

Susan Shaw: My name is Susan Shaw. Today is June 29, 1978, and I am in Cotuit, speaking with Dr. Donald Higgins. Dr. Higgins, could you please tell me your name and birthday?

Donald Higgins: My name is Donald E. Higgins, and my birthdate is June 1904.

SS: Your father was a doctor?

DH: Yes. Dad was Dr. Haydn Higgins, spelled H-A-Y-D-N. He practiced in Marstons Mills, where I was born and brought up, from 1894 to the time of his death in 1942, except for a couple of years that he practiced in Vermont.

SS: Was he a general practitioner?

DH: He was a general practitioner. So was I.

SS: Do you remember some of the common things that your father treated?

DH: Yes, some of them that I've practically never seen, some never seen in practice just in 1931. One, of course, was typhoid fever. I saw some while I was interning, very fortunately, but never ran into any in forty years of practice. Of course, at that time, there were a great many pneumonias, which I saw also in the early years of my practice. They were serious things then, but not now, in general, because of the antibiotics which came in the [19]40s, late [19]30s.

SS: Would you remember how he treated typhoid fever?

DH: I don't specifically remember, because the time that he'd have seen them, I probably was fairly small and not too interested in the mechanics of treatment. The probable thing was mainly rest, diet, and that's about it.

SS: Did most people survive?

DH: A great many did not. I don't remember just what the mortality figures were. In the epidemic of typhoid that I saw while I was an intern, we had a survival rate of, I would think, about seventy-five percent. That was in 1930.

SS: How did you treat all those patients?

DH: They were treated cheaply with supportive treatment. There again, it was before the days of the antibiotics, and the main thing was that you had to depend on the patient to survive, that you didn't insult them by giving too much or the wrong food to eat, and you kept his fluid balance optimal.

SS: Your father must have made a lot of house calls.

DH: Yes.

SS: How did he get traveled?

DH: Well, in the early days, he went with a horse, and either a buggy during the summer or sleigh in winter. In later days, he had automobiles. He had the first automobile owned on the Cape, Stanley Steamer in 1900. As a small boy, I remember some of the big old cars that he had, which were rather less than more dependable. But he did use them during the summer months.

SS: Could you tell me about some of those cars?

DH: Well, not very much. Most of them up to about 1915 were right-hand drive. But the British cars, the early cars – of course, the first cars were developed in Europe and Britain, and the imported cars apparently were the pattern for the American cars at that time. Later cars were left-hand drive.

SS: Do you remember how much you paid for any of those cars?

DH: I don't remember. I've seen ads for them that were written at that time, and they were, in general, I think, between \$1,000 and \$2,000 – different dollars, in my opinion.

SS: Your father must have kept them very busy, worked a lot of hours.

DH: He was very busy. He had an office there at home in Marstons Mills, and then he also had offices in Cotuit and Osterville. He would spend part of his day – I'm not sure that it was every day, but certainly several days a week, he'd spend part of his day in Osterville or part of the day in Cotuit, and in general, he was making house calls between, during, and after, I guess.

SS: Were there many other doctors on the Cape when your father practiced?

DH: There was another doctor in Cotuit, Dr. Haskins, who practiced here until he died about – let's see – 1923 or so. There was a doctor in Osterville in the early days, Dr. (Clemens?), and then, later, Dr. Kinney, who was still practicing until he died in 1946.

SS: You must have gone to your father's offices.

DH: What do you mean by that?

SS: When you were a little boy, did you ever visit?

DH: Well, his office was right there in the house. Of course, I saw it. I've seen often patients as well.

SS: Could you tell me what it was like?

DH: Well, it was very similar. He, of course, had much simpler things. He had a general waiting room, a talking room and a little laboratory, and what he would now call an examining and operating room. He didn't do any major surgery there that I remember, but did do minor

surgery, including dental extractions at the time. There were no dentists available nearby.

SS: Did you know what he used for anesthesia?

