

MEMORIES OF NEW BERN

DR. ERNEST C RICHARDSON

INTERVIEW 1005.3

This is Dr. Joseph Patterson representing the Memories of New Bern Committee. My number is 1000. I am interviewing Dr. Ernest C. Richardson, Jr. on August 19, 1992. The number of this interview is number 1005.3. The interview is being conducted at Dr. Richardson's home at 4001 Trent Pines Drive in New Bern. This interview is a continuation of an interview begun on August 14 1992, continued on August 18, 1992, and this interview is being conducted on August 19, 1992.

Joseph Patterson: Ernest, we are recording again. Yesterday when we stopped, you had just told me about talking to Dr. Latham in Richmond and agreeing to take over his practice. He died two weeks later, and then Mrs. Latham wanted to talk to you. You talked to her, and you finally came to New Bern to take over Dr. Latham's practice. Now, what year was that?

Dr. Richardson: I believe it was the middle of May of 1948.

JP: When you came back, what was the office like? How did it work out for you?

Dr. Richardson: It was quite a shock. I don't know what I had in mind. I remembered Dr. Patterson's office. I remembered Dr. Pollock's.

JP: Where was Dr. Patterson's office?

Dr. Richardson: Dr. Patterson's office was in the St. Luke's Hospital on the first floor. Dr. Pollock's office was in what we call the basement of his home on Middle Street. Richard Duffy's office was in a side room on the corner of Craven and Johnson Street. But Dr. Latham's office, you had to go up a flight of stairs to the second

floor which was above the music studio of Miss Nina Basnight, which was on the first floor.

JP: Across from Athens Theater.

Dr. Richardson: Across from Athens Theater on Pollock Street, and diagonally from the office was the Elk's Temple building where used to be the eye, ears, nose, and throat office of Ralph Daniels. The dentist there was Charles Johnson. Most of the building was occupied by lawyers. The Elk's Temple was the most imposing building downtown at that time.

JP: What was Dr. Latham's office like when you took it over?

Dr. Richardson: When I went there, there was this big waiting room, big roomy place with beautiful pine floor and an Audubon sketch of a red bird hanging over a mantle. It was heated by an oil stove. Then his office was a similar large room that looked out on the First Baptist Church which was located on Middle Street. Beside his examining table was a large x-ray machine, and beside the x-ray machine was an EKG machine. Then there was, I called it a couch, to lay patients down on to examine them. Off from this room was, he called it a library and he had his books in it, but he used this as a small colored waiting room. Then beside this room was a large closet - storage space. Then beside the closet there was a small space, 8 x 10 ft., that was a laboratory - combined microscope, centrifuge, etc. Then at the head of the stairs, was a fair size bathroom. It contained a commode and a wash basin. He had removed the bathtub and replaced it with a mirrored dresser.

JP: Were the black patients allowed to use that bathroom?

Dr. Richardson: Yes. There was no water fountain. That was it. The waiting room was leather furniture. The medical equipment included a blood pressure machine, a Bausch-Lomb, microscope ophthalmoscope, otoscope, and hot water sterilizer.

JP: There were some other instruments for suturing?

Dr. Richardson: There were a few needle holders, a couple pair of scissors. In those days they used glass syringes, and a sterilizer, steam sterilizer with boiling water. Maybe there was a scalpel. I do not remember a scalpel being there. There were some silk sutures there. In those days they used silk or cotton, and he had some silk sutures. That was the extent of it. I did inherit the one redeeming feature, it was his nurse, Mrs. Georgia Laughinghouse who was an excellent technician. Dr. Latham did blood sugars. He had a chlorometer which was very accurate for those days and an excellent microscope. He had an excellent relation with the health department and they did his tests for syphilis. Specimens were taken that morning and sent to the health department in the afternoon. There was a young lady who was in high school when I left New Bern, Miss Carol Hall. She was the technician for the Craven County Health Department.

JP: At the health department?

Dr. Richardson: Yes. I was fortunate in establishing the use of their facilities for my blood tests for syphilis, which as you may recall was still a problem in those days. And of course the lab technician, Mrs. Laughinghouse, was excellent in diagnosing gonorrhea smears, blood sugars, etc. When I first came here, we had started doing pap smears in Philadelphia and Danville, Pennsylvania at

Geisinger, and there was no one to do them. My friends from my college days were still at the infirmary at Chapel Hill. I called up there and they introduced me to a physician, Margaret Swanson.

JP: I knew Margaret Swanson.

Dr. Richardson: She agreed to do the smears if I would do the smears as she instructed; that she would be glad to read them and get them back to me by bus. In those days the bus was the quickest way to get reports, better than the postal service. I would send her the reports that afternoon on the evening bus. She would examine them the next afternoon, and the next morning the nurse would go to meet the bus and pick them up at the bus station.

JP: Well, that was a wonderful service.

Dr. Richardson: Yes. She was very nice and very instructive. I thought I knew how to make a good smear, but I learned the technique all over again under Dr. Swanson.

JP: That's Swanson.

Dr. Richardson: Swanson, oh. All these years I've called her Swan. No wonder she always laughed when I talked to her. It was a service that was new to the area, the pap smear. I was as scared of the x-ray machine as I would have been if it had been a cobra or rattlesnake. It was anchored right beside the desk. I used that for a while. Then in a short time there was a young doctor, Ben Warren, went down to work with Dr. Purdy in Oriental and he wanted the machine.

I believe I told him he could have it if he would remove it. The most I think he might have paid me was \$50 or so for it. I gave him everything connected with the x-ray machine to get it out of my way.

I was busy from the first day. Mrs. Laughinghouse had lined up a group of patients that were formerly Dr. Latham's patients for me to see and check. There were several men, and I had not treated a man since I had gotten out of the Navy in '46, which was quite a shock to me. But most of the patients were females. Eventually within a couple of years, we quit treating males completely. But until we got started, we had really a general practice. It just grew by leaps and bounds. Also Mrs. Laughinghouse had enrolled several maternity patients for me to treat and deliver. I believe my first delivery was in June or July..

