MEMORIES OF NEW BERN

DR. FRANCIS PARKER KING

INTERVIEW 413

This is Marea Kafer Foster representing the Memories of New Bern Committee. My number is 400. I am interviewing Dr. Francis Parker King, interview number 413. Today is Tuesday, the 9th of June, 1992. We are at 1504 Lucerne Way in New Bern.

Marea Foster: Now, Dr. King, if you'll give me your birth date, your birth place, parents names, brothers and sisters, all that nice information I like to get.

Dr. King: I'm Dr. Francis King. I was born on April 29, 1922 in Wilson, North Carolina. My father was William Johnston King of Caswell County. My mother was Sallie Haywood Battle King born in Edgecombe County and they moved to Wilson in about 1917. My father was in the tobacco business. My mother was a housewife. I have one brother, W. Johnston King, Jr. He lives in Wilson. I don't have any sisters.

MF: Did you graduate from Wilson High School?

Dr. King: No. I went to the public schools in Wilson until the tenth grade and then I went to Woodberry Forest School in Orange, Virginia for three years. Then, I went to the University of North Carolina in the fall of 1940.

MF: I didn't know you'd gone to Woodberry Forest. Billy Hand went there. Your wife, Frances?

Dr. King: Frances Keel. She was from Rocky Mount.

MF: How did you meet her?

Dr. King: I met her when a group of boys and girls went to Rocky Mount between our junior and senior year in high school.

MF: So, ya'll were sweethearts all through college?

Dr. King: Yes.

MF: When did ya'll marry?

Dr. King: 1945.

MF: I'm so glad you can remember, a lot of men can't. How about children?

Dr. King: We have five children. Sallie is the oldest, she's now Sallie Hollis and lives in Columbia, South Carolina; Ann Costin, she lives in California; Frank, Jr. lives in Raleigh, Susan Hackney lives in Wilson, and William W. King, he's also a physician and at the present time lives in Boston finishing out his training.

MF: He's the only one of your children that's a doctor, is that right?

Dr. King: Right.

MF: What's his specialty going to be?

Dr. King: He's going into Gastroenterology.

MF: So, if I have stomach problems, I'd go to him. We have to put this into language I can understand. I know you have to use the proper terminology. Did you go to medical school at Carolina?

Dr. King: I went to Carolina in the fall of 1940, of course in the fall of 1941, World War II began, at least for the United States. It was a hurried up program, so I completed three years of college in two and a half college years going through summer school. Then, I went to medical school for the equivalent of two years at the University of North Carolina at Chapel Hill. It was a two year school

then, but it only occupied an eighteen month of calendar time going in the summer. Then, I transferred for the last two years to Harvard Medical School in Boston.

MF: Is this where you specialized, at Harvard?

Dr. King: In the post graduate training, you tend to specialize. I graduated in March of 1946. I had an internship in a medical college in Virginia Hospital, Richmond, in 1946 for a year. I then went into the Army for two years, returned, spent two years at the Grady Hospital connected with Emory University in Atlanta and one year at Duke University Hospital leaving there in 1952. I came to New Bern in July of 1952, forty years ago.

MF: I know when you were here because mother worked for you some when your office nurse was off. Let me ask you about your war service.

Dr. King: The war was over when I went into service. I went in from 1947 to 1949, but I had been in the medical school under the Army, what they call ASTP. So, I owed them back two years. One winter we went to up state New York for winter maneuvers. We were running a small hospital there. The next summer we were transferred to Fort Benning, which reversed the seasons.

MF: It sure did. You went from one extreme to the other. When you came to New Bern in 1952, where did you have your practice?

Dr. King: I opened on Middle Street in Dr. Raymond Pollock's old office. He had died several years before. It was in the lower level of their house at 509 Middle Street.

MF: I remember Dr. Pollock and his office, and I knew that's

where you had your office. How long were you there?

Dr. King: About six years. Then I moved to an office on Pollock Street that Ernest Richardson built. It's where Mrs. Mark's house was as I recall. Then in 1963, I moved out on Professional Drive, one block off the highway, off Neuse Blvd.

MF: Right near the bowling alley.

Dr. King: That's Professional Drive and the other one is Tatum Drive, the two corners.

MF: Do you remember any of the nurses that worked for you in the office?

Dr. King: Yes. Mrs. Helen Ferebee worked there for a number of years, and Mrs. Disosway.

MF: Which Disosway was that?

Dr. King: Fillilove, I think. Mrs. Mark Skinner worked as the secretary.

MF: Dr. King, what was your office like as far as your equipment then compared to now?

Dr. King: I did have an X-ray machine in it that I did X-rays of the chest area, fluoroscopies, and we did some simple lab test, Urinalysis and blood count, but it was not high tech equipment as compared to what you get now. That was the conventional office way to do it.

MF: But for that time, your office was well equipped?

Dr. King: Yes. We had electrocardiograms.

MF: I didn't know they had them that far back.

Dr. King: Goes back to 1903, but it came in to general use in the Thirties.

MF: I didn't know they were popular that early. Your specialty?

Dr. King: I was in internal medicine. I was particularly interested in heart disease but I was not certified by the specialist in that. That covers diagnoses and treatment of adults beyond pediatric age.

MF: Did you ever treat any children?

Dr. King: Rarely. I really hadn't had that much training treating children so I didn't feel very comfortable with it. When they reached to be teenagers that's when I got them. There was no clear cut dividing them. I guess when they were about fifteen or sixteen. Usually by that time the children didn't want to go to a baby doctor.

