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### Oral History Interview: Dr. Frank Hodges

Dr. Frank Hodges

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ORAL HISTORY

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Date 5 November 1981

Frank Hodges  
(Signature - Interviewee)

279 High Dr.  
Address  
Huntington, West Virginia

Date 5 November 1981

Paula T. Dick  
(Signature - Witness)

Dr. Frank Hodges

PTC: Dr. Hodges why don't we start the interview by you stating your full name and your present address.

FH: Pardon me?

PTC: Could you just state your full name and present address?

FH: All right, my name?

PTC: Uh, huh, your name.

FH: Frank Churchill Hodges. Present address 279 High Drive, Huntington, West Virginia, zip code 25701. In case anyone wants to write to me.

PTC: Okay, and why you just start the interview with when you came to Huntington.

FH: I first arrived in Huntington in about October 6, 1919, to be a resident physician at the Chesapeake and Ohio Hospital. Which is at the same location it is at the present time. It was an old building occupied by the mayor, Mr. Buffington. And it wasn't a very outstanding institution to tell you the truth. But on the staff were Dr. R.J. Wilkinson, surgeon; Dr. Walter Vest, internalist; C.M. Hawes, who was nicknamed "curly" because he didn't have any curls at all; and Dr. James R. Blose, he was a consultant with obstetrics and gynecology. The laboratory facilities there were almost nonexistent. And I established a small laboratory there to do simple tests such as hemoglobins and blood counts, and our differentials. We did no blood transfusions as I recall. X-ray facilities were almost nonexistent. And the only two radiologists in town were Dr. R.H. Pepper, whose office was on 11th street, and Dr. Lindsey Vincent, whose office was on 9th street in the old Vincent-Thomas Building. And I remember in connection with Dr. Vincent, that at one of the medical meetings, the subject of typhoid fever was discussed and one of the symptoms of that is gas on the abdomen and Dr. Vincent said that in his experience the installation of turpentine in the naval would effectually get rid of the flagulance (sp) or the gas and they called on Dr. Oscar Bearne, who was an internalist here to discuss the case. And Oscar said, uh, Mr. President, in as much as I was in the army instead of the navy, I don't feel capable of discussing naval matters (laughs). And I remember

another discussion Dr. Charles Duncan, assisted Dr. Walter Reilly, who was a gynocologist in some complicated operation on a lady who had had several previous operations. And he was called on to discuss the case. Said, yes sir' Mr. President, I did assist Dr. Reilly, but I never did see what was going on (laughs). I thought that was as succinct and brief discussion as I ever heard. Now I belong to several societies, among which is the Cabell County Medical Society; the State Medical Association; the American Medical Association. And lets see, now I, uh, I was a, some of the offices I've held have been secretary and president of the Cabell County Medical Society; president of the Ohio Society of Pathologists; president of the staff of Saint Mary's Hospital; and I was on the city council of Huntington about 1942. Some of the hospitals I remember here when I arrived, the C&O Hospital was here and also the City Hospital, which is the Huntington General, located on 4th avenue about where, lets see, between 5th and 6th street, I do believe. They had practically no facilities for laboratory work there. All I can remember is that they could do a urinalysis, after a fashion without a microscopic examination and if they wanted any, uh, more thorough work up than that, why I would personally go down to the hospital and do it myself, because I had no associates at that particular time. Then there was the Chestler-Hatfield Hospital at the corner of first street and sixth avenue. Then later on there was the Orthopedic Hospital, which was a converted old home, at the corner of 5th avenue and 11th street and the surgeon there was Dr. Frances Scott, the father of Tom Scott. And that later merged into the Orthopedic Hospital which is now called the Huntington Hospital, which is in its present location.

PTC: Uh, huh.

FH: Lets see, have I, then St. Mary's Hospital was founded and then the Cabell Huntington Hospital and I think it's the most recent one. And the medical care in this town has improved so vastly, uh, since that first few days or few years that it's not the same sort of practice in medicine at all. We've had the advent of insulin, of, uh, sulfurnides, of antibiotics, uh, protective vaccinations against various diseases, particularly influenza and pneumonia, which have proven to be very efficient. And I think for every case of influenza that we prevent we would probably prevent one or

two others. I think its shown in the fact that we don't have as many cases of influenza as we did before we started the vaccinations.

