

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

*Ambrose "Bucky" Shields*

Interview conducted April 7, 2004

by

Richard Mullins

## SUMMARY

In this interview, Dr. Ambrose “Bucky” Shields recounts experiences from his medical education, his surgical training with Dr. Thomas Joyce, his private practice with the Portland Clinic, and his occasional affiliation with the University of Oregon Medical School. Primarily, he focuses on his military experiences with the 91<sup>st</sup> Evacuation Hospital during World War II.

The interview begins with Dr. Shields talking about his childhood in Kansas and the local country doctor that piqued his interest in medicine. Shields came to Oregon in 1941 for a rotating internship, and became interested in surgery through working with Dr. Tom Joyce. He tells many stories about Dr. Joyce and talks about the types of surgeries they performed.

Dr. Joyce was the one who operated on Dr. Shields in 1942, repairing a hernia that would otherwise have kept him out of active duty. Originally stationed at Fort Riley, Kansas, with other members of the 46<sup>th</sup> General Hospital, Shields was soon transferred to Fort Knox, Kentucky, to serve with the 91<sup>st</sup> Evacuation Hospital. He remained with that unit throughout the war, and received five battle stars by the end of hostilities in 1945. He recounts numerous stories from his time overseas, tracing the unit’s path from Morocco to Sicily to Swansea to Normandy to Germany, through major battles and into concentration camps.

Upon returning to Portland after the war, Dr. Shields entered into private practice with Dr. Joyce at the Portland Clinic. He talks about the changes in various surgeries over his years of practice, about the relationship between the Clinic and the Medical School, and about chairs of the Department of Surgery at UOMS from Joyce to Krippaehne. He describes the first pneumonectomy performed in Portland and some of his experiences with polio cases in the years before the vaccine became widely available.

Finally, Dr. Shields reflects on the evolution of the doctor-patient relationship over the course of the twentieth century, noting that in order for medicine to survive, doctors must remain more than timekeepers.

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Interview with Ambrose (Bucky) Shields, M.D.  
Interviewed by Richard Mullins, M.D.  
April 7, 2004  
Site: OMA Headquarters  
Begin Tape 1, Side 1

[Editor's note: There were other people in the room during the interview. A question from one of them, Carrie Willman, is captured near the end of the interview. Matt Simek, video producer, also contributes a question at the end.]

MULLINS: Well, Dr. Shields, can you tell me where and when you were born?

SHIELDS: I was born in Kansas, August 10, 1914.

MULLINS: Were you born in a hospital?

SHIELDS: Are you kidding? No, I was born on a farm, the seventh of nine children.

MULLINS: Was there an event that occurred in relationship to your sister?

SHIELDS: Yes. I had a redheaded, freckle-faced, barefooted sister. When the doctor came, he said, "Now, if you want to keep the baby, you've got to give me five fryers." So when the delivery was over, he came out, and she had been running these chickens down, and she was sweaty and blowing hard, and she said, "I'm sorry, I could only catch three" [laughs]. And he said, "Well, I guess three will be enough. You can keep your brother."

MULLINS: And did she remind you of that on occasion?

SHIELDS: *Every* time that there was something that she had to do, she said, "I'll never forgive you."

It might interest you to know that doctor delivered all nine of the children. There were no prenatal exams or care, and it was a ten-dollar fee, even for the twins. All delivered in the home.

MULLINS: Were you the first member of your family to go into medicine?

SHIELDS: The first.

MULLINS: How did that come about?

SHIELDS: I must say that I admired the old doctor. You never called a doctor unless you were pretty sick. When he was walking in the house, you started feeling better. You knew—and he made everybody feel better. He may not have given them anything except a lot of confidence. We had no specific drugs except quinine and digitalis. But I always admired him. Everybody in the country admired Dr. Casto. If you paid him something, that

was all right, but he'd take care of you regardless. And he made country calls, or house calls. And I thought, well, gee, that would be nice, to be looked up to and be a society member that was doing things for people and that would make them feel better. You were relieving them. And I don't know, I was about eight, nine years old, I guess, and I decided, well, if I could become a physician, that would be nice.

MULLINS: So you graduated from high school in your hometown?

SHIELDS: I graduated from high school

MULLINS: Did you live on the farm the entire time?

SHIELDS: On the farm for eighteen years. In 1932, I had to stay out a year because I didn't have any money to go to school, go on to college, and then in '33 I had a job as—you folks probably wouldn't remember how tough it was to have a job in '33. I had a job working for a dollar a day doing all types of manual labor. I had to walk a mile and three-quarters to and from, and I got my lunch.

I was able to save thirty-seven dollars and twenty-five cents, and I went away to the University of Kansas. I had a job working for my board and room, and part of the job was milking a cow twice a day, helping with the washing. And once I got established on the campus and got acquainted with the alumni association's employment office, I kept busy.

MULLINS: What did you study at the University of Kansas?

SHIELDS: The first three years were premedics. I could have—I finished my premedical course in two years, but I didn't have enough money to go on into medicine. With two years premedics, you were—if you had the sixty hours that were required of a premedical course, the medical school would admit you.

MULLINS: So did you go to medical school for three or four years?

SHIELDS: Four years.

MULLINS: Where was the medical school located?

SHIELDS: The first year and a half was at Lawrence, on the campus there, and the last two and a half years were in Kansas City.

MULLINS: Where in Kansas City?

SHIELDS: Kansas City, Kansas, just right on the state line with Missouri. Thirty-Ninth Street.

MULLINS: Was there a hospital with the medical school?

SHIELDS: Yes. It was called Bell Memorial Hospital. At that time, they had—the professor of medicine was fulltime and the professor of surgery, pathology, and—no, the orthopedic service was part-time.

MULLINS: What do you remember about your surgical rotation as a medical student?

SHIELDS: [Laughs] The senior year, I was an extern at one of the hospitals, a Methodist hospital. There were four of us over there, and we were doing interns' work. We got our board and room and ten dollars a month. And our laundry; I must mention that. And we got to do really more surgery and medicine, learned a lot there, than we did in the senior courses over at the medical school.

The best course I took at the medical school was pathology. I think I learned more about medicine from pathology. And the dean of the medical school, Dr. Wahl, was the superintendent of the hospital, as well as the professor of pathology. He was a great man. He'd graduated from Western Reserve. Just to show you what kind of a fellow he was, during your junior year he would invite two medical students out to his place for dinner, until the whole junior class was taken care of. He'd show them a good time to get acquainted with them.

And if you needed a job, you'd go to Dr. Wahl and say, "Well, I'm running short." And I remember what he told me. He said, "How would you like to exterminate cockroaches?" I said, "Fine." "Well," he said, "Your job will be to take that pyrethrum powder and go around to all of the kitchens in the hospital and spray cockroaches." Well, not only was it a nice job, but I got to clean up all the trays that hadn't been used. [Laughs] The girls knew me, and so I lived pretty high on the hog.

MULLINS: What year did you graduate from medical school?

SHIELDS: Nineteen forty.

MULLINS: Did you decide then to be a surgeon?

SHIELDS: No. When I graduated, what I wanted to be was a diagnostic cardiologist.

MULLINS: What happened?

SHIELDS: I came out to Portland, and in my service with Dr. Joyce I saw, gosh, this would be something to do. Not only was he a great diagnostician, had a huge practice, but he was a terrific surgeon technically, as well as his postoperative care and attention. And I thought, well, gee, that would be a nice service to be in.

I knew that the war—we were going to be in the war, and his first assistant belonged to the Reserve, and he was ordered to active duty in the spring of '41. Joyce stopped me and he said, "Are you married?" And I said, "Yes." And he said, "Do you belong to the Army?"

I said, “No, but I suspect I will be.” He said, “Don’t do it now. I’ve got a job for you.” And I didn’t know what the job was, but he told me to report the next morning after I was through with the internship.

Lord God, he had this load with a couple of goiters to start with. [Laughs] I’ll never forget, I was a bit shaky. And we used to use through-and-through sutures for stay sutures to protect—and it was a custom to have a big needle, arc needle, with heavy silk, and you’d make two sutures from that. Well, you were supposed to grab the end, put a hemostat on that, and then when he pulled the thread through on the other side, you put two clamps on it like this and gave that clamp a flip to throw it over. So I thought I put the hemostat on the end that was loose, I gave it a flip, like this, and the hemostat went on the floor and the thread stripped out. And he leaned back and he said, “Shields, you goddamn fool.” Well, that made me a little shakier, but I kept on, and when we finished the case, he called me out in the hall and he said, “Now, listen, Shields, anything we say in there goes no further than that door.”

MULLINS: So why did you come to Portland, Oregon, from Kansas?

SHIELDS: I hadn’t been any further away than Texas and Missouri, and I heard so much about Oregon being a beautiful place, and I thought, well, I’ll just do a year out there and enjoy everything and then I’ll have to go away to war.

MULLINS: When did you meet Mrs. Shields?

SHIELDS: Oh, I think in about 1934.

MULLINS: When did she agree to marry you?

SHIELDS: I think in the spring of ‘40.

MULLINS: So just as you were graduating from medical school?

SHIELDS: Yes. She finally agreed. I conquered her then. I had to chase her.

MULLINS: What did your mother and father say about you moving from Kansas to Portland?

SHIELDS: My father was dead, and my mother said, “I hate to see you go so far away.” She said, “I always hoped all my children would be close.” And she said, “Now they’re spread to the seven seas,” which they were.

MULLINS: So when did you first meet Dr. Thomas Joyce?

SHIELDS: Oh, I suppose it would have been in February of ‘41.

MULLINS: He was a graduate of Notre Dame and the University of Michigan.

SHIELDS: True.

