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### Oral History Interview: Dr. Don V. Hatton and Jane Hatton

Don V. Hatton

Jane Hatton

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Gail  
Hatton: Today is July 22, 1973. My name is Gail Hatton and I'm talking to Dr. Don Hatton of Williamson, West Virginia, and his wife Jane Hatton. Dr. Hatton is sixty-one years old and has spent most of his life in Wayne and Mingo Counties.

Dr.  
Hatton: My folks for several generations back were from the so-called Appalachia section. In this case I mean Wayne County, West Virginia.

G.H.: That's where Ma and Pa both were from?

Dr.H.: Yeah. Both my mother and father were born in Wayne County down close to, on the Tug, on the Big Sandy River pretty close to Kenova.

Jane  
Hatton: They had the same original great great grandfather?

Dr.H.: Well, there was a relationship there; for example, I believe that Mother and Father were third cousins.

G.H.: My mother and dad are about sixth cousins.

Dr.H.: So there was a--that, incidentally, was not too uncommon back some sixty or seventy years ago. But of course . . . .

G.H.: I wonder why.

Dr.H.: I think to some extent it was basically--it was because, let's say, marriagable material was much more unavailable than now.

G.H.: It wasn't the old snobbish idea, like royalty?

Dr.H.: No, not at all. On the contrary it was a case of the people then didn't have much of an opportunity to get too far from their own home base, maybe a few miles, and as a result their contacts usually were church or school and it usually was in a small, circumscribed area and therefore there was a good deal of intermarrying in--when I say intermarrying I mean along the second or third cousin level. But I think the term Appalachia has--I don't even know the source of it but I think it came into existence some ten or fifteen years ago, even though it might have been used before in social circles, but it came into existence more or less with the realization by social workers and by public health workers that there was a common problem . . . .

G.H.: You mean, that the term started taking on a social aspect besides just being a geographical location?

Dr.H.: Yes, because actually, geographically, Appalachia would of course include the states that were included in the Appalachian Mountains. But the term Appalachia as such--I don't think I heard it, say, twenty years ago--but maybe some ten or fifteen years ago, why, it came in more or less when the social workers and your public health workers seemed to find some common public

health problems and social problems in this area. I'm sure that the same problems were present in other relatively poverty areas, maybe such as Oklahoma and Arkansas, even though they weren't in the Appalachian area; but as far as I'm concerned, Appalachia is very--since it covers parts of some ten or twelve states. You have such a wide diversity of peoples and different climatic conditions and different--mountains and valleys. You can't really generalize about Appalachia even though it has been generalized to a very great extent in the political phase of life now for many years and I don't think that you can--in other words, from one end of Appalachia to the other you have, I would imagine the northern part extends into Pennsylvania and the southern part probably goes into Georgia and that section, the Carolinas, and Tennessee and West Virginia, and Virginia, and certain parts of Kentucky.

G.H.: I think even there's a part in southern Ohio, right up above Huntington, that's really considered part of Appalachia even though you know most people don't think of it as that.

Dr.H.: I think that in the environs of Appalachia, though, you have a very wide diversity of living conditions. The education and the culture, and the living conditions as an example will vary in so-called Appalachia if one travels a matter of just a few miles; for example, the culture and the education and the advantages are quite different in, say, a section like Huntington or Charleston as compared to an area in the West Virginia moun-

tains, maybe twenty or thirty miles from Charleston. And I think that that makes us realize that you can't just say Appalachia and cover the whole area--you can't cover it geographically, you can call it Appalachia and cover a great, considerable area but you're covering peoples of different backgrounds and different cultures and different educations and so it's sort of a misnomer in that respect because I mean people that are away from--that live some distance from Appalachia and they hear the term Appalachia and they have heard it for some ten or fifteen years consider that any state or any person from these states that are included in Appalachia--they consider that they're all similar in education and so forth, and actually they aren't. But I think that in my own personal experiences my experience in Appalachia would be limited to--I would say Wayne and Mingo County in West Virginia, and of course Cabell County in that I spent most of my time when I was in, say, from secondary school and pre-medical school; but also I did have the, as far as getting an overall picture of certainly a small part of Appalachia I did have experience in other sections of West Virginia, such as Wetzel County, and Fayette County and Mingo County.

G.H.: Well, what about when you were a public health official? Was that in Pike County or where?