DH: Let's see. As I remember it, he used ether or chloroform depending upon the circumstances. He had no gas anesthesia in that practice.

SS: So, for an extraction, the patient was always put out?

DH: No. Oh, no. Most extractions were done without anesthesia.

SS: Nothing?

DH: That's right. Then later on, with local pain, there was similar anesthetic.

SS: Did he have a lot of screaming patients before he used anything?

DH: He had some, including me. If I needed an extraction, he would have me go out and pick out the forceps and curettes from the table sterilizer, and then we'd prepare to workshop. We'd have a basin to spit blood and the tooth in over. He'd extract the tooth, and I imagine I hollered.

SS: Did he ever give people – you see things on TV, they give them a shot of whiskey or something like that.

DH: He may have. I don't know. The time-honored anesthetic before there were other anesthesia was a mixture of rum and laudanum – laudanum being a mixture of opium. That dulled things somewhat, but it certainly wasn't an anesthetic, really.

SS: Did your father have a nurse work with him?

DH: No. There was a nursemaid in the house who first came when I was a baby. I was the youngest of five children. He had trained her to assist him in surgeries. I think, probably, she worked with him on some of his deliveries, and probably also assisted him when he was doing some of his non-surgical work in his office.

SS: He did the minor surgery in his office. Where would he do the major surgery?

DH: For real emergencies, he'd do it in the patient's home. We had no hospital until 1919-20. Patients who needed real heavy major surgery, he would send – while he was on a trip, he would take to Boston to the Massachusetts Center.

SS: Could you tell me about some of those operations, what they were?

DH: I don't really remember. I should imagine appendectomy was probably the most major of operations that he would do. Of course, there were some operative surgical duties. I don't think he ever did any Cesareans.

SS: Would he have midwives to give births?

DH: No, I don't remember there being any midwives around at that time. There may very well have been. If they were, certainly untrained or very informally trained. He did most of the usual deliveries as I did in homes.

SS: So, he delivered babies in the person's home?

DH: Right.

SS: Would you know how much he charged for delivery?

DH: I don't know offhand, but I've seen the fee lists of the Barnstable District Medical Society for some of those early years, and they're very low. I think delivery was \$10, \$15 dollars. That usually included prenatal and postnatal care, too.

SS: Postnatal care was a little more lengthy than it is now.

DH: Well, the patient was kept in bed for much longer right up until, I would say, the 1930s and [19]40s. It was quite the custom to keep people in bed for very long too.

SS: How long would that be?

DH: For a normal delivery, it would be at least a week. For others, for Cesareans, it would be two, two and a half weeks.

SS: Did they use dangling?

DH: Well, that was probably in the early phase of ambulation, or at the end of the phase after being pretty much in bed for at least ten days.

SS: Could you explain what dangling is?

DH: Well, dangling is the first stage of getting up on your feet after you've been in bed for a number of days. Unless some special precautions have been taken in the way of exercise, then you're bound to be very weak and wobbly. So, you sit up on the edge of the bed and dangle your legs, and then the next stage is having you helped out into a chair. The next stage would be walking with assistance, and finally walking on your own. Nowadays, this whole thing is compressed into about a few days.

SS: Do you know if your father charged all of his patients the same?

DH: Oh, no. I'm sure there are a great many patients who were charged with huge fees. I don't remember that he ever charged more than a standard fee. He may have some patients who require a very lengthy visit or much special care or a much special laboratory.

SS: Did he ever use bartering?

DH: Yes. Maybe he didn't use it, but patients did.

SS: What would he get for his services?

DH: Well, he would get probably fruits and vegetables and maybe chickens or part of a pig or beef trimmings.

SS: Do you recall any of his interesting cases?