MULLINS: He had been trained as a surgeon at the Mayo Clinic. Did he talk to you about his training at the Mayo Clinic?

SHIELDS: Oh, yes. We had quite a few conversations about that. One of them was he said that he was the assistant to Dr. Will, and he said Dr. Will came in one morning and he said, "Well, we've got a new thing to try today." And that was a vaginal hysterectomy. Nobody had ever done a vaginal hysterectomy. And that's the way we used to do them. And that's when you had a complete prolapse, practically, put on a few clamps and did some sewing, and it would take maybe twenty minutes. And he used to say, "You know, Shields, it's a shame to take a fee for this."

MULLINS: Dr. Joyce move to Portland in 1914, so when you saw him, he had been in practice twenty-five years. Had he been very successful?

SHIELDS: Very successful, very successful. They started the Portland Clinic I think in 1924, if I'm not mistaken. There was Dr. Joyce, Dr. Jones, Dr. Selling, and Dr. Kistner.

MULLINS: Dr. Joyce became involved at the University of Oregon Medical School in what year, do you know?

SHIELDS: I have no recollection of that. I don't know that I—

MULLINS: It said that he was appointed by Richard Dillehunt.

SHIELDS: That's right.

MULLINS: Do you remember Dr. Dillehunt?

SHIELDS: Just vaguely is all. All I remember is that he had been diagnosed as a bad heart, and what it proved to be was reflux esophagitis with angina.

MULLINS: And he appointed Dr. Joyce and wrote an obituary. I'd like to read you some of the things that Dr. Dillehunt said. He described Dr. Joyce as his good friend. "Ebullient at times and always volatile, our relations on occasion led to violent, acrimonious and profane collisions beyond description." Does that sound surprising to you, Doctor?

SHIELDS: Not at all. I remember a little Jewish lady that had a huge ovarian tumor. You know, these doctors don't see these nowadays. But when we took it out and rolled it over into a dishpan, it was like this [demonstrates]. Well, as we always had to do as assistants, you had to go back to the hospital in the evening, no matter when you finished at the office, and make rounds, and you saw all the patients that had been operated on that day and the day before, and any other patient that was sick.

I went into this room. She had a private room, and, as usual in post-op, I put my hand on her abdomen to see if it was soft. Gee, she raised hell, screamed. The next morning, when we started to make rounds after surgery, I knew that Joyce was a little distant about something. I detected that something had happened. Well, the old nurse, Faith Johnson, that used to follow the patient and make rounds with us, she said, “You know, that lady in there, in 357, is really upset with you.” So when we went to go in, Dr. Joyce, he said, “You don’t go in there. What the hell’s the matter with you? You upset her.” I said, “All right.” So I stayed out and didn’t go in. He went in, and he put his hand on her belly, and she screamed to beat hell, and the next thing, he came out and he slammed the door. His face was florid, and he said, “That goddamn bitch. Christ himself couldn’t please her.” And I said, “Yeah, that’s what I thought” [laughs].

MULLINS: So he had kind of a short temper. Did he use it often on you?

SHIELDS: No; that one time. He never really got angry with me. But there was one thing about him. He would always take the patient’s side first. And he was very defensive of his patients [laughing] until they would get—like this lady did. But that was why. He was to the point, and he didn’t make any excuses for it.

MULLINS: Well, weren’t you his patient once?

SHIELDS: I tried to get in the Army right after Pearl Harbor. We all went down to sign up, and Sam Diack, my next-door neighbor there, did my physical, and he had to report a hernia. I knew I had a hernia. I’d passed one exam from an Army doctor. He didn’t find it, and I didn’t tell him. So I told Dr. Joyce that I was refused a commission in the 46th because of the hernia, and he said, “Well, hell, we’ll fix that.” So the next morning, after we got through surgery, I crawled up on the table and he fixed my hernia.

MULLINS: Well, what are your recollections of having Dr. Joyce as your surgeon?

SHIELDS: It didn’t last long. And, of course, at that time we oftentimes took a strip of fasciola and used it on a gollie needle to sew up the hernia. There wasn’t anything to it, except in those times you had to stay in bed for two weeks after the repair. And Lord have mercy, when you got out of bed after being in there two weeks, you were a little weak. It wasn’t until after we came home from the war, when we had to get patients up and ambulate them, that we decided that’s the best thing to do.

MULLINS: So you spent two weeks in—was this early 1942?

SHIELDS: It was, and I had to wait three months before the Army would reconsider me.

MULLINS: Dr. Joyce had been a member of Base Hospital No. 46 in the First World War. Did he ever comment on his recollections of that?

SHIELDS: Yes, he mentioned about some of their cases. I remember that Dr. Blair, who was an orthopedic surgeon, was in the 46th with Dr. Joyce, and they had a confrontation about a patient—which sounded normal. Anyway, Dr. Joyce was telling me about it. He said, “Dr. Blair stood outside the tent and said, ‘Major Joyce, Captain Blair would like to have a word with you.’” Very formal. And he said, “Yeah. Well, what’s your problem, Harry?” He said, “Captain Blair wants you to stay the hell away from that patient. I’m taking care of him” [laughs]. And he said he laughed and said, “Aw, come on in the tent and have a drink.”

MULLINS: Was he giving you any advice as you went off to war? Dr. Joyce.

SHIELDS: No, he didn’t have much advice. He just said, “Shields, I want you to go down to Nudelman’s store, and I want you to get everything you need to report to active duty. That includes your blouse and pinks and your field coat, your cap, whatever you need. I want you to have it on me, but you have to promise me one thing. You’ll put them on and come down and see us before you leave.” So I put those on. I felt pretty important. I went down, and he looked me all over, and he came over and shook my hand and he said, “God, I hate to see you go, but I know—” He said, “I wish to hell I was going with you.” And he had tears streaming down his cheek. He said, “Just remember what you’ve learned and stay with it.”

MULLINS: You had done an internship.

SHIELDS: Yes.

MULLINS: Some surgery in your internship, or not?

SHIELDS: No. We were assigned to various services. Now, Dr. Joyce had a surgery service that you served on six weeks, and that was a big service, because you’d have thirty-five or forty patients in the hospital. Then they had the orthopedic service of Blair and Thatcher, which was the same; and then there was the OB service; and then medical service.

MULLINS: Was this St. Vincent’s-based?

SHIELDS: Yes, St. Vincent’s.

MULLINS: And then you did this, what did you call it, assistant to Dr. Joyce?

SHIELDS: Yes. It was a preceptor.

MULLINS: And you did that for one year?

SHIELDS: I did it from ‘41 until active duty, just about a year.

MULLINS: And you had that externship.

SHIELDS: Yes, I'd had the externship in Kansas City.

MULLINS: Okay. So then what happened when you went off to war?

SHIELDS: I had to go back to Kansas because we reported at Fort Riley, and, of course, that was my home, Kansas. And my wife was eight months pregnant, and she went back on the train, at the advice of the OB man, and I took my car. I drove alone back there and reported for duty.

I must tell you that the fifteenth of July in Kansas isn't exactly a beautiful place. And I had stopped at the Pendleton camp and bought some khakis, because the orders were that you were to report to Fort Riley in formal, a blouse and pinks, *wool*. And those boys from Oregon, when they landed there on the fourteenth in Kansas at Fort Riley at four o'clock in the morning, it was ninety-five degrees. And a lot of them had hangovers, and in those woolens it was a little unpleasant. Well, I had worn khakis as far as the little town of Riley, outside the fort, and I went over in the woods and changed to my blouse. Well, I got in there about eleven o'clock, I guess, and they assigned a man in fatigues, one of our enlisted men, to take me up to headquarters to sign in. And here I was with this garrison cap, blouse, and pinks. It was only a hundred degrees.

MULLINS: What happened after that?

SHIELDS: After that we had basic training, shall we say, at Fort Riley. And then, as the unit—the table of organizations only called for so many lieutenants, so many captains, you know, and we had an overage of first lieutenants and they had to get rid of six, so six of us were ordered to Fort Knox for the 91st Evacuation Hospital.

MULLINS: That's the unit you were with the rest of the war?

SHIELDS: Right.

MULLINS: What happened to the Oregon 46th?

SHIELDS: They stayed at Fort Riley for a year, bickering and all of that that goes on with idle doctors, [laughs] and they finally were ordered to North Africa, and they got over to Oran. We went by there on our way from Sicily up to England in '43, but we didn't stop.

MULLINS: So the 91st Evacuation Hospital, when did they land in North Africa?

SHIELDS: We landed in Casablanca Christmas Eve 1942.

MULLINS: Where did you set up the hospital?

SHIELDS: I want to tell you that we were the only unit that got off of a ship wearing formal gear. The old colonel said we had to wear our blouses and pinks, shined shoes,

garrison caps. And as we marched off the pier and up the street, here were all the Arab—the kids were begging for bonbons and hollering, “Tom Mix, shoot ‘em up. Tom Mix.”

And then is when I learned that they must have beautiful oranges in Casablanca, because when we were in the harbor we had been handed bushels of oranges with NRA on them. Dr. Jim Wood and I are the only ones in Portland that know what NRA oranges are. That was a freebee during the hard times of Franklin Delano. Anyway, we had all these oranges, and there were Arabs in canoes and boats all around our ship, and we were looking over the side, waiting to disembark, and we threw oranges to them. They’d be in the water, and they wouldn’t even pick them up. After we got out to our camp, we found out why: because these Arabs were out there with their baskets with these beautiful oranges that grew there in Casablanca.