Dr.H.: Now, my experience in public health actually, a small part of it was in south central Kentucky and a person thinks immediately,

well, if it was in Kentucky it was in Appalachia, but actually Appalachia, as far as Kentucky is concerned, only includes the eastern mountain sections, and the part that I was in in public health in Kentucky was in the south central where you have--you don't have the high rugged mountains, but you have the poor land and therefore you have the small farmer and very little industry.

G.H.: Where--do you remember what county?

Dr.H.: Yeah, that was in Grayson County.

G.H.: Oh, well, sort of the foothills, I think is what they call it. Well, some people call it the "foothills".

Dr.H.: Kentucky, you know, is just sort of like three different states because you've got your eastern mountain section, and then of course you've got your . . . .

J.H.: You were there during the depression?

Dr.H.: In '38 and '39.

J.H.: Where were you during the depression?

Dr.H.: Well, in the depression, of course, usually one talks about the depression from about 1930 to about 1940.

G.H.: Weren't you going to med. school sometime in that time?

Dr.H.: Yes, for example in '30 I went into pre-med and then into medical school in 1932 in Washington and finished in '36, then went to Louisville and took hospital training and finished there late 1938 and then went into Grayson County for some public health and then shortly after that, because the pay was better in West Virginia, I transferred to . . . .

G.H.: That's hard to believe!

Dr.H.: Actually it was quite a difference--the difference between two hundred dollars a month in Kentucky and three hundred dollars a month in West Virginia.

J.H.: Is that what you got? Three hundred dollars a month?

Dr.H.: Three hundred dollars a month and fifty dollars a month for travel expenses. But in transferring to West Virginia I transferred to Wetzel County. Now, West Virginia like Kentucky is sort of--it is not homogeneous; in other words, the northern part of West Virginia--even though you have lower mountains you do have actually I think if a person goes into the history you'd find that different people settled in northern West Virginia and probably came in through Pennsylvania and the Fort Pitt section and actually the--but northern West Virginia is

quite different really than southern West Virginia even though both of them have shaft mining as far as coal is concerned and I don't know that there's any great difference in their educations since education is fairly consistent in the--away from large cities in West Virginia. Education is pretty consistent in its quality or degree of quality but I think that in the public health work that I did I think it's an interesting point that public health work for example in Grayson County, Kentucky--the people that you came in contact there had an entirely different attitude and approach than those in West Virginia. Down there they were the typical small farmer that had been hit hard with the depression and couldn't sell much produce, and at that time public relief had not been developed to any extent and therefore you had many, many poor people who had very little income and you had the rolling hill type of section that is characteristic of central Kentucky and also the people there seemed to be--you had many, many--I'd say the bulk of the schools were one or two rooms, and of course in public health you would visit these and with a small staff about your only interest in, say, 1938 and '39--you had perhaps sixty or seventy schools--about all you were able to do would be to go around and check the students for gross pathology and make sure they had immunizations and check--and recommend correction of sanitary problems. But the people themselves, as far as I could determine, were a relatively, I would consider, docile, easy-going people in spite of the great economic hardships which they had; and I know that even though it was only eighty miles



from Louisville there was considerable amount of relative illiteracy. For example, many of the teachers in the one room schools had perhaps had no college work, had only finished high school and had then taken maybe their little neighborhood school and they might have a single room and have fifteen or twenty students and may have students strung through from the first grade to the eighth grade; and I know that since the health department there was quite new in some respects in that it had been in existence for about seven or eight years, many of the schools were extremely hard to get to. You would drive up the bed of a creek in a dry season and maybe take a half a day to get to the school; and many of them had never seen anyone from the health department or perhaps anyone even from the county seat for that matter. And I know I recall visiting, with a nurse, this one room school and of course they were quite shocked and excited that anyone would come see them, and the teacher was quite embarrassed because of her lack of training because she had just completed high school, but she still was trying to do the best that she could and she said--felt that she had to put on--well--do something special for us so she said that--asked the children, "Now in honor of the visit from the health department let's sing our song," and much to our surprise the song that they sang was "Will the Circle Be Unbroken?". I'll never forget that because this was a warm fall afternoon in maybe 1938 and to have these little children singing with a good bit of skill, it was quite pleasant to hear; but this young lady

