

DECEMBER 30, 1968

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1 The Education and Confessions
 of an Itinerant Surgeon

In extenuation of the egotism of this offering, I submit two superior precedents: Professor More's paper fifty years ago on the "Education of Louis Trenchard More", and Henry Adams little book on his education.

The derogatory word itinerant is applicable to many kinds of doctors from imposters to qualified specialists. The early itinerants ranged from colorful medicine men to adventurous regular doctors and practitioners of the cults, especially the herb doctors who claimed to cure a specific disease with an extract of a specific plant. Our famous member, John Uri Lloyd, and his brothers, had a monopoly on the manufacture of these eclectic pharmaceuticals from which came certain permanent contributions, including the finest botanical library ever assembled, still intact under the auspices of the public library. Lloyd believed in his own medicine and gave most of his fortune in a vain effort to save the local school, his gifts including a half million dollars paid him by General Foods for his discovery of the original formulas for instant coffee and Canada Dry Gingerale.

The herb doctors and other itinerants plied their trade in the pioneer settlements, moving west with the frontier where there were no medical practice laws. Those with M.D. degrees were products of diploma mills, or failures at home because of drink or outrageous fortune, but the

famous ones in this group, I fear, were fictional characters.

The itinerant is gone, but the pejorative term remains. The College of Surgeons applies it to those who travel out to do hit and run operations in community hospitals. The College contends that with exceptions, these patients should be moved to the surgeon's own hospital where he can watch them after the operation. Whether the patient is in his home or an outlying hospital, it is usually in his interest to go to the doctor, rather than have the doctor come to him. However, there is no rigid rule and the conscience of the doctor must be the judge in each case. The idea can be carried to an absurdity when the arrogance and convenience of the doctor supersedes the best treatment of the patient.

Harvey Cushing refused to go outside Peter Bent Brigham. A wealthy Bostonian phoned Cushing to come to a hospital two blocks away to do an emergency operation on his wife. "Who are you calling?", snapped Cushing. "I'm calling Professor Cushing. This is Dr. Cushing, isn't it?" "Yes, but you have the wrong man. You need an itinerant surgeon". Cushing paid dearly for his tactics. After retirement from Harvard, he lived on the royalties of his biography of Osier and a small salary for lectures on medical history at Yale.

Pew men in my early years assumed such high and mighty attitudes. Competition was keen and people avoided the doctor. General practitioners preferred to make house calls for which they could charge \$3.00 versus 50 cents for an office visit. Today, insurance, full employment and the population explosion have put the doctors in a sellers market. Even with centralized care and quicker therapy, there is a mild doctor shortage which time will correct. In the meantime it is a joke that doctors dislike treating patients in their homes. A man went to a marriage broker to find a pleasant middle aged wife. "How much" the man asked. "For such a wife, one thousand dollars", the broker replied. "Too expensive", the man said,

"for money like that I could get a doctor to make a house call"!

All doctors must be itinerant if the situation demands it. My father-in-law, Dr. Knight, was always available and very busy in far out Madisonville, but seldom missed a meeting of the club. One Saturday night in May, 1926, I drove him to the club and when he got home several house calls had accumulated as usual. About mid-night my phone awakened me. Dr. Knight had seen a Negro, an ex-slave aged 96, with a strangulated hernia. He lived in the Negro settlement beyond Madisonville on the Maderia road outside the City limits, thus was ineligible for the General Hospital and had neither the money nor the willingness to go to a private hospital. I boiled a razor blade, ordinary scissors, thread, needles, and sheets which were used still wet to drape the abdomen. Dr. Knight gave him chloroform and he lived to be 104 years old.

