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Sarah Louise Stevens

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ORAL HISTORY

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Date 10-28-82

SLC Stevens
(Signature - Interviewee)

1401 6th Ave
Address

Huntington, W. Va 25701

Date 10-28-82

Paula T. Click
(Signature - Witness)

WVM - Stevens, Sarah M.D.

WEST VIRGINIA MEDICINE

AN INTERVIEW WITH: Dr. Sarah Louise Stevens

INTERVIEWED BY: Paula Click

TRANSCRIBED & TYPED BY: Paula Click

INTERVIEW DATE: October 28, 1982

WVM-7

PC: Okay, you can begin by just giving us your full name and present address.

SS: My name is Sarah Louise Cottrell Stevens and I have practiced at 1401 Sixth Avenue since 1954, here in Huntington. Before that I practiced down at the Professional Building from 1941 to 1954. The Professional Building is on Fourth Avenue on the 1100 block and the address of our office at that time was 1131 Fourth Avenue.

PC: Could we begin the interview with a brief autobiographical sketch of your life, where you were born, your early education, that kind of thing?

SS: I was born in Dallas, Texas on July 25, 1911. I was the second of six children. My parents were Texans. My father was from a family that had helped in the growth of Dallas. His grandmother had been Dallas' first business woman. When her husband died, she had had to take over his businesses. In fact, he had been shot on the Dallas streets by the newly elected sheriff who owed my great grandfather money. The Sheriff shot him in place of paying him the money, but his wife collected the money later.

She raised four children, one of them being my grandfather and my father was born in Dallas. He was an electrical contractor. My mother had been born in Denton, Texas which is 35 miles northwest of Dallas. She had met my father when he grew up in Denton during his teenage years. She had been from a family that had helped to settle Texas.

Her father had a part in the Civil War and had owned slaves which were housed at the foot of the hill. My mother remembered the slaves because

they were still there at the time she grew up. She went to Wellesley for one year on cattle money and then the cattle business failed the next year so she could not return to Wellesley. She married and my father and she started their family there in Dallas, because he had inherited from his grandmother a number of Dallas properties.

We lived to the east of Dallas and I can remember during the World War II they started an airfield right next to our house and we could remember seeing the planes come in and out. As I grew up, one of my most vivid memories was sitting up in the middle of the night, having been awakened by the fire engines going around Dallas and since our house was up on a hilltop, I would look out over the town and could see the fires of Dallas burning.

I went to a small private school run by a distant cousin for five years. I went to an elementary school for one year. Then to high school and then to Hockaday School in Dallas. From there I went to SMU. My memories of SMU are very vivid because my mother had been very interested in SMU and she knew many of the professors. Earlier she had told a distant cousin, again, who was a judge there in Dallas, that if he would start a university she would go to it. Well, when he helped start SMU, she did go back to the university. She got her BS degree. She did all of an MA degree, inspite of having six children, except she would never turn in her thesis. Because it was on (inaudible) and she didn't believe in his morals. I

had a cousin who used to tell her, "Aunt Lally, what in the world do you want with a Masters Degree when you already have six of them?" We grew up in a house that overlooked Dallas. I took a great deal of music during my early life.

PC: What made you get interested in medicine?

SS: I always wanted to become a physician. I suppose because maybe I did things for my four younger brothers and sisters. I was not as close to my older sister because she was three years older and she was doing things - older things. She has recently died and it was very interesting to see when I left to go down to that funeral in Dallas. I knew that all her life she had done hundreds of things and a younger sister always said that all of Dallas would come to Ruth's funeral, and they did. For 43 years she had been a Cub Scout leader. She had taught swimming in the Dallas city park swimming pool for 50 years, teaching hundreds of kids to swim. She had been interested in historical things. She was a member of the DAR and had started the CAR chapter in Dallas. She took the CARs and discovered war graves and made numerous markings in Dallas. And one of the most beautiful sprays at her funeral was a yellow chrysanthemum one in the form of a Boy Scout emblem and this stood at her head because she had been so interested. At the time of her death she was still a den mother to two Cub Scout groups. And when she had come home from the hospital a year before, her children had gotten double hospital beds. The afternoon that she came home, the twin bed next to hers was full of Cub Scouts making the bed go up and down, up and down, here and yonder. However, I didn't see much of her.