--that's one thing that she could teach them and of course we --there was a law then that required all students to be vaccinated for small pox, but many of them were simply frightened of any sort of vaccination and we didn't push them. I mean we tried persuasion and if they insisted on not being vaccinated we didn't push the issue because we probably felt we would never be back there again and that possibility of small pox out in the holler would be pretty remote. But I recall another incident which surprised me and at the same time sort of made me --took me back to something I had read maybe in Robin Hood. Because our offices in the court house were quite small and they weren't labeled very well and I remember this elderly man, perhaps sixty-five or seventy, came into the hallway of the court house and knocked on the door and when the receptionist came to the door he says, "Is this the office of the high sheriff?" and of course we told him where the sheriff's office was; but it struck as funny because I'd never realized that there had carried over from somewhere--the only place that I had heard the high sheriff referred to was in Robin Hood, the High Sheriff of Nottingham or something, but at any rate the--I hadn't realized that term had carried over into Kentucky, but after that I learned in talking to other health officers at meetings that in some sections of Kentucky they referred to the sheriff as the high sheriff, and that was sort of amusing I think.

G.H.: Well, you know, I think over in Pike County I saw some signs

talking about electing "squire", somebody to the position of squire, and there's another old term for office.

Dr.H.: Yes, right, a very old term. And also, for example, the county judge in those counties still may exist, but it didn't even have to be a judge, or it didn't have to be a lawyer; it was an elective office and he and the fiscal court managed the financial affairs and that was it, so the constable ran for his office and there was only a very small--I think our total budget for a year was maybe seven thousand dollars for the health department. But in moving from Kentucky to West Virginia--of course Wetzel County is in the northern part and actually it's relatively rugged in its eastern portion, and there's a narrow strip along the Ohio River about forty miles from Wheeling where the county seat of Wetzel County is, and of course they had gotten some federal money and had put in a new program which they called the home delivery nursing service, which meant that any physician who was going to do a home delivery would call a member and we had three nurses at the health department who had the basic nursing essentials and instruments that you would need and they would go with the doctor to the home and help him any way they could and take care of the baby after it was delivered until things were under control. That was the first, and I think only, home delivery nursing service established in West Virginia. It was an experimental thing and it was interesting in that I think after two or three years service it was found

that it was maybe not really achieving what it was supposed to do and so it was dropped out of the program. But now, in Wetzel County again I've always been impressed with, in West Virginia, the vast differences between, again, the education and social level and so forth of the people maybe separated by five or ten miles. And in Wetzel County, of course, on each border --the eastern border--you had a small section of--you had a couple of small towns with high schools and that was the educational centers for that end of the county; and then on the western border which was along the Ohio River you had your county seat and you had what social culture there was in the county you had it there. But then you had a very rugged area that extended from perhaps five miles from each border in which the lack of education and the, well, the social advantages were practically unbelievable and I know that we were impressed there in the health department because there was--by some things which certainly at that age shocked me terribly but wouldn't do so now. I know that we had this one particular family that simply --the inbreeding was unbelievable--because we knew of this one family, the father and mother were perhaps in their forties and there was a son and a daughter that were late teens or early twenties and there was a whole flock of children, and it was a known fact that when someone came in they just went to bed with wherever there was a vacancy. This, actually, it was known that the mother had had a child by her son and the daughter had

had a child by her father. This particular family lived in-- regardless of what aid the developing welfare department tried to give you didn't change anything because they lived in unbelievable filth and squalor and simply didn't care, didn't want to do anything about it, and many of them lived down in almost inaccessible places. You'd have to drive to the top of a hill and maybe walk three or four miles down through the woods to find the house. And it was quite--that was something new to me since I hadn't been out of medical school more than three or four years. But the Wetzel County--as I say--I don't know the heritage of the people from there, from Wetzel County, but in reading history and the migration of people from the east coast I suspect that they would have come through the southern Pennsylvania and come up the Potomac and perhaps migrated in that way or migrated down the Ohio and stopped off there. But my next move as far as public health and Appalachia--my next move was into the central part of the state which was Fayette County. And of course Fayette County is--again, is extremely rugged and its chief industry was, and somewhat less now, but was naturally coal mining; and the population was much larger than Wetzel County and of course the work--number of people that you saw--was much larger. But as far--again--the--I don't know the source of the migration of the people there but you did have basically the coal miners and their families. There just simply in Wetzel County wasn't enough flat land for much farming and then of course you had along the eastern border of

Wetzel County you had the New River and Kanawha River--beginning of the Kanawha River and that again was a series of coal camps and coal towns. And you were within twenty-five miles of Charleston. As far as the school system and the educational opportunities, it naturally varied. Again you had great numbers of one or two room schools and your high schools were limited to maybe half a dozen towns varying from perhaps a population of one thousand up to maybe five or six thousand.