Operations have been done in the home either by choice or necessity since the dawn of surgical history. Until well into this century, the patient was safer in his home, where he was immune to his own dirt and less exposed to psychic trauma. The public hospitals for the poor were dirty and the clean looking private hospitals harbored virulent bacteria long after asepsis. Even after the patient lost his deathly fear of the hospital, he dreaded the exorbitant cost until insurance programs came along. Up to World War Two, operations on pay patients in England were done in nursing homes which were ordinary houses rudely adapted to the purpose. Today, neither we nor England could possibly find sufficient beds to meet the demands of free hospitalization. If we suddenly had three times the number of beds in Cincinnati, they would soon be filled.

The doctors, the old people, and the insured are proving that Parkinson's law applies here as it does in a government bureau. If we gave each citizen a certificate enabling him to obtain free clothing, leaving the decision as to the amount and kind to the clothing salesman, great

resources would be diverted to meet the demand. Under Medicare, the doctor is the clothing salesman. We may soon find ourselves in England's position. Under the National Health Act at the start 95\$ used it. Today it takes over a year to get a hospital bed for elective surgery with the result that groups of doctors again have set up nursing homes in which they offer immediate service, and ^0\$ are willing to pay private fees for it.

We have gotten most of our medical heritage from England, though their hospitals, while great teaching institutions, have never equalled ours for patient care. Like the itinerant preachers, invented by Wesley, many leading surgeons in England had their circuit of hospitals which they regularly served. Among them were such famous men as Lord Moynihan, Sir Robert Jones, and Ralph Carothers' old Chief, Naughton Dunn, all of whom I visited after finishing my graduate work at the Mayo Clinic.

Armed with letters from Dr. Mayo, my wife and I went on a four months Clinical trip to the great centers of the eastern seaboard, England and West Europe. As our ship pulled out, a new found friend took me to the bar for a drink where he had 3 glasses of orange juice, "for seasickness", he explained. Does it prevent it, I asked. "No", he said, "but its the only stuff that tastes the same coming up as it did going down". Soon after arriving on the continent, while watching a famous surgeon do a brutally radical operation, the spectator next to me whispered in broken English, "Is he not a brave surgeon?" "I can't tell", I said. "I'd have to see the patient awake with just as big a knife!"

We are indebted to Europeans for many contributions, and at the turn of the century, the leading men of Cincinnati literally bought their graduate training in Berlin and Vienna. But we imported our medical outlook from the British. In England, the doctor was the servant of the patient whereas on the continent the doctor was the master of the patient. The Herr Dozent Professor Geheimrat, was Czar of his assistants and patients, and for

a \$1000.00 fee he would let an American do the operations on his service for several months.

The medical atmosphere in England was more like that of the Mayo Clinic, in contrast to the coldness of Boston where a visitor was apt to be insulted or, what was worse, completely ignored. There were never less than a hundred visiting doctors at the Clinic. Programs were set up for them and a daily directory of the activities in all the hospitals was printed for them. Even lowly fellowship men were treated as human beings, but above everybody else came the patient. No resource or time was spared to have him go away feeling satisfied. Will Mayo had a dictum, take care of any patient anytime, anyplace you are called.

A doctor, high or low, was in trouble at the Clinic if a disgruntled patient under his care complained of neglect, real or imaginery. When Chief resident, I was called repeatedly one day to see a viciously neurotic old woman, but still dissatisfied, she insisted on seeing Dr. Mayo. When I came into the room with Dr. Will, she said "Dr. Mayo, that doctor there (pointing to me) won't do anything for me". Afterwards, I said, "Dr. Will, I saw her seven times yesterday". "It wasn't enough", was his only comment.

One rainy day in 1927 while attending a meeting of the A.M.A. in Dallas, Texas, I met him coming out of the Adolphus hotel. As he spoke to me, he drew a letter from his pocket, written in pencil on a piece of cheap tablet paper. It was from a girl who had read that Dr. Mayo would be in Dallas and she asked him to come to a certain downtown drug store to consult about her brother's epilepsy. Directed by the doorman, we walked two blocks through the rain and found the girl at the soda fountain. Dr. Mayo listened briefly to her story, assured her that everything was being done that could be done in Rochester, and we left her beaming.