JP: Ernest, when you came back, who were the other doctors practicing here?

Dr. Richardson: That was amazing to me. I did not know that they had declined. I think I was the ninth doctor. There were only eight here. There was Dr. Frank Hammond who had only been here two or three years, and Frank Grady who came after the war, and there was Dr. Kafer, Dr. Ashford, Dr. Richard Duffy, and Dr. Hollister had just come. He had been a missionary in China, and of course the war, he was lucky to get out of China when he did. Dr. Barker was practicing. Dr. Patterson had retired. Dr. Wadsworth.

JP: Dr. Jones was gone.

Dr. Richardson: Dr. Jones was gone. Dr. Caton was gone. Dr. Pollock was still living but he had retired. He was not practicing, but he had his office still in his home. He had his nurse, Miss Singletary, that kept it opened and referred patients. It was amazing the loyalty the citizens had toward their doctors in New Bern.

JP: Were these older doctors happy to see you come?

Dr. Richardson: They welcomed me with open arms and made me feel right at home. Especially with maternity patients. At the time I came, they were delivering babies in the home. The fee was \$35, and they were using chloroform for a little anesthesia. I was told it was very little. In the surrounding neighborhood there was Dr. McCotter. He was down at Arapahoe in Bayboro, and Dr. Purdy was in Oriental. They were very helpful to me. Then there was in Maysville, a Dr. Cox. Is that his name?

JP: Another doctor was in Bayboro, and I can't think of his name.

Dr. Richardson: There are the two that I remember and they were very helpful. Then there was a doctor in Wilmington, Dr. George Johnson, that had an awful lot of patients from Swansboro and Maysville and he referred them to me. Also Dr. Sidberry was a pediatrician in Wilmington and Wrightsville Beach. Both of these men were very helpful.

JP: Do you remember Dr. Bender?

Dr. Richardson: I never met Dr. Bender. I do not believe he was in active practice when I arrived in New Bern.

JP: He was not in practice when you came here?

Dr. Richardson: No. He was not in active practice. Once in a while, I understand, that some of them called him in when they had a problem with a baby. He was a pediatrician, I believe. Then of course, another doctor I had overlooked in mentioning a minute ago was Dr. Wadsworth who lived across the street from the apartment building I was in. He was very nice and very helpful, my wife referred to him as her idea of a southern gentleman and family doctor. Dr.

Charles Duffy was here when I arrived. He had a very large general practice.

JP: Ernest, tell me about the hospitals that were here when you came.

Dr. Richardson: When I came, there was only St. Luke's Hospital run by the Catholic Sisters.

JP: Good Shepherd was here then.

Dr. Richardson: Oh, and Good Shepherd. And I was not used to all colored hospital. The first mistake I made was trying to admit a patient to St. Luke's, and I was told immediately they had no facilities. I went out and met Mr. Faison who was the manager of Good Shepherd. He was a gentleman and helped me considerably. They had some excellent nurses. They had a nurse who was from Detroit, I believe, that she was also an anesthetist. They gave me a lot of help. The help I got though on the nights and weekends in the emergency room, was work I had not been used to since I got out of the service. There were a lot of knife wounds and gun shot wounds and hatchet and axe wounds that frightened me. Since there was such a shortage of doctors here, I had difficulty at times getting surgical care. I struck up a relationship with Duke Hospital, and I sent a lot of the seriously wounded ones to Duke by ambulance. I established a relationship with the staff at Duke Hospital. A doctor in internal medicine there was Dr. Bill Nicholson. He was of tremendous help in building up my practice. JP: He was in Wilmington?

Dr. Richardson: No, Nicholson was at Duke. Dr Sidberry was in Wilmington. Actually at Wrightsville Beach. He had a reputation

all over the state as being an outstanding pediatrician. JP:
His daughter was very attractive. Her name was Rowena and she was
a pediatrician.

Dr. Richardson: Very attractive lady. She at that time was at
Johns Hopkins, on the staff I believe, in Baltimore. There was a
pediatric surgeon, which I had not seen or been in contact with one
of those since I left Philadelphia. They did not have one at Geisinger
when I was there. And he, Dr. Knox was very helpful. Johnson was
an obstetrician in Wilmington that was very helpful in building up
my practice in a hurry.

JP: Ernest, what was St. Luke's Hospital like?

Dr. Richardson: When I came, the operating room, believe it or
not, was in the same position as when I was a young fellow at Chapel
Hill. I was thrilled when Dr. Patterson would take me up and show
me the operating room.

JP: Did you know that the operating room used to be on the back
of the third floor and not the front?

Dr. Richardson: I remember it as being on the front.

JP: These were the early days. (laughter)

Dr. Richardson: I don't remember that. Then there was Miss
Justice who was the anesthetist, and she was still the anesthetist
when I came here.

JP: What kind of anesthesia did she use?

Dr. Richardson: Ether was the main one that she used.

JP: Open drop ether.

Dr. Richardson: Open drop ether.

JP: That was all she used.

Dr. Richardson: I can remember the first two or three operations that I assisted with. I assisted Dr. Richard Duffy and Dr. Ashford on a number of operations, and I would go home and it would take me a half an hour or hour to recover from the fumes. I think everyone by the time the operation was over, was a little anesthetized. I often remarked about that. The Sisters then put in fans to be sure that it dispersed the fumes, and later, air conditioners. Sister Carmel Joseph was the operating room nurse. She was a small lady, not more than five feet tall or five feet one, but very intelligent and a good director of the operating room.

JP: When the operation was over, where did the patients go to recover?

Dr. Richardson: They went right back to their rooms. It amazed me, most of them would have their own nurse to look out for them. These were graduate nurses. The others, the Sisters looked out for them until they recovered. Now, that's my recollection.

