

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

John (Jack) Flanagan, M.D.

Interview conducted September 24, 1998

by

Linda Weimer

SUMMARY

Dr. John (“Jack”) Flanagan begins the interview with an account of his early years growing up in Coos Bay, Oregon, surrounded by relatives and family friends, many of whom were physicians. He talks about growing up during the Depression and about earning money during his college years at the University of Oregon by working the night shift at Eugene Hospital. After getting his undergraduate degree in premedics, Flanagan enrolled at the University of Oregon Medical School in 1941. He recounts some of his experiences as a medical student during the war years, and discusses the recreational activities available to the students in those days.

Cousin of Howard (“Hod”) Lewis, Flanagan spends quite a bit of the interview describing the man, returning to the subject three times. We learn, among other things, that Lewis was a very tall and well-spoken man whose father discouraged him from becoming a doctor. Flanagan also talks about other faculty at the Medical School during the 1940’s: “Toxic Tom” Joyce, who was very hard on students; and Norman (“Duke”) David and Joe Beeman, two pranksters of the highest order.

Flanagan then describes his internship at Queen’s Hospital in Honolulu and his residency at William Beaumont General Hospital in El Paso—both completed while he was still in military service. Upon discharge in 1948, Flanagan fell into private practice in Coos Bay after being asked to fill in for a doctor who was recovering from nephritis. A year later, that doctor owed Flanagan so much in back pay that he gave him half the practice. Flanagan goes on to talk about the practice: the kinds of cases he saw, the rise of health insurance in private care, and the role of the surgeon versus that of the general medical practitioner.

His relationship with the Medical School did not end with his entry into private practice. He regularly attended continuing medical education seminars on campus, and often referred tough or unusual cases to faculty on the Hill. He talks about the services and resources available to doctors on the coast, noting that there was no hostility at that time between “town” and “gown.”

Looking back over a thirty-five year career in surgery, Flanagan talks about some of the changes he has seen, especially the use of intramedullary nails in orthopedic surgery. He mentions two of his more interesting cases: a policeman who had been hit by a car, and a hard-drinking veteran who developed a cancerous lesion in his rectum.

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Interview with John (Jack) Flanagan, M.D.
Interviewed by Joan Ash
September 24, 1998
Site: Fifth floor, BICC
Begin Tape 1, Side 1

ASH: It's September 24, 1998, and this is Joan Ash, interviewing Dr. Jack Flanagan on the fifth floor of the BICC.

I'd like to go back to the beginning, just to give us some background before you came to the Medical School here. Can you tell me where you were born?

FLANAGAN: Born in Coos Bay, Oregon.

ASH: You were born in Coos Bay?

FLANAGAN: Yeah.

ASH: Can you tell me a little bit about your early years?

FLANAGAN: Well, I went to Central School and graduated from Marshfield High School; I went on to the University of Oregon, where I took premedics.

ASH: What made you decide to take premed courses?

FLANAGAN: Well, I think we had kind of, all of a sudden, a medical family. Hod Lewis and Herb Lewis were both doctors.

ASH: Were they part of your family?

FLANAGAN: Yeah. He's my cousin, Hod Lewis.

ASH: Hod Lewis was your cousin?

FLANAGAN: Yeah. They lived right next door in Coos Bay.

ASH: Were you about the same age? Well, he was older.

FLANAGAN: He was fifteen years older. So I didn't know him as well as I knew Herbert. He was a doctor here. He practiced in Hood River.

ASH: Well, but they weren't practicing when you were a child. What was it early that made you think about medicine?

FLANAGAN: Well, I don't know [laughing]. In the high school annual—I was looking at that—and it said my ambition was to be a surgeon doctor, [laughing] and that's what I was.

ASH: Were there particular teachers in high school?

FLANAGAN: Yeah. We had a very wonderful teacher, science teacher, in high school, and he kind of steered us that way.

ASH: Steered *us*?

FLANAGAN: My brother too, my younger brother. He was year behind me in medical school. He's an ophthalmologist in Coos Bay, until last year he died.

ASH: I see. So these cousins were ahead of you by fifteen years, so they had been to medical school?

FLANAGAN: Yeah. And Dean Seabrook I've told you about, a surgeon here, he used to come down when I was about twelve years old. We had a resort down on Sunset Bay, if you've ever heard of it—maybe not. My dad had a resort there, and he used to come down all the time, and I'd take him fishing, and he kind of talked me into it.

ASH: So was he a friend of your father's?

FLANAGAN: He was married to one of my father's nephews.

ASH: So he would come down to visit you, and he was a practicing physician.

FLANAGAN: Yeah. He was a surgeon in Portland.

ASH: So you had a teacher who encouraged you in science, you had cousins who were already doctors, and Dean Seabrook, who was related. So I see: I guess you were surrounded by...

FLANAGAN: Surrounded by [laughing].

ASH: Did you have other brothers and sisters?

FLANAGAN: Yes. I had two brothers and two sisters.

ASH: So one brother became a physician.

FLANAGAN: Yeah.

ASH: And what did the other brother end up doing?

FLANAGAN: He had a ship chandlery business in Coos Bay, that sold supplies to ships. He died about six, seven years ago. He was eight years older.

ASH: What about your parents? What did they do?

FLANAGAN: Well, of course, my mother in those days never worked. They didn't work. But my father, he was in real estate. My grandfather came to Coos Bay in 1850, and he established coal mines there; that started the city of Coos Bay, supplying the coal mines.

ASH: I had no idea.

FLANAGAN: So my father then bought up a lot of property, and we owned thousands of acres around Coos Bay, which my father would sell.

ASH: It sounds like a very wise purchase.

FLANAGAN: Yeah [laughing]. But, you know, he resisted it. My uncle, who was my father's older brother, he said he kept trying to talk his father into buying timberland. He wouldn't do it. He said, "There's no future in timber, this is coal country" [laughter].

ASH: But he still ended up, probably, buying lots of land with timber, right?

FLANAGAN: Yeah. And he made a lot of money, too. He started the first bank in Coos Bay, the Flanagan and Bennett Bank.

ASH: Oh, really?

FLANAGAN: Yeah. He started that. I've got some old things on it. It was capitalized at a hundred thousand dollars [laughter].

ASH: Well, it's interesting that you went back to where you started, but we'll get the whole story of how that happened.

FLANAGAN: [Laughing] That was an accident, too.

ASH: That was an accident?

FLANAGAN: Yeah.

ASH: I don't know, it's like coming full circle. Then, you went to the University of Oregon in what year?

FLANAGAN: Nineteen thirty-seven.

ASH: You were, then, in early school during the Depression.

FLANAGAN: Oh, yeah.

ASH: Did the Depression have any effect on your family?

FLANAGAN: Not much. Now, my father, he started—these farmers were going to lose their farms on mortgages, and he subdivided them into little tracts and sold them to people; you know, ten dollars down, ten dollars a month. So he did pretty well during the Depression, and these people could have a chicken and a cow, and they did well, too.

ASH: Another smart move.

FLANAGAN: We didn't really suffer. I mean, we weren't rich, but we didn't suffer from the Depression very much.

ASH: And you were able to go on to college without any question?

FLANAGAN: Yeah. I worked my way through college.

ASH: Oh, you did?

FLANAGAN: Yeah. They had two hospitals in Eugene, the Eugene Hospital and Sacred Heart. I worked for the Eugene Hospital. I did lab and x-ray at night. I lived there, got board and room.

ASH: At the hospital?

FLANAGAN: At the hospital, because I was on call every night for x-rays and lab work.

ASH: When you were in college, did you go there for three years or four years?

FLANAGAN: I went four years.

ASH: So you went the whole four years?

FLANAGAN: Yeah.

ASH: And, then, you knew you wanted to go to medical school, and this [University of Oregon Medical School] *was* the Medical School. So when were you admitted?

FLANAGAN: Nineteen forty-one I was admitted.

ASH: I'd like to hear about your Medical School days. What did you think when you first arrived here?

FLANAGAN: Well, of course, we were all struck by the big buildings and things, and looking forward to all the work. We talked to some of the students that were already here, and they'd tell you how hard it is, you'll never make it [laughter].

ASH: Very encouraging.

FLANAGAN: [Laughter] Very encouraging. The worst problem was trying to find a place to live around here. But we found a place right close up here. Most people who built houses up here at that time, they built an outside entrance going upstairs, and they had a couple of bedrooms they'd rent out to medical students. So once we settled down in that, we went to work.

ASH: Now, when you say we, your brother wasn't here yet.

