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Oral History Interview: Dr. Pat Tuckwiller

Pat Tuckwiller

JR: This is James Rynerson. The date is April 5th, 1985. And I'm here today interviewing Dr. Pat Tuckwiller at his home. Dr. Tuckwiller was born in Morgantown, West Virginia, on April 13th, 1905. He will be celebrating his 80th birthday a week and one day from today. He got his M.D. degree from Rush Medical School in Chicago, and started his practice in Charleston on April 1st, 1932. Fifty years later he retired. He and his wife have been married 49 years, and they currently live in Charleston, WV at 4308 Kanawha Avenue. Dr. Tuckwiller, let me start off by asking you where you graduated from medical school and what you did thereafter.

PT: Well, I graduated from Rush Medical College, which was the last years the University of Chicago, finished school in 1928, got my degree after one year's internship in 1929.

JR: And then right after you graduated....?

PT: Then I was an intern at [inaudible]...Hospital in Chicago for eighteen months, City Hospital in Cleveland, Ohio, for eleven months, substitute intern private medicine Johns Hopkins Hospital in Baltimore for three months, assistant resident of medicine at Lakeside University Hospital, Cleveland, Ohio, for fourteen months, started practice April the 1st, 1932, in Charleston, West Virginia, limited my practice to internal medicine.

JR: Can you tell us a little bit about what exactly internal medicine is?

PT: Internal medicine is diagnosis and treatment of medical illnesses of adults.

JR: Is most of your practice conducted out of your office? Or was it a majority of house calls?

PT: Most of my practice was office practice, considerable hospital practice, and a moderate number of home calls.

JR: What about some of the treatments that you possibly used at the time? I think you mentioned digitalis that was...they used.

PT: We used digitalis in the treatment of heart disease, and mostly aspirin for arthritis. We had

no antibiotics when I started practice.

JR: Right. What type of transportation did you use to get around?

PT: I had an old T-model Ford.

JR: T-model? What year was it?

PT: Oh, let's see...I think it was 1926, but I was soon given a new Ford, I've forgotten the model name. Four of my brothers got together and gave me a new Ford and exchanged the old Model T.

JR: Is that right? How did you get through medical school? How did you, who financed you?

PT: Well, the last two years of medical school, and opening a practice was financed by an older brother, who had graduated from the university the year I was born.

JR: Mmmh. He was quite a bit older than you.

PT: Yes.

JR: When you went on a house call, what type of equipment and what kind of drugs did you routinely take with you on house calls?

PT: Well, I took some morphine and codeine and aspirin and digitalis and nitroglycerin.

JR: Nitroglycerin. Ever worry about it blowing up?

PT: No. [chuckles] I had my [inaudible]...scope and my stethoscope and my blood pressure, and this big old thermometer and blades and flash light and speculum. That was about it.

JR: No bone saws? Okay. Since there were no antibiotics in the 1930s, how serious were post-surgical infections? Or did you do any surgery at all?

PT: No, I did no surgery. But I was called in consultation for medical infections and mainly symptomatic treatment with fluids, portive measures, until sulfa came out in the late '30s.

JR: What type of cases were admitted to the hospital? How bad off did somebody have to be before they're actually admitted to the hospital?

PT: Well, the most serious patients were admitted to the hospital in those days, we had obscure diagnostic problems for diagnostic studies and treatment.

JR: What was the average stay in the hospital at that time, would you say?

PT: Well, average stay at that time was ten to fifteen days.

JR: Whew, quite a while.

PT: Of course, the more serious cases of pneumonia was, would take at least two weeks, since they had to be treated, at that time, symptomatically. Stroke, patients who had strokes were mostly treated in the hospital. And of course, heart attacks.

JR: What was the leading cause of death at the time?

PT: I think the leading cause of death before antibiotics was pneumonia. Next would be heart attacks and strokes. Those were the three things.

JR: Three big ones. Was there anything you immunized against?

PT: Yes, at that time, we had immunizations for small pox. And I can't remember exactly when the immunizations came out for whooping cough. I think it was later. Dyptheria, scarlet fever, they all developed later.