MF: Let me ask you about the hospitals that you were affiliated with during this particular time.

Dr. King: When I came here, there were three hospitals. There was St. Luke's Hospital that had been built initially by Dr. Joseph Patterson, Sr. and Dr. Robert Duval Jones on the corner of Broad and George Street. That was, when it was built in 1914, a very up to date hospital. It was a fire proof building which was unusual. It had operating room facilities. It had an X-ray machine. It was of course by our standards now rather crude, but still it was available. They also had a nursing school. As Annie Humphrey proudly points out, none of their students ever failed to pass the certification examination for the registered nurses.

MF: She and my mother were in the same class.

Dr. King: Yes, and I'm sure you're familiar with that too. In 1943 the hospital was enlarged. The Marine base moved here and New Bern was very crowded particularly the medical people with hospitalization for their families that would come here. It was apparently funded by the government. As I understand it, to have a government funded building attachment to a private institution wasn't the way things were done. So, Dr. Patterson and I guess Dr. Jones was living or he'd died, and his family sold to a Catholic Order, Order of St. Joseph's. When I came to town, it was run by the Sisters who were in charge. They ran a very tight ship. The emphasis then, interesting enough, was certainly not high tech and they'd spend as little money as possible in order to do the most for the patients at the least cost. There was a conventional X-ray with the fluoroscopy and other films that could do what most people did in the laboratory, did the routine test, but not many, but they would add on. Several years later, Dr. Devereaux Lippitt, came as a Pathologist. That was a big help because not only could he examine the tissues that we removed at surgery and decide immediately, if necessary, or later for the definitive answer about whether the person had cancer or whatever the diagnosis was at the surgery. He also supervised the laboratory and was able to enlarge it through the years and to set up quality controls and things needed in a more modern laboratory. Let me go back to the other hospitals. There was the Kafer Hospital which was started by Dr. Oscar Kafer several years before I came to town. It was located

in an older house on Broad Street to which a wing had been added on and they had X-ray facilities and laboratory facilities. It was not built as a hospital, at least earlier the other rooms were in the front, and it sort of struggled through the years. No doubt about that. Another hospital was the Good Shepherd Hospital, which I think was started in the late Thirties as a mission hospital by the Episcopal Church and it was for the blacks. Previously at that time the black population had access to the basement of the St. Luke's Hospital, but the facilities there were not very good. Good Shepherd was managed by Mr. O. T. Faison.

MF: What about the County Hospital?

Dr. King: That was later. Let me add on some more. In regards to the doctors, as far as my wife can add up there were thirteen doctors here in New Bern when I came to town. I may have missed some, but I will list them here as I can think of them; Dr. Charles Barker, Dr. Richard Duffy, Dr. Charles Duffy, Franklin Grady, William Willis, Harvey Wadsworth, Frank Hammond, and Dr. Charles Ashford. Dr. Kafer had recently died six months before I came in July 1952. Dr. Alan Davidson had been here three or four years. Dr. Alan Davidson, it's interesting that he was board certified in Ophthalmology, disease of the eye, and Otolaryngology, disease of the ear, nose, and throat. It is unusual for a person to be certified in both fields. It wouldn't happen today 'cause you'd specialize in either one or the other. Then, there was Dr. Ernest Richardson who then did general practice, but went to his first love which is Gynecology and Obstetrics, and Dr.

Junius Davis, a pediatrician Three other doctors came at essentially the same time I did. Dr. Joseph Patterson came a few months earlier, a native New Bernian who was a surgeon. When Dr. Kafer died, he came here. His brother, Simmons, came in July 1952 and opened a surgical practice with Joe. They were both board certified in general surgery. I came in, as I said, in July of 1952. I became board certified in internal medicine in 1954. Dr. William Bell, who was a native of Newport, North Carolina, and I were classmates at Chapel Hill in medical school, and neither one of us knew the other one was coming. I think Dr. Bell deserves special recognition. He was trained in Radiology, that is the diagnosis by the X-ray machine, and at that time also the administration of X-ray or to treat diseases, the therapeutic radiology. The specialties now are separated, so you either have training in one or the other. Dr. Bell, at that time, not only did the X-ray work at St. Luke's but at Morehead city and Jacksonville. He made a circuit at least three times a week doing that. Of course, he eventually became so busy he dropped the two out of town hospitals but later was instrumental in upgrading and running the X-ray department at Carteret General Hospital. Dr. Bell was particularly innovative in that early on he used radioisotopes. That is a substance which emits radiation that you can diagnose initially the thyroid disease, but it's multiplied into many areas now, and other isotopes and also treatment of thyroid disease and other diseases with this. He eventually became board certified in the use of radioisotopes. He also was instrumental in getting and progressing with the high

tech instruments. He himself and his other partner in the X-ray purchased and rented space in the hospital for the CAT Scan, which was a special diagnostic machine strictly used for X-raying the head and other internal parts of the body. Eventually, the hospital bought it and of course that expanded to other high tech equipment. Dr. Bell also took time off from his work here and went to Duke several weeks at a time on several occasions to come to be able to insert the catheters in the small blood vessels in various portions of the body to get special X-rays in these areas.

MF: Would you do that to detect a blood clot or something like that?