FLANAGAN: No, he wasn't here, but the rest of the fellows. Scott McKeown was from Coos Bay, and he was a senior at the time, and he lived at the same place as us—we all lived together. And, then, Wayne Ericksen, who was a radiologist here, he was from Coos Bay; and we all lived together, and that's why I say "we."

ASH: I see. How did you get around? You didn't have cars, probably.

FLANAGAN: No, I didn't, until '42 when my father died. Of course, my mother never learned to drive, so she gave the car to my brother and me, and we brought it up here, and we had a car. But we always lived a block away from the school, most of the time, until in late '42. Hod Lewis got called into the service, and his wife, Wava, had these two little children, five and six years old, and she had this big house, and she didn't want to live alone. They lived clear over on the other side of the hill, by Council Crest. So she asked us to come and stay there. We paid a minimum for a room. We had Hod's library to study in. That was great [laughter].

ASH: So, actually, you only lived for one year in an apartment here on the Hill. That was your first year, though.

FLANAGAN: Yeah, first year.

ASH: And, then, when you had the car, you could get to Council Crest.

FLANAGAN: Yeah. We had to go back and forth.

ASH: So the first year you were here, did you already know that it was a three-year curriculum?

FLANAGAN: Oh, no. That wasn't until—that's what we all planned: we'd go home in the summer and make some money and come back.

ASH: Oh, you mean it was a surprise to you?

FLANAGAN: Yeah. Then they came on and said, "We're going to make it three years now."

ASH: And you had to go during the summer?

FLANAGAN: Yeah, straight through. Two weeks off and then we'd start another term. But at that time the draft boards were pulling some of the students out.

ASH: Medical students?

FLANAGAN: They'd pull them out, yeah, and they'd have an awful time. So what the army did was to make us all second lieutenants in the Medical Administrative Corps, and put us on inactive duty.

ASH: So you could stay here.

FLANAGAN: We stayed here, and the draft boards couldn't touch us [laughing].

ASH: But that's why, then, you had to do the drills.

FLANAGAN: No, no. That was later. Then they took our commissions away [laughing] and made us privates first class in this Army Specialized Training course. But then they put us in uniform, and they paid us. They paid our tuition; they paid for our books; and they paid us per diem to live off of, because they couldn't provide military housing. So we were real flush then [laughing]. And that's when we had to start drilling. Every Saturday, out in front of the Old Library, we'd march up and down; and old Colonel Ryan, he was an old, retired colonel they called back in and put to work on these university things.

ASH: So you spent part of your day one day a week doing the drills?

FLANAGAN: On Saturday.

ASH: Were there other ways that you felt the impact of the military?

FLANAGAN: Well, not really. We had to wear a uniform.

ASH: To school?

FLANAGAN: Oh, yeah.

ASH: Oh, not just on Saturday, you had to wear it every day?

FLANAGAN: No. We were in the Army [laughing].

ASH: You wore them to classes?

FLANAGAN: They called us “private no class.” Yeah, we wore uniforms to classes. But, you know, the enlisted man’s uniform had this brass-button coat, and all that, which we couldn’t very well wear—because we wore white coats. So we got special permission to wear the field jackets. You know, the field jacket, it’s a casual. But it got to be an awful problem, too, because—military rules here—you couldn’t wear field jackets off the military post; you had to wear your first-class uniform, Class 1-A uniform, which has brass buttons. Well, of course, we’d come to school and go down the street, and every block an MP would stop you. “What are you doing in a field jacket?” And you’d have to pull out your permission, and you’d go down the next block, and another one would stop you [laughter].

ASH: And what about the white coats? No white coats?

FLANAGAN: Yeah, we wore the white coats. Yeah, we could take the field jacket off and wear the white coats. But in a Class A uniform you had to wear the coat.

ASH: Did you get downtown very often?

FLANAGAN: No. [Laughing] It’s funny: the bus was five cents to go down, the Sam Jackson bus. We always called it the Jack Sampson bus; I don’t know why. So I could take the Sam Jackson bus down to Moeller’s Barber College, and for two bits get a haircut. And I’d go over to Gus’s Tavern—he was a Greek that had a tavern—and for a nickel you’d get a glass of beer, and he’d put out Greek cheese he’d imported and bread. So you’d buy a beer and eat your lunch, and it would take another nickel to go home. For just fifty cents you could go down and get a haircut and back [laughter].

ASH: Was that your major recreational activity? Or what else did you do for fun?

FLANAGAN: Medical students didn’t have much fun [laughing], especially after—in the army, on Saturday you had to drill, and Sunday you had to study.

ASH: Parties? Did they ever have parties?

FLANAGAN: Sometimes, yeah. They’d have a party down at the morgue.

ASH: The morgue?

FLANAGAN: The morgue, yeah. Some of the medical students lived at the morgue. They’d take the bodies in at night, see, when nobody else was there—so they had living quarters up there, and they’d have big parties up there. Those were the only parties we

had.

ASH: Where was the morgue then?

FLANAGAN: It was down on Third Street, I think, someplace.

ASH: Oh, it was downtown?

FLANAGAN: Yeah. It was the city morgue.

ASH: The city morgue, I see. So they had jobs there, paying jobs, and they were given rooms.

FLANAGAN: Yeah, they were paid and given room and board—or, not board, I guess. I think they could cook in there, too. They had kind of an apartment up there.

ASH: So in the middle of the party they may have to exit and do some work?

FLANAGAN: Yeah. I was there one time, and we made so much noise the police came. But they got out of it because it was the morgue [laughter]. When they did party, they partied pretty good.

ASH: But there probably weren't any parties around here, then. Were there fraternities then?

FLANAGAN: Yeah, but they didn't all have houses. Now, the TKP, Theta Kappa Psi, they had a fraternity house down there. When we lived up here, we used to go down and eat there. We'd pay them to eat. But I was a Nu Sigma Nu, and the Nu Sigma Nu didn't have a house. We just had meetings.

ASH: On the campus, here?

FLANAGAN: Yeah. A funny anecdote on that: when I was a senior and my brother was a junior, I was in the eye clinic, and I got a little girl in; and she had something wrong, and I couldn't figure what it was. Well, there was a new doctor who had just come to town to take over the eye, Dr. Swan. So I had him look at it, and he said, "Hey, that looks like toxoplasmosis." I'd never heard of it. So anyway, I went up to the library and took out all the books on toxoplasmosis, and a little later all the other professors and everybody was waiting for me to get the books back because they didn't know anything about it either [laughing]. And I worked with him on that until I graduated. But anyway, we were at a Nu Sigma Nu meeting, and my brother was nominated to be president. So Dr. Swan—he was a Sigma Nu—he got up and made a nice speech about how he'd been very diligent in working with him on this toxoplasmosis, and everybody started to laugh, and he couldn't figure out why. They said, "It's his brother." [laughter]

ASH: What's your brother's name?

FLANAGAN: Roger.

ASH: So we have Roger and Jack. Jack came first, and Roger came second.

FLANAGAN: I was always known as John, but everybody who knows me calls me Jack.

ASH: But you knew Dr. Swan also.

FLANAGAN: Oh, gosh, yes, I know Ken Swan. He used to come down to Coos Bay all the time, and we'd take him out and show him around, have picnics and such.

ASH: So you knew him when you were a medical student.

FLANAGAN: Yeah.

ASH: Did you do an ophthalmology rotation?

FLANAGAN: Yeah. We had an eye clinic you rotated through. And I was real interested in that, and Roger, he came behind me, and he got really interested, and he became an ophthalmologist.

ASH: And what made you become a surgeon?

FLANAGAN: I just kind of fell into it. I interned over in Honolulu at Queens Hospital, there, and I think they were supposed to have twelve interns, and we never had more than four. So we did the residents' work. They just kind of turned you loose. You took care of the emergency room and you did the minor operations, and anything that you could do, you could do, because it was such a busy place.

ASH: And this was after the war?

FLANAGAN: Well, no, the war was still on, the war with Japan. In fact, the war with Germany ended while I was there, and, then, the war with Japan ended. That was a funny thing, too. They sent me out to a "repo depot", they called them, and I had air priority to fly back to the United States to go to the Medical Field Service School, in which they were starting a class. The day I was supposed to fly out, they dropped the bomb on Hiroshima, and they canceled all air priorities. So I was there for about three weeks more and came back in a boat [laughing].

ASH: Well, I've taken you too far ahead now. Let's go back to medical school.

FLANAGAN: [laughing] Okay.

ASH: Because I did want to talk about Hod Lewis. You had known him since you were a child, obviously, and you arrived here as a medical student. Did you see him socially?

FLANAGAN: Once in a while. Of course, we had no transportation, and I saw him here, mainly, and he'd invite us over once in a while.