MULLINS: So you set up your hospital—

SHIELDS: Not in Casablanca. We had to wait for our supplies to arrive, and they had trouble with stevedores, a lack of help to unload. We were in Casablanca for—just in a bivouac area, in pup tents and eating K rations. I remember the radio said that “Every soldier overseas will be eating a turkey dinner and a pumpkin pie for Christmas dinner.” I sat on a rations box, eating K rations with Arabs begging. That was the best turkey I ever had.

MULLINS: So when did you move out from Casablanca?

SHIELDS: We moved from Casablanca to Port-Lyautey, and we set up in an old French barracks in the cork forest in Port-Lyautey. It took us six hours by train to go the ninety miles from Casablanca to Port-Lyautey. A very good experience. And so we made this old barracks into a hospital in the cork forest. We were there to support the Army group that was protecting the border of Spanish Morocco. They were afraid the Germans would circle around from Oran and come in through Spanish Morocco and cut them off from the rear in Algeria.

MULLINS: So did you see many injured soldiers?

SHIELDS: No, not at Port-Lyautey. The only injured soldiers we saw were from truck accidents. Then there was an American soldier that got a little bit drunk, and a train ran over him and cut off both legs. There happened to be French soldiers nearby, and they put tourniquets on him, and we reamputated him. But those were the only casualties that we had there.

MULLINS: Now, you went on to Sicily.

SHIELDS: Right. We went from Port-Lyautey up across Algiers to Oran, and just beyond Oran there was a place called Mostaganem. We set up our hospital in an old racetrack and used the stadium for the operating room. And it got to be known—it wasn’t Mostaganem, it was “Musty Gonads.” And that’s the place, and that’s where our Army headquarters were located, and Patton was the general.

MULLINS: Did you see many casualties from the war there?

SHIELDS: No. Again, all the casualties were from wrecks.

MULLINS: When did you participate in the invasion of Sicily?

SHIELDS: In July of '43.

MULLINS: Where did you land?

SHIELDS: We landed at Licata, on the south shore. The hostilities were practically all inland from there. Licata—our sister LST was sunk beside us by a bomb. I think ours—that one was number 313. If you've never ridden in an LST, you've missed something. If you are a victim of motion sickness, there's the place to go.

MULLINS: Landing ship tanks. They were used for hospitals?

SHIELDS: When we were assigned—you see, when we were at Mostaganem, the Navy needed some doctors to be present on the LSTs when they invaded Sicily. Then they would bring casualties from the Sicily invasion front back to Tunis.

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

SHIELDS: So there were six of us on our team, with enlisted men, were sent to Bizerte, right there in the Bay of Tunis, and there was a Navy station there. We were assigned to the Navy, and each team was assigned to an LST. We were to go in with the invasion and then bring back casualties. Well, there weren't any casualties. The only casualties were those that were produced when the Navy and—the guns opened up on the 82nd Airborne flying overhead. They mowed them down, you know. So we didn't see any casualties. We didn't have to take any aboard.

We went from Licata up over the mountain to Palermo, and we set up our hospital in the University of Palermo.

MULLINS: Did Dr. Edward Churchill visit your hospital?

SHIELDS: He did, in Palermo.

MULLINS: Dr. Churchill was the consulting surgeon and professor from Harvard. Can you tell us about that?

SHIELDS: I can say that we had a major that had rank but no knowledge, and he thought he was a great doctor. I recall we had this patient that had fluid in the chest, and Dr. Knapp had operated on him, and he found—the guy had been shot in the belly, a hole in his stomach. Dr. Knapp closed the hole and closed the guy up, and then the patient developed

fluid in his chest. Churchill was reviewing this case, and Dr. Knapp says, “I don’t understand why he’s got fluid.” Dr. Churchill said, “Well, Dr. Knapp, how did that stomach just have one hole in it if it was a bullet or a fragment?” He said, “Don’t you suppose that that went through and through? Did you look on the back wall of the stomach?” “No, I didn’t, I just closed this one. Got in and got out.” Well, he said, “That’s where your problem is. He’s got an infection below the diaphragm and above.” And he was nice about it, Churchill was.

MULLINS: Did you use blood transfusions in Sicily?

SHIELDS: No, none.

MULLINS: So if a patient was shot and in shock, what would you do?

SHIELDS: Plasma, brother, plasma. Plasma was the answer to everything.

MULLINS: Did you think that some of the patients in the war who died with plasma would have survived if they would have had blood transfusions?

SHIELDS: Absolutely, yes. Sure.

MULLINS: So what happened after Palermo? How long were you there?

SHIELDS: We left Palermo November the sixteenth, 1943—no, November 11. I remember it was Armistice Day.

MULLINS: How did you leave? On a boat?

SHIELDS: We left on a boat, the *Santa Rosa*. The sister ship had been sunk, coming into the Mediterranean, by a torpedo plane, so this boat had to take double. We had eight thousand soldiers aboard when we were only supposed to have four.

This was an experience. I was a motion sickness character. God, all I had to do was look at the waves and I got seasick. So I was out on the bow on a Sunday night, and I looked over the side, and here was a periscope. I yelled, and they said, “Oh, that’s all right, that’s a friend. That’s a Greek submarine. They’ve already let us know.” And we were just at the east end of the Straits of Gibraltar.

The next morning we were out, just had passed Gibraltar, and I was seasick and I was down in my bunk, and we had a drill—we always had boat drills—and this thing went off, and I stayed in my sack. It wasn’t long until there was an Army major and a Navy officer come in, and they said, “Captain, why aren’t you out on deck?” And I said, “I don’t give a damn about that. I’d rather go down than go out there. I’ll go down with the ship.” And about that time there was this real sharp ping on the hull of the ship, and I said, “What’s that?” And they said, “That means something.” And, man, they took off, and so did I. I got out on deck—I was supposed to be on one of the safety boats, lifeboats, as the commander. I

ran to my boat, and all this water was spraying in the air off about a quarter of a mile, maybe, and these ash cans in the air. And it wasn't long until there was an oil slick. They'd sunk a submarine.

And you know what? I never had another attack of seasickness. We went up in the North Sea all the way around, and it was rough. I could sit there, and one time the eggs at mess would be here, and the next time they were up here looking at me. It didn't bother me a bit.

MULLINS: Were you nervous when you were traveling like that?

SHIELDS: No, not after that.

MULLINS: Did you feel like you were a victim, or what did you feel like?

SHIELDS: I just figured, well, if the time comes, it comes.

MULLINS: So you arrived in England in November.

SHIELDS: November '43. Swansea.

MULLINS: Where did you go?

SHIELDS: We went to Tortworth Court. It was halfway between Bristol and Gloucester—well, anyway, it was about twenty miles either way from the pub.

MULLINS: So you sat there and waited for the invasion.

SHIELDS: We did. We played volleyball, darts, and went to the pub.

MULLINS: Did you write letters to Mrs. Shields?

SHIELDS: Oh, sure, you wrote letters.

MULLINS: Did she write you?

SHIELDS: Yes.

MULLINS: How long did it take?

SHIELDS: I'll just give you an example. We landed in Casablanca Christmas Eve, and it was in March before I had any communication from her.

MULLINS: Was your son born before you left?

SHIELDS: He was born a couple of weeks before I left.

But I must tell you that we were there in the castle, and we only had two meals a day. There were two hospital units. There was the 128th that was the same size, and we were both billeted in the castle, and we only had two meals a day. Well, we were hungry for a lot of things, and just before Christmas I got a fruitcake, and then I had a tin, container, about like that. And you shook it like this, and it gurgled. We were tired of scotch whiskey, and I thought, “Oh, boy, somebody sent us a bottle of bourbon.” And my six roommates, they were shaking it, and said, “Come on, Bucky, let’s open this.” Well, we opened it, and it wasn’t whiskey. It was bread and butter pickles. Golly, she couldn’t have sent me something that we all enjoyed any more. If you don’t think they [laughs]—they were seasoned just right.

MULLINS: So the food wasn’t that great in the Army in those days.

SHIELDS: It didn’t make that much difference, really. Brussels sprouts and potatoes and some lamb. But the British were good to us. Gosh, they didn’t do any better. We did better than they.

MULLINS: Tell me about the twenty-mile walk to the pub.

SHIELDS: Oh, that wasn’t twenty miles. It was about a mile through the field, if you cut through the field and went up the road. Dr. Fox and I were—you know, we had daylight saving time, which was two hours, and by ten o’clock the sun would just be going down. Well, the pub closed at ten, and Fox and I were walking down this asphalt road, a little narrow road, and, Lord, what comes up in front of us, a big green Cadillac with a star on it, one star. They stopped and said, “Where the hell are you guys going?” “Well, we’re going over here to Tortworth Court.” And it was—oh...

MULLINS: Dr. Dunphy?

SHIELDS: No. Who was the professor of surgery at Pennsylvania?

MULLINS: Rhodes—not Rhodes.

SHIELDS: Earlier than that.

[Pause.]

MULLINS: Eisenhower’s surgeon.

SHIELDS: No. Anyway, they said, “Get in. We’ll take you over.” Cutler, Elliott Cutler.

MULLINS: Oh, Elliott Cutler. Oh, I’m sorry.

SHIELDS: He was a general.

MULLINS: He was the one brigadier general of the Medical Corps. He was from Boston, yes.

SHIELDS: And he said, “Where are you fellows from?” We weren’t allowed to say that we’d been down in the African campaign. That would be aid to the enemy. So we just kind of said, “Well, we’re over here at the castle.” “Well, what do you know, what do you know? How do you take care of fractures?” “Well, we put on a Tobruk splint for a thigh.” And old Cutler said, “Well, there isn’t anything to this fracture business.” He said, “You just put the two broken ends together and hold them. That’s the treatment of fractures.” And they said, “You fellows got anything to drink?” “We just had a couple of beers.” “Well, fine. Good luck to you guys.”