Dr. King: Blood clot or other abnormalities in the blood vessels, particularly the leg veins and also in the head. The cardiac, the arteries of the heart, were not done until much later, until very recently. I think Dr. Bell was able to push ahead on this. Also, I should have mentioned the Ultra-sound which he early on was able to obtain. I think the hospital purchased that, but I can't recall for sure. The Ultra-sound machines which is also a diagnostic formality now but which is real important.

MF: What does ultra-sound do?

Dr. King: It emits sound waves back and forth. You don't get radiation effect. It sends a sound signal and registers it and is reflected back. The instruments record it on a film, like a fetus, and they can tell whether you have one fetus or two fetus, or various other things. Particularly in the heart, you can tell the trouble

with the valves, function of the ventricles and so on. The ultra-sound has become a valuable tool. He early on initiated the diagnostic facility that we have now.

MF: So, New Bern really was up to date in their treatment of diseases.

Dr. King: Let me go into that more because I have some individual thoughts about that. When we came, the older doctors that had been here, I think, really were worn out during the war. I've always heard, they were very, very busy, and just overwhelmed with patients, and having babies and the wives and the families of the servicemen. Of course the servicemen were handled by the physicians in the service at Cherry Point or Camp LeJeune. I assume they were. With Alan Davidson coming and Dr. Richardson after the war. The training was different before World War II and after it. Most people that went into general practice were poor and you had not the degree of training. They usually had two years after medical school rather than the four that I had, or other people have even more, or some less. Anyway, Dr. Davidson and Dr. Davis had been in training. Dr. Davis, a pediatrician, and Dr. Barden, a pediatrician, came in 1953. Dr. Houghton came in I think 1956 as a gynecologist and obstetrician, and others were added on. One thing, the older doctors were glad to see the young people come and cooperated with us and appreciated our training. That was not so in a lot of towns. Those older doctors would resent them or feel like they were being usurped of their patients, and it made it difficult for the younger ones to come in. There were no large medical

groups in New Bern. It evolved that they had specialty groups like I started in internal medicine in 1958 and Dr. Joseph Diab came and joined me and later he moved to Raleigh in 1963. Then I joined with Dr. Robert Holmes and Dr. John Baggett in the practice of internal medicine. We finally added on more there and I think now there are nine. Dr. Neil Bender came some years later, settled in Pollocksville, and enlarged into a larger clinic than the group that I was in. These were the groups of the same types of specialties. The surgeons, after Dr. Ashford died, then the Dr. Pattersons enlarged and now there are five surgeons I think. Now the Dr. Pattersons have retired, but others have taken their place. There are some people that still practice individually. Dr. Irving Stockton and Dr. James Manley in family practice, for example, but I think they take calls for each other. So, there was not the particular intense rivalry that you had in some cities between the large groups. Also, this is when new doctors came, that we usually, with few exceptions, invited by the groups. So, they were screened from that way because a group would not want to take anybody that's not well trained, that would not fit into the personalities, and they didn't think would add to their own medical group and their expertise, but also in the community. The hospital early on tried to adhere to the rules and regulations and suggestions developed by the Joint Commission. This is a commission of the American College of Surgeons, American College of Physicians, the Hospital Association, the Nursing Association, and they inspected every year or every several years the hospitals to make sure they were keeping

up to standards, and we tried to adhere to that. One doctor complained that they were more interested in making sure things were written down, rather than the results we got. I think that's pretty much so in any type of organization run by people that are not there at the moment. We tried to keep up with tissues removed at surgery, which were examined by the Pathologist, Dr. Lippitt, or if there was an operation done that was questionable, the surgeon had to give an explanation for it. A certain number of appendectomies, it's agreed that you can't make the diagnosis well enough to be 100% right but usually about 75% right is acceptable, but ours is even higher than that. Women in other places had operations on their female organs that we would have deemed unnecessary. This was very well monitored here. I think we tried to develop through the years a hospital that was staffed by physicians who had been well trained and also the staff of the hospital supervised themselves in a sense to do that. A lot went on that is not generally known. Sometimes something was questionable that had to be aired. Usually this was not published. I don't think we did as well on physicians that were occasionally impaired, particularly through alcohol, I think, no other drugs were involved, as we do now, but the patients were looked after when they were incapacitated.

MF: Did you make house calls when you were by yourself?

Dr. King: Yes, I made house calls. In fact, up to the very end I would see elderly people that were being cared for by the family in their home. Usually bedridden people.

MF: You would still make the house calls even though you were

in group practice?

Dr. King: Yes.

MF: Was that normal?

Dr. King: Well, house calls became less and less. Of course when I came along, they were fairly common for several reasons. These are my concepts of it. One of which they are very time consuming so they usually were after hours so to speak. In later years we called on people who were housebound with a chronic illness or strokes or something of this sort and very immobile. It was a matter of checking in with them and the family. The major reason for not doing house calls is medicine became more technical and one really could not make a proper diagnosis most of the time at home. You needed the ancillary facilities, the laboratory work, the X-rays, and so forth that you were able to get at the hospital. It was more than just a convenience, but you had to make sure that you were doing adequate under the general practice of medicine and that included high tech facilities. It's getting more high tech all the time.

MF: It certainly is. But you could practice better medicine in your office than you could in someone's home.

Dr. King: Or in the hospital, that's right.

MF: When you first came to New Bern, did people go to the hospital as often as they do now? Maybe I'm not phrasing that right, but it seems that they are constantly being put in the hospital now for something or other.