DH: I don't really recall any very distinctly. One was interesting. At the time, this was in the early days of the automobile. At the corner where the almshouse used to be in West Barnstable, an automobile collided with a hayrick, and one or two people were killed. I remember there was an aluminum blade of an automobile fan – part of the radiator fan that dad had and kept in his shop just as a memento of it – that it had been thrown out the other side of the road some way or the other. It was one of the early deaths from automobile crashes in the [19]30s.

SS: Were there many automobile crashes?

DH: I don't think there were very many, because there weren't very many cars on the road. The drivers who trained in those early days, including my father and other relatives and friends, were not good drivers. There wasn't a lot of many standards, but they were trained to drive in the early days when there was nobody else to worry about. So, they just went along on their own way, and somebody else had to look out for them.

SS: They taught themselves to drive?

DH: They pretty much did so, yes. When dad got his first car, the Stanley Steamer, which was made somewhere in Eastern Massachusetts – I think Taunton – he had to go there and spend several days, I think, learning how to drive the car and how to repair it, and then it was shipped by rail to West Barnstable where it came somewhat knocked down, and he had to put it together and actually put the wheels on. There was no top windshield on, because they didn't have them then. He did that, and then drove home to Marstons Mills in it and drive safely. However, a man named Jenkins in West Barnstable had a horse which was so scared that they found it two and a half days later in Harwich. I always thought that when dad told me the story, it was a bit of a long tale. But when I came back here to practice, one or more patients in West Barnstable just about each year would tell me that same story and always with the same details. So, I'm sure it was a true story.

SS: Your father's profession, is that what brought you into medicine?

DH: I suppose it was. I really expected to go into medicine when I was a small child. But around the time I went away from college, I had changed my mind and decided to go into civil engineering. With that mind, I majored in physics and minored in math and chemistry. It wasn't

until the beginning of my senior year in college that I finally decided on medicine. Why right then, I don't know.

SS: But as a young boy, you thought you wanted to be a doctor?

DH: Yes.

SS: Why was that?

DH: I guess just following along, and admiration for my father.

SS: Could you tell me about some of the things you did as a young boy for fun in your spare time?

DH: Yes. We lived, I guess, a pretty normal Cape Cod country type of life. We did a lot of sliding downhill in winter, and we did a lot of swimming in summer. We went fishing where there was a pond right beside the house. My particular pal in the neighborhood and I used to go fishing for perch and pickerel. In the winter, we'd skate on the pond also. Dad cut ice there, and we had an ice house that turns the pond ice cold most of the summer.

SS: That is in Marstons Mills?

DH: In Marstons Mills.

SS: Right at 149 and 28?

DH: Right.

SS: Did you ever go on excursions off the Cape when you were small?

DH: I don't remember going on any excursions as a youngster except when I was – I guess it was my last year or next-to-last year in grammar school. We had a school excursion to Plymouth. That's about as far as I went. Dad used to have to go to Boston on some type of either medical or other business. He left, on average, once a month, and usually, one or more of us children would go with him. We might stay overnight or might not. Once, if we stayed overnight in New Year's, we went to a vaudeville theater or something of that sort.

SS: Where would you stay overnight?

DH: The old (Adam's House?) in Washington Street.

SS: Wow. That is still there.

DH: I don't know whether it is or not. I don't think so. It was very near Keith's Vaudeville Theatre in (Hofstadter?).

SS: What would the vaudeville show be like?

DH: Well, I guess [inaudible] various acts. They were lettered rather than numbered, and they went from A to usually O, M, or E, something along that, and all while the other would do singing acts and juggling acts and instrumental acts. I don't think there was anyone else other than all the assortments.

SS: Do you remember how much that cost, the admission?

DH: No idea.

SS: How would you get to Boston?

DH: Train from West Barnstable.

SS: Could you tell me what college you went to?

DH: I went to Clark University in Worcester. Then as I said, in my senior year, I decided to go into medicine. That time, I didn't have all the pre-medical requirements. At that time, they were more specific in their requirements. So, I had to go back another year to take those. But at the same time, I went for my master's degree in physics. Then I was accepted to teach in – I hadn't heard of the school, but I needed some money, and I had an opportunity to teach. So, I taught physics at the University of New Hampshire's School of Engineering for almost two years in Plymouth.