JP: There were no recovery rooms in those days?

Dr. Richardson: No recovery room. Actually, the recovery room was not that prominent in Philadelphia when I left. They were just getting around to MD anesthetist, anesthesiologist; spinal was the main form other than general anesthesia. Pentothal was the drug for general anesthesia along with cyclo propane. The saddle block, low spinal, came out just about the time I came to New Bern. I was very fortunate in the short time I was in Philadelphia to have been exposed to Dr. Henson and Lull and learn caudal anesthesia. When I went to

Geisinger, that was their one and only form of anesthesia.

JP: Where was the emergency room?

Dr. Richardson: The emergency room was in the basement of St. Luke's. It was a very busy place. It was small as an emergency room went, but it was well equipped. The main thing was finding someone to take calls. Their rule was; when I came here, there was nine with me on the staff, you had to take nights on at the emergency room to answer all calls. This occurred every ninth day.

JP: There were no emergency room physicians?

Dr. Richardson: There was no physicians and not enough surgeons to cover it by themselves. And it was amazing. Most of the doctors here were general practitioners, and even the surgeons did a lot of family practice. There was no pediatrician, and there was no obstetrician. Everybody was doing deliveries. Most of them in the home. And as I said, the fee was \$35.00. When I came here, there was no way that I could take and do caudals and stay with the patient as I did for that fee. So, I raised the fee to \$75.00, and one or two of my older colleagues said that you're gonna pay for it, you won't have any practice. When the word of the caudal got around, within a couple of years I was hoping that someone would come to help me. It became as popular as an ice-cream cone in a neighborhood with children.

JP: Ernest, on the floors of St. Luke's and Good Shepherd, who provided nursing care?

Dr. Richardson: Having been just down from Geisinger in Philadelphia, the Sisters were in charge of the floors. But under

them they had two or three graduate nurses and they were fortunate that New Bern was blessed by having some very good graduate nurses from places like Pittsburgh and John Hopkins.

JP: And don't forget the nursing school at St. Luke's. There were a lot of graduates here from there.

Dr. Richardson: As you just mentioned, the nursing school from St. Luke's, but it had been phased out it seems to me like before I got here. But a good number of the graduates were still here. They were doing mostly private duty. The ones that were on the staff at St. Luke's were the ones that I mentioned that were John Hopkins and Pittsburgh and Fayetteville and around. The graduate nurses were private nurses and way in demand. When they were short of nursing help at St. Luke's, they would ask these ladies, and then they came and filled in until they were able to replace them.

JP: A lot of patients had private nurses.

Dr. Richardson: Yes. In fact, there was more use of private nurses when I first came here than there was the day I left.

JP: Would there be nurses around the clock often times?

Dr. Richardson: Yes. When I first came here, it was twelve hour duty. And then it wasn't long before they went to eight hours, seven to three and so forth. Patients didn't seem to complain. But then, insurance helped with it more than they do now, I believe.

JP: When did Kafer Hospital come along?

Dr. Richardson: In this area when I first came; I had really forgotten about how a lot of patients felt in regards to Catholic dogma. Most patients believed in freedom of choice where abortion and

sterilization were concerned.

JP: They couldn't do this at the Catholic hospital.

Dr. Richardson: People were agitating that they needed a non-religious hospital. The only thing that hurt them was that they could not have their fallopian tubes ligated. Especially those that had had five or six children. The custom in those days before World War II and during the war, in a big agricultural community and large families were in vogue. It was not unusual for 4, 5, 6, 7, 8, children in a family to help on the farm. They were all well provided for because there was always a lot to eat. There was not a lot of money to spend for foolishness. Everyone worked hard. They fared good and were certainly loved and well cared for. With the end of the war and women having worked, gotten out of their home, there were more women in the work force and they were not interested in very large families. There weren't many Catholics in the area percentage wise. That was soon taken care of as the people in the service retired or got out. They didn't go back west or north. A large percentage of them stayed in the area, and they were Catholic. The Catholic church, I'd say, grew faster than any denomination after World War II in our area. So, there was a small group, I think there was a group, I was not privy to it, that agreed to form Kafer Hospital. Some people say they took over property of Darnell, but that's not true. It was the Jones house. I knew some of the Jones family, Kenneth Jones; and Mrs. Libby Ward, Leah; and Mrs. Louise Guion; it was their home which was converted to a hospital. A large imposing building.

JP: With big columns?

Dr. Richardson: Big columns, big rooms, and hardwood floors.

JP: Where was it located, Ernest?

Dr. Richardson: It was located on; actually, we called it the corner of Hancock and Broad, but it was about two lots from the corner of Hancock going west. It was so large that they made wards out of the front two rooms. The operating room was up on the second floor in the back. And it seems like to me there was a private room on the front, upstairs, wasn't there?

JP: There were private rooms in the back in an extension that was built on.

Dr. Richardson: They built an extension like they did at the Queen Anne Hotel, and there were private rooms there, but the two wards were on the front. I was trying to remember where they put the men because if I remember rightly, the two large rooms were occupied by females.

JP: As you walked in the front door, the men's ward was on the left and the women's ward was on the right, as I remember it.

Dr. Richardson: When they first opened, I believed they had more females, and the two large rooms on the front were occupied by the females. Then on the eastern side, that large room was occupied for office space. Across from that was a small room, I believe, where men were. Now, I could be wrong.

JP: I do think in later years, the large room to the west was a men's ward. I remember having patients in that room. But that's all right. They had an x-ray facility there and a laboratory facility. Where were they located?

Dr. Richardson: I really am at a loss. I do not remember now exactly where the laboratory was.

JP: I know the x-ray department was in the basement.

Dr. Richardson: I was thinking there was a basement too, but I can't remember the basement.

JP: It was there.

Dr. Richardson: It should of been with a large house like that. But that is a little hazy, so I have to skip that.

JP: Now, Kafer Hospital came into being about what year?

