew slightly and had been on programs ^{with} ~~at~~ meetings, ~~I wrote him~~ and he ~~said~~ the records kept for that period had been destroyed or lost. I don't know ~~but that is~~ ^{but I expect} ~~except~~ I think that I probably saw the first cases of, ~~some of the first cases of~~ Rocky Mountain Spotted Fever that ^{were} ~~was~~ diagnosed in this area. ~~Now whether it was here before that I don't know because it is a rocky mountain thing that comes from tick bites.~~

He wrote me that

I: You wouldn't happen to know, it was around 1930, there's a small graveyard up near Dark Hollow falls that would be the other side of Big Meadows and this small graveyard has only three children in it. They were very young and they died in the 1930's which sounds like some sort of edipemic of some kind.

N: What was it, the 1930's?

I: Yes

N: and several of them died the same time? What you're wondering is what it most likely was?

I: Yes

N: It'd be my guess it was measles with pneumonia. The measles ^{with} ~~with measles~~ pneumonia was very bad. Children would die. I'd say measles with pneumonia, it was in the 1930's....whooping cough possibly but most of them got well. Three of them died about the same time?

N: It was too late for typhoid fever now if it'd been a generation ahead that was common, typhoid fever. Could have been a burn, it wasn't an accident?

I: No

N: wasn't a, ~~didn't~~ die in a fire.....?

I: No because the parents then would have gone too probably.

I: It was just three all by themselves, their little gravestones.

N: Then maybe measles.

N: Can't think of anything else. Course they could have had Rocky Mountain Spotted Fever that wasn't diagnosed.

N: Don't know how much of that there was around then.

I: Do you know what you never have finished telling? You were telling about this woman who was having a baby and also having convulsions. How did you handle that finally?

N: Well finally we got her delivered and she was o.k. They get better soon as they deliver.

I: I know, I mean how did you ever manage. That must have been a nightmare of a time.

N: Well I just sorta let nature take it's course. (Laughter)

I: This gave you a very well rounded practice didn't it?

I: The experiences.....

N: Right. I knew I wanted to go into some branch of surgery and I had planned, thought I would be a general surgeon. After being out in practice I decided ^{to} ~~go into~~ ^{take} ~~one of the specialities~~ and fortunately I was able to get a fellowship at ^{the} Mayo Clinic in ear, nose and throat, head and neck surgery and facial plastic surgery and I went there and was there three and a half years. Then I worked at Ford's in Detroit was there ten years and then I practiced in Detroit another twenty years while I was in the Fisher Building ^{and} ~~and was down at the medical school~~ and I came back here seven years ago.

I preferred one of the specialities

Professor at Wayne Medical School

I: Oh what a marvelous background.....you've had.

N: So I've been around!

I: You sure have, and you still own some property there close to the mountains?

N: I bought that about twenty years ago, ^{as} a matter of fact, I've got part of it up for sale now. It joins the park. It's up on the ~~Conway~~ (middle) river. It's about 60 some acres and I'm going to keep about 30 and sell 40 acres. Let's see.....You know..... I often told this to people, I don't mean to be making fun of these people but I know one time an old lady ~~and old woman~~ was in and I was taking a history on her, her husband was standing there with her and I was trying to find out when she had change of life. When

had trouble un⁻¹⁹⁻derstanding me

she. ~~1~~... ~~so~~ I used several terms, "when was your last period, falling off a roof," so finally I used the term "flowers" and she reacted to that. She said "oh yes, yes" so I said "when was that?" She turned to her husband and said, "John when was the corn in the upper field?"

I: (Laughter)

N: I thought it was interesting to see ~~she was the~~ ^{her} fixing of dates like that, you know? Let's see, this is the last I think that's about it unless you^{ve} got some more questions.

I: Did you ever hear, you used the word flower, hear any expressions aside from that liver what ever.....

N: Livergrown

I: Livergrown, that ~~were~~ ^{was} uncommon?

N: No, I can't think of any. I talked to my wife about this and she thought I should have more about these people's homes and houses and what's in them and all that.

N: I just don't know much about it, don't you know? ~~that?~~

I: No, I had not expected that from you. I've got the most marvelous interview from you.

N: Well wonderful, I hope it is *OK*.

I: This is going to be of such great value to everyone.

N: That's wonderful.

I: And we really do thank you sincerely.

N: Well, sure. I'm very glad we did it because actually.....(End of Tape)