

Interview with Warren Lambert

Transcribers note: The tape started in the middle of the interview instead of the beginning

START OF INTERVIEW

Interviewer (I): For example, if you have a lot of time you have to spend on medical records or going to committee meetings or what time did you get up in the morning and how long did rounds take and how long did you work during the day and did you have evening hours?

Warren Lambert (WL): Usually we got up at seven and there was an urgent phone call made

(I): Before you went to the office?

(WL): The first thing I did was go to the hospital to make rounds, and originally I had an 11:00 morning hours which you practically never finished by noon so I dropped out of the Rotary club because I could never make it to the noon luncheon, I started to afternoon office hours at one or two in the afternoon and run through till five or six and then we would come back for evening hours at seven or eight

(I): Oh you did?

(WL): Sometimes, the last patient is leaving from afternoon hours and were arriving for the evening hours. I had evening hours six nights a week to start with

(I): Monday through Saturday night?

(WL): Monday through Saturday night the we cut them down to three nights a week and finally to one night a week

(I): Did you work on Saturday all day too then? So you have evening hours six nights a week that's including Saturday I would guess so you worked all day Saturday then too

(WL): Yeah we did and then we dropped off Saturday afternoon and evening hours, we kept Friday evening hours because Friday night was shopping night for a while.

(I): Then holiday, so then, you have your nighttime interruptions for deliveries of course, so you get home and have some dinner but then you have to anticipate some delivery's through the night.

(WL): That's right, I read here that I don't think we are as well kept then as they are now, the dictating systems now are so much better.

(I): Did you... how many deliveries did you have to handle sometimes during a month or a week? You were the alone in the practice so if a patient came due, you took care of the patient?

(WL): Yes unless I happened to be out of town. We didn't have a nurse or office assistance do as much with the patient as we could now, like taking blood pressure and listening to the heart, and things of that sort.

(I): You would do that.

(WL): Yeah, and then for a while there we were taking care of the newborn

(I): So you would do the circumcision?

(WL): Oh yeah

(I): You must have periodically found this exhausting?

(WL): It was

(I): What would you do at that point?

(WL): Well you couldn't just drop things and run, so it always presented a problem

(I): Because you have that sense of accountability and responsibility towards the patients and you know you would hate to run when you know they may deliver any moment that must have been a continuing dilemma.

(WL): Dr. Howell and I had a good relationship in that regard. The one thing I've noticed in the practice of medicine, when a doctor receives his licenses to practice in Michigan, his license is to practice medicine and surgery, it doesn't make any stipulations to what he should do and what he shouldn't do, it's up to the ethics and the intelligence of the individuals to make those decisions themselves now they have to more or less prove it to the executive committee that he is ahead of this training.

(I): So back then people would simply and start to work, whatever they wanted to do. Did people get into trouble? What is your recollection of some trouble that people got into; do you have any stories about that, you don't have to name names of course?

(WL): Not really

(I): Okay sure, but it must have been a problem that you saw that obviously gave you concern periodically?

(WL): That's right. Sister Henrietta is quite an old one, she ran the front office, played the organ and gave the anesthesia

(I): Amazing

(WL): Sometimes on Sunday they would pull in another doctor for an emergency, he used chloroform and then switched over to straight ether. Some of the older men were familiar with chloroform because in doing, a home delivery ether is flammable and chloroform isn't.

(I): What was your most feared problem to encounter during a delivery? Now I guess what occurs to me because I'm assuming that the blood replacement alternatives were not too good, I would assume it would relate somewhat to blood loss.

(WL): You're exactly right, it was the possibility of blood loss because the women would start to bleed, like blood was coming out like a garden hose, and it's so rapid and you say replacement is so slow. We got blood from the prisons quite frequently. The blood bank is a wonderful thing.

(I): I see. Back in the 40's certainly I think all they were talking about is plasma standards for practical purposes, the others would be fresh blood techniques of storage and so on.

(WL): We only got fresh blood for a particular instance and even then we didn't attempt to store it.

(I): So you would see... I imagine you would see an occasional placenta preview that would be a terrifying situation

(WL): Oh yeah

(I): What was the most common cause of mineral death during those days?

(WL): Well blood loss, toxemia, and infection.

(I): Toxemia you treated with barbiturates and [Unintelligible]

(WL): I try and evaluate the patient and determine whether she should be induced now or stabilized. Each case presents its own problems

(I): It's just so hard these days to imagine the handling of cases like that without of an array of subspecialist available to call upon, but you simply didn't have them.

(WL): We had our MD in pregnancy, but getting patients to come in for prenatal care was a big step forward.

(I): It was a big step. Now toxemia, lets say toxemia went into failure, skyrocketing hypertension, you had no diuretics.

(WL): No except intravenous glucose

(I): Intravenous glucose, hmm, so you give them their glucose

(WL): And sedation

(I): So that's about all you had available.

(WL): Yeah, its an improvement in the blood pressure because we would probably decide to induce her. Very seldom section. The section right in comparison is very tasking.

(I): Why didn't you section, what was the wisdom about not sectioning at that time.

(WL): Well it was a major surgery and I wasn't a fairly normal procedure

(I): So you would induce what would you induce with?

(WL): Artificial rupture of the membranes

(I): What was in these women with toxemia, some of them didn't make it obviously

(WL): Well I only saw one or a few deaths in my time.

(I): Is that right?

(WL): We just couldn't control the convulsions. I think in training our work was well supervised.

(I): So you were prepared for what you encountered up here, which must have been..., what was you're, what did you think aboard up here. Was it kind of a shock because all of the sudden you were away from the city and into the rural type of situation.

(WL): The instruments that the hospital had were very inadequate

(I): They were?

(WL): Yeah. It's amazing the instruments that the hospitals are coming up with now

(I): Yeah, you know you can tell everything about the fetus beforehand, of course back then there was no support you could give to a pregnant, just a little more intensive attention to the situation. So Warren, was there a doctor up in Big Bay or toward Big Bay at the time, or not.

(WL): Bottom had been up that way but then he...

(I): What's his name?

(WL): Bottom, B-O-T-T-O-M. Then he moved onto Marquette. Charlie would go up to Big Bay on occasion and Charlie was also the country doctor, supposedly taking care of the wealthy patients.

(I): Would you take care of the liners also while you were doing general practice?

(WL): Not really. That was mainly done by other doctors. Up in Ishpeming there's a little tension between the lining doctors and the private practitioners. As time went on I had to work with some of the liners.

(I): Did you have any contact at that time with the people who use the Huron Mountain Club. Was Henry Ford coming up here in those days?

(WL): Yes he did, I never saw him.

(I): What kind of car did you drive in those days when you first got up here?

(WL): Dodge

(I): So you make fairly good time on 550 wouldn't you?

(WL): Oh yeah

(I): Was it paved or a gravel road?

(WL): It was a gravel road

(I): I guess I can't think of anything more off hand, can you?

(WL): No I can't.

(I): I wanted to you know, get your personal recollections, and I think we got a lot of those of what it like. Before I quit, you're a good Chum....

END OF TRANSCRIPTION