And then—oh, I can’t think of this little short fellow’s name. He said, “How did you find things down in the Mediterranean?” They knew we had been in Africa.

But that was an encounter that was rather interesting for us. It kind of broke the monotony.

MULLINS: Were you doing much training in England?

SHIELDS: The enlisted men were taking walks; the officers didn’t do any training except—well, Dr. Pearson, for instance, was training for the Board of Surgery.

MULLINS: Did you do an appendectomy while you were waiting?

SHIELDS: No, but we did an appendectomy on the invasion to the beach [laughs].

MULLINS: So June 6, 1944, where were you, Dr. Shields?

SHIELDS: Southampton. We left from Southampton on the eighth and we landed in the Utah Beach on the ninth. That was interesting. Never in my life did I see so many vessels. I mean, the sea was covered. And it was sight to see those battleships fire broadside. They would be way off there, and you could see the roll, you could see the brown blast, muzzle blast, and then, at seven hundred and some feet a second, the sound would come in. They were firing—some shells were landing in the water around the various boats. I never saw one hit, but we pulled right in next to a ship that was loaded with hundred octane. A tanker.

MULLINS: What ship were you on?

SHIELDS: The *James Wolfe*, a merchant ship. I won’t forget that. We were supposed to have been met by stevedores, a port battalion that would unload our ship. It didn’t show up; something happened. So we were off there, anchored. They did get a ship-to-shore vessel to take the enlisted men and the nurses off. They put them on shore, and then the officers had to stay aboard until we could unload our hospital.

They didn't show up, and the old captain said, "Look, you guys have got to get this thing unloaded, because I'm due back to Southampton Tuesday." This was on a weekend. And these stevedores are the merchant marines that were aboard. They refused to do anything because they hadn't the word as to whether they would be paid double time in addition to their hazardous pay to be in the zone.

We had one officer who had worked as a longshoreman, and he knew how to run a windlass. So we got that wound up, and we'd drive our six-by-sixes in this net with the windlass, put them over the side into a—oh, it's not as big as an LST; each one of these would haul five six-by-six trucks—and then go into the shore. And you let down an anchor and let the ramp down and drive the trucks off on the beach, and then you turn it back, it pulls you back, and you go back and get another load. So we unloaded our hospital ourselves. Each officer had to—we had a driver, the truck driver was with us.

MULLINS: So this was a full hospital, an evacuation hospital?

SHIELDS: We set up, and we could take care of four hundred patients.

MULLINS: Were you immediately busy?

SHIELDS: [Laughs] By the time we got out in that meadow, we had over four hundred casualties laying on the grass in litters, blankets. Some had tourniquets on that had been on for the forty-eight hours; they were wounded.

MULLINS: How long did you work?

SHIELDS: We were supposed to be on twelve hours and off twelve hours, but for the first—I worked for about seventy hours straight through. I couldn't tolerate—I couldn't go to sleep thinking that there were fellows down there that needed a dressing changed.

And to show you—I had a fellow that was practically bled out, and the blood we got, bagged blood, had clots in it, and this guy needed it. Well, I got one of those irrigating—that you used in urology for—with a tube on it, and I filled it with sponges, four-by-fours, and I poured the blood in there and strained it, and I gave it to this fellow. He had a big hole here in his chest—and, incidentally, his name was Perez—and he had this sucking wound. I gave him this blood, he snapped out of it, we closed his wound, drained his chest.

MULLINS: How did you drain his chest?

SHIELDS: With a tube, because we didn't know about whether he was going to develop a pneumothorax, you know.

MULLINS: Did you connect that to some sort of bottle connection?

SHIELDS: Put the tube in there and run it over into a bottle.

MULLINS: How long were you in the meadow at Utah Beach?

SHIELDS: We were there about a month. Then we moved up to Pont-l'Abbé, and that's where we got into the real heavy casualties. These that I'm telling you about that were in the field were old casualties, and, in addition, we had a new. Now, that is at Sainte-Mère-Eglise. That's the place where the German spy was dressed as a nun and was in the steeple of the church.

MULLINS: Did you ever treat any German wounded?

SHIELDS: Lots of them, lots of them. That's where I learned not to hate. I saw these German fellows, and I'll never forget this one. He was laying on the litter, and he was shot up. He'd been laying for quite a while, and he was a farmer from up around Kiel. He had a family. I could see that he was thirsty, and somebody had dropped one of these cinnamon balls that you got with K rations. It was laying in the grass beside his litter, and he was trying to get that. And I said, "Are you thirsty?" "Oh, yes. Hungry, yes." And you thought, my God, you know, that could be one of yours. He didn't want to fight the war any more than we did. And it seemed to me that their blood was the same color as ours.

You know, we captured some German first-aid men, and they helped in the surgery and they helped serve the mess, and when it came time to trade them back for our army first-aid men, they didn't want to go. They wanted to stay with us.

[Laughing] This is funny. Of course, everything was a blackout, and we had these German prisoners that were litter bearers, and they would carry the wounded from the operating table back to the tent, recovery tent, or the dead tent. Well, this patient I operated on, I went around the next morning and tried to find him on the ward and I couldn't find him. Then I heard some yelling going on over in the dead tent. I went over there, and there were four or five dead, and this guy was on the litter yelling. And I said, "What happened to you?" He said, "Well, when I came to, I wanted to smoke a cigarette." He said, "I nudged this guy next to me, and he didn't respond." And he said, "When it got light enough, I could see they were dead and," he said, "I was afraid they were going to call me dead."

And what had happened, the German prisoners didn't understand; they took him to the wrong tent. And you can imagine the fellow's anxiety. All in a day's work.

MULLINS: What operations were you doing?

SHIELDS: Mostly debridements, taking care of compound comminuted fractures. We had a few belly cases, but most of the acute chest and bellies were—a lot of them were taken care of at the battalion aid station, or the "clearing company," they called it.

MULLINS: Then where would they go?

SHIELDS: Then they'd be evacuated to us.

MULLINS: So they had already had an operation when they came?

SHIELDS: Yes, but, for instance, this one fellow that I had was a first-aid man, and he was out to administer aid to one of the soldiers, and he was shot through the arm. The arm was flapping, and he tried to run, and he was bleeding so the blood was coming in his face, so he lay down and took his knife and cut the skin, this worthless arm. And he was back in the battalion, or the clearing company. Some soldiers found him and took him in. While he was there, they had a shell fragment—a bomb hit close, and he took a shell fragment that went in through his bladder and the urethra. So they had to ship him back, and I took care of him. I closed his bladder wound and drained him, fixed his urethra, reamputated his arm. General Patton came out to pin the Soldiers' Medal on him, and he got it. He said that's one of the highest medals outside of the Medal of Honor, this soldier that did this. And, of course, he got his Purple Heart.

MULLINS: Then, were you busy all through the fall into the winter?

SHIELDS: We would be busy twenty-four hours a day. We would probably do a hundred and fifty operations. And then the war would move forward, and then we would be in the rest area, so to speak. We weren't receiving any casualties; we weren't doing anything, just shut down. And maybe we'd be there a couple of weeks.

In the fall of '44, we were in a Reichschule in Valkenburg, Holland. We made the old Reichschule into a hospital, so we spent the whole winter there until March. There we took the casualties from the crossing of the Ruhr River, some of those up on the crossing at Arnhem. Mostly then we were taking care of a lot of trench foot. That is a bad situation.

MULLINS: Do you remember the winter?

SHIELDS: I do. We had a lot of snow, mud and snow. The enlisted men did—some of them got four-buckle overshoes to wear. But we had a lot of trench foot.

MULLINS: When did you cross into Germany?

SHIELDS: In March of '45. We crossed the Rhine—oh, into Germany. We crossed the Rhine at Fredericksburg. I think that was in March.

MULLINS: Did you have an experience with a concentration camp?

SHIELDS: That was later, when we were up on the Elbe River. But the event that I recall so clearly there at Fredericksburg, we had a German SS captain, storm trooper, and he spoke beautiful English. Colonel Welch was the head of surgery, and he was talking to this guy. And Welch was telling him that he was as damn turncoat, that he was really a Brit. And the guy kept saying, no, he went to school at Oxford. And Welch was real arrogant with him, and the German was arrogant as well. And he had a perforated ulcer. And Welch said, "Bucky, operate on him." And the guy said, "No, no, no, no. No operation. You guys will

kill me.” “No, we won’t.” “No, I won’t have it.” Well, I had a big sergeant from New York that was my aide. He was about six-four, and he didn’t tolerate many things, and he was known at times to use a little Bocal anesthesia. So he said, “Captain, if you won’t be here, I’ll get him in the mood.” So I went in the operating tent, and he had the guy in there, and they had him asleep. I closed his ulcer. He was the most happy guy in the world when he came to. He thought for sure he was going to be killed. He was a good patient. It turned out that, of course, nothing happened. God, he just—all we had to do was close the hole.

MULLINS: So you did see a concentration camp?

SHIELDS: Yes. I was down at Dachau, and that wasn’t a very nice thing to see. Those—you know what a railroad coal car looks like, a flat car that—the sides are about four feet, five feet high, open? You see a couple of those filled with corpses, skin and bones, a skeleton with the skin pulled over them. And you saw the little cubicles that they slept in, six, eight high, boards. And you saw the gas chamber where they told them they were going to take a shower, and they gassed them, and then they put them in the crematorium and, of course, were burning these bodies. They’d shipped these bodies in from Buchenwald and some of those other camps that didn’t have the furnaces.

MULLINS: Later, when people said that that never occurred, and that sort of stuff, what did you think?