Dr. King: I think there was less facilities for diagnosis so

that you couldn't make specific diagnosis a lot of times. Now many of these kinds of illnesses, they got over the illnesses without a correct diagnosis or without any specific type of treatment. Under the present situation, not only do you have the fear of overlooking something that you can treat, but the fact that the misdiagnosis or the diagnosis that's not made is subject to legal action. That puts a big burden on the physician, so now there are probably more people hospitalized. Also, there are much more things that you can do for people now. Of course, they still have operation. They have many medical illnesses, heart attacks and so for can be treated better and be monitored in the hospital.

MF: Going back to World War II. Do you think medicine made great strides during the war?

Dr. King: I wasn't involved in it, but from what I have read, in general I think so. Of course, most of the war injuries were in the surgical field and they had opportunity to treat a large number of people with various injuries that enhanced the treatment later on. Of course, penicillin first came into use during World War II, and eventually many other antibiotics followed. In medicine now, you learn to be more specific in your diagnosis and illness. It was not necessarily in the beginning but a more rapid development or more science in medicine that enabled a better diagnosis, and as treatment became available, better treatment. So, I think the war just enhanced that, as it often has through the years.

MF: Yes, because you're on the battlefield and you have to

improvise and you learn. Are you glad that you went into medicine?

Dr. King: Yes.

MF: Would you do it again?

Dr. King: Well, things are different now, because there are a lot more directives of things you can do and you can't do. The high tech medicine became more expensive, the doctor's used it freely, and now they have the paradox of wanting the best treatment but really don't know how to pay for it or how much should you pay for it.

MF: That's right. I know a lot of people today don't have insurance and this is a big problem. But you would go into medicine again?

Dr. King: I think so, yes.

MF: Did you encourage your son?

Dr. King: Yes.

MF: Well, that's all I need to know.

Dr. King: I thought it was going to get better when I encouraged him, about the intrusion with the various governmental agencies, but I don't think it has. But he seems to like it.

MF: Is the medical profession heavily regulated by the government or does the American Medical Association govern itself?

Dr. King: The American Medical Association actually has little, contrary to what most people think, has very little enforcement powers or direct control over the actions in the individual physician, who, of course, through the years have been trained and the training has become very intensive, more so than people realize. There is a

tremendous amount of information that has to be assimilated and used. Fees have risen, although I don't know if they are much higher than what they have been through the years. For example, I had a patient one time who said that in 1905, I think it was, that he had a pain in his abdomen. He lived in Pollocksville I assume he took the train from New Bern and went to Baltimore to the John Hopkins Hospital. He was operated on by Dr. Halsted, who was then probably one of the best known surgeons in the world, and who took out his appendix. Dr. Halsted's fee in 1905 was $200. So, that's a pretty high fee. Anyway, the fees are higher, the hospitals offer more than they used to and they charge more, and they have a whole lot more things to do. They also make up for patients who are not able to pay, through the hospital fees.

MF: Is there more stress being a doctor now or was there more stress when you started out? The fact that you started out by yourself meant you were dependent on your own judgement. With a group you can discuss a case with your colleagues. Which is the easiest way to work?

Dr. King: You've got opposing view points. When you're by yourself, you are your own boss and you don't have to worry about relationships with other partners. When you're in a group, I think it's easier because you always have someone else because you do have time off and there is a freedom. However, when I started it was not just imperative to be always available. As I say, when people died, they died. Now, you have to resuscitate them in the hospital, and so you are morally and legally should be available to care. So, most

people work in some form of a group or rotate an on call system to overcome that problem.

MF: In today's medicine I would find it, by myself, very stressful.

Dr. King: Most of the people that are in by themselves I think have some arrangements when they take time off.

MF: Which you would have to do for your peace of mind. But your group that you were with, as you said, now has about nine members. You're all in the internal medicine, which covers what?

Dr. King: There are various ones who may have a specialty, Dr. Oliver of course and Dr. Beckwith are certified in the cardiology, the disease of the heart. The others although are not necessarily certified, may have a special interest. Dr. Edwin Bell is a pulmonary specialist, a lung specialist.

MF: What about a Hematologist?

Dr. King: No. Dr. Bonnie Goodwin is the Pollocksville group East Carolina internal medicine. She's a Hematologist and an Oncologist, that's a specialist who treats cancer.

MF: She's the only one in New Bern, isn't she?

Dr. King: The only one that is certified. Others have a particular interest in it.

MF: I want to ask you about some interesting cases that you've had if you'll tell me. No names, but just interesting cases.

Dr. King: Let me think on that.

MF: Okay. Were you ever disappointed in your practice? I know

you said you'd go into it again. Were there any disappointments or any frustrations?

Dr. King: I think for years I worked mighty hard and had long hours. When I was on the call and I woke up the next morning and the phone hadn't rung, I wondered what was wrong with it, if I'd left it off the hook or something. On occasions, I'd hardly sit down at the house without being next to a phone. So, it was harassing at times, and the relations being compelling or need to be available for your patients and also for the family. As my children have written, they are running into the same problems, although they are not a physician. They realize it now and sort of just appreciate the effort.

MF: That would be hard, extremely hard because probably your patients came first.

Dr. King: Up to a point. You'd take off some time that the family ought to get away so you could.

MF: Right. If you went out of town on vacation, somebody covered for you, but in town if there was an emergency?