G.H.: When you went to Fayette County, were you still in public health?

Dr.H.: Yeah, when I went from Mingo, I mean Wetzel, County to Fayette County I was still in public health. Of course my own approach, having been trained in more or less curative medicine as contrasted to public health, which is preventive medicine, it wasn't something I was interested in, greatly interested in, or something I would want to spend the rest of my life. While in Fayette County, after a period of time I felt that--in the meantime I had been sent, while in Wetzel County, to Hopkins to take some training in public health; but at any rate--but following the tour in Fayette County I decided to go back into internal medicine and move to Mingo County. There I was associated with the hospital. And of course the type of medicine was different, but again the population type was basically more coal miners since that was the chief industry. And of course a person had, over a period of twenty-five or thirty years, had

many interesting experiences in a medical practice anywhere and you certainly would have a lot of them in a city where--that was separated from your larger medical centers by some eighty or one hundred miles. I think though one thing that we might have mentioned, as you mentioned a minute ago, a little more about the family because I think it was sort of interesting and my father took a lot of pride in it.

G.H.: Did he look into the family history and all that?

Dr.H.: Yes. In the last twenty years of his life he became very interested in finding out all he could about his own family and was able by the usual methods and visiting towns and visiting the--Washington--to the proper departments. But he did find that his great great great great grandfather had come over to this country actually as an indentured slave to George Washington.

G.H.: That was Samuel?

Dr.H.: Yes, that was Samuel.

J.H.: An indentured servant, not slave!

G.H.: Well, slave or servant . . . .

Dr.H.: Regardless.

J.H.: It sounds better to say servant.

Dr.H.: I think that I have wondered how many people actually have traced their--have said that their great great great grandfather was an indentured servant of George Washington. I'm sure that thousands have, but actually my father was able to trace this down without doubt.

G.H.: He goes back four generations past your father?

Dr.H.: Yes. And Samuel Hatton, who was his ancestor, after finishing his indentured period with George Washington, along comes the Revolutionary War and he fought in the war and of course after the war, why, they were interested in not only sort of giving the soldiers something but also in settling the land so they gave them plots of land, about one hundred and sixty acres, and they gave them certain choices; for example, my own father, I mean my own ancestor, was given a choice between taking a plot down where in the section which is now Greenup, Kentucky, or taking one up the Big Sandy River at Prichard, and he chose the one at Prichard, and which is maybe ten, twelve, fourteen miles above Kenova on the Big Sandy, and there he raised his family. And he had ten boys and of course one of those was my father's great great grandfather, and of course I never did make great effort to trace the details from there on. But at any rate, up until a period I'd say within the last thirty or forty years,



we owned the original homesite of Samuel Hatton and Father was quite proud of it; but then later, for one reason or another, he sold it. But since my--the first eight or nine years of my life were spent on this homesite and I can remember from figures that others tell me, I must have been about four, but at any rate, I can remember living in a log cabin, which was obviously it wasn't the one that the original Samuel Hatton had built but it was probably one that a son or a grandson had built, and I can remember living in that because I can remember the plan of the house and the kitchen was sort of an offset in the back and the two bedrooms on the left of the living room. But then at any rate that section of Wayne County I guess was fairly typical of life, rural life, in general in West Virginia at that time. Most of the people were small farmers, but it happened that my father was also a mail-carrier and a part-time farmer, which gave us some advantage. But what most people nowadays don't realize is the activities and the diet that a person had in those days. We didn't know at the time that we were--nowadays we would have been considered underprivileged, because the dieticians would have told us that the diet was unbalanced and we weren't getting this and weren't getting that, but I can say, well, a couple of minutes along that line--you rarely, first of all you had no refrigeration other than a cellar and that would keep--you wouldn't keep your temperatures down low enough to preserve meat so you had beef only if some farmer or someone in the neighborhood killed a beef in the colder season and would