SHIELDS: I just thought they didn’t have an imagination at all that they can’t believe those things.

We were in on another at Gardelegen. The Gestapo had about thirteen hundred prisoners in the striped suits. There were Poles, there were Dutch, there were Italians, Slavs. They were moving them because the Russians were pushing from the east and the Gestapo were marching them back toward us.

They got to this area at Gardelegen, and they drove them in this potato shed—because they grew a lot of potatoes there in Germany—and they had straw on the floor, and they put all these prisoners in there, the Gestapo, and they set the straw afire. The prisoners stomped it out, put it out. So then they covered the straw with petrol and set it afire. We had three of those patients that dug down underneath the dead that were already at the door, trying to get some air, and they survived.

We were over there, and I got pictures that show where one of these guys scratched his way out underneath this foundation, and he had his head and shoulders out, and he had bullet holes in his head where—the Gestapo went around and asked if anybody needed help, and if they made a noise, they shot them. There were only three people that survived.

They had a big ditch that they had dug, and they had a long hook, and they had these prisoners, some of them, that were dragging the dead out and putting them in this mass grave about, oh, four feet deep, six feet wide, and about forty foot long.

General Simpson was the Commander of the Ninth Army. He came out and saw this, and he went into the city, this little place of Gardelegen—I don't know, there may have been ten thousand people there—and he got hold of the Bürgermeister, and they buried separately each one of these dead people, and that's a national cemetery now. Now, that was April 14, 1945. The war was almost over.

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

MULLINS: Suez Canal, yeah, that's how they'd get from Marseilles down through the Mediterranean.

SHIELDS: Yes.

MULLINS: Did you ever go back to France or Germany?

SHIELDS: In 1966, we toured—my brother-in-law and my wife and her sister and I, we toured all of Italy and then went up the Italian Riviera to the French Riviera and up through France, the Pyrenees, and Spain. We went through Spain and then France, and then we went up to—well, northern France. I didn't get down to Saint Lô...

[tape stopped]

MULLINS: Dr. Shields, when the war in Europe ended in March, April of '45, what happened next?

SHIELDS: I might tell you that at this time we were on the Elbe River, and we were scheduled to go into Berlin to support the Second Armored Division, but the Russians were driving the German soldiers—they were swimming across the river to surrender to us.

This is what the German prisoners all said: "Now that you have whipped us, we will join you and whip the Russians." That was true. If we'd have gone by that, we'd have had a lot less trouble in the world, you know, because we were the strongest army in the world then. And with the German soldiers that were willing to fight, we'd have had it, I'll tell you.

MULLINS: Did you ever see Eisenhower?

SHIELDS: Yes. I saw him when he was being driven by that beautiful driver that he had. I'll tell you, she was a looker. But this was in England, down at Bristol. I just saw them as they came around the corner.

MULLINS: What did you think of your experiences in the war afterwards?

SHIELDS: I thought it was a service that had to be done, and I wasn't any better than anybody else, and it was my duty to help win. And I was happy that I was able to go all the way around without any casualty, and I was especially glad to learn that my brother and sister had survived the Pacific. So I was feeling pretty good.

MULLINS: When did you get back to Portland?

SHIELDS: In November of '45.

MULLINS: I have here an announcement from the newspaper, December 1945. It says you had—a pretty good-looking picture, I might add—five battle stars.

SHIELDS: Oh, yes.

MULLINS: What were the five stars?

SHIELDS: Well, each one was a battle. There was North Africa, Sicilian campaign, Normandy, northern Europe, central Europe, I believe.

MULLINS: What did you do when you got back to Portland?

SHIELDS: The first thing I tried to do was find a place to live. We looked around. I had some friends that I had met that lived out on 162nd, and they had us stay with them while we were looking for a place to live.

I had promised Dr. Joyce—he wanted me to come back to the Clinic, and I promised him that I would come back for a year to learn a little bit of domestic surgery. And he said, “All right, come on out.”

Every place that we looked for an apartment they wouldn't take—they wouldn't rent it if you had children, and we had a little boy, three years old. We were becoming quite desperate, because there just weren't any places. As we drove up Sixtieth Street, I saw this fellow putting out a sign, for sale. We stopped, and in three days we had a place.

And after we got that—and then when my year was up, I went in to Dr. Joyce, into his office, and I said, “Well, my year is up.” And he said, “What the hell are you going to do?” And I said, “Well, I thought I'd go back to Kansas and do some medicine there and be with my family.” He said, “Aw, hell, you don't want to go back to that place. You stay here. You and Dr. Sullivan are going to have to do the surgery.” He said, “I'm getting too old, I'm not going to be doing it long. You stay here. We all want you.” So I said, “That's a deal for me.”

MULLINS: Did you work at the Medical School at that time?

SHIELDS: I had a course teaching dog surgery. I did that, and then when Dr. Livingston came in, he abolished that course and they assigned me over to the outpatient surgery. So I'd go up there every Friday morning and do whatever needed to be done.

MULLINS: This was the Multnomah County Hospital?

SHIELDS: This was the old Multnomah County Hospital. And then, at that time there were two or three of us that were assigned to the emergency service at Multnomah County Hospital on nights and weekends. And the resident, if they had a case, an emergency, they'd call one of us and we'd go up and scrub in with them and help them on their cases.

MULLINS: How many interns and residents in surgery did they have?

SHIELDS: This I don't know for sure. I just don't know.

MULLINS: Was it just a few residents?

SHIELDS: Oh, there must have been sixteen interns and about—oh, they had five or six residents in surgery.

MULLINS: How long would a surgery resident be—

SHIELDS: Four years.

MULLINS: And Dr. Livingston was the professor and chairman after Dr. Joyce died?

SHIELDS: That's right.

MULLINS: Do you recall the day Dr. Joyce died?

SHIELDS: It was in April 1947. I had helped him the day before. We had five cases, and he—something he never did, very, very seldom. When he took the needle holder and grabbed the needle to pull it through, he'd never miss. It was either hand. And several times I noticed that he missed. I don't know, he was upset about something, and I learned that whenever he was getting a little bit upset, I would bring up something about my farm experiences.

One time I told him, I said, "You know, this reminds me of when you walk out in the evening in the summer and you can hear that corn grow." And he said, "What the hell do you know about that?" And I said, "That's the truth." He said, "I know it's the truth." He said, "Back in Iowa, we used to take the carriage and drive out in the cornfield on a good hot evening, and you could hear that corn snap, growing." And you could. But it would get his mind off of it, and then he was pleasant.

MULLINS: He was a master technician?

SHIELDS: Master technician. He was. He made no false moves. He wasn't a tissue admirer. [Laughing] If you were trying to catch a bleeding vessel, he'd only let you stab at it a couple of times and then he'd say, "Get the hell out of the way," and he'd grab it right off, you know.

MULLINS: Did he have a favorite operation?

SHIELDS: Oh, if he did, I don't know which one. He seemed to enjoy all of them. I changed him on the abdominal peritoneal operation. He used to turn them over and do the peritoneal resection in the prone position; the old type Kraske, so to speak. And I said, "Why do you do this? You have to redrape them and change. Why don't you just pull them up in the lithotomy position?" He said, "Is that the way Tom Orr does it?" I said, "Yeah." He said, "Well, by God, if Tom Orr can do it, I can do it." [Laughing] So from then on, he would do that. We'd get the belly part and then—then after he died, we used the two-team technique of doing it at the same time, the belly and the peritoneal resection.

MULLINS: What did he think about or say about being the head of Surgery at the university?

SHIELDS: As you know, he only went up there on Fridays. He gave the whole day Friday to the Medical School. And, of course, Dr. Baird, the Dean, was also a member of the Clinic. Dr. Selling, the head of Medicine, was a member of the Clinic. And Dr. Jones, who had that medical hospital up there, he was a member of the Clinic. So they ran the Medical School. And Dillehunt was a friend of all of them, and they—shall I say they knew what was going on. I think there was more communication, except certain things. I don't know what goes on now. I can't even tell you who the dean is.

MULLINS: The medical students, did they ever go to St. Vincent's or Good Sam or any of the hospitals?

SHIELDS: No, they didn't.

MULLINS: And when you worked in the Portland Clinic, were there medical students in the Clinic?

SHIELDS: There used to be, occasionally, a medical student who would come down and follow you around for an afternoon.

MULLINS: Did they have a residency at St. Vincent's at the time?

SHIELDS: Yes, they had preceptors. In 1947, they started to have a regular surgical resident, and then, when they got this little fellow from Australia into Medicine, they started having four-year medical residents.

MULLINS: So what do you recall about the practice of medicine during the 1950s, during Mr. Eisenhower's administration?

SHIELDS: There were many new techniques; there were a lot of new operations, for instance vagotomy. Vagotomy was popular, gastric resection was losing its popularity, and it was going to selective vagotomy and pyloroplasty. And then the early ambulation. Good

Lord, in 1940, if you did a gastrectomy on a fellow and the next morning you made him walk down the hall, you'd have been sued. But after we got back from the war and saw that this early ambulation was really the thing, why, people were—they got well faster, they had fewer complications.

MULLINS: Was there any risk that you'd get called up for Korea?

SHIELDS: No. You know, I made a bad choice once. One of the interns that was with me was in the Army, and his brother wasn't taken. I never knew why. There was an undercurrent of resentment of able-bodied fellows who used excuses to get by. Well, when I first met this fellow after coming back, he said, "Oh, God, Bucky, I'm sure glad you fellows got home and give us some relief." He said, "Man, we've been worked to death." And he said, "I've been wearing that brace." And he said, "I was in a couple of times with the possibility of a disk." And I said, "Yeah, yeah, yeah." And he said, "It's only been recently that I can get along without the brace, my back brace."