Dr. Richardson: I think it was along about 1949.

JP: Ernest, I'm gonna take you back further because when I came here in '51, they called me back because Oscar Kafer had just died, and the hospital was in operation. I would think it'd be about '48.

Dr. Richardson: '48? Now, '48 was when I came. And as I said, I think I probably was not aware of it, but that there were rumors that they were gonna open one then. But it was two years, '49 or '50. It would be '50, '51, '52. That's right. Not '60, '61, it was because the Korean War came along and made it a success in the beginning, and then it declined.

JP: Was Oscar Kafer practicing when you came?

Dr. Richardson: Yes, he was practicing. I would say he certainly had one of the larger practices in New Bern. Both in obstetrics and surgery and medicine.

JP: Did he do primarily surgery?

Dr. Richardson: He tried to, but he had an awful large obstetrical practice and a large family practice.

JP: Most of the doctors in town belonged on the staff of three hospitals?

Dr. Richardson: No. That was another sore thing. They asked a number to join and didn't ask some of the others. When they asked me and I found out that they had not asked some of my friends, namely Dr. Wadsworth and Dr. Ashford, I hesitated. I spoke to a member of Dr. Kafer's family about it. It was about the same time that I said, well, yes, I would come, they asked all the others to come.

JP: As time went by, who were some of the other doctors who came to town?

Dr. Richardson: The first one that came to town and was a life long friend of mine was Dr. Alan Davidson, the eye, ears, nose, and throat. He was from Duke. He had heard about me from some of the members of the staff up there, and he came down and sized up the situation. I had an apartment in Barker apartments, and he came and had an apartment across from the school at New Bernian Apartments.

We lived in those apartments for about two years. Of course, Dr. Davidson was a big success. He and his family, who were well liked, fitted right into the community as if they'd been born and raised here.

Before Alan came, there was a veteran from the Navy, a Lieutenant Commander that came, and he was in nose and throat. He lived on the river near Green Springs. He rode a motorcycle and was killed in a motorcycle accident. His office was in the Mohn building which was on the corner of Broad and Middle Street. Dr. Davidson came and took over that office because they had left it just as it was. He was a prince of a fellow, well liked. It was a tragic death. Then after

Davidson, I can't remember who was next, whether it was Dr. Stockton that came or Dr. Junius Davis, the pediatrician. The x-ray department; there was a gentleman from Kinston, I don't remember his name, that came over in the afternoons and read x-rays. That was not too satisfactory. Most of the surgeons were used to reading their x-rays for fractures, and it was a big help; but it was not ideal, and they kept trying to find someone. After Davidson came, I believe Dr. Stockton came, and then Dr. Warren went down to help Dr. Purdy in Oriental. That helped out a great deal. Then Francis King came which was a big help to the medical community. He took over Dr. Pollock's office and stayed there for a number of years. Dr. Pollock's office was in the basement, but it was well divided and there was plenty of space. With the advent of Dr. King, the rest stopped doing EKG's.

I believe the rest of them did away with the x-ray machine except for fluoroscopes for fractures. It seems to me like they did. Dr. King, I believe, did most of the chest work and he did all the EKG work. The next one to come after Dr. King, I believe, was Simmons.

JP: How about Dr. Bell? Did he come later?

Dr. Richardson: I thought Dr. Bell came just about the time that you and Simmons came, wasn't it?

JP: I think so.

Dr. Richardson: It couldn't have been more than a few months, you two came. Then Dale Millns, the urologist. There was a doctor at Havelock, Dr. Betty Hayes. An attractive person mentally and physically, she was there in Havelock several years and married and moved to Georgia or Alabama with her husband. Then Dr. Jack and his

wife, Dr. Verna Barefoot, came and Dr. John Nance. They had offices in Havelock. Also Dr. Dick Duffy came and he practiced in Havelock. His father was Dr. Richard Duffy. He married a pediatrician that had come around that time. Her name was Dr. Mary-----. Very attractive and knowledgeable.

JP: Simmons and I came as surgeons.

Dr. Richardson: And Bell as a radiologist. Then Millns came. No, Larry Erdman came as a surgeon. Then Devereaux Lippitt came as a pathologist to run the laboratory. Then Dale Millns came. He was urologist. I believe Dr. Suzanne and Dr. Henry Little came after Dr. Kafer died. That made a total of eighteen of us all together then.

JP: You're speaking about Dr. Ray Houghton?

Dr. Richardson: Yes, Ray Houghton came right after the Korean War, about '53, '54. I quit doing everything except obstetrics and gynecology. Ray never did anything but obstetrics and gynecology.

Really and truly other than the pediatricians and Francis King, I was the first one that tried to specialize and then with the advent of Francis King and the pediatricians, did specialize. Then, Ray had no trouble, and Alan Davidson had no trouble, except Alan cut out the ear work and did just the eye work. And Dr. Henry Little was in general practice. The ones doing obstetrics; William Willis had the large OB practice, then, I was next. Dr. Kafer gave up his OB practice.

Dr. Ashford gave up his. Dr. Hammond and Dr. Stockton did obstetrics. They were in general practice. But most of the OB work migrated toward Dr. Houghton and myself. The Korean War really burgeoned my obstetrical practice. I knew one of the doctors down there.

JP: Down where?

Dr. Richardson: At Cherry Point. They were just overwhelmed with maternity patients. He trained in Philadelphia under Franklin Payne, and I knew him through my association there. He wanted to stay here, and I had asked him to come in with me, but we had a hurricane in '55 that scared his wife, and he went back to Texas. He stayed in service four years, resigned from the Navy, went back to Texas where he joined the staff at University of Texas in Houston.

JP: Ernest, with the advent of all of these new and younger physicians, how did medical practice change in New Bern from the way it was when you arrived?