come through with the slaughtered beef on a wagon and would sell you a certain amount, and of course you would have to cook it up and use it up pretty promptly because you had no way of preserving it. But of course--so certainly we didn't have red meat which is considered so essential now. Now we had, like all the people in those days you raised pigs and you salted certain parts and you made sausage and you smoked some of the hams and so forth so the--what meat you had, and incidentally of course the meat, you didn't have meat at every meal like you do nowadays. You rarely had it once a day, but as in spite of that, the families and the children seemed to survive and be very agile and lived to ripe old ages. But also I think the heavy emphasis on diet was on vegetables. Certainly you dried a lot of beans, you dried apples, and you saved apples in holes in the ground.

G.H.: I had never heard of that.

Dr.H.: This was brought to me--we ourselves didn't do it--there was this elderly fellow a few one hundred yards up the road--a civil war veteran--and he had a way which--he was the only one that I knew that ever did it but he did it quite successfully. But he would, when the apples were at a certain stage, would dig a hole in the ground and I think he lined it with leaves and then he would fill it full of apples up to a certain level and then put earth over it, and then maybe a certain, and then during

the winter when you just didn't have any fresh fruit or any fresh vegetables, why he used to pass the word around to the neighbors that he was opening an apple hole and everyone would go see him and for a change you had--he passed out apples to neighbors and the children always looked forward to that. But the diet certainly--of course you kept chickens; but chicken wasn't as--you couldn't raise enough chickens and kill them so that you could have chicken--certainly you rarely had it more than every Sunday or on a special visit, and even the eggs--you weren't able to use all of the eggs because that was what you call, sort of, your cash crop because you could always take eggs, fresh eggs, to the store and he would give you credit, maybe ten cents a dozen or something like that, on some store items that you couldn't raise yourself. Of course you had cows and you made butter and the usual country things. But--and actually the level, the center of living, was not too different in among the different people in that neighborhood because whether they were, if they were a little better off, maybe they bought more stuff at the store. But the merefact of transportation of food and refrigeration limited you to certain basic items and they apparently were adequate because you didn't have an abnormal amount of, I don't think, illness. Doctors were--there was one doctor perhaps ten or twelve miles away, but we rarely needed him and rarely--for example, I can remember having one broken arm which my father set and it did quite well. And on another occasion after we had moved to Huntington and

I was some maybe twelve or thirteen, I broke both arms, and a doctor came to the house and set them without x-ray or without . . . .

G.H.: Well, how did your father set your arm?

Dr.H.: Well, of course, I was like many people then. You didn't see very many fat or heavy children. And if you're a thin child you can feel, a person with a little bit of knowledge can, if the bone isn't displaced much, then you can gently palpate it and feel if it is in line and if it's in line then you get a little piece of wood and put some cotton on it and wrap a bandage around it and put it in a sling and after, if it's a relatively minor fracture, in other words a green stick fracture, something like that, certainly in a period of three or four weeks you're ready to take the cast off and start using it. But we had ordinary--I don't recall--we used no medicines from doctors. Mother believed a lot in the saturday morning laxative and that type of--which I think most country people believed in--that everyone should be purged and she used what they call senna tea, which is . . . .

G.H.: What's that? How do you spell it?

Dr.H.: s-e-n-n-a, and it is a leaf, senna leaf, made into a tea. It has a laxative effect and it tastes somewhat like tea. But at

any rate I know that she saw that each week-end, each friday night, I think that we took--had a cup of tea. But I can remember well, very well, the terrific flu epidemic in 1918 when we were living at Prichard and also remember that the winter and even, it was certainly--I was about five and one half and I can remember that it was absolutely the worst winter that I had ever experienced before or since, because the ground, the fields were covered with ice, and you had to even chop steps on the hillsides for the cows to get up to the barn. But I can remember also the odd thing about that flu epidemic which in the world killed literally millions and killed, I'm sure, hundreds of thousands in this country. I had it and I think that maybe one other member of the family had it, but the others didn't get it. And you didn't call the doctor because the doctor was simply--first, he couldn't get around very well with weather and, secondly, there wasn't much he could do. And I can well remember that winter as being the most severe that I've ever seen before or since. But--anything in particular you can think of that . . . .