ASH: He was here one year, before he left, when you were here?

FLANAGAN: Yeah. He left the middle of my first year.

ASH: Well, what kind of a man was he?

FLANAGAN: Did you ever know him?

ASH: No.

FLANAGAN: He was about six-foot seven.

ASH: Oh, I had no idea.

FLANAGAN: Yeah. He was a big, tall man. He talked real slow, and he was one that when he started talking, you listened, because every word he said was important. He was just that kind. And you'd go to his lectures, and there wouldn't be a sound. You could hear a pin drop, because everything he said was important.

ASH: What kind of a lecturer was he?

FLANAGAN: Internal medicine. In fact, he was the head of the Department of Internal Medicine later, when he came back from the service.

ASH: Did you have him as a teacher?

FLANAGAN: Just for about a month. I got into his class, and they called him up.

ASH: Now, you say he was called away.

FLANAGAN: To the Army. He started out as a full colonel; they took him right in as a full colonel.

ASH: Had he been in the service before?

FLANAGAN: No. Our paths crossed—the first place they sent him to was William Beaumont General Hospital in El Paso, Texas, and he was there a short time; and then he went to Elmira, New York to—I forget the name of the hospital—and he was chief of

medicine there. But when I went in the service, I ended up at William Beaumont General Hospital [laughing].

ASH: And was he a legend there? Did they remember him?

FLANAGAN: At William Beaumont?

ASH: Yes.

FLANAGAN: No. He was just there a month or so until he got assigned to a permanent post.

He was just completely dedicated to medicine. That's all he knew and all he wanted.

ASH: Now, his wife...

FLANAGAN: Wava.

ASH: Did they have any children?

FLANAGAN: Yeah, they had two children.

ASH: Little ones, that's right.

FLANAGAN: At that time, yeah. I think Dick was six, I think he was in his first year in school, and Tom was five or four-and-a-half.

ASH: And did you partially care for them?

FLANAGAN: Oh, yeah. Every night, when we'd be studying, they'd come up and want to play. Now Dick is head of cardiology at, I think, the University of Ohio. He became a doctor. But Tom, he worked for IBM for about twenty-five or thirty years, and just recently retired.

ASH: And so what was the household like in those days? It was a big house?

FLANAGAN: Oh, yeah. They had a big house. As I say, they had this spare bedroom upstairs, and Roger and I stayed there. And Hod had a study. Every medical journal for the last five or ten years was on the wall. So we'd go in there at night to study, and we could pull out any medical journal.

ASH: You had your own library.

FLANAGAN: Yeah. It was great there.

ASH: Was there any help around the house?

FLANAGAN: No. Wava did it all. In fact, every morning she got up and cooked breakfast for us, she was so used to doing it. We tried to talk her out of it. No, she wouldn't. "I'm not letting you go without breakfast." She was a great lady.

ASH: Did you help with yard work and repairs?

FLANAGAN: We didn't have time.

ASH: So you were mostly there to keep her company.

FLANAGAN: Yeah. She just liked somebody there.

ASH: With the big house.

FLANAGAN: No, we didn't have much time, except at night.

ASH: And you lived there for how many years?

FLANAGAN: Oh, just—after he got assigned to that hospital in Elmira, then he could take her and the kids. So we were only there about seven or eight months, and then she went back there. So then we had to find another place to live [laughing].

ASH: What did they do with the house here?

FLANAGAN: They rented it. Some other doctor they knew wanted it.

ASH: Then what did you and your brother do?

FLANAGAN: Well, we tried to find a place to live, and my brother found a place. He and Bill Garnjobst—he became a doctor in Corvallis; I think he still is—were pals, and they found a place downtown where the lady said all we had to do was turn on the heat at night. So he wanted me to go in on that, and we went down, and the first night we were the janitors. We had to clean up the whole place, and we didn't have time to do it. So we came back up, and Ralph Thompsen—he was another medical student—they had a house up here with a bedroom upstairs, so we rented that.

ASH: So you were back up here?

FLANAGAN: Back up here, yeah.

ASH: But you had a car to get around.

FLANAGAN: Yeah.

ASH: Now, what about work? I understand that a lot of the medical students worked during the war years at the shipyards. Is that true?

FLANAGAN: I don't know when they would do it, except on weekends. Now, we, Roger and I, had another relative, Johnny Goss. He had a freezer. In those days, you remember, you'd go down and rent freezer space. Nobody had home freezers. He had one of these freezer plants, and he was building on to it, so we'd go over every Saturday and work for him and help him build that plant.

ASH: You got paid for that?

FLANAGAN: Yeah, we got paid for that. We worked Saturdays and Sundays. Then, when the Army came along, we didn't have to work anymore [laughing]. Everything was paid for.

ASH: Plus, everything was concentrated into three years, correct?

FLANAGAN: Yeah. There was no chance to make any money for the next year. I think we only had, sometimes, a week off between, and then the next term would start, and there you'd go.

ASH: Now, tell me about the women on campus. Were there women in your medical school class?

FLANAGAN: We had two. Pearl Lawrence, she married another doctor [George Ulett], and I saw him at our reunion. He was in our graduating class. She graduated, but she got tuberculosis and never did practice. But she was all right by then, he said, but she didn't come to the reunion. And then there was Natalie Lvova. She was a White Russian. Those were the only two girls in our class.

ASH: Did she end up graduating, do you remember?

FLANAGAN: Yeah. They both did.

ASH: There were also nursing students on campus.

FLANAGAN: Yeah. In fact, my brother married a nursing student.

ASH: How did they meet?

FLANAGAN: In clinics, I guess.

ASH: Working together?

FLANAGAN: Yeah. And also, he—my partner in medical school—he got the painting contract, for the Medical School, for the hospital, mainly Multnomah Hospital and nurses' home. And so we would go over on Saturdays and Sundays and paint the rooms; and so he had a key to the nurses' home, so he could get her in late [laughter].

ASH: Because I guess they were pretty strict back in those days.

FLANAGAN: Oh, yeah.

ASH: Was it Emma Jones Hall?

FLANAGAN: Yeah. The one right behind the Multnomah Hospital.

[End of Tape 1, Side 1/BeginTape 1, Side 2]

ASH: So we're talking about Emma Jones Hall, here, and Emma Jones. You heard legends about Emma Jones herself?

FLANAGAN: Oh, yeah. The students were all scared to death of her. But yeah, each Saturday we'd paint one room, and finally we got through the whole place.

ASH: Was this the same time you were in the military, so you were spending your Saturdays partly drilling and partly painting?

FLANAGAN: Yeah, and then we'd go paint.

ASH: And then Sunday you studied?

FLANAGAN: Yeah.

ASH: Well, did you meet your wife during this period of time, or was it afterwards?

FLANAGAN: I met her when I was a junior.

ASH: In medical school?

FLANAGAN: My first wife [laughing].

ASH: She was up here on the Hill, too?

FLANAGAN: No, she lived in Portland. She worked for Nordstrom, in the office someplace. We were married in Carlisle, Pennsylvania, when I was at the Medical Field Service School. She came out there. We were married for four or five years. Then, my second wife was a nurse who worked for me [laughing].

ASH: Well, we're still in medical school here, so...

FLANAGAN: [laughing] Okay.

ASH: We'll come back to that. Were there other people, other professors, besides Hod Lewis that you particularly remember as having an influence?

FLANAGAN: Oh, yeah. We had some good professors. We had Dr. [Norman] David—I can't remember his first name because we always called him Duke [laughing], Duke David. He was the pharmacology professor. And Pappy [Edward S.] West, I don't remember his first name; he was a biochemistry professor. And Hance Haney, he was our physiology professor. And Pop [William] Allen was anatomy. Did you ever know him?

ASH: I didn't know him, but we've certainly heard a lot about him.

FLANAGAN: He was a little, tiny man. Those are the main ones in our preclinical years that I remember.

ASH: Any stories you can relate to me about any of them?

FLANAGAN: Oh, Duke David, who was the pharmacology professor—we also had a state police crime lab up in the Medical School here, and Joe Beeman was the head of the crime lab. He was a great joker, and so was David, and they just feuded all the time on things.

ASH: Fun feuding?

FLANAGAN: Oh, just playing. They were always trying to joke each other. So one day [laughing]—I'll never forget this one—Joe Beeman sent some threatening note to David. Cut words out of the newspaper, you know, and put it in a note: "You better be careful, I'm going to get you." And David was getting kind of worried. So one day Beeman, on his way to the Medical School, stopped by David's house and asked if he had an alarm clock—said he needed an alarm clock for an experiment he was doing. So Duke David's wife gave him his alarm clock. So Beeman wound it up, wrapped it up in paper and mailed it to him. David got the package and he heard the tick, tick, tick, and he called in someone. They put it in a bucket of water, opened it up, and it was his alarm clock [laughter]. Those are the kind of jokes they pulled on each other all the time.