SS: How was school different then? Could you say?

DH: Well, there was one more year of school before you graduated from high school. That was one thing. You had six years of elementary school, three of grammar school, and then four from high school. That would have been about thirteen years instead of twelve. In Cotuit, though, we had high school then, the Elizabeth Lowell High School, which is where the ball field is now. That continued until about 1924, I think, was the last year they had a class here. The classes were pretty small. The class a year ahead of ours had one graduate. We had a big class of six. Then the year following, I think, there were two. The year that Mrs. Higgins graduated was eight months later.

SS: Were there parties and dances for your graduation like they have now?

DH: Well, not like they have now, I'm sure, but we had a graduation. I don't remember there being any particular parties. Actually, with a class that small, there probably wouldn't be.

SS: As a young boy, did you have chores that you had to help do?

DH: Yes. Dad always had a big vegetable garden, and also a flower garden. We always raised chickens and pigs. One time, there were cows. I raised rabbits at one time. In the early days, there were horses. We had a man who came across the street to take care of the heavier chores,

but we were always involved.

SS: Your mother, you said, had a nursemaid too, also.

DH: Yes. She used to say that in the early days of living in the Cape, she would have some help in the house for six months to rest her body, and then go without it for six months to rest her mind. They used to have a standing lottery in at an employment agency in Boston to send somebody down. Usually, it was two young girls who would come down together. They didn't (behave well?) living in the country alone. Often, they would come down on the train one day and go back on the train the next after having seen nothing interesting.

SS: Really?

DH: Yes.

SS: Were they American girls?

DH: They were usually Irish immigrants.

SS: Do you remember anyone who would visit you?

DH: I don't remember any of the very early ones. Like I said, I would [inaudible] survived. The earliest one I remember was the local (Austrian?) girl who came when I was a baby, and who stayed and lived with us until I was almost ten years old.

SS: What would her duties be?

DH: She was the general helper around the house. In the time that I remember, she helped with the cooking and the cleaning, general housework. Then as I said, she helped dad somewhat in his practice when he required.

SS: Do you remember how your father's patients got in touch with him?

DH: They got in touch by telephone all the time. I remember we had two telephones, one local and one long-distance. The local was apparently a separate local company – imagine that – where they had to have a separate phone. But we always had telephones in the house – one in the office and one in the dining room, and dad had one beside the bed.

SS: Did most of his patients have telephones?

DH: No. Very many of them would have to go to a neighbor's telephone, and if that wasn't available to them, or for some reason, they decided otherwise, they'd come and ring the doorbell or knock on the door or throw gravel against the window or something until he came out.

SS: Where did your father go to school?

DH: He went to school in Boston in a school that's been extinct for quite a number of years now, and the college positions he had served in – which had some sort of faculty registration mix-up about the time that he was going – and most of the faculty went over and became the first faculty of Tufts.

SS: Is the length of medical school the same now as it was then?

DH: The medical school is the same, but the training ahead of time wasn't as much. They didn't require [inaudible] college training at the time when we came in into the [inaudible].

SS: Between you and your father's practices, there has been a lot of changes.

DH: Oh, yes. But in the early part of mine, a lot of things were the same. Actually, the hospital connection, that price that you see from 1894 to 1920 before there was a hospital on the Cape. So, that was a new thing, and he had to adjust to that. Also, a lot of my training and internship and so on, all the hospitals [inaudible] practicing in the [19]50s as well. Then of course, the [inaudible].

SS: That was in 1920s down there at the hospital?

DH: The hospital was actually started in 1919. Oh, I should show her the chair.

Unknown Female Speaker: Here's your chair. [inaudible].

SS: Oh, yes, "Cape Cod Hospital and grateful appreciation to Dr. Donald Higgins, chief of medical staff, 1955 to [19]57." Is that not beautiful?