The Mayo's started their work in a barn, improvised into a temporary hospital for tornado victims, and long after St. Mary's was a modern

hospital, they went out in the country during blizzards to operate in the home on emergency cases.

Much surgery in the home was still done by Louisville surgeons in my area when I graduated. The country doctor, with an eye for his own interest, abetted the practice and the hill people, literally, were scared to death of a hospital. Also, the expense was disastrous because the whole family went along, doubling the cost and leaving no one at home to care for the livestock. My first experience was in 1914, while still a student. I helped Dr. Hendon remove an ovarian cyst and later, having gained a premature, if not spurious, reputation by doing a life saving tracheotomy, I did a total of over a hundred cases during my vacations at home while still in training.

By the time I set up practice in Cincinnati in 1925, the vogue and necessity for most country surgery was passing with better roads and a better informed public, and only lesser known men and "fee-splitters" were still doing this kind of work regularly. I was not only a lesser known man but, having done a lot of this sort of work for my father and other doctors in nearby counties, I had to do these cases for another ten years or lose them to Dr.'s Abel and Hendon of Louisville which was close and accessible by good roads. Until Lyter Donaldson built the Donaldson Trail, there was no improved road west of Walton and it was an eight hour round trip drive for each case.

Twice I was stalled in the middle of Gunpowder Creek, once late at night, when I waded through the icy water to get a farmer to pull me out with a team of horses; the next time was in daylight and I asked a boy on horseback to get word to the farmer. Reining up, he took the tooth pick out of his mouth and said, "Mister, put her in high and step on the starter". To my relief and chagrin, the car rolled slowly out of the water. I was glad to use the L & N R.R. when possible and twice finished trips on horseback. The routine fee was \$150.00 and I can remember few instances in some 400 cases in which I was not paid on the spot. One farmer said, "Doc, will you wait till

I sell my tobacco? I'll give you a Kentucky guarantee". When I looked puzzled he said, "that means I'm a sonofabitch if I don't pay you"! The chief compensation was the life-long loyalty of these Scotch-Irish clannish people who made up half of my work in fifty years of surgery. Like the peddler who built his stake and following before opening his store, I got my start by itinerant surgery. The patients then came to me either on a cot in the baggage car of a train, or in the ambulance of the friendly undertaker, who, with an eye to bigger things, rendered this service free. I haven't operated in the home in 35 years, but I am still semi-itinerant. During this time I have done some 3000 cases in central Kentucky hospitals near my farm. My defense is that, except for hip fractures, these were all elective cases, about 1/4 of them indigent, I could see them in the critical two days after the operation and my assistant and anaesthetist are better than I have in Cincinnati.

I kept it a secret from the ear, nose and throat men that I did a great many tonsil cases in my early years. Rural living conditions predisposed to colds and tonsillitis, often complicated by quinsy, the most painful condition known to man. At a time when tonsillectomy was overdone in the cities, few in this backward region, however badly they needed it, had the benefit of this operation. The air passages of many children were blocked by an overgrowth of tonsillar and adenoid tissue and I operated on numerous adults who had gone through 5 or 6 bouts of quinsy, making the procedure very difficult. One man would allow me to remove only the one tonsil in which he had had quinsy, but my most spectacular case was the only known emergency tonsillectomy. I was home on vacation when a fat woman from the hills came to town and choked while eating a banana. I happened to be in my father's office when she was carried in, still holding half of a banana in her hand. Her face was blue, she was gasping for breath and I thought a piece of banana had lodged in the windpipe. I was considering a tracheotomy but when we cleaned out the banana we saw the biggest tonsils of all time. What with the added congestion brought on by the coughing and straining, the

tonsils and the unseen adenoid tissue completely filled the throat and naso-pharynx.