JR: Let's talk about some of the more feared diseases in terms of symptoms, treatments, and chance of survival, starting with polio.

PT: Polio, of course, was a very serious illness, mostly taken care of by pediatricians. I had very few cases of polio. I did have one case of tetanus that survived. Typhoid fever was a serious illness in those days. It was the first chapter in my textbook of medicine by William Osler, was on

typhoid fever, but I had very cases of typhoid fever. Because at that time they had come around to purified water systems.

JR: Chlorine?

PT: Chlorination in the water supplies. And checking the wells.

JR: What were some symptoms of typhoid fever?

PT: Nausea, vomiting and diarrhea, generalized malaise, aching, anorexia.

JR: And what would you do to treat them?

PT: Symptomatic treatment was changed from starvation to feeding more food during the '30s. [chuckling]

JR: You said you had a case of tetanus survival. Was that after symptoms had already set in in the kidney and muscles and they survived?

PT: Yes.

JR: That's pretty unusual, isn't it?

PT: Yes, I was pretty happy about that result.

JR: What did you do to treat the person?

PT: Intra-spinal, I forgot the name of the drug we used, intra-spinally. [pausing for thought] Sorry, I've forgotten the name of it.

JR: How about scarlet fever? Some symptoms of scarlet fever.

PT: Scarlet fever, of course, had a sore throat and a rash and generalized aching and malaise and fever. I had my first medical internship under Dr. George Dick, who first discovered the type of streptococcus that caused scarlet fever.

JR: Mmm-hmm, the very one. How did you treat that?

PT: Oh, now with, now they're treated with penicillin.

JR: At the time in the '30s, though, it was just symptomatic?

PT: Symptomatic treatment then.

JR: Okay. Whooping cough.

PT: Well, they was mostly handled by pediatricians. I saw very little whooping cough.

JR: Okay. You said pneumonia was real bad at the time.

PT: It was difficult to treat before the antiobiotics.

JR: One of the leading causes of death? (PT: Yes) I've heard something about quinsy. Have you heard that term?

PT: Quinsy is paritonsilar abcess. It's usually prevented with penicillin treatments for tonsilitis now. But before antibiotics, it was quite a serious thing, had to be treated by drainage.

JR: Of the abcess on the tonsils?

PT: Of the abcess.

JR: I bet that was none too pleasant for the patient.

PT: Very unpleasant.

JR: Were measles and mumps much of a problem back in the '30s?

PT: Yes, meales was quite a serious illness at times. And it still is.

JR: And mumps? Was that just an every day....?

PT: None so unpleasant, most of them recovered.

JR: Was it more serious then, than it is now? (PT: Now) How about cancer patients?

PT: Well, the cancer was fairly common illness. Cancer of the breast, lung cancer was a little less common then. Cancer of the stomach was more common than it has been recently. And cancer of the colon. I think it remained about the same incidence.

JR: Any idea why you think cancer of the stomach would be more prevalent then than it is know?

PT: I have no idea why it was more prevalent then.

JR: How would you diagnose a case of cancer? Was it harder to diagnose then, than it is now?

PT: Well, most cases could were diagnoses of the GI tract by radiologists.

JR: How about treatment for cancer?

PT: Early diagnosis and excision of GI cancer....

JR: Stomach cancer also?

PT: Well, stomach and colon. Cancer of the pancreas was more difficult to diagnose and seldom curable, even to this day. Cancer of the esophagus was more difficult to treat, surgically more difficult to remove. Fortunately, that's common in the others.

JR: Were brain tumors ever diagnosed?

PT: Oh, yes. Brain tumors were diagnosed and operated on. If benign, they had some cure. The malignancy cure rate was very low. [inaudible]...for awhile. But survival of a malignant brain tumor was seldom.

JR: Did you use any radium implants in the '30s?

PT: I think they were starting to use radium implants in cancer of the cervix, where they were inoperable.

JR: Diabetes...how serious was diabetes?