G.H.: Well, did Ma have any other home remedies besides the . . . ?

Dr.H.: Well, I think that most--other than--I think that most people then, practically all of their doctoring was home remedy type. And you rarely called--you might call the doctor occasionally for a delivery. But most of the time for--there were mid--

there were--there was a midwife in the section, but . . . .

J.H.: What did she do? The time Kate cut the artery in her arm?

Dr.H.: Oh, well, I think that gives a good example of how well they took care of what would now be considered an emergency, with a clanging of sirens and everything. But I remember a sister that's two years older than myself had climbed a barbed wire fence and fell and in falling she had gashed the inner side of her arm and I would say the incision was--it was quite deep and the bleeding was unbelievable. So therefore she must have gotten either the brachial artery or a branch. But now I'd say the incision was about two inches long and it was deep in. And I know that this happened about an hour before my father was due to get back from his mail route. And, of course, the first thing Mother did was--she--of course it was bleeding profusely, and the first thing she did though is Dad had some horse linament, which was basically--I'm sure there was a lot of alcohol in it. Well, she poured that in, which of course wouldn't have much anti-coagulant effect, coagulating effect, but nevertheless it would be extremely uncomfortable; and then she got clean--tore up a sheet or something like that, and got clean cloths and poured, I mean wrapped, them on very firmly and by the time Dad got in the bleeding had stopped. And he didn't do anything until the next day he changed the bandage. But now here you had a laceration which nowadays you would be --it would be a hospital or at least an outpatient . . . .

G.H.: You would rush down to the emergency room.

Dr.H.: Yeah, and several sutures would've been taken, but--as--I'm sure that the scar remained and the scar, I suppose, was two inches long and perhaps a quarter of an inch wide. But once you got the bleeding stopped you didn't have any trouble with infection because, first of all, bleeding had--the wire itself wasn't contaminated particularly, and so she--I suspect that the horse linament was a--was quite a--had enough alcohol probably to have--be an antiseptic. And then a clean cloth and leave it alone, and it's amazing what will heal if you sort of bring the edges together and leave it alone. And I can--it--those--those days were quite, well, I mean they . . . .

J.H.: How did your mother fix the cornmeal during that winter when it was so--during the flu epidemic?

Dr.H.: Oh, that's--I think that was an interesting thing too because in those days you bought your flour at the store and you raised your own corn and then you shelled it from the cob and then you would take, say, a bushel of it out to the grist mill and--which was perhaps eight or ten miles away. And you didn't pay to get it ground, he took a certain portion of the, what you brought, as his share and then he'd give you the rest back. But this winter again in 1918 was so severe that you simply couldn't travel. I know that Father had--was sort of a blacksmith too by necessity. So he had taken the shoes on the horse

and had turned down--heated 'em real hot and bent 'em over an anvil type of apparatus and bent down the engine, I mean the ends of the horseshoe, so that you had a sort of a caulk; and that's the only way you could--a horse could stand up, keep from falling and breaking a leg. But at any rate we ran out of cornmeal. And cornbread was a big item. So we--Dad went to the barn and got a bucket and he took an ordinary nail and drove in one side of the bucket maybe fifty or one hundred holes about a quarter of an inch apart. He drove it from the--drove the nail from the inside so the outside was very rough. Then instead of shelling the corn, you'd just leave it on the cob and if you would rake it across the sharp edges, then the corn would drop into the bucket and you would have cornmeal of a type. But it wouldn't be ground, naturally, as fine as it would be at the grist mill. And, as I remember, we didn't, the children didn't, think that it tasted very good, but at any rate, it was --I don't--I suspect that that probably--probably a similar type of method was used probably by pioneers that--many years before that. But that was--that sufficed to get us through until we could get to the mill. But . . . .

G.H.: Sounds like your father really knew how to do all kinds of things.

Dr.H.: I think that you had to. You had to improvise and I think he was quite inventive. I can remember that in fact one time he



had a pair of shoes that fitted him too tight in the--around the small toe on one foot. And I've never seen anyone--I would never have thought of this, but he took two pieces of wood and with a knife whittled 'em to fit except that, where it was pressing him, he left a lump on that piece of wood right where it would hit his bunion. And then he--these--he nailed these pieces of wood together at the back, but just with one nail in each piece so that they would be flexible. Then he put that in his shoe. In the shoe--and then he would--drove in a wedge. And that spread the two pieces of wood; and then he left--moistened the shoe, that part, and left it over night. And next day he wore his shoe quite comfortably.