Dr. King: For example, my oldest son, Frank, played little league ball and I was an assistant coach. On occasion the policeman would have to come out to the ball field to get me if I had an emergency at the hospital. Now, this was back then when things were not just imperative or we did not do much cardiac resuscitation. It must of been just when cardiac resuscitation first came out in the early 1960's. So, it was not imperative to be real near or available to a phone. But that wasn't very far away. I mean, they could often reach because

they called on the radio and I came out there.

MF: But you didn't have beepers in those days.

Dr. King: We didn't have beepers. The policemen were the beepers. It was his radio. Things were simpler then. Not as many people.

MF: You're right, but I think the fact that the policeman would go and get you just shows a lot of community support and cooperation. Was there an ambulance service in New Bern?

Dr. King: No. Initially the ambulance service was handled by the funeral homes, and they did the ambulance service. They would go get people and bring them back, or a wreck, or take people to the large hospital centers.

MF: Probably no ladies worked for the funeral home driving an ambulance in those days.

Dr. King: They knew something, but they were not trained as they are now in care of emergencies.

MF: They would just get them to and from the hospital?

Dr. King: Yes. It was almost like a taxi cab. Now, of course it's evolved where the people who ride the ambulance have been well trained. For example, a little over a year ago, I think the person was playing golf and suddenly passed out, he had no heart beat. Fortunately, he was with two dentist who had been well trained in cardiac resuscitation and began cardiac resuscitation. The ambulance came out. They have an electrocardiograph machine which could be transmitted back to the hospital, and the diagnosis could be made. The machine tells you what to do. So, they were able to resuscitate

him and to give him electric shock treatment right there on the seventeenth hole of the golf course.

MF: That wasn't you, was it?

Dr. King: No, it was not me. But that is the advantage. The technicians who have been trained how to handle neck injuries and back injuries and things of that nature. They were very careful with this and can evaluate injuries. Progress cost more and some- times is time consuming, but it has been extremely helpful in many cases.

MF: It saves lives. Is there any difference in the way that you felt about your patients and they felt about you when you were alone compared to when you went to a group practice?

Dr. King: Not necessarily I don't think. I hadn't thought about that and I don't think so. Each one of us in the group ordinarily saw our patients, and so we had relationships that kept on. Which ever doctor was not available, somebody else saw them and continued on with the treatment. We had access to the chart to see what had been done so there was continuity to that. Each doctor has his own personality. In our case in internal medicine where you have continual relationships with the patients and many times with a chronic illness through the years or an illness that develops through the years then you have a relationship that you might not have if you have an episodic type treatment like you do with surgery. He takes your gallbladder out and then he doesn't see you for some time. I think in general the relationship of the patient continued on with the assurance that if an emergency came up, you came and that person would be seen and

evaluated.

MF: As your practice grew, were you able to spend a lot of time with each patient or did you find that you were having to limit your time?

Dr. King: Well, you always limit your time and it was a struggle, because early on I was very busy. They were short of doctors here and as I said the doctors here were glad to give up some of their patients. They had worked very hard through the years. Me taking over the patient's of the doctor was not necessarily objected to by the older doctor that had been here for some time, which I think had not always been so in other communities.

MF: Let me ask you about your black patients. When you came to New Bern, were there any black doctors?

Dr. King: There were three black physicians whose names I can't recall, but they did not live very long. They had not had any special training. They had just general training in medicine. They were very nice people and I talked to them but I did not have much relationships with them. When they died, I don't know when but it wasn't long. Other black physicians came. Some were better than others. Initially, until the new hospital was open, things were generally segregated.

MF: Going back to your medical school, was your medical school segregated?

Dr. King: I'm sure that at the University of North Carolina there were no black students. I don't recall whether they were at Harvard or not. The class was large and I got in on the middle of the schooling.

I didn't have any relationships with any black, but I don't think they were excluded specifically.

MF: Did people in the black community hesitate to go to a white doctor?

Dr. King: I don't think they hesitated because of the white doctor. One of the things they hesitated about in the past was they had to pay the physician at the time of the visit. The economics was the consideration, but not necessarily so. But I think they were cared for.

MF: When you opened your practice first in New Bern, that was a time still of segregation. Did you have a white waiting room and then a black waiting room?

Dr. King: Yes.

MF: You and your white nurse took care of your patients and they did not mind that? As far as we know.

Dr. King: No. I don't think there was any feeling of that way at all. I think they were glad to see me.

MF: Well, I know they were. I wanted to ask this because I don't think it's been brought up before on tape that the waiting rooms were segregated.

Dr. King: They were initially segregated but eventually they became desegregated.

MF: Of course, as you said, that if they were ill, they were admitted to Good Shepherd Hospital.

Dr. King: That's right.

MF: It wasn't until we had the County hospital that things became integrated, is that right?

Dr. King: As I recall, yes. Now, they did treat, as I say, the black patients in the basement at the old St. Luke's Hospital.

MF: Right. Did they do that at the same time Good Shepherd was in operation here in New Bern?

Dr. King: I wasn't here then, so I don't know. I would assume not, really. They probably needed the space for something else.

MF: They did treat black patients in my mother's training days, but of course there was no black hospital at that time. We really didn't get into the County hospital.