PT: Well, diabetes was serious. But with good cooperation of the patient, it was easily controlled and the patient with diabetes, with good management, would live longer than the average....

JR: Is that right? Was insulin a medical term? (PT: Yes) Did you ever have cases that got so serious where you had to actually do some amputations?

PT: Oh, yes, several older patients with diabetes and combined with arteriosclerosis would develop gangrene of the extremities, requiring amputation. And I referred those to surgeons, of course.

JR: How about venereal diseases? Were they a big problem?

PT: Venereal disease was a big problem. Syphilis required bismouth injections and mercurial injections in the vein. It had to be treated for two years weekly. And treatment nowadays is

much improved for venereal disease, of course.

JR: What were the chances of recovering from venereal disease then?

PT: Unless they were far advanced, the recovery rate was pretty high, even with those older forms of treatment. Bismouth intra-musculy and mercurial intravenously.

JR: Was that syphilis and gonorrhea?

PT: That was syphilis. Gonorrhea was difficult to treat until we got the sulfa drug.

JR: Did you get a lot of cases that had just gone too far? The people had been rather shy about coming in and being diagnosed and just be like too late?

PT: No, we really didn't. Most of the gonorrhea, the men I referred to urologists. I didn't treat them myself. And I treated a good number of cases of syphilis in the '30s, though.

JR: Was any birth control used? I'm sure it was. What type did they use then?

PT: We were using diaphragm with creme.

JR: Now would they have to come to you to get....

PT: We fitted for the diaphragms.

JR: You fitted? Was there any kind of like prescription they had to have for it, or any particular reason why they wanted to have birth control? Or could just any, any lady get birth control, who wanted it?

PT: Oh, they had to have a good reason for it then.

JR: Who decided if it was a good reason or not?

PT: If they had a lot of children and couldn't afford to have more, or if they had some health problem that contraindicted pregnancy, they would be fitted with diaphragms.

JR: You all would make the decision, whether or not it was a good reason? (PT: Yes) Was there

any kind of governing body over you to sort of regulate that? (PT: No) Nothing, just your discretion. (PT: Yes) Did you say diaphragms were the only types they used then, or....? As far as coming to a doctor?

PT: Oh, they, some of the Catholics would use the rhythm method, but that was less, it wasn't as safe a method.

JR: Right. Were abortions conducted to any large degree?

PT: Yes, abortions were done. If the, to protect the mother, if she had some illness or some complication that contra-indicated going through with the pregnancy. And it would usually require consultation of another gynecologist confirming the medical necessity for it.

JR: You say they were more legal?

PT: They were legal under those circumstances. Where it was medically indicated.

JR: What if a lady didn't, what if a patient didn't have the medical indications toward an abortion, but she wanted one anyway? Were there like clinics where she could go and get illegal abortions in the area?

PT: Yes, there were some illegal abortions and sometimes right off they would end up with infections and they would have to be referred to gynecologists for further treatment.

JR: Did you know any doctors at the time that were doing abortions?

PT: Yes, we had one in Charleston who was doing them, and was taken to court and was...and the lawyer got him out of it. (JR: Got him out of it) And they were complaining about doctors not trying to correct their illegal procedures then. And the lawyers even in that instance, avoided a trial to get that guy out of business.

JR: Is that right? (PT: Yes [chuckling]) What are your feelings on abortion at the time? What

did you think about it?

PT: Well, I thought if one was indicated, it was fine; otherwise, to be aborted. I was more in favor of birth control than abortions, certainly.

JR: How are they done, illegal abortions?

PT: Well, they...I really don't remember the details of it. But I think they were done by a poor [inaudible]....jobs. (JR: I'm sorry?) _____ going in an office and the doctor being in there with a curette and scrape out the lining, uterus, fetus. And if it wasn't done under good sterile conditions, they often got infections.

JR: All right. You mentioned lawyers. How come there were malpractice suits in the 1930s? Malpractice suits.

PT: Malpractice suits in the '30s were very few.

JR: Any idea why, as opposed to now? Was it better medicine at the time? Or that people just weren't quite as anxious to sue the doctors?