PTC: Dr. Hodges what, have you any diseases that are peculiar to this area?

FH: No, I haven't but I have seen two cases which were rather unusual, several cases which were rather unusual. One is called arachnidism (sp), which is a black widow spider bite. And if it isn't recognized it might cause an abdomen operation because abdomen cramps in the area of the gall bladder, uh, one of the symptoms and if it isn't recognized, why a useless operation would be performed. Then I have seen three cases of rabbit fever, they call it tularemia. Which has been almost wiped out, I don't know why it died out but we don't see it as much as we did sometime ago. I don't recall any that have been absolutely peculiar to this area.

PTC: Uh.

FH: Now, I have some publications. None of which I say are outstanding (laughs) but one is "A Natural History of Syphilis," and another one was, uh, "Arachnidism," which is that black widow spider bite fever and that was in the West Virginia Medical Journal. Then, uh, "Unfavorable Reactions to Anti-Rabies Treatment," that appeared in the American Journal of Clinical Pathology. And then "Tularemia: Three Cases of Tularemia," one of which resembled spirotechnosis (sp), published in the American Journal of Medical Sciences. Would you like to discuss some other aspects?

PTC: Yes, I have just a few questions here and I'll just ask you. What are the major changes you've seen in health care, I know you as a pathologist have probably seen a huge change in this area.

FH: Oh yes. I was the only pathologist in Huntington for a number of years and I also did some of the work from Charleston, which was sent in here and from Hinton and from Beckley. The, uh, need for pathologists was very minimum compared to what it is now, when we have several good pathologists in this town.

PTC: Uh, huh.

FH: But we've a great improvement particularly in the laboratory aspect of clinical pathology.

PTC: Why did you choose to practice in this particular area?

FH: I was in Cincinnati General Hospital and I had a friend, a roommate in college who was in Clifton-Forge Virginia, with the Chesapeake and Ohio Hospital and they needed an intern in Huntington or a house physician in Huntington. And so the chief surgeon of the Chesapeake and Ohio Railway came to Cincinnati, to see if I would come. And I didn't have any money then and the stipend which I was offered at the C&O here was attractive to me. So I came here and I liked the place. Dr. Wilkinson and Dr. Vest were from the Medical College of Virginia where I graduated and I knew some of the nurses over there and here's a picture, (laughs) lets see, here's a picture of the nurses at the C&O Hospital around 1919.

PTC: Is this the entire nursing staff?

FH: Yes, that's all we had.

PTC: That's it?

FH: Yes, that's all we had. You want to have that?

PTC: Oh yes. Would you like to donate this to the archives at Marshall?

FH: Yes. Their names are on the back here.

PTC: That will be wonderful. We are starting a file on medical health care in Appalachia and this will be very good. Thank you very much.

FH: I overlooked something.

PTC: Go right ahead.

FH: In stating my memberships in addition to the Cabell County Medical Society, State Medical Society, and American Medical Association and the Ohio Association of Pathologists, I am a

diplomate of the American College of Pathologists, a diplomate of the American Society of Clinical Pathologists and a fellow of the American College of Physicians.

PTC: Uh.

FH: Wait I didn't finish telling you why I came to Huntington.

PTC: Okay.

FH: The reason I stayed is I met a young lady that was very attractive and she came to the C&O Hospital to bring her mother to be treated for a vaccine injection for bronchitis and asthma. And, uh, she introduced me to her daughter and I found her very attractive so I, uh, married her. Her name was Amy Adams and she was very attractive yet, and I told her so only this morning.

PTC: So that was a great inducement to move to Huntington.

FH: Yes.

PTC: You talked a lot about the C&O Hospital.

FH: Yes.

PTC: And it's now the Marshall Medical School.

FH: That's right.

PTC: And what do you see as, do you see the Marshall Medical School as being a big advance for Huntington?

FH: Yes I do. And I think the caliber of medicine in this town has been raised considerably by the influx of these highly trained physicians.

PTC: Uh, huh.

FH: I think, I don't know the percentages, but I'd say the percentages of the knowledge of medicine and the skills with which its practiced is considerably above what it was at that time and I, we didn't have any x-ray treatments, uh, in the early days, and x-ray pictures were hard to come by.

PTC: You mentioned, I believe, a second ago the medical school which you attended. Would you mind talking about that just a little bit because I am pretty sure . . .