A few months went by, and I was up in the locker room, and this Korean thing occurred. My comment was, "God, you know what? This war started before those guys can get that brace on" [laughs]. I looked over there, and this guy was looking. And his brother said, "Well done."

But anyway, there were a lot of changes and there was trouble as far as getting on the staff.

MULLINS: At St. Vincent's?

SHIELDS: Yes. There were so many physicians that wanted to be on the staff and have privileges. It was difficult to get your patients in the hospital because of the shortage of beds. And then there was this dissemination, shall we say, of don't let anybody unless they're surgically qualified to do surgery. That created a furor. There were many general practitioners that were doing some operations, and some of the senior qualified surgeons resented it. They didn't think that the hospital should allow this.

MULLINS: Who were the surgical leaders at St. Vincent's during the 1950s? Dr. Boyden?

SHIELDS: Dr. Boyden, Dr. Seabrook, and Dr. Hand. That was the main—

MULLINS: How did they get along with Dr. Livingston and the University?

SHIELDS: Dr. Seabrook got along very well with Bill Livingston because old Bill was a great storyteller and so was Dean. And they got along fine. But I never thought that Bill Livingston was that good a surgeon, myself. I think he was more interested in the nerve system.

MULLINS: He'd written some papers out of the Second World War with peripheral nerve injuries.

SHIELDS: That's what I think. I never saw him do surgery, I never saw him scrub, and I never had a conference with him.

MULLINS: Did you feel that there was a certain tension between the Multnomah County Hospital staff and the University and the downtown surgeons?

SHIELDS: I did, I did.

MULLINS: Do you want to talk about that, or is it none of my business?

SHIELDS: I didn't have any information that occurred, but I heard the scuttlebutt, that they expected the fellows from downtown to come up and do cases, do the scut work, so to speak. That was my impression.

MULLINS: Dr. Livingston was replaced by, briefly, Dr. Peterson, and then Dr. Dunphy came to town. Do you remember when the Harvard man, Dr. Dunphy, came to town?

SHIELDS: I remember the recruiting of him. I was up at Dr. Diack's place when Dunphy was out here on one of the lectures, the Sommer Memorial. Arch had interned at the same time, I guess, at Boston with Dunphy, so they were friends. And he had him out to meet, and then he invited some of the friends for us to come in and meet Dunphy.

My impression of Dunphy was that he was a typical Irishman. I think he worked hard at it, but don't think that Dr. Dunphy was ever in the position of doing any great surgery like Cattell, you know. I think when Dunphy was at Boston City—he came in after the war, and they sort of pushed him off in the corner to do some of the less desirable cases. That was my opinion. Now, I—

MULLINS: When did you join the American College of Surgeons?

SHIELDS: About 1949.

MULLINS: Have you enjoyed being a member of the college?

SHIELDS: I can't tell any difference. I went to a couple of their clinical conferences and I enjoyed it very much. When it was in San Francisco and in Chicago, I enjoyed it there. And I don't know—there were other meetings that I enjoyed more.

MULLINS: Which ones were those?

SHIELDS: Like the Pacific Coast Surgical and the North Pacific Surgical and the Western Surgical. Those were always good meetings, and there was a lot of camaraderie,

and you felt acquainted with people, whereas at the College, it was so big that unless you knew some of the fellows—and, of course, the Western Surgical had a lot of members from the Midwest.

MULLINS: Did you learn a lot at those meetings, or was it more social?

SHIELDS: You bet. I always enjoyed it. The Western Surgical was the most illuminating meeting for scientific papers. They were all good. I never attended a meeting that I didn't learn something.

MULLINS: Dr. Krippaehne became the chairman in 1965. Do you recall when he took over?

SHIELDS: Not exactly. I remember when he was a resident, when I would go up there. When he got to be the full professor, I never had many conferences. I was too busy.

MULLINS: I was a resident in the late seventies when St. Vincent's and Good Sam joined up with the University, their training programs. Do you recall that?

SHIELDS: Yes.

MULLINS: Do you want to comment on that?

SHIELDS: I can comment by saying we had one fellow that was assigned to us down there by the name of Mullins.

MULLINS: He was an Irishman, was he?

SHIELDS: I was very much impressed by his ambition and his delivery and his ability. I was disappointed that he didn't join the Portland Clinic surgical staff. I thought you had—

MULLINS: It was probably the biggest mistake he ever made.

SHIELDS: I thought you had a lot of knowledge and ability. And I'm sincere about that. I haven't changed my opinion yet.

MULLINS: Thank you, sir.

SHIELDS: But, yes, when they started shipping the nose and throat, Dr. DeWeese had his residents rotate through surgery at our place, and they were assigned. Some very good boys. I don't know how he got the good ones to take such a course.

MULLINS: The training of residents has changed a lot over your lifetime. Do you think things were getting better there near the end?

SHIELDS: I wish I could answer that. Everything is that buttonhole surgery now. I'm a little bit in question about so many women taking up surgery.

MULLINS: Well, now many women were in your medical school class?

SHIELDS: There were only two, two of them. One became a pulmonologist, and she lived about five years and died of a pulmonary hemorrhage at the TB sanitarium in Minnesota. And the other girl, she went to New York. I don't know whatever became of her.

We had two girls that they were too damn pretty, they were very attractive, and finally somebody in the medical school said, "Listen, young lady, you can't use your good looks to get by with patients." So they let them go, they transferred them. One of them went to Tennessee and the other one got married.

But now I question the—a woman's way of life. They want to raise a family, a lot of them, and they only want to work so many hours. And as far as I'm concerned, if you're going to be a surgeon, you have to be available and you have to follow your patient whenever you can. To me, it was important.

MULLINS: Did you do a lot of work at night?

SHIELDS: I had quite a few night cases; not all that many. I used to resent having to get up—get a call at two o'clock and have to go down and do a major procedure, and you get through at four thirty and you get home. It's too early to stay up and it's too late to go to bed, and then you've got eight o'clock elective surgery. So sometimes that was tiresome, but then—

MULLINS: How about injured patients? Did you see many injured patients?

SHIELDS: No, not many.

MULLINS: Car wrecks or falls?

SHIELDS: Very few did I see.

MULLINS: What about when you were helping at Multnomah County Hospital? What emergencies would you do there?

SHIELDS: Most of what they had there was, like, acute gallbladder, pancreatitis, bowel obstructions, and that was about it.

MULLINS: And the resident would call you and say, "Dr. Shields, I've got a bowel obstruction." Then what would happen?

SHIELDS: I'd get up, dress, and go up to the County Hospital and meet him.

[Laughs] Jack—oh, what’s his name? He’s practicing up in British Columbia. Hough, Jack Hough. He was a funny—he was a resident, and he was funny. He’d call me, like at two o’clock in the morning, and say, “Dr. Shields?” “Yes.” “How are you?” [Laughs] I’d say, “All right, goddamn you, what have you got?” And he’d laugh and he’d say, “Well, I’d appreciate it if you’d come down here and give me an opinion on this.”

And Garnjobst was another that used to start out by saying, “How are you?”

MULLINS: Was there an emergency department at the County Hospital?

SHIELDS: I guess there was. I never did—I guess they just came in like they did at St. Vincent’s when they had an emergency room.

MULLINS: They had a room off of the lobby, or something?

SHIELDS: Yes.

MULLINS: And how would that work, exactly, when somebody came in with belly pain?

SHIELDS: Well, if they went into the emergency room, whoever was on call, the nurse down there, the intern would be called, they’d see the patient, then they’d call you, and you’d go down and check and see if you needed surgery, or whatever happened.

MULLINS: So they had free air under their under their diaphragm. What would you do then?

SHIELDS: Get a little history from them, get a good history if you can, and check them. I think the history is very important.

MULLINS: So they’re real tender and they say it’s sudden onset. I’m just trying to get a feel of the details. Would you call the anesthesiologist or the OR?

SHIELDS: After you made up your mind that you were going to operate, you called the OR and said, “I’ve got a case, got a belly. Get the anesthesiologist,” and that was it.

MULLINS: Was the OR up and running at night?

SHIELDS: Well, they’d get the things out, you know. It wasn’t—the nurses that were on call would open up the operating room and get the instruments and everything ready, you see.

MULLINS: So you’d go and—afterwards, if they were real sick, would they go to the recovery room?

SHIELDS: [Laughing] Doctor, we didn't have a recovery room until about 1960. At the old hospital, the sixth floor, they used a whole hallway to make a recovery area, and they'd lift the patients into the bed there, and then, when they were awake, they'd move them down to their floor.

But now they've got a recovery room, as I understand it, as well—it's associated with the ICU.

MULLINS: But in the fifties, when you were practicing, if you took somebody with a perforated gallbladder who was real sick, would some of them die on the ward?

SHIELDS: Not many. You took good care of them. Remember, we had penicillin then that was effective, and you—they went back to their room. Now, if they were too ill, if you thought it was touch-and-go, oftentimes you'd put them in a private room and the hospital would have a nurse—they'd assign one of the nurses there to look after him like the ICU.

[Laughing] You know where you had that ward with—we had one ward they had fifteen beds, or twenty in it, and then we had quite a few rooms with four beds, and they had the curtains between.

MULLINS: Was your use of blood a lot more common after the war?

SHIELDS: Yes. We used a lot of blood. I don't recall what year it was when they got smart and said, "Look, if you're only going to give one pint of blood, you don't need to give any." Because they were really throwing blood around, it seemed to me. Now, doing a radical breast, we never had to use blood. And, you know, out of—I think I published a paper—238 radical breasts, the average operating time was forty-five minutes. This was after Haagensen came out with it would take six hours to do a radical breast.