ASH: [Laughing] That's a pretty good one, especially since it was his own alarm clock.

FLANAGAN: Yeah, his own.

ASH: That's the best part.

FLANAGAN: They were that way all the time.

ASH: They were. Now, what about some of the other faculty you described? How would you characterize them?

FLANAGAN: We didn't really get to know them that well, in the clinical years, when we had different professors.

ASH: So that was during your first years.

FLANAGAN: First couple of years, the years with basic sciences.

ASH: How about the clinical faculty? You already mentioned Ken Swan.

FLANAGAN: Yeah, Ken Swan. We had Dr. [Warren] Hunter in pathology, but I really didn't get to know them, except Dr. Raaf.

ASH: John Raaf?

FLANAGAN: John Raaf. He was just a young fellow then. And in neurology, he had us each do a paper on something, and then he invited us down to his house to give these papers. We got to know him real well.

ASH: What a nice thing to do.

FLANAGAN: Oh, yeah, he was real nice.

ASH: Each medical student gave a paper, then?

FLANAGAN: Yeah, each—well, they were all seniors then. We'd have to give a paper on something, and he'd invite us down to his house, and he'd serve us dinner and everything.

And, of course, Tom Joyce, you've heard of him?

ASH: Yes.

FLANAGAN: "Toxic Tom," we called him.

ASH: Why did you call him Toxic Tom?

FLANAGAN: That's what everybody called him, because he was tough. I remember—I don't know, do you want these side stories?

ASH: Yes, definitely.

FLANAGAN: I remember one time he was—he used to lecture you never take an appendix out except through a McBurney’s incision—you know, a McBurney’s incision, it’s a muscle splitting—because if it happened to be ruptured, then it doesn’t spread. But if you make a midline incision, you’ve got all that infection in the incision and you’re going to have a disruption. And he always lectured that.

I have to divert a little, here, but we also, in our senior year, served as externs.

ASH: Working in the hospital?

FLANAGAN: Yeah. We did the work of the interns because they couldn’t get interns enough, so they took the senior medical students, and we were actually did all the interns’ work. We’d assist in operations and everything. So one night Russell Guiss—do you know Russell Guiss?—he was a surgical resident. This guy came in, and it looked like appendicitis, but he wasn’t sure. I helped him with that operation. And he wasn’t sure, so he did a midline incision, and the guy had a ruptured appendix.

And then a couple of days later, they had a gallery up in surgery—we’d all sit around up there and watch. Joyce would come in, in the center, there, and put on a demonstration. Well, he had them bring in this patient. They wheeled the patient in, took off everything except the dressing, and he started lecturing about, “Here’s a case of a ruptured appendix. Now, with the McBurney’s incision you’re pretty well off; you won’t have any problem with it. With a midline incision,” he said, “you’re going to have all kinds of problems.” He said, “If any of my residents did a midline incision on a ruptured appendix, I wouldn’t send him down the Hill, I’d chase him all the way down the Hill out of here.” And here was poor Russell standing there shivering, and Toxic Tom had his hand on the dressing as though he was going to take it off. He never did. We were all up in the gallery just holding our breath [laughter].

ASH: That was lucky.

FLANAGAN: [Laughing] That was lucky, yeah. Russell Guiss never forgot that.

ASH: But normally, say he discovered that it was a midline incision, how would he have reacted? Then he was “toxic”?

FLANAGAN: I think he knew. I’m sure he knew. Otherwise, he would have lifted that off. He just wanted—he really impressed everybody, I can tell you.

ASH: In his own way.

FLANAGAN: We were all up there shaking for Russell.

ASH: Well, it must have been, in a way, pretty exciting to be in your last year of medical school and actually doing things like surgery.

FLANAGAN: It was, yeah. We'd stay at the hospital at night and take calls at night, and we did all—well, we practically did the interns' work. We'd start IVs and we'd draw blood and we'd do histories and physicals. We did the whole thing.

ASH: And where did you do your internship?

FLANAGAN: In Queens Hospital in Honolulu. And, of course, when I got there I was way far more advanced than the other interns who had never done any type of work [laughing].

ASH: But this is where you were actually asked to do a lot of work, almost as a resident? Because they were so short...

FLANAGAN: Yeah. And they were so short that we could trade around. So I was more interested in surgery, and I'd trade my medical service for surgical service on the Hill. And, like in OB/GYN at that time, we had lots of Japanese doctors in Honolulu. But Japanese doctors could not be on the street after nine o'clock: anybody Japanese there, they just couldn't be on the street after nine o'clock. They had a curfew for them. So if a woman came in to deliver, and she was getting pretty close, why, they just didn't even—if they'd call them, they'd have to call an MP to come and get them and take them to the hospital. So they'd say, "Well, you go ahead and deliver." So in one month I think I delivered thirty-five babies, something like that [laughing]. So it was just a busy place.

ASH: I should go back and ask you about applying for internships. What made you decide to apply there and why did you go there?

FLANAGAN: Well, because it was the busiest hospital I could find, and I looked through all of them. I think it was a 300-bed hospital, and I think they had a turnover of—I can't remember now—7,000 or 8,000 patients a year. And that was the first place where they really started sending women home, after delivery, the same day or the next day. We'd get them up and send them home, because they had to.

ASH: Because they were so busy.

FLANAGAN: Just had to, yeah. After a while they were doing that everywhere [laughter].

ASH: And how many years were you there? One year as an intern?

FLANAGAN: Yeah, that's all I had. And then after internship, you'd go out on a plantation. I went out on a plantation called [Oaha?]. It's between Hilo and the Volcano House. It was a little town, and they had their own hospital there. It was a plantation hospital.

It was built by the government, but they turned it over to the plantation. And the doctor, when I got there, he went on vacation. He says, “Can you do tonsillectomies?” “Yeah.” “Can you do hernias?” “Yeah.” “Okay. Appendix?” “Yeah.” “Okay. I’m going” [laughter]. So I was there all by myself for a month: the only doctor within fifty miles each way.

ASH: This was your first year as a resident?

FLANAGAN: This was just after internship. My internship was more of a residency because we just did so much work. We didn’t do like residents now, rotate through pathology and all that kind of stuff, we just went ahead and worked [laughing].

ASH: And, then, when you did this plantation rotation, was that part of a surgical residency?

FLANAGAN: No, that was just part of the internship. The Army granted us some time to do that.

ASH: I see. For how long?

FLANAGAN: For a month. They had a mix-up: right in the middle of that time, I got a notice from the Army that I was to report for transportation to another medical field service office. So I had to—of course, they had a military plane, and I just got on the military plane and had to go back to Honolulu and straighten it out, because I was the only doctor. The other doctor was gone; he was off somewhere. So they got it changed, and I went back and finished it out.

ASH: For the month, and then what?

FLANAGAN: Then, that’s when I went to what they called a “repo depot.” It’s where you waited for transportation. And that’s when I told you I was there, but the night I was supposed to fly out they dropped the bomb on Hiroshima. [Laughing] This is kind of a diversion, but it was very lucky for me, because after Medical Field Service School, which was in Carlisle, Pennsylvania—and that was two months, then they assigned you to—most of my class was there at that time.

ASH: Together?

FLANAGAN: Yeah. We all came about the same time. And everybody got sent to Europe or Okinawa or places to a field hospital. Well, they’d just come out with a directive from the Army that if you’d had overseas service, you couldn’t be sent back for a year. Well, I went in the Army to Honolulu, so I was classified as overseas service, so they couldn’t send me anywhere. So that’s why I ended up in a general hospital, which is the cushiest job [laughing].

ASH: And where was the general hospital?

FLANAGAN: El Paso, Texas. William Beaumont General Hospital. It was one of the few; they kept closing down general hospitals, and that was one of the few that stayed open.

ASH: So what kinds of patients were you getting there? Were you doing surgical?

FLANAGAN: Yeah, they assigned me to surgical, and, of course, I just took right off. Most of the people that came—we came there as first lieutenants—they just had a nine months' rotating internship, and they really weren't capable of doing anything.

I was interested in orthopedics, and when I didn't have general surgery, I'd go over to orthopedics and work with them. So they reassigned me to orthopedics. And at that time, we had a very good service, because we had some very good orthopedists in El Paso that were consultants. It was residency; they classified it as residency. So we had doctors that were civilians that had been taken in, and they kept dropping the requirements. First, you had to be in for four years, and then they dropped it to three. Well, then we'd lose our officers. So finally we were going to lose our chief of orthopedics, so they got—at that time the war had wound down in Europe, and they took all these colonels that were regular Army and sent them back to the States and sent them out to general hospitals.