FH: Medical College of Virginia.

PTC: Uh, huh, because I am sure there were a number of physicians in this area that went to the Medical College of Virginia.

FH: Right now I don't know of any. Lets see, Dr. CPS Ford attended there. I think Dr. Roland Burns, who is now deceased, attended there. Uh, Gabe Humphrey, uh, I don't recall any others, there undoubtedly are but I just don't recall them.

PTC: Uh, huh, you've talked about how health care has improved in this region, in this area over the years. What is your opinion of health care today?

FH: Health care today?

PTC: Yes.

FH: Very much ahead of what it was when I started. It's not even in the same category, because we didn't have the insulins all we could do is sit there and watch a patient gradually get weaker and die. Put him on a diet that was not satisfactory at all, low in sugar but high in fats and a high fat diet caused complications of its own. And the advent of insulin was one of the milestones in advancing. And another milestone is the introduction of sulfurimides and antibiotics. This revolutionized the treatment of so many diseases. Typhoid fever is now no longer the very serious disease it was before, we have antibiotics now, which are very effective in its treatment.

PTC: You talked about the fact that you were instrumental in starting a lab at the C&O Hospital.

FH: That's right.

PTC: Were you involved in starting labs at any other hospitals in this area?

FH: St. Mary's, I was there when it was established in 1929



or 30, I believe and I established a laboratory there. And compared with what it is at the present time, there isn't any comparison. Because they have a wonderful, very modern complete laboratory there and ours was a very primitive compared to what it is at the present time. I also taught nurses there at St. Mary's Hospital for a good many years. It was interesting to see a class of from 40 to 50 nurses and when they all graduated they all disappeared into thin air, thin air. And I wouldn't, I'd hardly see another one of um any time, cause they'd either get married and run off or run off and get married. Or accept jobs in out of town locations and that happened year after year. But I enjoyed teaching the nurses up there.

PTC: Uh, huh. Do you see a problem then with nurses being trained in this area and then leaving the area?

FH: I don't know how they're being trained now, but I thought they got very good training in those days. Cause they seemed to be very efficient and I'd say very good students. They had probably been selected to begin with.

PTC: When you began practicing in Huntington . . .

FH: That's right.

PTC: Approximately what size was the population you had to cover?

FH: I think the population here was about 60,000 at that time.

PTC: And you were the only pathologist?

FH: The only pathologist for quite a number of years and I had tissue sent in from Charleston, sometimes from Pikeville, uh, Beckley and Hinton.

PTC: So in other words you covered a really wide area?

FH: Yes, I did. Now they have dozens of pathologists, not doing the same job I did, but it shows how much the demand for pathologists has increased.

PTC: What do you think of the, there seems to be more emphasis on pathology now and on the role of the pathologists in

medicine, what do you think of this?

FH: Well, pathologists can offer conciliation in so many different fields, interpretation of laboratory findings for instance. Uh, consultation as to whether or not a person needs a blood transfusion, what sort of antibiotics to administer, what sort of serum to give. He is really a doctor's doctor or a consultant. And one of the outstanding aspects of a pathologist is that he is a teacher. He does post-mortum examinations and that is one of the most prolific sources of increasing our knowledge of medicine we have. Compare the diagnosis of the attending physician and then after death confirm it. A post-mortum examination and compare the two. And another thing he does is conduct clinical pathological conferences. Which takes up not only the post-mortum aspects but the living people and present problems so that different ones can discuss it. They're held regularly at the various hospitals.

PTC: Uh, huh. You just touched on the part of the pathologist in post-mortum, and what is your relationship, lets say to a county coroner, who would need a post-mortum done?

FH: Well, in any case which a patient meets death in an unusual circumstance, then the coroner is called in and if he deems it necessary, he sends a body to Charleston to be examined by the state medical examiner. And, uh, that has proved a great benefit to the state as a whole. Because some of the patients who have died under unusual conditions have been found to have been murdered, and in that way they could institute the search for the murderer. And then you can also determine, by pathological examination, the, uh, lesions which are present in the body, which were not suspected before death. I know I had recently one girl who came in for percadan, which is a strong narcotic, complaining of severe headaches and she had had an injury to her head some years ago and I always hate to give percadan because of its strong addictive properties. But her story regarding her pain and headache seemed feasible, so I gave her the percadan. She apparently continued to have her headaches pretty badly and she either committed suicide or was killed, I don't think it has been determined yet. That was about a year ago. The post-mortum examination in Charleston, showed that she had a lesion, and had been a cracked skull together with the bleeding in that area. And that could account for her headache.