MULLINS: Dr. Shields, let's talk a little bit about breast surgery, because you were in practice during the time when there was a lot of changes in the management of breast surgery.

SHIELDS: That's right. Everything was a Halstead Radical until they came up—and I think that Dr. Barney Crile was the first man to think about, is it really necessary to do a radical? Do a lumpectomy. Maybe those glands are serving a purpose. So he was—I never forget how much of a furor at a North Pacific meeting we had when Barney Crile was the guest speaker, and a couple of little surgeons from Seattle got up and questioned him. They thought this was terrible, the way he advocated doing breast surgery. And I remember that Krippaehne and Peterson had a paper on—they grafted every radical. Well, Barney Crile took one of their slides, and their incision was only a couple of centimeters from the edge of the breast tissue, and Barney pointed that out. He said, "What's the use of taking all this other and putting in the skin when you were that close?" And I don't know whether Pete and—they gave up this idea of a graft on every— Now, I'm appalled at a lumpectomy plus radiation.

I did a lot of modified radicals. I thought that made sense. The biggest complication that I had to deal with after a radical breast was edema. Some of it came on immediately and some of it came on years after the surgery.

MULLINS: Arm edema. Edema is swollen, lymph edema in the arm. So how would you deal with that?

SHIELDS: You try to get them to elevate, use a compression bandage on their arm.

MULLINS: Would you like to comment on heart surgery? You saw a lot of changes in heart surgery in your lifetime.

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

SHIELDS: I might tell you that when Dr. Starr and Dr. Wood started their heart surgery at St. Vincent's, the Clinic bought the pump—the pump cost eighteen thousand dollars—and they started doing their heart surgery. They did mitral valves. At that time, Evans Products were involved in making Starr's valves, and they worked it up.

I used to see quite a number of their patients postoperative that would have an ileus, and you'd think the colon was going to break. And I used to pass a long tube all the way around to the cecum to relieve the ileus. And then I had an acute gallbladder, too, that I had to do postoperatively with them.

As a matter of fact, we were going to write a paper on the complications of open-heart surgery, why they get this ileus. I turned that in to the Pacific Coast, and Max Gaspar, he turned it down. He said he didn't think— So then a couple of years later he came around to me, and he said, "Why don't you write that paper that you mentioned?" I said, "I forgot all about it."

MULLINS: So did you think it was a dramatic change in the—

SHIELDS: Sure, it was. I can recall a time when Dr. Joyce tried the Beck operation. Do you know that that is?

MULLINS: No, sir.

SHIELDS: You opened up the chest and brought the greater omentum up through and stitched it into the myocardium with the thought that it would increase the circulation of the myocardium. He tried that.

MULLINS: And—

SHIELDS: It might be of interest for you to know that I assisted on the first pneumonectomy in the state of Oregon.

MULLINS: Yes, I'd like to hear about that.

SHIELDS: Dr. Joyce had been talking about this; Evarts Graham, in St. Louis, had talked about it. There was a man from The Dalles that had a carcinoma of the lung, and the old man said, "Well, Shields, we're going to do something in the morning. We're going to take out a lung."

Well, the word got around the hospital, and, gee, when we got in old Room 10—the op room—they got the guy in there, and we were working on him. A lot of the surgeons heard about it, and they were coming in to see this, you know.

I'll never forget the application of that tourniquet around the hilum, cinching it up. Of course, following that, they'd go in and do this, they'd get the artery and the vein and the bronchus, close them separately. Not us. We—but there was already fluid in the chest, so it was inoperable. But anyway, we got the lung out. And we never did another one.

MULLINS: Did you do much orthopedic work when you came back after the war, fracture work?

SHIELDS: I didn't; I used to help. Whenever they wanted a graft, they'd holler at me, and they'd say, "Hey, Bucky, you got time to take a graft for me?" So I'd go in and prep the shin and take the saw and saw out a graft for them.

[Laughs] This reminds me of the war. On the beach, it was hotter than hell, and we were in tents. Our neurosurgeon would work twelve hours around the clock, and then he'd have to rest. He was in there in the tent while I finished my case, and he yelled at me. He said, "Hey, Bucky, can you get me a piece of muscle?" He operated on the guy in the dependent position. And I said, "Sure, I'll do that." So I ripped up the drape, and I covered with some iodine, and I took the knife and made an incision, and they guy hollered, "Ouch! Jesus Christ!" And I said, "God, Brain, why didn't you tell me this guy wasn't asleep?" He said, "Hell, Bucky, I don't use any anesthetic. You don't have any feeling in the brain." He had the superior sagittal sinus open, and it was bleeding. I gave him this chunk of soleus. He laid it on there and took the cautery and welded it around. Saved him.

As the Brain (the neurosurgeon's nickname) said—the girls would try to mop his brow when he was sweating, and he'd say, "Oh, hell, leave that alone. Don't mop it. That's seventy percent alcohol," because he did. And if he were going to operate on me, I'd want him drunk, because he was—well, not—he's not ataxic drunk, but he was as gentle—and I saw him open this abscess on this little two-year-old French girl. She had a shell fragment with an abscess. God, it was beautiful. He was something.

MULLINS: Was he from Oregon?

SHIELDS: No, he was a graduate of Harvard, but he was practicing—this is interesting. He belonged to the Reserve in '38-39. He'd had his surgical experience with

Cushing. He was out, and he volunteered to active duty. They got an x-ray of his chest and they said, “No, we can’t take you. You’ve got tuberculosis.” So he kept on practicing. Then the draft board got after him, and they said, “You’ll have to report for the draft, we’re going to draft you.” And he said, “I can’t; they turned me down.” They said, “That don’t make any difference, you’re called up and you’re going to take your examination.”

They took an x-ray of his chest, and it was perfectly all right. They started checking back, and what had happened, they’d got another fellow’s x-ray with the same name.

He was in the Army for ten weeks as a sergeant in a tank outfit when they finally discovered all this mistake, and then he was appointed captain and he was assigned to us.

MULLINS: The neurosurgeon was a tank—

SHIELDS: A sergeant in the tank corps, as a medic.

MULLINS: He couldn’t convince them that he was a neurosurgeon.

SHIELDS: They didn’t care. Well, he had lost his wife with a pulmonary embolus after a cesarean, so he didn’t give a damn about life much.

MULLINS: What do you remember about polio?

SHIELDS: Well, I remember a lot about polio. My brother lost a six-year-old daughter, and one of my very close cousins, a brilliant pianist she was, was a freshman at the University of Kansas, and she developed bulbar; died. And there was nothing that you could do.

MULLINS: Did they have the iron lungs out at St. Vincent’s?

SHIELDS: They had an iron lung. [Laughs] And you know the big problem? We had this woman that was in an iron lung, and she had a nurse that had been taking care of her for a number of years. She wasn’t my patient, she was Dr. Prewitt’s, but they called me back to see, because she had ceased to function. But the nurse said, no, she wasn’t dead, she was still breathing, she still had a pulse. And Dr. Prewitt and I both said, “No, she’s dead.” And she was, but as long as the machine is on—and that’s when they first started using the brainwave. And, of course, hers was flat. And I played golf with an Italian firefighter who took care of his wife in an iron lung for eight years. Eight years in an iron lung. That’s a horrible life.

When I first got back in ‘45, I had a house call out by Multnomah. This young woman said that her husband was having trouble breathing. And I went out there to see him, and he was going hu, hu, hu, and he was cyanotic. And I said, “How long has he been this way?” “Well, he just got this way. He had a sore throat and had the flu a couple of days ago.” And he was as Marine and had been through the Pacific, all of it. He was going to

Portland State and working in the post office. They had this little girl about, oh, a year old, I guess. And I said, “Well, you’ve got to get to the hospital.”

The Tualatin Valley fireman came out there, and he and I carried this big heavy Marine through the yard. I had mud over my ankles. A little house they were building. We took him in to St. Vincent’s, and we got him up and did a tap on him right away, and by this time he was having *very* difficult breathing. To make a long story short, three or four hours later he was dead. Polio.

So when I hear people say, “I don’t think we need those shots,” boy, you only have to have an experience like this once or twice, and if there’s any way to avoid that, you should do it.

MULLINS: Did you get involved in doing vascular surgery when that got popular?

SHIELDS: I started a few cases, but it was my opinion if you’ve got a busy general surgery practice, you can’t do a lot of vascular surgery, because if you do, like in my experience, you’ve got to be available in case you have to go in and clean out a clot. I did a couple using cadaver grafts, popliteals, and then I decided it wasn’t for me. I was too old. Let the younger fellows do it.

MULLINS: Well, I guess we’re kind of getting near the end. Where did you get the name Bucky?

SHIELDS: Our family was great for nicknames. One of my twin brothers’ name was James Brian; his nickname was Sandyberg. His twin’s name was Charles, Charles Wilson. They were born when Wilson was president, so they named him James Brian and Charles Wilson. Charles’ nickname was Schultzy, or Perk. And I was always called Bucks.

When we came out here to Portland, nobody knew my nickname. Alice wouldn’t call me Bucks. She had another name that was less attractive [laughs]. But anyway, nobody knew anything about it until I got back to Fort Riley and I ran on to some of the old classmates that knew me by Bucks. Well, Sam Diack picked it up right away, and he shortened it to Bucky. And then, when I—that old drunken colonel we had, he asked me, “Do you have a nickname?” I said, “Yeah, I’ve been called Bucks.” And so he called me Bucky all the time. Whenever my tent mate and I would close the flap in the evening, if we rattled the canteen can, the old colonel was there, and he’d say, “Open the flap. Don’t set that down, fellows.”