I did see a lot of my younger brothers and sisters and I suppose I helped take care of them so I always wanted to be a doctor. We had a family physician, Dr. E. S. Gordon there in Dallas, who has long since been deceased. The things I remember about our growing up is that he came by one Saturday morning, for instance, to give us a smallpox vaccination. My mother said that we had, Ruth and I, had dancing lessons and to give it to us at another time. The people to whom he gave the vaccine that day lost arms and legs because that particular batch of vaccine was too virulent. Another thing I remember is when my younger sister fell on some scissors and the scissors were protruding from her neck and I can remember that we waited with the scissors in place until Dr. Gordon came. At that time there was no, you didn't take people to the hospitals, the doctors came to your home.

PC: Where did you begin medical school?

SS: There in Dallas. I graduated from SMU. I finished all my classes at SMU in the depth of the depression. And I went from SMU to Baylor Med. Baylor Med was in Dallas at the time. The full name of it being Baylor College of Medicine. Baylor Med was a poor man's school. It ran completely on the students' tuition at that time. We had, if I remember correctly, we had 8 full-time professors for the entire medical school. Those taught us in our first two years. After that, all our professors, including the heads of the departments, were doctors there in Dallas who were practicing physicians but were interested enough in medical education to come and teach.

PC: Where did you do your residency? In Dallas also?

SS: No, I didn't. I graduated from medical school and then I went to Cincinnati to intern at the General Hospital which was one of the top internships in the country.

PC: So, I take it you did very well in medical school?

SS: Yes. Although the first day I went into medical school, Dr. Loomey, who was head of the anatomy department, made a prediction. He had always made a prediction on the girls going into medical school. He said a friend I had grown up with, Dora Stevenson was the typical medical student. She was a twin, a big, raw-boned girl and very capable. A Blanche Fineberg, who was a Jewish girl from Shreveport, he said she was the most beautiful girl he had ever seen in medical school and me, he said, I didn't belong there.

PC: Well, I'm happy to say he was very much wrong about that.

SS: As it turned out, I'm the only one who really practiced medicine. Dora married and did some medicine. Blanche left medical school in the middle of her second year.

PC: Why did you decide to come to Huntington to practice medicine?

SS: I came to Huntington because the first day I walked into Cincinnati General I was assigned to a medical ward. I had chosen it that way. My partner on the medical ward was Dr. Richard Velter who has just finished being head of medicine at the University down there. My

immediate superior was Dr. Richard Stevens. And I later, after five years or so, I married him.

PC: Then you both moved to Huntington?

SS: Yes.

PC: I understand that you and your husband were in practice together for many years.

SS: Yes, we practiced from 1941 until he died in 1971.

PC: And your practice is general medicine?

SS: I practiced allergy for a great number of years, doing some internal medicine. When he died, I took over a number of patients. At that point there were patients who didn't want to come back to this office and there were patients who would go no place else but this office.

PC: When did you begin your practice here in Huntington, what year?

SS: As soon as I got my license in 1941. I had helped Dr. Stevens open his office in the fall of 1940 in the Professional Building.

PC: Was there a particular reason for going to Huntington as opposed to going somewhere else?

SS: He had been up here. He had gone to Marshall. And then he went for two years at the University in Morgantown and from there he went, he finished medical school at Rush Medical College in Chicago.

PC: Approximately what was the population when you began practicing in Huntington? Was it mostly rural practice or urban practice? When you first began, how has the population changed? In the size of Huntington then, the number of patients you treated to what it would be today?

SS: I don't really remember how large Huntington was when I first came. Remember, I came in the early war years. And a great many of the physicians from Huntington left here and most of them went to the Navy.

PC: Was there a shortage of physicians during those war years, more so than at any other time?

SS: Oh yes, we were very busy at that time. Because I was older, I went ahead and because we wanted children, I went ahead and had children. But I always came home that afternoon so that I could take telephone calls for the period of time I stayed down after my children were born.

PC: What do you think of, as you've practiced over the years, what would you you say about the quality of nursing in Huntington?