PTC: Uh, huh. Okay, what changes have you had in the past few, what changes in your practice and what you do as a pathologist?

FH: For the past 25 years I have been interested in the blood bank of the American Red Cross and for many years, I was its medical director of the blood program. I still go over there almost everyday to offer my services. But it's been very, very interesting and they're very fortunate in having one of the foremost blood bankers in the county in Dr. Mabel Stevenson, who has had extensive experience and I think they are most fortunate to have her there. She'll offer consultations along any line of hematology anywhere. She has requests for consultations from different cities in this area. Charleston, Parkersburg, Beckley, and she makes trips to these places to hold conferences. And to show them the improved methods of blood banking which we now have.

PTC: Uh, huh, so this is your special interest?

FH: Yeah. At the present time. I have been on the staff of all of these hospitals that I mentioned previously. But at the present time I don't have any hospital patients. I spend my time mostly in the office just doing office practice.

PTC: Do you have a large office practice now?

FH: No, no, a small and get this, to my friends who need it, I make house calls.

PTC: Still make house calls?

FH: I made one yesterday afternoon and I am going to make one this afternoon. But they're friends, who can't get anyone else to go to the house, and they're not ill enough to go to the hospital, yet they need medical attention. I went out in the Rowland Park area yesterday to give a shut-in a pneumonia vaccine, which has been very efficient in preventing pneumonia. She couldn't get to the office, unless she would come by ambulance and be carted into the office. So it's much simpler to everyone for me to go to the house and do it which I don't mind. It's a break in the routine. And I'm going to see a patient

this afternoon who is the wife of one of my good friends, who is now called to his father's. And I'm going to give her some things which I think she needs, to me it's a pleasure to do it.

PTC: Well that's very good. There are very few physicians today that make house calls. That's very good.

FH: One thing, I have the time to do it and most doctors don't have the time so they send them to the hospital. They can see half a dozen or more patients that way, then I can see going to the homes.

PTC: Do you think of yourself as the old time country doctor?

FH: I wouldn't go so far as to say a country doctor. However, for years I went with my uncle, who was a country doctor in North Carolina, and stayed with him almost the entire summer and would go with him on the calls. It was some right amusing things there. He was examining a black fellow for insurance, a rather superficial insurance exam because it was a rather small policy, he said Erin what did your father die of? Let me see now, pop died of pneumonia fever. Well what did your mother die of? Well I forgets right now but it wasn't nuthin' serious. And the only thing serious to him would be pneumonia and spinal meningitis, as he called meningitis, and typhoid fever (laughs).

PTC: (Laughs.) You talked earlier about the early hospitals in Huntington.

FH: Yes.

PTC: Could you give outlook of, a description of what these hospitals were like when you first came to Huntington?

FH: Well compared to what we have now, they are rather primitive. And I don't know how to make any exact comparison, but I'd say that our hospitals now offer a greatly increased care of your patient. Our nurses are better trained, our doctors are better trained, patients get better care.

PTC: Uh, huh.

FH: When I first came here, there was some smallpox and they used to send it down to the Huntington General Hospital, isolation ward. Now smallpox, fortunately, has been wiped from the face of the earth. Due to the universal vaccination.

PTC: Uh, huh. Okay, recently a lot of diseases which were thought to be cured have begun cropping up in small areas, where people failed to have their children vaccinated thinking that the disease had been wiped out and there were no needs for vaccinations. What do you think about this?

FH: Well, I don't know of any disease which has been stamped out except smallpox. The only virus of smallpox in existence is in a few laboratories and they don't want to lose the virus in case they have to produce some vaccine again. But they guard it very carefully and that's one of the triumphs of modern medicine.

PTC: Have you yourself been involved in any type of medical research?

FH: No, I have not. I haven't done any research work myself.

PTC: Other than as a consultant, can you describe your job as a pathologist?

FH: Well, I'm a pathologist and a clinical pathologist. A pathologist examines tissues to determine what changes take place. Were there any abnormal changes or not and describe them and to give an opinion as to the seriousness of the situation. Then in clinical pathology they take the patient himself into consideration and perform or suggest what needs to be performed in the way of examination of the body fluids and tissues and in addition, as I mentioned before, the pathologist does post-mortum examinations which are very illuminating in many instances.