[Laughing] And one time, in Musty Gonads, we were leaving to go to the Sicilian invasion. We were the last night in camp. They were trying to show us a good time by having a few drinks. Well, the latrine was out in the center of this oat field, and the oats were up about this high [demonstrates]. One of the MPs we met on the boat saw our sign, and he came in, and he was glad to see us.

So we all had to go to the latrine, and on the way out there we stumbled over this body, looked it over, and it was the old colonel. So we picked him up and took him over to his tent. He had a walled tent all his own, and his striker, and turned his bed back, the cot. And he had a candle. You'd take a can and cut out one side and put a candle in there for light. And it was on a box beside his cot. We threw him into the bed, and he was out cold. And I said—they started to leave, and I said, "Well, hey, hadn't we better blow out that candle?" And Major Berg said, "Hell, no. Let it burn. Maybe the old son of a bitch will come to and he'll kick that over and it'll set the tent on fire and he'll burn up and we'll be rid of the old bastard." And he turned over and he said, "Thanks, fellows. Good night" [laughter]. No matter how drunk he was, the next morning he had on his tie, his wool shirt, his barracks cap, shoes shined. He'd been in the Army twenty-seven years; never married. He was a cousin to Dr. Snell of the Mayo Clinic.

Christmas Eve 1943, the 128th Evac Hospital had a Christmas party, but we young fellows weren't invited. This was for field grade and up. Well, the old colonel had his eye on one of the morons that worked in the kitchen, and he ordered the moron up to his room in the castle that night. Well, the company commander reported it, and the exec officer and one of the field officers, they were trying to figure out what to do, and so they thought, "Oh, I know. We'll go up to his room and say, 'Hey, Colonel, they're waiting for you downstairs at the party,'" which he had been invited.

They broke in on the old colonel, and they were both in bed with their clothes off. And they said, "What's going on here?" And he ordered them out of the room [laughs]. Well, they left, and the boy, this moron, started to leave, and the old colonel said, "Oh, no, don't leave. We've still got part of the party to go." So the next morning, the colonel was gone.

Another officer and I had gone down to Plymouth, the station hospital, to show them how to put on a Tobruk splint. The first morning we were there, we went into the bar where they had lunch, and this young doctor came in, laughing, and he said, "Fellows, you'll never know what I just got through doing." "Well, we won't guess. What is it?" He said, "I just examined a full colonel that has a four plus spinal fluid and blood. He's an alcoholic and he's a queer." And I said, "You mean Colonel Snell?" He said, "How the hell did you know?" And I said, "Well, we only had him for thirteen months."

He never interfered. And when we were in Sicily, he had his batmen go down and give their blood, because, as a colonel, he was supposed to be examined every six months.

The Army sent him back to the States, and they made him a brigadier general I heard, and, I guess, busted him out of the Army, of course, but they kicked him up a notch.

So, when you say what about the Army, we had about ten percent of our personnel were queer. But they didn't make it an issue, you didn't know about it.

MULLINS: When you were at St. Vincent's, you must have seen a lot of surgeons come and go. What do you think was the thing that made them successful here in—

SHIELDS: Interest in the patient and determination and graduated ability.

MULLINS: Did you, like, compare them in your mind to Dr. Joyce?

SHIELDS: Oh, sure, you did that.

MULLINS: Was he always the standard in your—

SHIELDS: Oh, sure. It—[laughs] this is a strange thing. The doctors—we'll say general practitioners—would refer their patients for surgery unless the patient demanded Dr. Joyce. But whenever any of these doctors' family got anything wrong with them, boy, they all came to the Clinic. But they'd refer their patients to somebody else.

MULLINS: What do you think was—I mean, he was technically competent and he was probably exceptionally well trained, and he was attentive to the patients.

SHIELDS: You bet. And these fellows were jealous. The old man had a following. When we made rounds, for instance, that attracted a lot of attention because you had him, Dr. Joyce, first assistant, the intern, and maybe the resident, too, and the nurse.

And I think the reason that he liked me as an assistant was because I had a good memory. I could remember what was done to the patient what day and what room they were in. And before he'd go into the room, he'd stop and I'd say, "Well, now, this is Mrs. Olson. You did a goiter on her three days ago." Because he couldn't remember. But I had a memory for that.

MULLINS: And in the later years, do you think the leaders in the surgical community were in the same model?

SHIELDS: Well, there were surgeons in the community who trained under him, and they respected him.

MULLINS: Where was Dr. Boyden trained?

SHIELDS: He was trained under Fred Coller at Michigan. Dr. Boyden was a good surgeon, and he was very sincere in taking care of his patients. He had compassion for people. And he always took care. When I'd go away for a weekend, for instance, I'd leave him my patients. He took care of them just like they were his. If they needed an operation, he'd do it, not say, "Well, wait till Dr. Shields gets back." You know, if you've got somebody like that that you can check out to, you can sleep.

MULLINS: Well, I think that that pretty much covers the issues that I wanted to cover. Do you have any final comments or recollections?

Couple of questions back here.

WILLMAN: Since you worked so many long hours Dr. Shields, and you were raising a son—I don't know if you had any other children—what was the effect on your wife and son.

SHIELDS: I had two other, I had a daughter and—

[Videographer giving instructions to Shields and Mullins for taping purposes.]

MULLINS: So, the question is, tell us about your family life with a busy practice, Dr. Shields.

SHIELDS: Fortunately, I had a wife that was concerned about the welfare of the children, their education. She saw to it that they did their homework; she saw to it that they did their homework before they played. She had them go to bed with no television, when television came out, unless they had a special privilege or they had their homework done. They were all good students, and it was because of her.

And I had a little trouble getting acquainted with my son, who was three years old when I came home. The day I walked in, his mother said, "Well, Paul, do you know who this is?" And he looked at me and he said, "Yeah, that's my daddy." "Well, don't you want to come over here?" "No." A couple hours later I said, "Paul, do you want to go uptown and get an ice cream cone?" And he looked all around and he said, "I'll go if grandpa goes." Grandpa was there and sort of helped raise him.

Then, when we came out here, I guess I was still in the Army a little bit, and I said, "It's time for you to go to bed, Paul." He said, "I don't want to go to bed." I said, "You're going to go to bed." So I put him in bed against his will, and he rolled over and looked up at me, and he said, "I don't like you. I wish you'd go back to Germany." And my wife says, "Doesn't that tell you something?" I said, "Yeah, the kid needed to go to bed." [laughs] And he'd refer to it sometimes. He'd say, "Well, Dad, I know that you treat the others a little different than me because you weren't around when I was growing up."

MULLINS: How many other children did you have, Dr. Shields?

SHIELDS: Two.

MULLINS: So a total of three?

SHIELDS: Three.

MULLINS: Did any of them go into medicine?

SHIELDS: No, not then. My daughter is—she's a teacher. She got her doctorate in Portuguese at Stanford. And my son, Alan, worked for the transportation department in Salem. He's retired; God. And my son, the doctor, the anesthesiologist, is retired. He's

sixty-two in August. And here I am, close to ninety, and I'm sorry I put the knife away [laughs].

The last day I did surgery, really, I had four big cases. And I thought, I shouldn't retire, really, because I can do these with more ease. I had more confidence; I knew I could do them. I thought, "Now, what's going to happen?" And I quit after four cases that day.

MULLINS: Well, why did you quit?

SHIELDS: I made a promise to myself that if I lived to be sixty-five—you know, Dr. Joyce died at age sixty-three and Dr. Seabrook was—I was associated with him, and he died at sixty-one or sixty-two. And I thought, this surgery should be done by young fellows, and I promised if I lived to be sixty-five, I would quit. When I was sixty-five, Boyden had a heart attack, so I had to stay on an extra year.

SIMEK: We only have about two minutes of tape left. I wonder if you would do one thing for me. Give your impressions of doctor-patient relationships when you started and how they evolved until when you retired.

SHIELDS: That's a good question; a *very* good question. I never enjoyed anything more than house calls. You could find out more about a family by making a call at their house, and you'd get the truth. I enjoyed it, because it was hard for patients to get in. And, after all, you have to put yourself out and be available if you're going to help people. A patient—you're lucky, when you stop to think about it. A patient thinks enough of you that they would trust their welfare in your hands, and you should do the best you can.

And of all the things today that I think is lacking, it's time spent—the doctor spends talking to the patient. Now, you have to be a judge of what takes a lot of time and what takes a little time. You've got some patients, you can talk to them and—as I soon learned, when a patient came in, I'd say, "Well, now, just what's your problem?" And she'd start to say, "Well, I've got this headache. Well, wait just a minute." She reaches in her purse, and she draws out this list. "Sore gums. Oh, yes. And I think I'm short of breath, yes." Well, I soon learned the best thing to do when they pulled that out was go over and take it. It shortened up the interview, and you could really get something done. But certain patients understand, and it doesn't take long, and other patients, it's difficult for them, but you have to take the time, you have to take the bitter with the sweet. That's my opinion.

And I think the average individual today—I know, speaking for myself, when I went in to see my partner or doctor here a few years ago, the nurse said, "Remember, you only have an appointment for fifteen minutes." I said, "Aw, hell, we'll take longer than that if it's needed."

They have them framed, you know, every fifteen minutes a patient. I don't like that. And if medicine's going to survive, they've got to start being just a little bit more than a timekeeper.

MULLINS: Well, thank you very much, Dr. Shields.

SIMEK: Great way to end.

SHIELDS: Did I teach you anything?

MULLINS: Yeah, oh, yeah. Very good. You tired me out, Dr. Shields.

SHIELDS: It'll soon be gin time [laughter]. If you want to know why I've lived to be ninety, it was hard work...

[End of Interview]