After pulling the tongue forward and pushing the tonsils aside, she breathed better and her panicky hysteria subsided. For the next half hour, I alternately held the tonsils aside and released them, but each time the tongue blades were removed, she gasped for breath. Her husband said she had been having spells of bad breathing for a year, especially when she had a cold and knew she had bad tonsils. I suppose she could have gotten back to her pre-banana condition, but we decided to remove the tonsils then and there. Actually the husband prompted the decision. He said, "Doc, why don't you must cut 'em out right now? It sure would save a lot of frettin' and dreadin' and you may never get her back".

It was a major procedure. I injected novocain and in spite of her constant gagging and frequent interruptions for spitting, I finally got one tonsil out. At this point, she went into semi-shock. Her face got pale, she complained of pain in the upper abdomen and I visualized a novocain reaction or a heart attack. We laid her on the couch and my father, who had seen her previously in a similar episode, diagnosed gall-stone colic. After another hypodermic of Morphine, the pain subsided and she was breathing normally, but the events of the past two hours had exhausted her. She had to wait until my next trip home to put the second tonsil in a bottle on the mantle alongside the first one. On another trip I enabled her to add a bottle of gall-stones to her exhibit.

Years later, when I felt surgically secure enough to admit my early jurisdictional sins to my E.N.T. friends, they denied, in a bored and skeptical tone, of having heard of such a case!

Sic transit itinerant gloria!

Eslie Asbury

Much has been heard within these walls of old times in our city. The records bulge with stories of the past—ranging from those relatively recent days of our own youth back to the glories of the Burnet Rifles and beyond. It is a comment on our advanced years that when we deign to look in close through the lower parts of our tri-focals, it is often to view with alarm.

Let me look at Cincinnati today—or some bits of it—thinking of fun rather than of problems. All cities have problems and always have had. For the city which transforms man from neolithic drudge into a civilized person does so at the cost of crowding him, specializing him, pyramiding a hierarchy about him and generally exacting a hell of a price.

I was thinking the other day of a trip we once took to a strange city for a week. If you were here for just that time, I doubt if you could taste all the delights of Cincinnati, but I know you'd leave, swearing to return and comparing it — not unfavorably — to the fascinating metropolises of the world.

Let's make our tour in early May. Every city has its best times and I recommend Cincinnati in the Spring and Fall. Winter isn't bad — but then winter isn't really the best time to visit any city in most of the northern U.S. or Europe. Summer is fine in Cincinnati except for a few muggy weeks, but its hard to guess when they'll arrive. So let's go there in May.

Luring your stay you must see several views of the city — by day and night. Eden Park, Belleview Park and perhaps a dinner at the Sovereign — where the roast beef is thick — will provide elegant vantage points.

I suggest making two calls at the Art Museum — not trying to do it all at once. Do your first visit there early in the week and decide when to return. Combine this with a walk through the Krohn Conservatory and perhaps have lunch at Mahogany Hall on Mt. Adams.

For some other lunches I suggest La Normandie, Colony and the Oyster House. One day when you want just a bite, go to the little Arcade Corner in the basement of the Carew Tower. I'm torn on whether to suggest Grammers and Captronis for noon or night.

A good change of pace is to trip a few stores. Pogues, Shillitos and Mableys are all within a few blocks. I like to take the escalator and stop where I catch a glimpse of something. But each store has interesting departments you have to walk to. See Pogues second floor including the Ice Cream Bridge and then double back over Race Street and walk down into Clossons. All three of the big stores have good and reasonable restaurants. At Shillitos look in on the Old World Shop on the 5th floor.

Today is science day. See the Museum of Natural History, not failing to walk through the unique limestone cave built into the museum earlier this year. There's also a planetarium. After natural history, we'll taste a most unusual institution, the Cincinnati Science Center, located in what's left of the railroad station. Here is fascinating work in progress as this center is not complete at all. But there is enough to excite you as you see a new approach to learning.