G.H.: That's amazing.

Dr.H.: Something that, you know, nowadays you have exactly the--I've seen pictures of the same type of an apparatus, but this was his--I'm sure that there was available then perhaps, if you knew where to--if you were in a town you would take it to the shoeshop.

G.H.: Happened to have the money to . . . .

Dr.H.: Yeah. Yeah. But many of the things that you did this out of financial necessity. You had to improvise some way yourself.

J.H.: What'd you all do for fun?

Dr.H.: Oh, I think it didn't take much to amuse. There weren't too many chores because . . . .

J.H.: I mean did you all have bean stringings and corn huskings and . . . ?

Dr.H.: No. No. That . . . .

J.H.: . . . and box suppers and things like that?

Dr.H.: That was a, at least in that section of the country--that must've been a different generation or a different section of the country, because you didn't have that much cohesion or that much mingling of the people. They had their jobs to do and usually by that time, why, they were--the day was over, because I can't remember ever--now the only thing I ever remember is that--and I didn't, we didn't attend because there were none of our, none of us that were in the age where that would apply. But I do remember a--what they call a box social or two. And that's where the girl fixes a box lunch and--you all are familiar with that? --and they take it to--to the--wherever they meet, and they auction . . . .

J.H.: School house . . . .

Dr.H.: Theoretically, the men don't know what--which box is which, but

of course actually they do. They've been given a hint, or the --maybe the prettiest girl, why, they've got their eye on that box because she eats the box lunch with 'em. So usually you had pretty spirited bidding if you had--for the good looking gals. But for the, the not so, the ones that were not good looking, why, the boxes went rather slowly. And the bidding was pretty low and usually it was supposed to be for some charitable cause, something like that. That's the only thing I can recall, but as far as--of course they had spelling bees, but those were in--they were connected with the school. And they weren't given at any special time. But they, as far as . . . .

G.H.: The spelling bee, then, was a social occasion?

Dr.H.: It was a social event in this respect, that the--they would know when they were going to have the spelling bee for the upper grades, and any parent that <sup>wanted</sup> to come and listen in, why, they would do that and occasionally you'd have a few that would come. But as far as the--what I've read of barn raisings or quilting bees or such as that, I don't recall ever seeing those in that section.

J.H.: They even had bean stringings. You know, anything.

Dr.H.: We never heard of--I'd never experienced that, but I do recall, because it was brought to mind, something I saw in the Sunday

And that is, one fellow who had a little more flat land than anyone else, I recall, one season raised wheat. And I remember them bringing in one of those old fashioned wheat threshers. And he--I don't know where they brought from; it must've been because I didn't know anyone in Wayne County raised enough to own one. But still they brought that in and, of course, we had never seen one. It was amazing to see it take in this . . . .

G.H.: That was a . . . .

Dr.H.: . . . Wheat and spew out the--it would--the grain came out one outlet and the chaff was blown out in a stack on the other side. It was a steam machine, and we remembered that quite well. But the--usually the farms were far enough apart that you usually played with the children at the next farm or on each side. But --which usually meant that there was maybe a half a dozen children that were in the fields and the creeks and the--but--there wasn't much organized play or anything like that. But I do also remember that in those days people--nowadays, you know, in, sometime I guess around the twenties there was the chestnut blight that got all the chestnut trees. But before that there was a--I can recall, say within maybe half a mile of home, there was what they call a chestnut orchard, and owned by someone else, but, after all, he didn't care if--anyone that got 'em. And so after a frost, then everyone headed for the chestnut orchard because the burrs would fall off and you would get the chestnuts out. And--but the chestnut blight got practically

all the chestnut trees in this section of the country. But--it--the--actually I even used to, am old enough to, feel that the one room school had--had advantages. Because I, having gone all of a half a year to one, and my sisters having gone two or three years--there was a--you usually only had--you had about twenty in the big room for the upper classes and maybe the same in the lower. Well, then, if you had a--a reasonably--well, a reasonably apt teacher--it doesn't mean that he or she had to have a degree; she was able to teach the different subjects, the basic subjects, to those people in that--like the time, since most of 'em weren't going . . . .