DH: They presented these chairs to all the past chiefs of staff just this last weekend.

Unknown Female Speaker : [inaudible]

SS: I knew that was a [inaudible]

DH: These were what I used as chairs in the waiting room in my practice, which actually was just across the street to [inaudible].

SS: Yes. Those chairs then if I got lost and asked anyone, they might direct me over there.

Unknown Female Speaker: Yes, [inaudible].

SS: Yes, that would be good. Do you know how the hospital was formed?

DH: Well, just in a general way. The professional medical founder of the hospital really was Dr. (George Gray?) of Hyannis, who was a surgeon. He really was the man who started the hospital. I don't know too much – there were quite a number of prominent people, especially in Hyannis, and some other prominent people who were involved in it. It started right there, where

it is now, the old building that started this. It was still there during the early years of my practice here, but it gradually disappeared as the different additions and advancements in the hospital were made.

SS: When did you graduate from medical school, doctor?

DH: 1930.

SS: Then you went to New Hampshire first?

DH: I went to New Hampshire. I interned out at what's now the Newton-Wellesley Hospital in the South End of Boston, and then went on to New Hampshire [inaudible].

SS: So, you were in school during the Depression?

DH: I wasn't in school during the Depression, but I started practicing in the depth of the Depression. I did bartering, too.

SS: I bet you did.

DH: Our first Thanksgiving up there, we had a little suckling pig for Thanksgiving as a barter [inaudible]. We went back to turkey and never had some pig again.

[laughter]

SS: Did anybody pay you money?

DH: Yes. Some of them who could at least well did, and some who could well do it, didn't. But the money that went on the books during the first six months I was in practice up there generally stayed on the books, and I never did. One case of bartering was the bartering of services. I got called by the doctor up there to see a patient one day who had gotten into difficulty because he borrowed his son's motorcycle and didn't quite understand it. He turned the handpiece the wrong way, and the thing speeded up and took him into ditch and he broke his ankle badly. Dr. Mitchell wasn't able to take care of him at that moment. So, he asked me to take care of him, which I did. I continued to take care of him and his family, up to and including grandchildren, during the next four years that I was there. He was a carpenter, and he did quite a bit of work on the house that we bought a year after we were there, including the ceilings and floors and putting in partitions and putting down vinyl and building the garage and putting on a roof and various other things. Somewhere, I think that when he was remodeling the kitchen, he lost some of his figures. He'd written the amount of shingles somewhere, and it disappeared. So, he didn't know. I asked him for a bill, and he'd just say, "Well, I don't know what it is. I lost that," and so on. At the end of the four years, when we decided to move down here to the Cape, I put it up to him and I said, "We've got to settle this thing now we're going away, and we need to do something." He said, "Well, you've done a lot of work for me, and I've done a lot of work for you. Let's call it even." So, we did.

SS: Is that not something?

DH: Four years, and not a cent passed either way between us.

SS: Is that not something? He was the man who was on the motorcycle?

DH: Yes. He was a man who was off the motorcycle. [laughter]

SS: How did you fix his ankle?

DH: Well, usually, with a fractured ankle, it's a matter of manipulation under anesthesia to get the various parts in proper position, and then putting on a plastic cast to fill it up with (meat?). In his case, we were able to get a fairly good reduction of it, and he had a good – most of the ankle had a chance to heal. Sometimes, they require open operation and putting in screws, plates, and various things to be placed together. But in his case, [inaudible].

SS: Do you know how long they have been using pins and rods and things like that?

DH: I don't know offhand. I'm sure they've used some of them from way, way back, probably from the 18th or the 19th century. But there's been a lot of advance in that. But it was standard practice to do open operations and fixation with plates or screws or pins when I was interning .

SS: Then would they need another operation to remove?