At most times of the year there are sports events to see and May is baseball season. So an evening at Crosley Field is indicated (if you hurry and go before the new riverfront stadium becomes the home of both our baseball and football teams). I suggest obtaining tickets a few days in advance to get good seats.

Thought of sports leads to the sport of kings and I need only say that perhaps the first choice of one day or two day outings from Cincinnati is to drive into the Bluegrass country and visit some of the famous farms. There is a selection of colorful Kentucky towns to include on the tour you take.

Of course if you have time and excessive

energy there are several side trips for which Cincinnati forms a natural base. The homes of several Presidents are only one set of sights that can be visited in a series of short outings. The Air Force Museum at Dayton is within easy reach as are several of the mound builder's locations.

Cincinnati has a great variety of fine specialty restaurants and many sound eating places. There are two that should be mentioned. On November 16 the New York Times commented that, "Cincinnati is an uncommonly rewarding city where restaurants are concerned." The article goes on to discuss in some detail the charms of the Maisonette and of Pigall's and rates them "equal to the best of Manhattan or San Francisco." Interestingly it is not just the food but the style and service of these eateries that particularly impress the writer. He comments on their "native warmth (and) lack of superficial arrogance that is altogether admirable."

I have saved to the last the place in Cincinnati that is to me the shining jewel in the Queen's Crown and that is the Taft Museum. Just a pleasant walk from anywhere downtown, this early 19th century house contains a varied and excellent collection of paintings and art objects that somehow seem to hold for each visitor some special and very personal response. I always take my visitors here, even those on hurried business trips, and none has failed to find, in some one element of its charm, that rapport that creates a great memory.

Now this is the end of one tour of our historic city. I've failed to take you out to the theater - at the Playhouse in the Park. I've not covered the Nature Center or Harriet Beecher Stowe's house or a dozen favorite sights. We've missed cozy shops and art galleries and a horde of things to see and do. But you will want to return again and again so we had to save something.

A week - a week indeed. Have you, who have had a life time, begun to savour all of Cincinnati's delights?

Robert H. Allen

PREFACE -

The possibility of retirement from active professional practice entered my consciousness several years before consummation. During this time I attempted to assess the effect of physical diminution upon artistic achievement. I also became aware of the "jet age", and of the changing thoughts and tastes of my fellow men. This includes the designs of buildings, both secular and religious, many of which are beyond my powers of understanding and appreciation.

It became obvious to me that architecture had relinquished its position as leader and custodian of the fine arts; that it is now concerning itself with tricky solutions, and indulging in "cute" phrases such as "less is more" which can be interpreted as "nothing is most".

One of the infirmities of contemporary architecture is the illusion that present creations are innately superior to the achievements of past societies, and the lack of recognition of architectural glories of yesteryear is evident in the paucity of current creative ability.

The annihilation of distance by the invention of instant intercommunication has intensified the influence of western contemporary architecture throughout the entire world, in contrast to the charm of distinctive ethnic cultural solutions of aesthetic efforts. Even so recent a development as medieval Gothic churches received distinctive and delightful qualities in various European countries. The structural wonders incorporating emotional artistry of such masterpieces as the Cathedrals in France, Toledo in Spain, Salisbury in England and Cologne in Germany, all served the same purpose despite their many differences of general character and detail.

The history of civilization, which parallels the history of architecture, will verify this theory; and causes one to wonder whether the modern

world, in attempting to standardize all international artistic endeavor, isn't facing a frightful loss of cultural enjoyment, intellectual satisfaction, and possibly some contentment.

My chief concern was to upgrade this important part of contemporary civilization. However, the realization of the ugliness of our surroundings, coupled with many evidences of moral decline, plus the general loss of aesthetic values, influenced my decision to retire from practice in a noble and spiritually rewarding profession. I hope to recapture some of the happiness I experienced, despite the many frustrations which I expect to encounter in attempting to describe the numerous facets of my long career as an architect. However, I cannot, refrain from attempting (for my own amusement) to recount many incidents, both humorous and serious, which occurred during my professional life. These incidents resulted from contact with men and women of various ranks and qualities whose primary interest in life was religion, and their endeavor to inject something of the spiritual into the lives of their fellow men - what a challenge!