PTC: I recently, in the reading that I've done in preparing for these interviews, someone mentioned to me there might be a lag between what medical science knows and what the practicing physician is able to use.

FH: There is a lag and naturally so. Something that might be new and valuable has to be proven to be valuable. And the Federal Drug Administration has to evaluate these new drugs very carefully before they release them general distribution, for the drugstores and hospitals.

PTC: Do you think the Federal Drug Administration does a good job at these, or do you think there's too much red tape?

FH: I think they're doing a good job, but I think they demand too much proof of the harmlessness of a drug. Which is almost impossible to do. They want you to prove that a drug is harmless and that's rather a difficult thing to do. Now I think they lag somewhat in licensing drugs which are of value. But on the other hand, they have done some good by prohibiting the licensing of cothaladine, which has caused some birth defeats, in England particularly.

PTC: So you think they are doing a good job, but it could be made a little more efficient?

FH: All in all I think it has.

PTC: That's good. What do you think could be done to improve the health care in Huntington?

FH: Let me think now, I hadn't thought about it before. I don't know. The Health Department is doing a good job. Uh, they're giving influenza injections now, free of charge. The vaccine itself is rather expensive, but I think in the long run, it's well worth the effort and the expense. But I think by in large the people in this area are getting health care good as can be obtained anywhere.

PTC: So you think that in this area the medical standards could stack up against the standards anywhere in the country?

FH: Yes I do. There's been a tremendous increase in the knowledge of the x-ray and the C.A.T. scanning. And, uh, helping to make diagnosis that way. An enormous advance in chemotherapy of cancers and treatment of skin disease with different types of rays.

PTC: Lets see. What trends have you see in minorities in the medical profession in this area? Such as women, blacks, foreign doctors?

FH: There are more women practicing medicine. I don't know of any blacks in this town, the last one I knew was a doctor. C.C. Barnett, who was quite a capable fellow. But that's been many, many years ago.

PTC: Okay, just a couple points about you. Such as your date of birth.

FH: I don't remember it (laughs). But I was born in Greenville, North Carolina. That's why my accent's so flat. I hate to hear myself played back over a cassette.

PTC: I think everybody does.

FH: It's too flat. And I can't make it any better.

PTC: Do you have anything you'd like to add to the interview such as funny things that have happened to you while you've practiced or that just stick out in your mind, about the years you've been in Huntington?

FH: Well one I remember, I almost got into trouble, but didn't. I was called to do a post mortum in a nearby town and, uh, for a complete, for a more complete study, I bought the heart and the lungs back to my laboratory. And the people found it out, the relatives. And the mortician called me and said these people are pretty upset. They believe the, if the organs are not buried with the body why, uh, they won't go to heaven, or some such thing as that. Says, uh, you'd better return these specimens. Well I had disposed of them but it happens that I was teaching nurses and I had some hearts and lungs which I kept to instruct the nurses, so I took one of these spare parts and shipped it up to them and everything turned out to be allright.

PTC: (Laughs.)

FH: And I've been interested in blood transfusions ever since I've been in Huntington. One of the first transfusions I did after arriving here was over in Louisa. I had a call from a Dr. Hayes over there, uh, to do a blood transfusion on an elderly Baptist preacher. I said, well Dr. Hayes, send me over a specimen of his blood, so I can select a proper donor, and I'll do that. So he did. And I selected a proper donor and it was Shorty Childers, a big policeman,

240 pounds, 6 foot 6 and, uh, I did the withdraw of the blood in the office at that time. Things were going beautifully and I went in there and said, Shorty, how do you feel. He says alright and then I smelled a pleasant aromatic odor. I smelled around and I said Shorty have you had a drink? Awe, just two or three snorts doc, that won't make any difference will it? Well I never had transfused any alcoholic blood before. But it was too late to hunt up another donor so I thought I would take a chance. I got the blood and rushed over to Louisa. And there I found Dr. Hayes and the nursing staff waiting to see the blood transfusion and the patient was an elderly Baptist preacher, as white as the sheets he was lying on and he had never tasted anything with wine in it or alcohol in it. So I started the transfusion and it was going beautifully but transfusion reactions were more frequent then than they are now. So I would at intervals ask how he was so as to detect an early sign of a reaction. I said parson how do you feel? I feel alright. So when we were about 2/3 through, I said parson how do you feel? He said I feel sort of numb around the face. Well I never heard of a reaction of that sort and he didn't have any backache or difficulty breathing so I finished the transfusion. I said parson how do you feel, you know. I feel, I feel fine. And he looked pale, limber too. Next week I got a call again to do another transfusion. This time the donor was cold sober. I withdrew the blood, rushed over there again, completed the transfusion. I said parson how do you feel? Well he said, you know doc, well I don't believe that blood was as rich as that last week.