DH: Usually, we tried to remove things if it could be done without too much difficulty, because the foreign material in or near a joint is a hazard. But with the development of some of the alloys and the metals, currently, we can leave many of them in.

SS: What did you use in the old days for anesthesia?

DH: Well, during my time while I was interning, the chief anesthetics were still a combination of using nitrous oxide and oxygen, which is a laughing gas, to get people to sleep, and then putting in as much as needed of ether, or occasionally, chloroform, for relaxation of muscles, because that is a great (effect?) of anesthesia for any surgery. Then of course, they also were using spinal anesthesia [inaudible].

SS: How is the ether and the chloroform administered?

DH: The ether and the chloroform were usually administered at that time by pouring, dripping some of the liquid onto a gauze pad inside a towel-wrapped comb for however long the business was.

SS: So, you would be somebody there with a comb for this?

DH: Well, usually, that was administered by somebody other than the surgeon. In connection with home deliveries, that sort of thing, usually, what you used was something that could either

be simply administered, with advice from the doctor, by one of the family, or – of course, we often had a district nurse present or [inaudible].

SS: What kind of medicine was that that a family could add as –

DH: No, you would use ether and chloroform if you had to.

SS: In delivering babies, did you often use something?

DH: Usually, what we used in those days was a handheld device that had – how do I say – that the patient herself could hold inside her nostril tubes to it, and by breathing deeply, under the direction of the doctor, get to a stage where the pain was reduced considerable, but not an "anesthesia." That was usually done with chloroform, or later, some of the other substitutes for it that had been developed.

SS: You have spoken of some spinal anesthesia.

DH: Spinal anesthesia was used for major operations, especially in the (abdominal raw?) part of the body that was very satisfactory, and for doing surgery in the leg.

SS: What was that medicine?

DH: Well, it's Novocain or some derivative of a similar drug, which is administered through a needle that is put in between the vertebrae in the back, into the sac of fluid that surrounds the spinal cord.

SS: When you first became a doctor, where did you perform most of your operations?

DH: Well, of course, I didn't do a lot of operating as a general practitioner. I did, in my early practice, in helping do some major surgery, but soon found that I wasn't much interested in that part of it. Also, I was quite busy with anesthesia for the surgeons at the Exeter Hospital in New Hampshire [inaudible].

SS: Did you ever have a patient wake up before you should have?

DH: Well, never actually ever wake up. Of course, in those days, what you tried to do was to keep the patient at a light level of anesthesia and administer the anesthetic only to the amount needed for what you were doing. Then the occasion the patients gets a little light, then you deepen the anesthesia by giving more. In that connection with spinal anesthesia, we did develop, at that time, a manner of administration that let us put in more – a kind of tube to the needle in which the anesthesia was given, and actually be able to add to the amount given if you needed it for a long operation. Ordinarily, with a spinal anesthesia, it's a one-shot thing. You put the needle in, and you administer the anesthetic through the needle and you take the needle out. But they developed flexible needles, and there's a patch of tubing so that you could safely needle in.

SS: What were some of the longer operations?

DH: Well, longer operations, something like a (bowel batter?) or a bowel resection or kidney operations. Then we had of course, the chest operations, both on lungs and heart, blood vessels.

SS: Did you have any equipment that could monitor the patient's different – I do not know the word.

DH: Functions?

SS: Functions, lungs...

DH: Yes. Of course, that is a great part of anesthesiology, is monitoring the patient and watching his lung cardio. You can check blood pressure – we all had a blood pressure cuff patch, and of course, checked the pulse monitor, or just by checking hand respirations likewise. Nowadays, they usually have electrocardiograms going at the same time, and some operations are conducted separately.

SS: Could you tell me some of the common things you treated as a general practitioner?

DH: I could tell you more easily the things I didn't.

SS: [laughter]

DH: After the first year, I didn't do any major surgery. Well, I treated all the common infectious diseases and the minor injuries and things like arthritis and heart disease, pneumonias, and so on.