Dr. King: The County hospital was opened in 1962. The community was somewhat unhappy with the relationship with the Catholic hospital, and this is my perception of it and others may differ, not that they didn't get good care, there was some restrictions of course. The only procedure they'd do in regard to birth control was ligation of the tubes for woman, which they wouldn't allow, and of course abortions were restricted and even treatments for the patients who were having spontaneous abortions or miscarriages were restricted to the making sure the fetus had been expelled before you could do something to stop the bleeding. At least that's my recollection of it. They wouldn't endanger the life but it was restricted from that. I think there was some feeling there. Also, there was a feeling that it would be so much better to have one hospital. Of course, the doctors were so much in favor of that because they not only had to go to three hospitals,

they had three meetings to go to each month. Each hospital had to have monthly meetings. The bond issue was pushed I think and fought for at least by the medical auxiliary, although many citizens were very much in favor for it. Where the hospital is located was a prison camp. The people involved then were very instrumental in getting the state government to move that and to use that for a hospital, which was very fortunate. It happens to be a very good location.

MF: There's plenty of land, and if I'm not mistaken, right next to the prison camp was the county home, it was called the County Home, and that's where indigent people lived. Our young people's group from my church used to go out there.

Dr. King: That was in use when I came along and then the public health took it over and that's where it is still now today, and they are enlarging that. The hospital started off as hundred bed. They built a fourth floor on it but didn't complete it until several months later. It was very soon, they soon found a need to it, of course it's enlarged very soon. I think they have 280 or 290 beds now on that in the hospital. So, it's enlarged through the years in its facilities. The auxiliary facilities have increased tremendously. I might add there was some controversy, Mr. Lonnie Moore who was the hospital administrator then, probably more so than in many communities, realized that if you provided the doctors with the instruments and the facilities they needed, then the doctors were willing to come and also the hospital stayed full, so in effect the hospitals made money. Now, other places had the feeling that if you didn't spend money then you saved money,

and whoever was in charge, like the county, the county commissioners would go into debt. But when new positions and a new type of specialist would come along, Mr. Moore would, and I'm sure that the doctors would for example, orthopedic, would have the instrumentations that he needed for that specialty. They're more high tech now; the large CAT Scans, much in the laboratory, MRT Scans, various radioisotopes, and things that are used.

MF: Sounds like another world to me.

Dr. King: It is. It became a hospital that was able to provide services that you got in much larger communities. Of course the doctors who came here had been well trained to use these.

MF: I read in the paper recently, Francis, that they have applied and maybe they have been accepted, I'm not sure, to do open heart surgery. Has permission been granted for that?

Dr. King: I really can't give you a good answer on that. I think it was granted in a sense but there was some problems with it and they were going to work close with East Carolina. Dr. Mark Sinning is a trained cardiovascular surgeon, well trained. Perhaps that can be done, but I don't know all the considerations.

MF: Dr. Sinning was in partnership with Dr. Ashford, Jr. It would be nice to have it. New Bern is growing. The county is growing. The population is getting older and possibly more need for that type of thing. Pitt County is growing and East Carolina Medical School can only take care of so many people. Craven County serves how many people and how many counties?

Dr. King: I don't know. I'd have to get the information from the hospital. Of course, a fair number people from Jones, Pamlico County mostly come here, a fair number from Carteret County I think, and of course from Craven County, and also from Onslow, some from Jacksonville come up here to the specialists.

MF: So, it really serves the region. That's what they named it, which is very apropos. I want to ask you going back again to when you first came to New Bern, and I think it applies still today. Were there midwives when you first came to New Bern?

Dr. King: I think so. I wasn't in the baby delivering business so I really can't answer that positively. I think there were.

MF: I know we have them now. I just wondered if you had heard any talk. They're trained for it now and it's specialized now more so than probably then. Again, this is out of your range of knowledge but you still might know, when you came to New Bern, were more babies born in the hospital at this time compared to being born at home?

Dr. King: I don't know. I think more babies were born in the hospital. I don't think many people did home deliveries any more.

MF: I just wondered about that. I know when my mother had me she was confined to the bed for a month. Now you have them and you're up and around in another two hours. After you, as the internist diagnoses that I need an operation and the surgeon operates, depending on what it is - I might be sitting up that afternoon or standing on my feet, which is good. Why is that good to get them out of bed early?

Dr. King: Well, you get your strength back, later on so you'll

have less complications.

MF: And by complications, what do you mean?

Dr. King: You get clots in your veins from just laying down that may go to your lungs and pulmonary embolism. Also, you don't lose your muscle tone if you get up and more and you get around better, and they were worried about the wound healing. It was well demonstrated that actually the wounds probably heals better when you're being up and about than when you're resting. The heart for example I'm more familiar with, the initial idea was you rested the whole body and in effect rested the heart so the heart would have a chance to heal up. It began to be demonstrated that the heart healed with moderate activity such as sitting beside the bed and so forth. You don't have to stay in bed for the three weeks or two weeks that you used to have to. You also prevented other complications, the clots in the legs and other things. You have to be careful about it but people do better when they've gotten up some.

MF: I know after surgery, is this true with heart attacks too, before, or maybe it's after surgery, they put the white stockings on you?

Dr. King: That's to enhance the blood going back up to the veins and preventing less of a clot in the veins that could be bad phlebitis in your legs or a clot that goes to your lungs.

MF: Do you do that with heart attack patients?

Dr. King: I don't think they used to. We didn't use to do it. I don't believe they do it as much as they did at one time, but they

often give you medication to lift the filter to get the blood to clot. Plus, they get you up sooner, which does the same thing.

MF: The dentist practiced at the hospital. All dentist do not do surgery, you have to have an oral surgeon, right?