Dr. Richardson: My goodness, it was impossible to specialize when I arrived; there were only nine doctors. In fact, there were only about eleven or twelve doctors in the whole surrounding area; Pamlico county, Jones county, and Craven county. There weren't a whole lot in Morehead and Beaufort. It was just impossible to specialize because everyone did some of everything to keep a busy practice. With my coming, and trying to, and then with the advent of the pediatricians taking over the babies, and then the coming of Dr. King, Dr. Davidson, and Dr. Suzanne Little it made it a little easier. Then when you and Simmons came, it made it a lot more easy. And then with the coming of Dr. Houghton, due to health reasons and all, some of the others were giving up their maternity practice and it came to us and we were able to quit and do nothing but obstetrics and gynecology. Of course, pediatricians bloomed. We had Barden and Davis, and we had a lovely girl here that married Dr. Richard Duffy, Jr. He came and instead

of settling here with his dad, he went to Havelock. By going to Havelock, he attracted several doctors whom I have mentioned previously.

JP: Was he doing family practice?

Dr. Richardson: No. He tried to stay in surgery. Then he went away, did a fellowship in dermatology and came back and did dermatology down in Havelock. Then along about that time between the Korean war and the Vietnam war, we had a dermatologist come here, Dr. Greco. Then from then, lots of specialists; Dr. Holmes and Dr. Baggett came, and Joe Diab came and joined Dr. King. It just multiplied until there's over a hundred here now practicing.

JP: You know them all?

Dr. Richardson: No. I knew all of them five years ago, but since then, I think they've doubled!

JP: What do you think the relationship is now between patients and doctors compared to the way it was when you were working in it in your younger years?

Dr. Richardson: First I'd like to come back and say that it was soon realized as we accumulated eighteen doctors, double the original roster of nine when I first came, that we needed more and better facilities. The nice thing about it at the time, the public, the citizens of the area realized it. The elected officials were not as enthused about the idea of a county hospital or city hospital as the citizens, but eventually, the citizens won out and efforts were started to build the Craven County Hospital. They were looking for space.

There was a prison compound when I first came here and the Highway

Patrol was out there. When I say "prison compound", it was for minor offenses.

JP: That was on Neuse Blvd?

Dr. Richardson: Yes, on Neuse Blvd. People have forgotten that. I think it occupied thirty-five acres. Also there, was a nice thing which has disappeared but I thought it was nice, it was called the County Home. The so called street people, homeless people now, that's where they originally were. There was a county home in over half the counties in North Carolina in that day. They were well run. The people were satisfied. In fact, I learned that actually some individuals when their family had moved or died and there was only one of them, would make arrangements and go out there to live and pay for it which was a very good arrangement for those days. It certainly was a better solution to the homeless than we have today. The prisoners had a farm of fresh vegetables. They raised their own. I think that that was better than piling them in the jails as they do now. It gave them an incentive and when they came out, I believe there was less return to jail than there is today. There are more returned today percentage wise then there was in those days. The county officials finally put it to a vote and it was an overwhelming vote, as you know, for the county hospital. We tried our best at the time to get the county commissioners to make some changes to bring it more in line with what was going on in hospitals, and they sort of resented it and told us that they would build the hospital and when it was finished they would turn the keys over to the doctors.

JP: What was it you wanted them to do that they were reluctant

to do?

Dr. Richardson: At the time, the surgical wards were being separated all over the country from the medical wards and the obstetrical wards were separated from both the medical and the surgical wards and children had their own division, and they weren't used to that. I don't guess they saw the growth of the medicaid part of medicine we have today. Most of us that were from big cities, remember the large wards where those that had no insurance and so forth really had the same treatment as those in the private rooms, but you could take care of forty patients at a time on a large ward cheaper than you could put them in one or two beds to a room. So, there was no provision for wards in the hospital, and there was no provision made for separation of the maternity patients undelivered and the post partum patients. And there was no division from maternity patients to gynecology patients. The medical ward - evidently they did not realize that there are more medical patients than there are surgical and maternity patients - was not as large as it should have been. The surgical section actually was the only one that was isolated as it should have been except that they had the pediatric division off from it, which now they have corrected. Of course, there's been three additions. The old hospital no more resembles what is there today than New Bern resembles what it was in 1930.

JP: Now, this new hospital was put out there where the county home and the prison were located?

Dr. Richardson: Right, the county home and the prison.

JP: At that time, that was pretty far outside of New Bern.

Dr. Richardson: Oh yes. Then the office building I made became obsolete because it was so far from the hospital.

JP: This was down on Pollock Street.

Dr. Richardson: All the other offices then migrated out in that area, and so did the population. But when one stops to think, there was no other place for New Bern to expand. You're bounded on the east by the Neuse river and southeast by the Neuse river and on the south by the Trent river. There's no place for it to go except toward Kinston and Wilmington because it's bounded by water on the three sides, and that's what happened. Where I live now, I can remember as a child, there was nothing but sand hills and pine trees.

JP: You're talking about where you live now on the Trent river, the Country Club area.

Dr. Richardson: On the Trent river. Out here I used to hunt and fish. There was a natural spring in the area named Sloan Springs.

The area was called the Sloan Estate. Evidently the owner developed Sloan limament. Also Al Wards' grandfather and father owned property on Trent River just before you came to Sloan's Estate. On the other side of the river, Ralph Miner who developed the Country Club in my day when I was a kid, he and the Joe Williams family were the only two over there. Now, I look in front of me and I see one of my partners across there and two or three lawyers across there and two or three dentists, and they're just houses just like if you were walking down Broad Street. A Senator from Michigan brought Sloan's Estate and later the Sloan home was turned into a dining room and club called Trent Pines.

JP: Well, all of the doctors then just sort of moved out of New Bern in the vicinity of the hospital. Is that generally true?

Dr. Richardson: Yes, and their offices were established out in the area. There were two or three office complexes which are still there now.

JP: Now, Reece and Suzanne Little, built a building out there.