We had a colonel, Colonel Jeffries. He had been in charge of all the hospitals in France and part of Germany, and that's all he had done. But he knew orthopedics, he had worked with [Norman] Kirk, who was the surgeon general before.

ASH: But he was not a physician?

FLANAGAN: Oh, yeah. And he had worked with Kirk in orthopedics before the war, but all through the war he had done nothing but administrative work. So they made him chief of orthopedics. Well, to my surprise, he made me assistant chief [laughing] and promoted me to captain.

ASH: But you were really a resident at the time.

FLANAGAN: Yeah. So I had the whole surgery schedule; I had to assign everybody. I had the whole thing.

ASH: So you were like a chief resident?

FLANAGAN: [Laughing] Yeah. And then he would work with me, and he got back into it. Finally he ended up going to Letterman Army Medical Center and getting his board certificates and ended up with orthopedics.

ASH: And what happened to you?

FLANAGAN: Well, when I got out of the Army...

ASH: It was right after that you left?

FLANAGAN: No.

ASH: How many years, then, did you do that?

FLANAGAN: I was down there about two-and-a-half, three years. [Laughing] Another thing, they tried to—you had an MOS number, which was Medical Occupational Specialty. I was in orthopedics, but then they had A, B, C, and D. And, of course, the As were board certified orthopedists, professors of a university; and the Bs were orthopedists that didn't have to be board certified or anything; and the Cs—we were called the "Army of the United States." We weren't regular Army, and we didn't have any qualification in orthopedics.

Well, one of these colonels they sent back, we put him on a ward, and I took him to several operations. And he was older, he was in his late fifties, and he said, "You know, I'm just not going to be able to pick this up. I'm going to have to be transferred out of here because I'm just getting too old, and I'm wasting my time." So he transferred into the Pentagon, and the next thing I knew, the personnel officer says, "You're in trouble." I said, "What's the matter?" He said that the colonel of the hospital had put in to have my MOS changed to a B, which meant I'd have to stay in another two years. So I said, "What can I do?" He said, "Well, you can't do a thing. I'll just have to send it in."

Well, I had talked to this colonel. He was a real good friend, and I had agreed with him that he probably shouldn't try to get into orthopedics at his age. And he knew how anxious I was to get out of the service and get into practice. So the personnel officer got a letter back from the Pentagon, and the change was refused, signed by this colonel [laughing]. So I was awful lucky. Otherwise, I would have been two years more in the service.

ASH: So you got out?

FLANAGAN: So I got out, yeah.

ASH: And you set up practice.

FLANAGAN: Well, yeah. In the Army, you accumulate a month of leave every year, but during the war they didn't give you any leave, so you accumulated it. I had two months' terminal leave, and they paid you all that. So I had two months to look around, and I was looking around for a place. I happened to go back home, and my sister was working for a young doctor that had just got out of the Navy, and he'd set up a practice there. He developed nephritis, and he had to close his practice; he was going to be off for six months, they said. So they asked me if I'd take over for six months, until he got back on his feet, so I said, "Yeah, I can do that." I had two months' terminal leave.

So I worked there for six months. And he had a wife and a couple of babies, so he needed the money that came in. I didn't. So by the time he got back to work, which was about a year, he owed me so much he couldn't pay it, so he gave me half the practice [laughing]. So there I was.

ASH: Now, this was a general medical practice?

FLANAGAN: Yeah, he was general medical. So I took off on that. And at that time I was doing quite a bit of surgery, and the other doctors in town started referring their surgery to me; so I just limited myself to surgery, orthopedics and general surgery.

ASH: How many physicians were there in Coos Bay at the time?

FLANAGAN: Oh, there were about twelve. Coos Bay and North Bend are practically together, and there were about twelve in North Bend and twelve in Coos Bay.

ASH: Was there a hospital there then?

FLANAGAN: Yeah, we had a hospital, a Catholic hospital, and the nuns ran it. In North Bend they had their own hospital; the doctors owned it.

ASH: So did you use both hospitals?

FLANAGAN: Yeah. We tried to stay with the nuns. They were real nice people to work with. Finally, they couldn't get sisters anymore. People just weren't going into it, so they sold that, and now we have a community hospital in Coos Bay.

ASH: Do you still have two hospitals?

FLANAGAN: No, just one.

ASH: For both?

FLANAGAN: Yeah. Kaiser had the hospital in North Bend. They sold it for a dollar to the county, and it's now a county court annex.

ASH: Well, you went into practice, then, in what year?

FLANAGAN: Forty-eight.

ASH: Tell me what it was like. How busy was your practice? How many patients did you see every day? What were the kinds of problems people came with?

FLANAGAN: Oh, everything. As I say, at first, while he was off, I had to do

everything. He had quite a bit of obstetrics; I had to do that, and I didn't care for obstetrics [laughing]. Obstetrics and general surgery don't mix, you know. Up all night delivering a baby and have an operation the next day: it doesn't work. So anyway, yeah, I started out busy. The first day, I didn't get home till seven, I had so many patients. Everybody went to the new doctor. Actually, it doesn't take long for the newest doctor in town to be the oldest. It seemed like a flash.

ASH: What kinds of cases did you get? What were the problems that you treated a lot of?

FLANAGAN: Well, my sister-in-law was a surgical nurse there at the hospital, too, and so I got lots of the trauma. We have a logging community, and they'd have these logging accidents, terrible. People all busted up. She'd call me. Nobody else wanted them [laughing], so she'd call me. So I did a lot of that trauma. And that kept me out of the office. I'd have to get down to the office to people who'd be waiting, standing in line. Then doctors started moving into town. A couple of them in my class moved in there. One came to North Bend and one to Coos Bay.

ASH: Were they from that area to start with?

FLANAGAN: No, they were from Portland, both of them.

ASH: And your brother came, correct?

FLANAGAN: Later he came, yeah. He finished up his residency here. During the war he was in the Army Specialized Training, but he was lucky. They needed ophthalmologists out at—what's this army hospital out here in Vancouver? He got assigned there, and he spent the whole war right there, and he lived right at home here. He lived up here on Marquam Hill and came home every night. But they needed eye, and he'd had a year or so of eye. Then he finished up with Swan here and came down to Coos Bay.

ASH: You had a lot of trauma cases. I take it that you, by this time when your partner came back, were not doing OB/GYN.

FLANAGAN: No, no. I just practically limited myself to surgery. That's all I had time for.

ASH: Were there other surgeons in town?

FLANAGAN: Not then. All the doctors had to do surgery, you know, at that time. Every general practitioner had to do appendix and gall bladder and a few things like that, but they didn't like to [laughing]. So they'd start sending them to me, and that's what kept me busy on surgery. Then we had some surgeons move in, and some of them—we had one that came in with a group there, and he just didn't get along with people; and one day he shot himself. So I was back to the only surgeon.

ASH: And how did people pay their bills then? They didn't have medical insurance.

FLANAGAN: No. They had what was called Coos Bay Hospital Association. We took—like the unions, we'd make them a price. In fact, I was president of the board for a couple of years. We'd meet with each different union and offer them so much a month each, and then we'd take care of everything. That went on for about ten years, and then it got so big, we weren't able to do all the studies and figure out what it was going to cost next year and all that stuff; and we sold out to OPS. But that was our main source of revenue—I mean, pretty near everybody belonged to the Hospital Association through the union or through groups.

ASH: So individuals, then, didn't have to pay you if they were part of this union?

FLANAGAN: No.

ASH: And what if they were not part of the union?

FLANAGAN: Then we'd have to bill them.

ASH: How did that work? Did you get paid?

FLANAGAN: Sometimes. Obstetrics was the worst. People just didn't—and I think we only charged seventy-five dollars then to deliver a baby, but they couldn't come up with that, most of them.

ASH: Your surgeries were probably fairly expensive.

FLANAGAN: No. Appendectomy I think was ninety dollars, hysterectomies a hundred and fifty or something like that. The hospital was only about five dollars a day. So, no, it wasn't really expensive. But there wasn't that much money either. In Coos Bay we had a longshoreman's strike. Well, that just shut the town down. Nobody was working, and nobody got paid. I remember the only thing that kept our group alive was I did quite a bit of state industrial accident, and they paid. We just had to keep the place going. It was very tough at times back in those years when they had all these strikes.

ASH: Did people every pay you in objects rather than in cash?