PT: I think the latter.

JR: Do you think the lawyers had much, anything to do with that?

PT: Yes, there are some lawyers who thrive on, on suing for the least pretense.

JR: And that just didn't happen back then?

PT: Well, not as much as common then.

JR: After treating someone, what type of payment did you accept? Cash, or did you also have a bartering arrangement with some people?

PT: Oh, most cases it was cash payments. In the early '30s, a lot of it was, over time. And I reciprocated services occasionally with them, or with a lawyer. And about ten percent of my

practice in the '30s was charity work.

JR: Is that right? Are you saying in the rural areas you had more bartering than the urban?

PT: I'm sure there's more bartering in the rural areas, than the cities.

JR: And they trade you a dozen eggs and a pig for treatment or something like that?

PT: Well, I had an older brother who practiced up in a rural area of the northern end of the state and he got a lot of farm products and groceries in exchange for his services?

JR: When you went on the road on a house call, did you stay gone like just out and back? Or did you go out and have to stay in the area and then come back, like the next day or stay for several days?

PT: Oh, no, it was all within two miles of home here in Charleston. And an average home call wouldn't take over thirty minutes to an hour.

JR: What would you charge for some of your services, like a house call? What would you charge?

PT: Well, I think for a home call, in those days, it was about ten dollars.

JR: Ten dollars. And depending on how far away they lived, or just....was it a flat fee?

PT: Well, most of them were in the range of ten or fifteen miles. There'd be a pretty standard charge, about twice an office call charge. And it took three times as long. [chuckling] Night calls in the middle of the night would be a little bit more charge. (JR: Fifteen?) Fifteen.

JR: What about treating someone for pneumonia? You mentioned pneumonia? What would an average cost to treat pneumonia?

PT: Oh, early '30s, I guess that if they're in the hospital for two weeks, it would be a hundred and fifty dollars.

JR: A hundred and fifty for two weeks. [both laughing] You spend that in one day now.

PT: Yes.

JR: Did you do any type of emergency type of stuff, where you had to sew people up on your house calls?

PT: No, I did no surgery whatsoever.

JR: On your house calls, no like,.....

PT: I would refer those patients that needed to be stitched, needed stitches to the emergency room at the hospital.

JR: Okay. What did doctors at the time, think about Franklin Roosevelt's New Deal, with all the programs he was....?

PT: The doctors were opposed to care from the cradle to the grave and social security.

JR: Was he trying to get a national health insurance through at that time?

PT: Well, I, I...I think first they started the social security and then talked about nationalized socialized medicine for several years thereafter, before they finally started with medicare and medicaid.

JR: Did you have any type of group that opposed that, such as the AAA today? Or the AMA, I'm sorry.

PT: Oh, yes, the local societies and the AMA were opposed to socialization from the very beginning.

JR: And they saw Franklin Roosevelt as coming in this direction very sharply?

PT: Especially Eleanor. [laughing]

JR: Why do you say that?

PT: She was a real socialist. A lovely lady, but a socialist.

JR: Why do you say that? What did she...she did she do to....?

PT: Oh, she developed all these housing places for people, and she wanted to take care of everybody from the cradle to the grave.

JR: Medicine, everything. (PT: Yes) Okay. Is there anything else that you think would be of interest to people?

PT: Many younger people will never realize how much medicine has changed the last fifty-five years. The advent of antibiotics and the great strides that have been made in the diagnosis and treatment of cancers, management of diabetes, the elimination of polio, typhoid fever, almost entirely, immunizations for almost all the communicable diseases. I have always felt that a careful history and listen to the patient is very important in any diagnostic procedure. And sometimes feel that the art of spending time with patients and taking a careful history is not as good as it used to be.

JR: Is that from the speed of medicine today, that fifteen minute session?

PT: The dependence on the laboratory and x-ray and scanning, which a lot of which would be unnecessary if a careful history and physical examination were done.

JR: Obviously medicine has come a long way since then. What about do you think about doctors, an individual doctor, as compared to the doctors in the '30s?