Dr. King: In general, you have to have an oral surgeon, but they used to do some surgery there. When they did, they would have a physician to cover for them or to assist them or to evaluate them from the other stand point; particularly, if they had to have an anesthesia. When I came, they had nurses that were trained in anesthesia or even before my time, doctor's would give anesthesia for each other. It was simple anesthesia, usually open drop ether. Of course, you couldn't do an operation on the chest that way.

MF: What is open drop ether?

Dr. King: Open drop ether is when you put over the face of the patient a wire mask that has a piece of gauze on it and ether was dropped on the mask. The patient, as he breathed, would pull the either vapor into his lung. It was very simple to do, but it was hard to regulate. Then, they developed a better machine to do that and until it evolved down to putting a tube in your windpipe and you can administer very accurately and you can monitor it very accurately so you don't have any bad effects of overdosing that you might have had.

MF: You said that you can use open drop ether for most surgeries but not for chest surgery.

Dr. King: It was used for most surgeries, yes, during like on the abdomen or some extremities and things like that.

MF: What would you use if you had opened the chest?

Dr. King: They didn't open the chest then or at least very seldom.

MF: People didn't do heart by-passes then?

Dr. King: They didn't do heart by-passes then.

MF: This may seem far fetched, but do you feel that the space program in the United States, all the studies in our space program, do you think this has contributed to the advancement of medicine?

Dr. King: I assume so. I don't have any direct information and I'm not able to quote you figures, but it's my perception that the development of the many miniature instrumentations that are so important now, were developed or initiated by the space program. I think the electronics, for example, the electrocardiograph machine, and also the pace makers, and things of that nature utilized some of the techniques that we learned in the space program. That is my understanding of it. So, I think it was very, very helpful in being able to carry on in other aspects too of our lives.

MF: In that respect, I'm very glad we did it. When needs must! Right?

Dr. King: When you start working on things it will multiply along.

MF: I want to ask you about AIDS. When you first started practicing, AIDS was not known.

Dr. King: No, that didn't come about until shortly before I retired back in the late Seventies or early Eighties.

MF: With your knowledge of medical history, and I know you have a great knowledge of it, is this a disease that's been around a long

time and we're just finding out about it? This is just your personal feeling.

Dr. King: The feeling is that, No, it has not been around a long time and it probably evolved in Africa, first in monkeys and then to humans and was transferred that way. The thing about it is, AIDS is caused by a particular virus, and virus has the, particularly this virus, has the facility of multiplying very rapidly and to change itself. That is, it doesn't always give the same particular manifestations. A vaccine may be developed for the virus at this time, but it may have changed a little bit, so it's not good after it changes, as I understand.

MF: Is what you just said true of other diseases?

Dr. King: Not as much so, I don't think. Viruses have that capability. The great controversy for example, for syphilis, it became manifest about the time that Columbus came back to Europe from his first trip over here. The controversy is, was the disease already here and went back to Europe or was it there in Europe, evolved, and brought back here. I don't know. The Italians called it the French disease. I think the French call it the Italian disease.

MF: How was syphilis treated in the early, early years?

Dr. King: When I was in the Army, I was in charge of the clinic that treated that. We gave them intravenous arsenic, which was the treatment then. Then when penicillin came along, it was available then but we didn't have very much of it, it was used extensively for syphilis. In fact, the government used a lot of it and took it away

from civilians early on, or at least during the war and treated a lot of it. Initially it was treated with arsenic and injections of bismuth, the compounds can be given.

MF: You had to be careful with the arsenic cause that's a poison, isn't it?

Dr. King: You'd just give them enough but not too much! Most thing we use are poisonous if you give enough of them.

MF: Getting back to this AIDS. You said it developed in a monkey, how does the virus develop?

Dr. King: I don't know how. You know, things change. I'm no expert on this, but viruses can only live in other people's cells, some other cells some where. So, they are incomplete in that sense, but they can change very frequently. They can change a lot of times and so can the bacteria you know. They become resistant to antibiotics. At least that's my simplified version of it. I'm no expert on AIDS and I'm not sure I want to be.

MF: That's fascinating. Well, I don't want to be but it's something I worry about with my grandchild, that and drugs. I worry about those two things more than any other.

Dr. King: We didn't have much drugs when I was practicing. Of course, alcohol was a problem and there were alcoholics. The alcoholics anonymous group when I came to town was very evident here and did a good job with helping people that had a problem with alcohol.

MF: When you had patients who were alcoholics, did you recommend that they try AA?

Dr. King: Oh yes.

MF: Was there any other thing at that time that you could do for an alcoholic?

Dr. King: That's a complicated question and there is not an easy answer. Of course, you try to get them to modify their behavior. They have certain compulsions that some of them just can't seem to resist, and that most of us do not understand why they are alcoholics. That's what AA was so strong with. They had a group there that could help support people.

MF: I think in something like that you really need a support group. I worry about that too, but I really worry more about drugs and AIDS.

Dr. King: Now drugs were not such a problem. They've always had people who would like to have been dependent on drugs, and they were always asking for prescription or medication for their nerves and so forth. Back about the turn of the century before they had an act to restrict narcotics, you could buy narcotics from the drug store. You could buy opium. There were many people that were addicted to it. Not a whole lot, but some. Let me reemphasize the fact that the physicians at the hospital have a unique role that is not generally appreciated. They have to evaluate each other. The records are reviewed. The surgery is reviewed for the appropriateness of the procedure, unnecessary surgery is not done. Now, you're always going to have some people that are more inclined to operate on certain conditions than others, but it's a sincere judgement on that. But

there's a lot of self-discipline done in there; people that are impaired for various reasons are even monitored or sometimes their privileges have been restricted, and it's a constant feeling, at least it was when I was there and I've been retired now for eight years, I would assume from having been a patient recently and my wife has also been a recent patient that things are continuing on along this line. So, things are done very well. You read magazine articles and so forth about the bad hospitals, I don't think this is one.