[End of Tape 1, Side 2/Begin Tape 2, Side 1]

ASH: It's September 25, 1998, and this is Joan Ash interviewing Dr. John Flanagan, and this is tape two.

FLANAGAN: We had a real good girl out in the front office that made those

arrangements. I don't remember anybody asking me what an operation was going to cost.

ASH: So she just took care of it?

FLANAGAN: I guess so, because I don't remember anybody saying, "Well, how much is this going to cost?" Because I guess she had already told them.

ASH: And people didn't bargain with you about paying?

FLANAGAN: No, never with me. That never happened.

ASH: Now, you were in the same practice for how many years?

FLANAGAN: Thirty-five there.

ASH: So obviously you saw a lot of changes.

FLANAGAN: Oh, yeah.

ASH: One of the things I told you I would ask you about is the view of the Hill, your view from Coos Bay of what was going on at the Medical School. Did you hear things?

FLANAGAN: No. I used to come up every year to the Sommer Memorial Lectures. They used to be held in the Old Library. Then I'd come up to work with Dr. Seabrook. He was—something new would come up. I remember they had a sewing machine for surgeries—we used to do a lot of gastrectomies in those days, which they don't do much now, but that was the only treatment they had for ulcers. They had this stapler you'd put on; you'd put in all these staples and close it, instead of all that sewing. So I'd come up here and work with him for a week once in a while and get some of these new things and keep up. It was very lucky for me, because I could just go over to St. Vincent's and scrub with him for a week and get all this new stuff.

As I say, we'd have Sommer Lectures, and they wouldn't fill that old auditorium, in Old Library. Now, it's the same thing. But I'd come up here and take those graduate courses.

I had an accident, a guy rear-ended me once; and I got whiplash, and my hand began to get numb, so I was afraid my surgical days might be limited. So I went back to Cook County Hospital for a month and took a course in dermatology [laughing], because I thought I could always do that. Of course, then I got better and I got back to surgery. But I knew a lot of dermatology [laughter].

ASH: Well, you were ready, anyway.

FLANAGAN: Yeah.

ASH: Did you take any continuing medical education courses?

FLANAGAN: Oh, yeah. I took a lot of them up here.

ASH: You would come up here to take them?

FLANAGAN: Yeah, pretty near every one they offered in the surgical line.

ASH: Did you ever go to any in your area there? Did they come down to your area?

FLANAGAN: No. Dr. Seabrook—once in a while we'd get a couple of tough cases. He liked to salmon fish, so he'd come down to Coos Bay—we'd schedule those on a Friday, and he'd do them, and then we'd do some salmon fishing on the weekend [laughter]. No, we've got—they call it Southwestern Oregon Medical Society, but they never had much; mostly business meetings.

ASH: Your brother was a practicing ophthalmologist; how did he keep up to date?

FLANAGAN: He came up here all the time, and he and Swan were great friends. He was always coming up here. Of course, we didn't come together, because I wasn't interested in eye. The funny part of it is, though, we built a building, and his office was right next to mine, so when he was gone, people would come with eye problems, and they'd come to me because they thought, I was his brother, I would know—whereas I probably knew less than any other doctor in town because I didn't have to, I'd just send them to him [laughing].

ASH: Did people confuse you?

FLANAGAN: Well, no, they just thought, "Well, he's his brother, he'd know more about it than anybody else." But as I said I probably knew less, because I just had him next door. I didn't bother. And that's why we never came much together, except he'd come to the Sommer Lectures with me. They were general.

ASH: So I'm trying to get a picture of your practice. You were probably on call most of the time?

FLANAGAN: Yeah. We finally formed a group, and we'd rotate call.

ASH: Surgeons? There were enough surgeons...

FLANAGAN: No, no, I was the only surgeon in the group. We had a pediatrician and a medical and an obstetrician, and I was the only surgeon.

So I remember my partner who did the obstetrics, he wanted to go to Hawaii for a

month and he wanted me to take over for him, and I said, “Okay, but you get all those obstetrics out of the way.” And he said, “I’ve looked, and I can only think of two due while I’m gone.” “Well, okay.” And, then, Dr. French was another one who did a lot of obstetrics, and he decided to take a vacation. That month, I delivered thirty babies [laughter] and did general surgery too. So I said “Never again.”

Then, in ’56 we had bought some property to build a building, but they wanted to go and rent another building, and I wouldn’t go, so I stayed where I was. Then I was on call all the time. But it wasn’t bad, because people got to know that I didn’t do general medicine. And most of my calls were from the hospital, something surgical.

ASH: What about emergency surgeries, these accident cases?

FLANAGAN: Oh, gosh, yes, we’d have those; sometimes work all night on them. Sometimes these loggers—do you know what a [cormie?] is? That’s a little bus that they take the loggers back and forth to work in. We had one went over a bluff, and we had about twelve injured: broken legs, broken arms, broken backs, fractured skulls. We’d be up all night working on those. Things like that.

ASH: How often did patients get referred elsewhere if you weren’t able to do everything?

FLANAGAN: I referred quite a few up here to the Medical School. That’s about the main referral, up here to the Medical School, because there were tough things, and I didn’t want to monkey with them.

ASH: Were there any other medical facilities along the coast?

FLANAGAN: No. Medford has quite a facility, but I didn’t get to know anybody there, and I didn’t know what they could do, and I hadn’t had any experience. I knew [William] Krippaehne—he was head of the surgery here. I knew him, and I’d just call him and tell him what I had, and he’d just say, “Well, do this, do that.”

ASH: And sometimes patients made the trip to Portland?

FLANAGAN: Yeah. I called Dr. Seabrook, and I asked him—I remember one time I called him; I had a lady that came in, I opened her up, and her entire small intestine was necrotic. So I just closed her up; I didn’t know what to do. So I called Dr. Seabrook and told him what I ran into, this entirely necrotic intestine. He said, “What did you do?” I said, “Well, I’m ashamed to say that I didn’t do anything.” He said, “Well, who the hell do you think you are, God?” [laughing] He said, “Nobody could have done anything for her.”

ASH: So you felt pretty free to call people you knew up here?

FLANAGAN: Oh, sure. They were always helpful.

ASH: Did you ever get a sense that other people in the community resented the Medical School?

FLANAGAN: No. Gosh, no. Any time I'd suggest the Medical School, boy, they'd say, "Let's go." They knew it was kind of the supreme court.

ASH: And it certainly wasn't considered competition?

FLANAGAN: Oh, no. Well, when we finally started getting orthopedists in town, they kind of resented sending things up to the Medical School which they thought they could do themselves, but I didn't think they could [laughing]. That just worked out that way.

ASH: Did you end up doing a lot of orthopedic surgery?

FLANAGAN: I did at first, until we began to get orthopedists. As I say, I had to do all of it. When I was an extern, I worked with the resident in urology, and I learned how to do cystoscopies and all that, so I did urology. But as soon as we got a urologist in town, I sold him my cystoscope and everything. I got out of that. So I just ended up in general surgery.

ASH: And you're retired now?

FLANAGAN: I retired eighteen years ago.

ASH: What made you decide to retire?

FLANAGAN: Well, my sister-in-law, who was a surgical nurse at the hospital, she quit and she came to work for me. She'd go up and set up the whole operation; she was my scrub nurse. And later she became a physician assistant, and for minor operations, appendix, gall bladder and things, she'd be my assistant. It was hard to get a doctor, you know. We didn't have anybody that was available to assist. We didn't have residents or anything.

So that was great, because she would just be my assistant. And she'd worked with me for twenty-five years. So she decided to retire. She got to be sixty-five; she's a little older than I was. She got to be sixty-five, and she said her husband wanted her to retire. He said she'd worked long enough.

So I had another one that had been with me for twelve years, so I said, "Well, we'll try and get along." So I went on vacation, and I came back, and she was in the hospital. She developed sudden rheumatoid arthritis, and she was all crippled up. She had to quit.

So I said, "I'm too old to break in a new surgical nurse." They just ran the office for me over the years; they just knew how everything worked. So I said, "I'm going to retire, too." I wasn't ready. I'd have never thought of it. I was sixty-two, but I'd never thought of retiring. So I said, "I'm going too."

ASH: So how did it feel?

FLANAGAN: Well, during my last few years of practice, I developed a tree farm; I raised Christmas trees. And I took care of those on my days off and weekends while I was practicing. I don't know how I did, because now I can hardly do it full-time. So I was as busy the day I quit as I had been, because I was full-time on the tree farm.

ASH: It's kind of like a second career.

FLANAGAN: Yeah. I closed my office on Friday, sold all my equipment on Saturday, and that was the end of it [laughter].

ASH: Do you miss it?