SS: Did you also work on teeth?

DH: Huh, teeth?

SS: Yes, sir.

DH: I extracted about – I don't know, maybe a half dozen teeth in as many patients during my very early years of practice when it was just a question of doing something to help some older patient who couldn't easily get to a dentist. I never practiced dentistry.

SS: Did you also make a lot of house calls like your father did?

DH: Yes. Well, that's about it. All through the [inaudible]. For many years of the years that I was in New Hampshire, and for many years here on the Cape, I was doing individual anesthesia. Of course, that took me [inaudible] homes at times. We had portable anesthesia [inaudible]. That's only if it wasn't called for. Turn it off. In that connection, I was chief of anesthesia at the hospital, and [inaudible] until 1955 when I became the chief of staff when the chief had moved on at the end at one time.

SS: Could you remember some of the prices you charged when you first became a doctor, like

delivering a bay and –

DH: Well, yes. I can remember what it was there in the ancillary. Well, the usual fee for a delivery – and this was, more often than not, a home delivery – was \$15 to occasionally \$25, [inaudible] and that included prenatal and postnatal care, which, I know, is quite a lot. My office fee up there for a visit, including medicines, was a dollar. House visits were anywhere from a dollar and a half to \$3, which usually was a call maybe ten miles away or so.

SS: Could you tell some of the medicines you have prescribed?

DH: Well, I don't know if there's anything particular to say, except that, of course, most of the medicines prescribed were for symptomatic relief. A few of them in that time really cured anything. We did, however, relieve a lot of symptoms, and the patients [inaudible] in spite of their illnesses and the medicine. Some of the things that really did help then, for instance, in heart disease, digitalis was one of the stand-bys. Pneumonias, the treatment was supportive. Occasionally, we'd have a specific type of pneumonia that could be treated and actually cured with the proper antiserum. Then in about that time, when I first started my apprenticeship, they first had a specific treatment for pernicious anemia, which was getting a liver extract given by mouth. Later, they developed some that were given even muscularly, and later, they found that the element that was really doing the good was vitamin B12. So, they would ingest the vitamin B12. In cases of other types of anemia, there were some which helped [inaudible].

SS: Did you use vitamins back then?

DH: We used vitamins. I never was quite as strong for heavy vitamin dosage as some people. I figured that if people had a good normal diet, it usually included actually all the vitamins they needed, unless that it was some, they did like the B12. So, my interest is always on a good, normal mixed diet rather than a heavy dosage of vitamins. This was during Prohibition when I started, and doctors were allowed to prescribe – I think we were allowed a hundred prescriptions for an alcoholic beverage just in each quarter. We issued were a prescription book which had that number of prescriptions and carbon-copied pages. I never thought it was a tremendously good at being a medicine. But in a few cases in very elderly people, it did seem to help. In the course of four years or five years up there – or maybe it was a little less than that, before the end of Prohibition – I wrote, I think, three prescriptions. I still have the book.

SS: [laughter] How much alcohol would the prescription have? How much would that be?

DH: Well, in those cases, probably, what I'd prescribe was either wine or brandy. I've probably prescribed wine to somebody, some old lady getting over an illness. That's all I gave it to.

SS: Where would they fill a prescription?

DH: At a drugstore.

SS: Do you know how much they would be charged?

DH: No, I don't.

SS: Did anyone ever try to come under false pretenses to get alcohol for medicinal purposes?

DH: Oh, I'm sure they did, but they very soon found out that it was a non-productive effort. I'm not that old. I'm only seventy-four. We don't call it longevity. On Cape Cod, middle-aged is eighty.

SS: Well, then you are very young.

DH: Oh, of course. I had a coronary ten years ago, and I'm in better shape now than I was then.

SS: Well, doctor, it was very nice speaking with you. Thank you.

DH: Well, you're entirely welcome. If you think of more questions to ask, I am happy to talk with you again.

SS: Thank you.

[end of transcript]