MF: So, you give Craven County Hospital high marks.

Dr. King: High marks!

MF: That's nice to hear. The times I've been there, I've had very good treatment. We're lucky to have it.

Dr. King: Let me tell you some other things about the newcomers that come to town. It's interesting in many ways. Many of these people have been in big time, big places. They've been Executives, or have travelled all over the world, or done things. I'm interested in how many come to our church, Presbyterian church, I'm sure they come to other churches equally as much, and are sincerely interested in the church and to work with them. There are also many newcomers who come here and join various organizations as volunteers and do a tremendous amount of work. They are also patients for the hospital because many of them are older and retired, but many of them have great talents. There are some who don't ask why we don't do it like they did it, but I think that's a pretty universal feeling. I'm interested in that so many people have entered into the life of the community in various

ways.

MF: They have, they've enriched it. I know you're particularly interested in historic preservation being the chairman of that group. Without their help, we'd have a hard time. They're also very, very active in the auxiliary at the hospital.

Dr. King: Yes. I should have mentioned that, but I haven't been involved in that. I am aware of that and they do a tremendous amount of volunteer work.

MF: They have Gray Ladies and Pink Ladies for different things such as their book cart. Volunteers do make it easier and much nicer. I want to ask you something very controversial. What about socialized medicine?

Dr. King: It depends on what you mean by socialized medicine. Of course, in the olden days the doctor was a free person and sort of did as he thought best. I think most of them were sincere. I think some of them were perhaps not as well trained as others though I have no direct experience in that. As it's become more complicated and more expensive, most people have gone to some form of insurance. It's become more complicated, and becoming more burdensome, and more costly for various reasons. They concern themselves about physicians and the rising fee. Most of the physicians are reasonably well off depending on what type of practice they do. Doctors that "poke something in you", or "cut you" seem to make more than people who think about you. At least that's my perception. I didn't do the cutting or the poking and so I'm biased on that. The percentage of outlay

of money going to the physicians is about the same as what it's been through the years, about twenty percent or maybe a little bit more. About twenty-five percent now is said to go to administration which is increasing and that had a lot to do with the increase in cost. In order to control things and make sure the doctor does things right there has grown up a great bureaucracy of people that try to control the doctors. Many of which say they have guidelines, but they don't even know what the guidelines are. One physician called up to find out about putting somebody in the hospital and had to spell the condition the patient had and explain what it was. That's somebody judging you, and I don't like the judges who are doing that. They're not trained enough. So, there are many, many problems. From my perspective, I don't think you're going to reduce the cost of medicine without doing several things. One of which is you're going to reduce the ration cap because they want to keep on with the same cap less cost. Now where do you save from. Of course, one of the ways to save would be less administration cost. My own personal opinion insurance paid by businesses, particularly small businesses, is a great burden if you ran a small business with just a few employees.

MF: It is on an individual person too.

Dr. King: Insurance is insurance and it's suppose to be a group of people that joined together to share for unexpected costs. In life insurance, to insure that when you die that other people would have some funds available for various reason. On the other hand, insurance can only pay out what they receive in premiums. So, therein, they

are going to be selective in who they take. They don't have a bottomless pit. So, I think there has to be some changes made. I'm not any smarter than anybody else to figure how the best way to do it. I think somewhere along the line they're going to have some type of rationing cap.

MF: Or we might have socialized medicine.

Dr. King: Well, what do you mean by socialized medicine?

MF: I mean where the government has the whole thing.

Dr. King: The government hasn't done very well in other fields like that like Medicare. You talk about the government, it's an entity but it's composed of individuals. Is that individual making a decision any better than my decision? Well, what's wrong with the patient and I'm at the bedside? That's my problem with the government making decisions on that. I think maybe one solution is to, in some way, involve the patient in a personal type of financial situation so they'd be more selective in what they want. "Do everything you can for me doc, we got plenty of insurance" is one of these statements that I used to hear.

MF: But knowing you, I'm sure you would do every thing you could anyway, insurance or not.

Dr. King: I hope you are right. But that's my perception of one of the problems of medicine. Also, there is always somebody out there that can figure out how to beat a situation, either legally through various manipulations or illegally. But there are guys out there that know how to take advantage of it and do. That's one of the problems with medicine today; there are a lot of people out there

who have taken advantage of the situation. I don't think that other businesses are immune to that either. Of course, people are criticizing the drug business now. On the other hand, the drugs have been developed at the expense and risk of the manufacturer. There's been an enormous amount of help from drugs. So, you play off on the other.

MF: Well, they do. You said an enormous risk and an enormous expense, and they have to get back their expenses. It's like any business. But if you're on a low income and you have this high powered expensive drug, it does hurt. But I'm sure it will all work out. I probably shouldn't of thrown that question at you, but it's just been mentioned a lot.

Dr. King: Oh, I don't mind it.

MF: Well, Dr. King, since you can't think of another thing to tell me, I do want to thank you for this wonderful interview. You've been very patient with me. We're all going to enjoy this interview, and your patients, especially, will enjoy listening to this. Thank you very, very much.

END OF INTERVIEW