Dr. Richardson: No, I would disagree with you. Dr. Suzanne and Dr. Henry Little owned a large lot out there and they sold it to a group of doctors; Dr. Blackerby and his group of surgeons, and Dr. Millns and his group of urologists. I don't believe the internist, Dr. King and his group moved into this complex. But the orthopedists did. The internists bought a lot across from the hospital and designed their own offices. The area where the internists built I believe was owned by Tommy Coleman.

JP: This is on Professional Drive?

Dr. Richardson: Yes, it was named Professional Drive. That became the area of a number of doctors ' offices. In fact, when I retired, there was Dr. Davidson, nose and throat; and then there was Dr. Stockton; Dr. Warren; and then there was Langston's Drug Store; and then there was Stone's nose and throat; and then Barden's pediatric.

JP: Did you mention Bill Bell?

Dr. Richardson: Dr. Bell was radiology, and then Dr. Muther, a psychiatrist. That became a whole professional section. Then my partners decided we were cramped for space - Doctors Rawls, Parker, and Joyner.

JP: Where were you at that time?

Dr. Richardson: We were down on Pollock Street in what was known as the New Bern Doctor's Building.

JP: Now, let me just interrupt a minute. You built this building at the site of the Hyman house.

Dr. Richardson: At the Hyman house and the Teacherage.

JP: Where they were, you put a building?

Dr. Richardson: Right, and a parking lot. In ten years it was outdated because of moving the hospital from St Luke's location out to where the county home and the state highway patrol office was. At that time when I built it, there was Drs. King and Diab, Drs. Little, Dr. Millns, Dr. Davis, and Dr. Hammond, and myself in it. When they built that, the doctors migrated out that way and left me downtown. Dr. Hammond stayed, and I stayed.

JP: Now getting to Dr. Hammond for a minute, he had an office on Broad Street right next to the Mohn building, did he not?

Dr. Richardson: Yes, and it was a wooden building. If I'm not mistaken, that was the site of a Dr. Primrose.

JP: Was that his office?

Dr. Richardson: Yes. His widow had the parrot there.

JP: Tell me about the parrot. I've forgotten it.

Dr. Richardson: This was the darndest thing. It was just like in the movie. This lady had a parrot on the porch and the kids walk by and say, "Polly, want a cracker?" The old parrot would come back, "You damn right, Polly want a cracker." It was an embarrassment to her.

JP: Was this on the porch of Dr. Primrose's office?

Dr. Richardson: Yes, and that's my recollection of it. Frank, Dr. Hammond, had gone there and did some remodeling and converted it into an office.

JP: Right next to him in those days, Simmons and I had an office upstairs.

Dr. Richardson: In the Mohn building, downstairs was a drug store and soda fountain, Kings Drug Store.

JP: It was Clark's Drug Store.

Dr. Richardson: No. It was Kings before then, Kings Soda Shop. Then they went out of business and Sam Clark came here between World War II and the Korean war and bought the building and converted it into a large drug store and remodeled the upstairs and that's where Davidson first went with his office. Frank Grady and William Hollister were in there and one or two lawyers; Lansche and another one I don't remember now. Then when you and Dr. Simmons came, he built this addition to it and had the upstairs converted to offices for you two and he put a barber shop down below.

JP: The City Barber Shop.

Dr. Richardson: The City Barber Shop, McCosley. His wife was a nurse.

JP: Yes, Mac, Mr. McCosley, was the owner and his wife was the operating room supervisor at St. Luke's.

Dr. Richardson: That's right.

JP: Alberta Bagley was her name before she married McCosley.

Dr. Richardson: That's right. Then Sam died from a hemorrhage. The drug store didn't last long, and then you and Simmons moved out

on Rhem Avenue. Larry Erdman came to town and joined you all then. That was it. Then when they enlarged the hospital the first time, that drew a large number of doctors. Dr. Bell was one of the first to get more help and then came Dr. Adams and then Dr. Richy. At that time, Rawls came and joined me, you remember.

JP: Your group continued to grow.

Dr. Richardson: Continued to grow, and then we added Dr. Parker to it in about 1975. Then about 1979, we added Dr. Joyner. Then we were really cramped for space and we started talking about building.

I had decided that I wanted to cut out my OB work. My wife died in 1977. I realized that doing maternity work and remarrying at that age, did not coincide to make too happy a marriage. So, I gave up my maternity work and since I did that I asked if I couldn't stay on as a partner in the new building but without buying into it. That was agreeable with them, fortunately for me. I was in the new building.

We were one of the first to build out there. Everybody thought we were crazy.

JP: This is out on Glenburnie Road now across from the Community College.

Dr. Richardson: Across from the Community College. David Ward, McGladdrey and Pullen, accountants, built out there with the Community College. Across the highway from them was this large area owned by Callie McCarthy who had sold it to Karam and Pridgen. They were glad to have doctors inquire. Rawls and Parker and Joyner had talked to them and got, first, one lot. I told them they were foolish, to get two lots to begin with. I could see the town had grown and the offices

were too small and the groups were too large for the buildings. We were the first ones. Everyone said we were foolish, there's nobody coming. The patients fell in love with it because it was spacious and well arranged in design. The next one to move was Andy Davidson.

He was cramped where he was and he moved out. The next ones that moved out was Holmes and Baggett and then the new OB-Gyn group; King and Truluck and Martin. Then the surgeons moved out. They're all large individual buildings, and it is really an asset to the community because they are not just brick and mortar, they are well designed and they are comfortable. I've had patients to say to me in the new office that my office was fine but it was too professional. The new office is not only professional but has a homey atmosphere and the ladies enjoy it. Also across the highway in front of these offices is located the Surgical Out Patient building.

JP: They're beautiful offices. Let's go back a minute to Kafer Hospital. That hospital building is long gone. What happened to it?