PT: Well, they...I think the tendency is to spend less time with patients, and more with the equipment. Just what I said about a history, and physical examinationk, which I think would take care of diagnosis in the majority of cases. And there's lest interest in psychosomatic medicine, which is a large part of the reason for people going to doctors in the first place.

JR: They're just thinking there's something wrong with them. You got a lot of that back in the '30s? Psychosomatic cases?

PT: Yes.

JR:: How would you treat those? Placebo?

PT: No, sir, I used a method of explanation to patients the causes of anxiety [inaudible]...and I had a nurse trained to give relaxation lessons, since most of the symptoms of an anxiety state are due to tight muscles, I used modified jacobson technique that I learned from Dr. Henry Dixon, who was a professor of neuropsychiatry at the University of Oregon. And I had a lot of success, I used that method for about forty years. Which you would go through exercises of tightening and letting go, learn how to avoid being tied up in knots.

JR: Just teaching them how to relax a little. You said you had a nurse that helped you do this?

PT: I sent her to Portland, Oregon, to learn the technique, and then she taught subsequent nurses how to do it.

JR: If you could say there's one major medical advance that was more important than any other since the '30s, what would you have to say it would be?

PT: Oh, I suppose antibiotics.

JR: That would have to do it.

PT: And immunization. There's somebody at the door. Excuse me.

JR: Dr. Tuckwiller, you said that you done a lot of relaxation techniques. Could you expound on that a little bit more?

PT: Yes, I have been especially interested in psychosomatic medicine over the years, because at least one-third of patients that come to a doctor's office, their main trouble is anxiety. And the

psychosomatic illness is a [inaudible]...go along with that. The other two-thirds of patients who comes in the office, at least one-third of them have their organic illnesses aggravated by anxiety. So, over the years, I have been using a modified Jacobson technique, having a nurse give the relaxation lessons so that patients can get the actual feel of muscle tightness caused by an overactive autonomic nervous system, to learn how to avoid getting tense muscles and to get go. My success rate has been about fifty percent, to the people who really followed through and did their part. But the other fifty percent, half of them were helped and failed about twenty-five percent...for various reasons. Situations beyond the patient's or the doctor's control. In addition to the relaxation lessons, I've given group talks to patients and their spouses or close friends or relatives, which I would explain the nature of the illness. We'd spend about an hour. We review anatomy, we go over the symptoms. We would explain how the autonomic nervous system works normally and the difference in anxiety tensing states, and then suggestions of what they could do to get better and stay better.

JR: What type of people were most suspectible to it, to a high anxiety?

PT: Well, it, high strung people are always in a rush, people who take things too seriously, people who cross their bridges before they get to them, people who are too conscientious often get the illness.

JR: Did you see a lot of that back in the '30s?

PT: Saw a lot of it back in the '30s, and up until the time I retired.

JR: Did you see more then, because of, due to The Depression?

PT: No. No, I would say it's a pretty constant occurrence. The most common illness the doctor's see, and not [inaudible]...by the majority of the doctors.

JR: How would you go about diagnosing this type of psychosomatic disease?

PT: It's a lot easier to diagnose than it is to treat.

JR: Could you go into that a little bit? How you would diagnose it?

PT: Well, if a person comes in with thirty or forty complaints, ranging from light [inaudible]...to a lump in the throat or palpitation of the heart, feeling a shortness of breath, to belching and overeating and gas pains and numbness and tingling of the extremities and weak spells and etc., etc. It's easy to make the diagnosis. [chuckling] Of course, it's important to rule out any organic illness that may be associated with it. Having done that, then it's a more difficult job to treat.

JR: And treatment basically is just letting these people understand what the problem is?

PT: Understanding is half the battle and the learning to relax is a, is an important part of getting well, and staying well.

JR: Dr. Tuckwiller, it's certainly been a pleasure and it's been an educational experience talking to you today. And behalf of Marshall University and myself, I'd like to thank you and your wife for your hospitality and for taking the time to talk to me.

PT: Thank you.

JR: Thank you.

END OF INTERVIEW