The title of these memoirs which I hope one day to complete, was suggested by a friend and co-worker in the fine arts. For many years he had manifested an interest in my career as an architect who specialized in designing churches and related structures. This career extended over more years than I care to enumerate and included commissions in twenty states, mostly in the western half of our country. The great majority of my architectural efforts were related to the Roman Catholic Church and included, in addition to four cathedrals, many parish churches, schools, convents, seminaries, rectories and several colleges. It is a mystery that only occasionally was I commissioned to design a Protestant church. Was there a fear that the result would bespeak a specific solemn rite against which for centuries they have protested?

That I have enjoyed a career of artistic fulfillment and spiritual satisfaction and contentment is a vast understatement, despite my entertaining no illusion as to the lasting quality of

my professional achievements. The many serious and sometimes humorous relationships between client and architect become a psychological problem, and represent the difference between a perfect solution and a compromise. The latter frequently results from the belief of most humans (even those with reversed collars) that planning and designing buildings is an inborn gift. How frequently have I prayed that through a miracle my client might be imbued with a broader appreciation of the ethics - both professional and Christian.

Every architect worthy of the name has, on many occasions, experienced a relationship with a client whose misdirected and obstinately perverse opinions resulted in a serious compromise with taste and quality. However, when a member of a great profession builds a monument to himself with money supplied by the client, perhaps the previous statement might be somewhat harsh. But the dedicated professional will continue to strive for beauty in the hope that the present emphasis on technology will not destroy our search for beauty and possibly our freedom as individuals.

Architecture should be the fusing of art, philosophy, citizenship, engineering and frequently, economics. My hope is that modern technology will not eliminate the first two and ignore entirely the function of the architect in favor of the engineer. A recent description of a one-hundred story Chicago building as - "the ugliest oil derrick I have ever seen" - poses the question: What will be the reaction of future generations to these monstrous creations of modern architecture?

Anyone who has enjoyed the good fortune of viewing the great architectural monuments of the world and has then experienced a professional relationship with present-day architectural students, ponders why so little time is presently allotted to the study of the cultures of ancient civilizations.

Let us hope that our future scientific intelligence and advanced technical knowledge will be tempered by aesthetic and spiritual sensitivities,

and result in surroundings which will instill into the public a consciousness of beauty. The expression "beauty is only skin deep" presupposes an interpretation related to surfaces lacking organic structure. However, despite the absence of a norm, or standard, for beauty, the human being has diligently searched for its equivalent throughout history.

Before bringing this preface to a close, I should like to reiterate a previous comment - that architecture is the custodian of the fine arts. Therefore, I wish to express my sincere appreciation to the many artists and craftsmen who helped me realize the importance of sympathetic cooperation between architect, artist and craftsman. Clement Barnhorn, the eminent sculptor and teacher, was my first recruit. He executed an important sculptural motif on the west facade of my first major church, resulting in a friendship which endured until his death. His interest in promoting his more talented students, resulted in my continuing use of their fine abilities to the end of my active career. Carl Zimmerman, painter, philosopher and student of the fine arts, executed many important symbolic murals and shrines. Our companionship is a beacon of light and understanding, and an appreciation of those elements which constitute our concept of beauty.

There have been others too numerous to mention, who have contributed much to my enjoyment and satisfaction in my chosen field. It is with sadness that I now withdraw from this field and throw the torch to oncoming men. May they be as fulfilled in the great profession as I have been.

In the following quotation, Ralph Waldo Emerson succinctly speaks my thought:

"The high prize of life, the crowning fortune of a man, is to be born with a bias to some pursuit which finds him in employment and happiness."

Edward J. Schulte