FLANAGAN: No. It was getting, then, where we had this new hospital, and we had an administrator that was a very tough man. Everybody called him a cold fish [laughing]. The hospital relations weren't too good, and they had people who were favorites. You know, they'd get scheduled ahead of me, for surgery times. So I took a lot of my work to Bandon, and people were glad to go. Everybody would say, "How can you drive to Bandon?" I said, "It's no different than if you live in Lake Oswego and practice in Portland. They're the same distance."

The funny part of it was, I did all my hernias as outpatients, which they're all doing now. But anyway, at that time OPS was paying you by the day.

ASH: And OPS was what?

FLANAGAN: The Oregon Physicians' Service. That's the big insurance that took care of most everybody down there.

So I wouldn't even admit them. I'd have them go to the emergency room, and I'd fix the hernia and take them back, and I wouldn't let them lie down. I'd put them in a chair until the wife came to take them home the same day. Of course, the hospital, some of the doctors would keep them a week or ten days after a hernia. So by the time I retired, OPS changed their payments—now they pay for the case. They pay so much for a hernia. God, the hospital would have just kissed me to come back there, [laughing] because now they're getting them out without any hospital bill.

That was coming up, and, as I say, people just resented change.

ASH: Now, what changes did you see over the years in surgery itself, with the advent of new equipment and procedures?

FLANAGAN: Well, when I first was in surgery, you had to be meticulous with

your entire technique. But later people got a little sloppy because they had antibiotics. [Laughing] If they got an infection, what the hell: give them an antibiotic. I never did like that.

ASH: So when you were first doing surgery you had no antibiotics?

FLANAGAN: Penicillin came out when I was about a senior in medical school. But then you had to present a paper to request it, and it had to go to a committee.

ASH: Why was that?

FLANAGAN: Because it was so scarce. So you had to give all your bacteriological studies and everything and send it to this committee, and they'd decide whether to release the penicillin for you.

ASH: This was a committee here on campus?

FLANAGAN: Yeah, right here, when I was at Multnomah County, when I was an extern.

ASH: And, then, by the time you went into practice, was it fairly available?

FLANAGAN: It was available then, yeah. When I was in the Army—of course, we got it all. The civilians didn't get it, but we had all we wanted. So I got used to having all the new antibiotics first, when they came to the Army.

ASH: Any other big changes in surgery that you recall?

FLANAGAN: Well, there was big change in orthopedics. In orthopedics, you know, like a broken hip was sometimes six months in traction and then a spica cast, and—well, to go back to when I was in the Army. This Colonel Jeffries, in going through these hospitals, he had seen where this Dr. [Gerhard] Kuntscher, a Swede, had developed an intramedullary nail to put down the center of the bone. And he went into some of these German hospitals and said these people were up walking a week or two after a fracture with one of those nails. So he brought some of those nails with him, and he had them in his bottom drawer, and every Friday he would pull that out and say, "God, I would like to use one of those." But I know General Kirk was—he had worked with him. He said, "I know how Kirk would react: he'd run me clear out of El Paso if I did." So we never did.

But a little later he called me when he was at Letterman in San Francisco. They had developed the cloverleaf nail, and so he said, "Come on down and I'll show you how to use it." So I went down and learned how to use it. The next patient I had with a broken femur, I put in a nail and sent him on home in a week on crutches. Everybody thought I was nuts. But changes came on like that, and now everybody's using nails. But everybody said at the time, "You're going to get fat embolism, you're going to kill the guy." But it didn't. So those kinds of changes came along.

And then, as I say, we did lots of gastric resections for ulcers, for which now they do pyloroplasties and gastrectomies. Now they don't even do that, with the new drugs. So those changes all came along.

And I guess gall bladders, now they do them on the scopes. I don't know how they do it, because the circulation around the gall bladder is so tricky, it's awful hard to keep out of trouble when you've got the whole thing exposed, but I guess they do it, and it's been very popular.

ASH: What were the most common surgeries that you did over the years?

FLANAGAN: Oh, gosh. I guess hysterectomies. All of these other doctors would send me hysterectomies; they're mostly elective. But the other stuff in emergency would come and go.

ASH: They'd all be different?

FLANAGAN: Yeah.

ASH: Women in medicine and minorities in medicine. I forgot to ask you if there were any Japanese-Americans in your medical school class.

FLANAGAN: No, but there sure were in intern class. There were only a couple of what we called "howlies," whites. We were three howlie interns. The rest of them were Japanese and Chinese. So I got to know them pretty well.

ASH: Because it was Hawaii?

FLANAGAN: Yeah. They were from Hawaii, and they came back there to intern.

ASH: And we talked about women in medical school. Over the years when you were practicing were there women physicians in town?

FLANAGAN: Yeah. We had one woman that came to North Bend, a surgeon. I didn't think much of her. I had a pretty poor conception of women until we got another—Dr. [Lipman?], she came, and she was one of the most dedicated you've ever seen. She never got herself in trouble; she never did anything she wasn't capable of. My opinion on women turned around [laughing].

ASH: Because of those two women surgeons?

FLANAGAN: Yeah. We didn't have much experience. As I say, she was the only woman doctor in town.

ASH: Now, the other thing here on my list that I need to come back to—because I promised Bob Koler that I would talk to you about it—is Hod Lewis. We talked about him just a little bit, because you only overlapped with him here for a short time, but you did know him personally, as well, and you lived with his family for a while. So any stories you remember that you can tell me about Hod Lewis? He was a big, tall man.

FLANAGAN: Yeah. I think he was six-seven.

ASH: What kind of voice did he have?

FLANAGAN: One of the cultured voices, you know. He enunciated every word perfectly, and he spoke slowly. And I'd never seen him get excited, never seen him mad; I never heard him say a bad word about anybody.

Do you know how he got the name Hod? His name was Howard, and he was named Howard because that was my mother's and his mother's maiden name. So his little brother would call him and couldn't say Howard, so he called him "Hod," so he went on through life with the name Hod, and to everybody he was "Hod."

ASH: Everybody called him that.

FLANAGAN: He had this one brother, Herb Lewis. I think he was about five years younger, six years younger, who also became a doctor.

Have you ever seen—do they still have it over there?—the slices of cadaver encased, all the different slices from the toe to the head?

ASH: Where were they?

FLANAGAN: Right outside the anatomy lab, in the old anatomy lab in the old basic science building. Herbert Lewis did that. He and the janitor at the Medical School did that, froze this guy and cut him up with a band saw and put him in the cases, and we all—gosh, we all used those serial sections of a man.

ASH: Amazing.

Well, what was Hod like? You knew him almost as a boy. You probably knew him as a teenager.

FLANAGAN: I didn't; of course, he was fifteen years older, so I didn't. He was in college when I was a teenager. I remember when he first came back to Coos Bay after he'd been in practice, and he bought a brand new car, a '32 Plymouth. It had four-wheel brakes. I'll never forget that. He took me for a ride in that, and he went up a hill that you usually had to go up in fourth gear, and he went up in second. I couldn't believe it.

ASH: Did he like cars?

FLANAGAN: Yeah. And his boys, Tom and Dick, when they were five and six or six and seven, they knew any car that went by—of course, they lived on a dead-end street, but any car that went by, they knew what it was, what year it was.

ASH: Because their dad was interested too.

FLANAGAN: Yeah.

When I was young, I was kind of sickly, and they took me to the doctor. He listened to my heart, and he said I had heart disease. And so I was kind of a cardiac cripple all through high school. They wouldn't let me play any athletics or anything. So when Hod opened up his office down here, I came up to see him. My mother brought me up to see him and see what he could do about it. He had a little office with Roger Keane. Do you know him? He taught up here, too, then, in internal medicine.

So I went to his office, and he put me up on the table and started listening to my heart, and he looked at me like this, and he broke out laughing. I said, "What are you laughing at? Here I am, I'm going to die of heart trouble." He said, "You know, you've got sinus arrhythmia, but it's perfectly benign." But all these other doctors thought—sinus arrhythmia is the stimulation of the biggest node. When you take a big breath, your heart speeds up, and when you let it out, it slows down. These other doctors had never run in to that, and they just thought I had a bad heart. After that, I did anything.

ASH: He changed your life.

FLANAGAN: Yeah, he sure did.

ASH: What other hobbies did he have besides cars?

FLANAGAN: Photography. He liked photography. He had a Leica camera for taking pictures.

ASH: Mostly recreational or medical?

FLANAGAN: No, recreational. His real hobby was medicine. He lived medicine, and he did up until the day he died.

ASH: So how many hours a day did he put in, do you think?