Dr. Richardson: I think, Joe, it's a shame, but you cannot stop progress. When the Sisters left and the county took over St. Luke's Hospital, they were able to go there and put more help around the clock and enlarge the x-ray department and the laboratory; whereas, Kafer was strictly limited in the space and the money they had for help.

People started saying they preferred to go to the County Hospital now. It was known then as the County Hospital, not St. Luke's, and they preferred to go to the County Hospital rather than the private hospital. I would say that economically and the patients desire to change brought about the demise of Kafer Hospital.

JP: So, it closed as a hospital?

Dr. Richardson: Yes.

JP: What happened next?

Dr. Richardson: It stayed empty for a long time. You know, I don't remember what happened to it. It stayed empty for quite some time.

JP: It was torn down.

Dr. Richardson: Yes, torn down, and that was sad. It would have been nice if had been restored as an apartment, but no one wanted to put the money into remodeling it. That's right, it was torn down because it was cheaper than it was to remodel it and convert it to apartments.

JP: What went there in its place?

Dr. Richardson: It seems to me that the Gulf Oil Company bought it and enlarged that filling station which was known as Darnell's filling station. It's still known as Darnell's filling station.

JP: It's not owned by "Dopey" Darnell anymore, but it's called Darnell's.

Dr. Richardson: Yes.

JP: So, the vacant lot then between the Barker apartments and the filling station was where the hospital used to be?

Dr. Richardson: Right.

JP: It's more or a less a parking area for the station now.

Dr. Richardson: Right, and they also put a service division back there; repairs, tire changes, and so forth.

JP: The Barker apartments were already built when Kafer Hospital was in existence?

Dr. Richardson: Yes. They were built during the war by Dr. C.S. Barker. Then, he turned it over to his son the dentist, Charles Barker, and his older son, Admiral Barker. I believe they have sold the property, but it's still known as Barker apartments and it stays occupied. I lived there for a little over a year. The same was true with Dr. Davidson when he came from Duke, he lived in the Carolina Apartments.

JP: The Carolina Apartments?

Dr. Richardson: Yes At that time, my belief is that it was owned by Bryan Duffy and one or two more, and later they were sold. But they are still fully occupied, both apartments, the Barker and Carolina.

JP: Ernest, do you remember any of the black doctors?

Dr. Richardson: Only one really that I struck up a friendship when I first came here. Dr. Fisher was a true southern gentleman and a good doctor. He had diabetes and it really affected his health as he got older. I kept up a relationship with him until he died. There were two more here. There was Dr. Martin who was associated with Dr. Richard Duffy, I believe. Then, there was a Dr. Mann that was associated with Dr. Kafer. Now, I could be wrong. I do know that they assisted one another in operating when I first came.

JP: Was there a Dr. Holt here?

Dr. Richardson: Shortly after I came, Dr. Holt came who was a prince of a fellow and a good surgeon. He and I worked together for a while. He left though. He said he just couldn't make a go of it as he wanted to. He went back to Detroit to Ford hospital.

JP: There are no black doctors in New Bern now and have not been for a number of years. Why do you think that is?

Dr. Richardson: When I quit, there were two young men who came; Dr. Williams, and I do not remember the other ones name, that were well trained men and well liked by the community. That assures them of success. I do not know them. I did not have the opportunity to work with them. I retired shortly after they arrived.

JP: Are they here now?

Dr. Richardson: Yes. I know of two, there might be more.

JP: I didn't know there were any black doctors in town now.

Dr. Richardson: Yes.

JP: How long have they been here?

Dr. Richardson: At least five years. It's been five years since I retired. There was another very nice doctor that I had a good relationship with that was here and left. He was offered to a position at Howard University. His name was Dr. Sidney Barnwell. He was from Jamaica. He also taught a course at East Carolina Medical School.

JP: This is a black doctor who was a surgeon.

Dr. Richardson: He left not too long ago, maybe ten years ago. He is now at Meharry University. That's the University down near Vanderbilt?

JP: I think so.

Dr. Richardson: Before he left, he was on the staff at Craven Medical Center and East Carolina Medical School staff.

JP: That's right.

Dr. Richardson: He was a gentleman and well trained. There's

one thing I would like to mention to you about the way medicine was practiced when I came here. When I first came here, there were nine counting myself. We had to take turns in the emergency room. Well, that was a nightmare to some of us. We were not trained in broken bones which was one of the most common things along with gun and knife wounds. Then also, we had to take turns at being the county health doctor. Those that didn't have a doctor, we took them on as patients when they were sick. Then another peculiar custom was that we had to be the county jail doctor. When you were on for that week or month or whenever your turn was, you had to go up there. Most of the ones that you had to see were ones that were in a fight or drunken car wreck or just been shot up. You had to go in to examine the prisoner with a guard for the simple reason that these people were still inebriated.

Well, that went on until finally a couple of us just said we weren't trained for it, it was dangerous, and that they had to make other arrangements. Of course, the majority were against us. We had to do it or we could leave. We all finally agreed that it was an intolerable situation and was not fair. A pediatrician couldn't go up there and treat a man beat up. There weren't enough women prisoners to justify me and Ray Houghton. They didn't have a county physician at this time.

JP: Ernest, you say, you had to do this. Who made you do this.

Dr. Richardson: It was the staff. It was a social service and we felt like that it was a service. Somebody had to provide it. The only way that the older ones could get everybody to participate was to insist that if they wanted to practice at the hospital, they had to participate in the care of the community.

JP: It was a medical society effort.

Dr. Richardson: It was the medical society. That's another interesting thing. When I came here, we held our medical meetings in individual homes. There were only nine of us. In other words, one month we'd hold it at Dr. Wadsworth, one month at Dr. Ashford, one month it'd be at my home, and it went around the circle. You would have dinner and then you would hold the meeting. That went on til we got up to ten or twelve, and then we quit doing that and started holding the county meetings at Trent Pines. That was the place then. Then later on we met at St Luke's and when the county took over the hospital, we'd hold it at the county hospital.