PTC: (Laughs) that is funny. In your practice in the hospitals in Huntington, how would you describe the nurses that assisted you and that you worked with?

FH: I, I hate to answer that because I've heard so many complaints that, uh, the nurses don't take any personal interest. Now I don't know that myself, but I've had numbers of um to tell me that.

PTC: Uh, huh.

FH: And, uh, I won't answer that myself because just what I've heard.



PTC: Okay, do you have anything else to add, that just sticks out in your mind about the years that you've been practicing here in Huntington?

FH: No, except that I find each patient a challenge and each one of them is just like a bridge game. Just a going to listen to the different complaints. And I do have to take time to listen to them, other wise I would miss a lot. And I think you can tell more by getting a good history than you can by any other examinations. It's fun. Especially when you don't have to work too hard. And I haven't been working too hard in the last ten years.

PTC: Are there any times in Huntington history, such as a time of disaster or epidemic that you might recall?

FH: I don't know of any particularly outstanding. The 1937 flood was the most devastating thing I've ever seen since I've been here. Then they've had a pretty bad flu epidemic in the past. But I don't think we've had them any more, I haven't seen them.

PTC: Do you think the new flu vaccine is a contributor to the fact we don't have them any more?

FH: Yes I do. I think they're valuable. And I more recently the pneumonia vaccine has been introduced. And they think that's going to cut down on the instance of old fashioned lumbar pneumonia and one of the nice things about the pneumonia vaccine is, it has to be repeated only once every five years. So I tell my elderly patients, who are the chief ones to get it, that I want to see them again in 1986 and they may be 88 or 90 years old at that particular time. (Laughs) I say my notebooks don't go that far in advance, but I want you to make a note of it and come in November 5, 1986. But definately I think the vaccine for influenza has markedly reduced its incidence. One of the things about that is it has to be given every year.

PTC: Uh, huh.

FH: But I think immunity will be about 80%. And, uh, I, one does develop flu, in spite of the vaccine, I think it will be milder than other wise would be.

PTC: Do you have any awards that you've been given as a physician, that you'd like to talk about?

FH: I haven't been awarded anything, that I remember; except the automobile club awarded me efficient service or something of this sort and this plaque up here from St. Mary's Hospital, uh, telling me when I was the President. Let me see when it was?

PTC: Okay.

FH: 1936.

PTC: So you were President of the Cabell County, I mean St. Mary's Hospital?

FH: Staff, yes.

PTC: What were your duties as President of the staff there?

FH: Well it consists of presiding over the meetings and, uh, listening to different complaints if there are any and making certain appointments.

PTC: Well how long were you president of the staff?

FH: One year.

PTC: Okay, is there anything else you'd like to add to the interview?

FH: I'd say I've enjoyed the interview.

PTC: Well I've enjoyed speaking with you. Do you know of any other physicians you might recommend to our project?

FH: If you can get Dr. Carl Hoffman, uh, he's ill now but I hope he'll recover sufficiently so you can interview him. Because he'd held positions higher than anyone else we've had in this state. He's been President of the American Neurological Association, and President of the American Medical Association, where his services were outstanding. He had been to different countries, China, Japan, India, he had been to all of them. Africa. Went down a mile and a half in a gold mine. He has a book he has written

let me see, God, Man and . . ., oh why don't I remember that. Oh well, he has written a very interesting book telling about his personal experiences. By the way I have the same reception room with Dr. Hoffman. You noticed that.

PTC: Yes I noticed that, on the way in. Uh, is there anything else you can think of, any other physicians, anything that you as a pathologist have run across in this area that you thought was rather strange, other than the people requesting their . . .

FH: Nothing outstanding comes to my mind right now.

PTC: Okay (end of interview).