SS: You know nursing, in my opinion, has always been quite good. The sisters

were quite conscientious, quite conscientious. We also had Memorial Hospital which Dr. Hatfield was the primary person. Although there were several other doctors with him in Memorial Hospital. Although that was not, at the time I came in, that was not as well equipped and so forth. It was known that the nurses that trained down at Memorial Hospital were unusual nurses. They reported, made some of the highest grades in the state when they took the state exams.

PC: How have the medical facilities changed over the years?

SS: I think the medical facilities have always been rather unusual for a town which did not have a medical school until just lately. The physicians, I felt, were unusually capable in many instances and they were alert. I would term that they were on the whole unusually capable.

PC: You said that your specialty was allergies?

SS: Yes.

PC: All the main physicians in Huntington, now or in the past, are there many physicians who are specialists in that field?

SS: There never really were until Dr. Bray came earlier. He came not too long ago and he finally moved across to Chesapeake. Other than Dr. Bray, until the medical school, no other allergists were here.

PC: Obviously you were in great demand.

SS: Not particularly because allergy is still a field that most people

know very little about and most physicians would simply treat symptoms of people's allergies.

PC: Has there been much progress in the area of treating allergies in the past 20 or 30 years?

SS: I think that for the people who were treated for their allergies, they were probably adequately treated, but I think a great many were never treated.

PC: In your practice have you ever encountered any ailments that are peculiar or just particular to this area?

SS: No, but I think one, going back to the allergy side. Soon after I came in about 1943, I remember having an 18 month old child brought to me because he had asthma, and would have very severe attacks. After taking a history, examining him and doing some skin tests, the only positive test I could find was for tobacco. I looked at the mother and told her that tobacco was the only positive test and asked her who in the family smoked. She sat across from me and didn't utter a word. She swallowed and still didn't say anything. She finally said in a very tiny voice, "He does." That's when my mouth dropped open too. For an 18 month old baby to smoke, I couldn't imagine. The mother continued. "We have an old grandmother in the home who smokes a pipe. When the baby was 10 months old, she stuck a pipe in his mouth and he's been smoking ever since." The baby had

no more asthma after he quit smoking.

PC: Are there any more unusual things that come into your mind that you might want to tell us?

SS: I can remember a junior in high school being brought to me. The young man was a very capable math and science student and his parents thought that he probably would like to go to engineering school. However, all his life they had known that he was allergic to Irish potatoes. Which is a very unusual allergy and very few people have an allergy to Irish potatoes. This family however had never been able to cook an Irish potato in their home all this child's life because he immediately developed severe allergy, uh, asthma. For some reason, he had never been able to eat any place because potatoes are cooked everywhere. They are french fried in the fast food chains. They are cooked in all the restaurants and he had never been able to eat but at home. They were correct. The only positive allergy test I could find was Irish potatoes and the next year and a half I managed to get to the place where he could go in a restaurant and therefore he would be able to go to college and eat away from his own home. I never got him to the place where he could eat Irish potatoes.

PC: I think it would have been quite a task to get him to be able to eat in a restaurant. Are there any other unusual cases you'd like to share with us before we go on to another question?

SS: No, go on.

PC: In talking about patients in this area, this is considered an Appalachian area or mountainous area. Have you run across any superstitions in your practice that patients have come up with, or home remedies?

SS: I run across many home remedies, particularly for coughs, colds, asthma. Probably the most frequent one is the one for coughs which is made up of rock candy and, sometimes with whiskey added, with lemon juice occasionally added and various other additives. You also find people who use wild flowers in making up tea and so forth.

PC: Has anyone ever paid you in an unusual way? One doctor was talking about being paid with produce one time. Have you ever gotten any unusual payments for bills?

SS: No, I think the thing that happened the most with this is for many years we saw people who could not pay at all, who had no ability to pay. And at the present moment, I still know of at least one woman who comes for allergy shots and she doesn't, and I have never requested, that she pay.

PC: Do you see a difference in the urban patients who come from within the city of Huntington and those patients who come from the rural areas?

SS: We have always had a great number of people from all over the area I still see many people from down in Kentucky and down in West Virginia and from across the river.