JP: When you were having these meetings in your home, were the black physicians invited?

Dr. Richardson: No, they were not.

JP: They were not members of the society?

Dr. Richardson: No, they were not. As we got more and more young ones in and as more and more old ones retired , the black doctors became member of the society. Now, this was all before the civil rights movement. When the county took over, they became members of the staff at the County Hospital. Also, we got more and more young doctors. I do not know whether you recall that, but we had black patients there.

JP: I remember a ward in the basement when I was growing up, and that's where the black patients were kept.

Dr. Richardson: Yes, that's right. Well, that was re-established before the county took over and while the Sisters were here.

JP: Ernest, let me repeat a question I asked earlier. What about

doctor-patient relationships then and now?

Dr. Richardson: I would say that the doctors today will never know the relationship between the patient and doctor as we did when I first came here.

JP: What was it like?

Dr. Richardson: Oh, it was wonderful! When I first came here, I was considered more as a member of the family to most of my patients. In the communities around like Street's Ferry, Batchelor Creek, Wintergreen, Jasper, Askins, St. Delight's, would hold family reunions or annual church picnics in the fall. There would always be a half a dozen doctors at everyone I attended as invited guests. These functions were called home comings by the communities. Doctors were looked up to. When you went to walk down the street, everyone knew you and spoke to you. One of the nicest things in our relationship that I remember was the Korean war. I delivered many wives of the marines stationed at Cherry Point.

JP: Did you go down there to deliver?

Dr. Richardson: No. I delivered them here at St. Luke's and Kafer. They made room for them here at the hospitals. I was invited down to some of their parties just like I was a member of the staff. The nice thing about that was I met so many people from all over the country; Maine, Alaska, Texas, Florida, Hawaii. Then eight, ten years later, I would get these cards that, "I wanted you to know that Henry has been accepted at Annapolis" or this or that and that "John made Colonel and if he isn't chosen for General this go round, he's gonna quit and go back to Washington, D.C". I just heard from these people

all over and was invited to visit with them at far away places; Okinawa, Hawaii, Alaska. Due to the fact that I had a small son and a wife and a busy practice, I never could take advantage of it.. Now, I wish that I could hear from some of them. I was very fortunate to have been allowed to treat such a great group of patients.

JP: This is the outgrowth of the relationship with your patients?

Dr. Richardson: Yes, and that was a relationship enjoyed by the older doctors when I came here.

JP: What has changed?

Dr. Richardson: I never worried about, and I found this out with the others, I never asked if a patient could afford this or that or could pay me. I treated a patient, or if it was an operation that the woman wanted, I would say, "Well, pay me so much a month or what you think you can afford." If I was called in to take over, they would tell me they couldn't afford to pay me, and I'd say, "Well, don't let that bother you. Some day you'll be able to pay me. Pay what you can. But don't feel ashamed and don't fail to come back." With that attitude, I guess I was really slow in really making and having a big income, but I developed a loyalty amongst patients. I had these ladies that would get and make me an honorary member of the different country clubs in the area; Morehead, Washington, Greenville, Kinston, Jacksonville, Swansboro. I had a large practice of fishermen, and they were always taking me and my family out in the summer time and the fall of the year fishing, deep sea fishing. At the beginning of the Vietnam war, the young doctors were more, I don't know how to say it, there was more technical treatment, the use of monitors and

automatic pace makers and so forth, that they actually in that regard were better trained than my generation and the past generation. They couldn't afford to spend as much time with the patient as we did. Specialization became too specialized, I think that one thing that might have been overlooked unfortunately was empathy with the patient and finding time to listen to them. I found that when I started out, I could not separate a woman's pelvis or her childbearing abilities from her family problems or marital problems or financial problems.

The human body consists of many parts. What affects one part affects the rest of the body. All it requires is a few more minutes to listen to her. I can see where a cardiologist does not have time to spend listening to various problems. But if you don't listen to the problems, a lot of times you don't understand why heart attacks come so early.

It seems like we're having more cancer in younger patients than my day and it wasn't because we didn't diagnose them. We had a few, but we didn't have a whole lot. I guess you would call it a personal touch or something. You get in a crowd of your friends and they're used to talking freely in front of you, well, the first thing they start on are the doctors today; they don't have time to listen to them or their fees are out of this world or they won't make house calls or they don't want to talk to them over the telephone, they can't reach them, they can't get by that secretary, but I love him to death when I do get to him. There's inaccessibility. But I can understand that too now. They have more patients than we had. The economy is better today. I don't think the physician today enjoys the close relationship with the patient and the family that my generation and the generation

before me did.

JP: Would you advise a young person these days to go into medicine?

Dr. Richardson: Well, I would have to say yes since I have a granddaughter that I've been encouraging to do so. I think it's a wonderful profession. There's a lot of satisfaction when things go well and you know that the individual would not have made it if you just had not been there at the time to help them. It's always a good feeling to go see one patient and leave and you leave two patients, a mama and baby and a happy family.

JP: Ernest, this is a good place to stop this interview. You have closed it out in a perfect manner. It's been a great interview, and I do thank you for the Memories program for letting me come to talk to you these three times.

Dr. Richardson: I know we've wandered, and I know there's some things that I should not have said, and I certainly trust your judgment in putting this all together in good order and leave out those things and leave unsaid some that should be left unsaid.

JP: Well, you have to understand, Ernest, that this tape is made and we're going to give it to the library along with all of our other tapes for use and I told you this before. There is no way I can rearrange that tape, and it doesn't need rearranging. The way you have talked is going to come out just fine in the transcript. I'll bring the transcripts back to you for approval.

Dr. Richardson: I hope no one will be offended at anything I've said. But those are the things that I remember as it was.

JP: Well, let me say again, these three interviews have been

excellent ones, and I thank you and the Memories program thank you.

Dr. Richardson: I've enjoyed it.

END OF INTERVIEW