FLANAGAN: Here at the Medical School? Gosh, I don't know. He was there all the time. There was hardly a day that he wasn't in his office.

ASH: When he came back, did they come back to the same house?

FLANAGAN: Yeah.

ASH: And his son—one son became a physician; did he come back to Portland to practice?

FLANAGAN: No. As I say, he took his residency at the University of Ohio.

ASH: That's right. He's chief...

FLANAGAN: And he's chief of cardiology there now.

ASH: So he's sort of a cousin of yours.

FLANAGAN: Yeah, he's a second cousin. And, as I say, Tom, he lives in Corvallis now. He retired some time ago.

ASH: Well, I think I have gone through all the questions that I have. Are there any other stories you can think of that you'd like to tell?

FLANAGAN: No. About what?

ASH: About the Medical School or medicine in Coos Bay. What was the best case, what was the most interesting case you ever had? This is a tough one, I know.

FLANAGAN: I think it was a policeman. He stopped somebody, an erratic driver, and he took him out on the center line of the highway to walk a straight line, and a car came along and hit him and broke both legs [several words inaudible]. I worked on him for a year. Bone-grafted him and skin-grafted him, and he finally ended up going back to [inaudible]. But that was a long haul. Everybody would tell me to amputate. I said no. That was [several words inaudible].

ASH: An unusual accident, too.

FLANAGAN: Yeah. And it's unusual for somebody to stick with you that long. I'd put a bone graft in and it would slough out, and put another one in and it would slough out. We had the same problem in the military. When they came out—with any amputees, they gave them—Oldsmobile had come out with an automatic shift, and the amputees got a new Oldsmobile. It was terrible for these fellows. Of course, they'd been in the hospitals for a year or so getting bone grafts and skin grafts, and they'd want out. The military wouldn't allow us to amputate, except in an emergency. They had amputation centers, which was a very good idea, so we'd send them there. They'd beg us: they didn't want to go on; they didn't want another operation; they wanted to get an Oldsmobile. And they would sacrifice their legs. So we'd send them to the amputation center, and, of course, they'd send them right back. But it was lucky for us...

ASH: They'd send them back, meaning they wouldn't amputate?

FLANAGAN: No, no. But it took it kind of off our backs.

[End of Tape 2, Side 1/ Begin Tape 2, Side 2]

FLANAGAN: They had this fellow, he was in Bandon and went to Bandon doctors. He had a lesion in the rectum, and so they took a biopsy of it and sent it in to the pathologist in town at the time. And it came back very highly malignant, carcinoma. So they sent him over to me, so I took another biopsy, and I sent one to him and I sent one up to the Medical School. Both came back very highly malignant. So I said, "Well, what we can do, or try to do, is a abdominoperineal resection." That is, you take the rectum out in the lower bowel and bring in a permanent colostomy. So I operated on him, and he was just full, metastases all through the bowel. So I took biopsies of those and sent them up to the Medical School and sent them over to our pathologist: metastatic, very highly malignant carcinoma.

So this guy was an alcoholic, and he just pestered that doctor in Bandon, he wanted to get rid of that colostomy. He said, "Close that damn thing." He tried to explain to him, "We can't. You've got"—we didn't expect him to live through the month. So finally—he was a veteran, so the doctor said, "All right, I'll do it. I'll send him up to the Veterans Hospital." We sent him up to the Veterans Hospital, and we sent all his slides, and they said, "Well, we agree that this is a highly malignant carcinoma, but he's not dead. So we think we'll operate again and just see if there is anything we can do to get rid of this colostomy." They opened him up, and he didn't have a thing. They said they couldn't find any cancer whatsoever.

ASH: Can you explain it?

FLANAGAN: No, we never could explain it, and they couldn't explain it.

ASH: Strange.

FLANAGAN: Very interesting, yeah. Very strange.

ASH: Like a miracle.

FLANAGAN: Yeah.

ASH: And he was done, as far as you know.

FLANAGAN: Yeah. He lived on, and I think a year later he was run over, got drunk and got run over.

ASH: Oh no! You had some pretty odd cases. After the logging industry

diminished in your area and the coal industry diminished...

FLANAGAN: The coal industry is gone.

ASH: What was the dominant industry?

FLANAGAN: Well, it still is logging. Fishing is gone, too, you know. They closed salmon, coho salmon. But the logging was still the foundation of the community. But it's diminished a lot since then.

ASH: Were they getting safer? Did you see an increase in safety over the years?

FLANAGAN: Oh, yeah, yeah. Towards the end they didn't have the serious injuries. We had a lot killed; they'd drop a limb on them or something. I remember this one fellow came in after a [cormie?] accident, and he had a fractured skull and a fractured elbow and a broken leg, and his jaw was fractured, and his whole scalp was just about torn off. So I told them just to take him—we had all these other doctors there—"Just take him down and put him in bed, so he can lay down. He's not going to live through the night." I put a splint on his broken bones, and I went down and sewed up his head through the back of the bed, just to hold it together. The next morning I went down, and he's sitting up in bed smoking a cigarette. I said, "My gosh, you look pretty good." "Oh, heck, this is nothing. You should have seen me after they dropped a coal deck on me" [laughter].

ASH: Tough guy.

FLANAGAN: [Laughing] Yeah, he was. A little guy, but those loggers were tough.

ASH: So then he ended up getting surgeries?

FLANAGAN: Oh, yeah. Then we put him back...

ASH: Put him back together.

FLANAGAN: I got the dentist up and rewired his jaw, and we fixed him up; and he went back to logging.

ASH: Well, I think that, since I've finished my questions, and it's getting on, I'll say thank you so much for doing this. It's been fun.

FLANAGAN: Well, I'm glad it turned out that I could give you some—I told Colleen, I said, "I've got two hours' worth."

ASH: Well, we could go on, I'm sure.

[Tape stopped.]

ASH: Okay. Even though we ended, we're going to start again, because we started talking about Hod Lewis, and his father owned the hardware store in Coos Bay, and we were talking about how tall he was.

FLANAGAN: And his mother was my mother's sister. She was, oh, probably five-ten. She wasn't as tall. And his father was real short; Uncle Ed was real short. And we never could figure—and Herb, his brother, and, then, he had a sister, Eleanor; and Herb was actually shorter than I am. I used to be six feet, and I think I've shrunk a little. And he was shorter than I am. Of course, Eleanor was, too.

ASH: Was there any other tall person in the family?

FLANAGAN: Not that we can figure. His mother was Phelps, that's where he got his middle name, Howard Phelps Lewis.

ASH: Was that any relation to Grace Phelps, the nurse supervisor here?

FLANAGAN: I doubt it. I never heard him say anything. I think they came from Nebraska. And I don't think they're tall people. He just turned out that way. And intelligent, too.

ASH: Were the sons tall?

FLANAGAN: No. No, they're both—well, Tom, he's probably six-one. But Dick I think is probably five-ten, five-eleven.

ASH: It is odd.

FLANAGAN: [Laughing] Yeah, it is.

ASH: So he came out of the hardware business?

FLANAGAN: Yeah. That's his father. In fact, we always used to laugh because when he was a kid, every Christmas vacation he had to go count the bolts for inventory. They had big bins of bolts you'd count and then put a note in there of how many, for the inventory. And, then, when Herb came along, he'd count the bolts, and later I counted the bolts.

ASH: You inherited the bolts.

FLANAGAN: And Hod used to laugh about the old bolt counters.

ASH: Well, what do you think might have inspired Hod to go into medicine?

FLANAGAN: Hod wanted to be a doctor, and his father didn't want him to, so Hod graduated as a chemical engineer from Oregon State. He still wanted to be a doctor, and he talked his father into it. So he went back and went to medical school. But he graduated as a chemical engineer.

ASH: So he hadn't had the same premed courses that most people take.

FLANAGAN: No, he had to take a lot of those and start over.

ASH: Did he go back to college to do that?

FLANAGAN: Yeah. His father agreed by that time, "If you want to do it that bad, go ahead." But his father had always wanted him to be—well, in fact, my father wanted me to be a mining engineer. He said, "You're crazy to go into medicine."

ASH: And why do you think the two fathers thought that way?

FLANAGAN: I don't know. I think I would have been very happy as a forester, but I never thought of it. There wasn't any such thing as forestry then. But I could have been very happy as a forester. Not as a mining engineer; I don't care for that.

ASH: Was engineering considered a better profession than medicine?

FLANAGAN: Yeah.

ASH: Why?

FLANAGAN: I don't know why they thought that. Well, the old family doctor, you know, they didn't make much money, and they worked awful hard, and it was a tough life, and they just wanted to spare me from that.

ASH: I can see. Well, thanks.

[End of interview]

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