PC: Do you see a difference in the attitude towards medicine and health care say from a person from a hollow, be it in Eastern Kentucky or out in West Virginia somewhere, someone who's away, isolated so to speak and those people who are from Huntington, or an urban area?

SS: Yes there is some difference at times. I can remember a preacher I saw from down around Cabway-Lingo. Everytime I would hospitalize him he would drive the dieticians crazy. He was a diabetic and I would order a diabetic diet and tell the dietician to come and talk to him and feed him the way he was used to eating because that was the way he preferred to eat when he went home. They would interview him and throw up their hands and come back to me and say, "I can't get a diet for that man. He only eats one thing at a meal. That's all. If he has beans for lunch, he eats beans. He eats one thing and only one thing." I said, "Well, balance it out. You balance it accordingly. Not to the meal but by one day or two days." But he always ate that way and did beautifully with his diabetes.

PC: I was talking to another physician and he mentioned that sometimes a problem in communications with rural people because sometimes they speak a slightly different language and sometimes it's difficult to understand what they're saying. They may mean one thing and actually say something else. Did you run into that problem?

SS: I've had no problem with understanding them. Of course, when I grew up, we had farms down home, so I was used to talking to farm people and we later had farms up here. Because of this, I have been used to talking to farm people.

PC: Okay, what professional organizations do you belong to?

SS: I belong to the medical society, both the local, the state, and the AMA. I belong to two of the allergy associations. I also belong to the cerebral palsey association.

PC: Do you believe that belonging to professional associations has aided you in the practice of medicine?

SS: Yes, I think it has. The medical society here has brought programs in that have always been very good. The state program usually has some interesting talks and speeches. I think probably the thing that helps physicians the most is the fact that continuing education came along.

PC: I think up till, about 10 or 15 years ago women were not seen as being, as very many being in the medical profession. You've had a long steady career in the medical profession. Has it been difficult at any time because you were a woman?

SS: Well, not really. Even in medical school they were very welcome. In fact, the professors at Baylor said that classes were better for a woman being in the classroom.

PC: What about patients? Have you had any patients that shied away from having a woman doctor?

SS: No, in fact after Richard Stevens died, I wondered how some of the patients would react, but I found when a man needed something, it made no difference.

PC: How do you think the Marshall Medical School will affect health care in Huntington, in the tri-state area?

SS: I think it will make it more exacting. I think it will bring new ideas, new, I think you'll have experimental work being done here. I think it will be an advantage.

PC: Is there anything you would like to add to the interview, any experience, your opinion on the health care in the area or anything you would just like to add?

SS: No, not really.

PC: Are there any specific needs in health care in this area that aren't being met now that people in the future should look to try and fill in those gaps?

SS: I see a relatively fewer number of people now, but the people I see come to me because they, they feel like I take a, more time with them. They can talk to me. I will explain things to them. I think that perhaps one thing that should be done, I think doctors should always remember to try and explain to patients because I find that many patients have gone to other doctors and yet have not understood what they were told and they ask me to reexplain it.

PC: So you feel that doctors need to communicate more with the patient on the patient's level and explain the problem more carefully?

SS: That's right.

PC: I agree. That's a very good thing. When you first began to practice, your husband and yourself, did you do many housecalls? I know when you think of

SS: Oh yes. We did many housecalls. And occasionally, I will still do one.

PC: What advantage do you see in today's practice, when housecalls are few and far between and most physicians see patients at their office other than the fact that they can see more patients?

SS: It is true that it takes more time to go from patient's house to patient's house, but also you do not have available tests and equipment that you have at your office. Certainly for the acutely ill patient, being seen in the emergency room is a much faster process. Or it should be a faster process.

PC: Have you seen any problems or difficulty in the transportation of patients? I mean we live in an area, a fairly rural area not too far away. Do you have any difficulty in getting patients when they might, let's say live in a hollow somewhere, to a hospital for treatment?

SS: With the patients I have usually they've been able to manage. If it wasn't any relative, it might be a friend. I still have patients who have to come when they can find transportation.

PC: Do you have any other comments you would like to make?

SS: Not really.