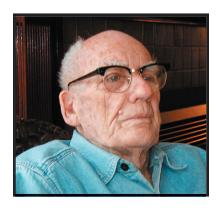
DR. JOSEPH FREDERICK

Union County resident for 52 years

AN ORAL HISTORY



Interview in January, 2003 at his home in La Grande OR

Interviewer: Eugene Smith

UNION COUNTY, OREGON HISTORY PROJECT

2004

(revised from 2003)

UNION COUNTY, OREGON HISTORY PROJECT An Affiliate of the Oregon Historical Society

A non-profit, tax-exempt corporation formed in 2002

In collaboration with Eastern Oregon University
Cove Improvement Club History Committee
Elgin Museum & Historical Society
Union Museum Society

Purposes

To record & publish oral histories of long-time Union County residents &

To create a community encyclopedia

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Preface

Much of the history of a place is stored in the memories of people who have lived there. Their stories may be told to family members, but, unless someone makes a special effort to record these stories, they become lost to future generations.

Each of the historical societies in Union County, Oregon has begun to make that effort. Tape recordings exist in several locations, some of them transcribed in written form, others not. A more ambitious and thorough effort seemed necessary so that more of the oral history of Union County could be captured and preserved.

The Union County, Oregon History Project, begun in 2002, is making that more ambitious effort. One of its principal purposes is to collect as many oral histories of older Union County residents as possible and to make them available in both taped and written form. This edited transcript is part of the series of oral histories to be produced by that project.

About the Interviews and This Edited Version

The interview with Joseph Frederick, M.D. took place at his home in La Grande. At age 86, he appears to be in reasonably good health, mentally and physically.

The interviewer was Eugene Smith, director of the Union County, Oregon History Project. He completed a one-and-a-half-hour interview in January, 2003.

Heather Filling's full transcription (available for research purposes) presents the literal contents of both interviews. The edited version presented here differs from the literal transcription in the following characteristics:

- reorganization of content
- deletion of some extraneous comments
- omission of false sentence starts and other normal speech fillers that detract from readability
- normalization of pronunciation and grammar in conformity with standards of written English.

JF designates Joseph Frederick's words, It the interviewer's.

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Born and Raised in an Asthmainducing Region

- I: Dr. Frederick, when were you born?
- JF: 1917.
- I: Where?
- JF: In Puyallup, Washington.
- I; Had your family lived there for some years?
- JF: No, they had moved there from another part of Washington. They had just moved to Puyallup when I was born.
- I: Was Puyallup a good place to live?
- JF: The reason I think it isn't a good place to live is that it's a damp climate that precipitates asthmatic attacks at times. I had asthma, which, of course, varies from person to person. It's an allergic reaction that constricts the bronchial tubes of the lungs. You can get air in all right, but you can't get it out. When you expire that constricts the bronchial tubes, making it difficult for you to breathe.
- I: You experienced that almost from birth, is that right?
- JF: Yes.
- I: To the point that you had to stay out of school often?
- JF: Yes. In grade school I was out fifty percent of the time, I guess. The attacks would come, and then they would pass. I was normal till the next one.

- I: What did you do while you were having an attack and were at home?
- JF: I was limited in my physical ability—
 so short of breath that, if I tried to walk
 or play, I had to quit because I couldn't
 breathe.
- I: Was it necessary to lie in bed most of the time?
- JF: I spent one summer in bed, which was helpful. At that time in life there wasn't really good treatment for asthma to ward off attacks. The doctor put me to bed, and I spent the entire summer, three months, in bed. It did help; I think it limited my exposure to allergic properties.

I think that the school nurse probably was helpful in bringing about my biggest improvement. I began using a nebulizer, which is similar to adrenaline. Through a sympathetic action, it finally broke the cycle. It was almost like a miracle when that attack just dissipated suddenly.

- I: Was that taken through a nasal spray or was it an injection?
- JF: It was a spray—a little bit of gas.
- I: Had that just become available?
- JF: As far as I know. I used it for years after that and thankfully got benefit from it.
- I: I suppose that had the effect of helping you to put more energy and attention to the school work, in high school especially.

- JF: Yes, I think that's true. My school grades weren't good. I really didn't apply myself to school very well when I was young. I did later when I needed to.
- I: Did your having asthma as a child affect your deciding later that you really wanted to become a physician?
- JF: I don't think they were related, no. It was just a desire to be a physician.
- I: Were you forming positive attitudes toward doctors whom you saw as a young person?
- JF: Oh, yes. I think at that time it was a very respected occupation. Most people admired doctors.
- I: Did you have several encounters with doctors?
- JF: Yes. I had pneumonia, had my tonsils out, and had various things that required medical attention.

Moving to a Drier Climate for a College Education

- I: What made you decide that you'd like to leave Puyallup and go to eastern Washington?
- JF: The asthma problem was partially responsible for that. Puyallup was kind of damp. We had a lot of fog, and lots of times we didn't see the sun till noon. At that time, doctors recommended changes in climate. Eastern Washington has a drier climate. I took my education in eastern Washington.

- I: What was your aspiration as far as college work was concerned?
- JF: I wanted to be a pharmacist.
- I: How did that idea come to your mind?
- JF: When I finished high school, I was a swamper in the drug store in Puyallup.
- I: What does a swamper do? Clean up the place?
- JF: Yes, he sweeps the floor, washes the windows, dusts, and, at that time bottles some medications, such as essence of peppermint. My chore was to keep the drug store clean and do the menial tasks, which was fine. I didn't mind that. I was just thankful to have an occupation.

 After graduating from high school, I wanted to go to college but didn't have the financial ability. So I went to work in the drug store in Puyallup, where they treated me well, and I gained



Joseph Frederick as an undergraduate at Washington State College, Pullman WA Photo courtesy of Joseph Frederick

respect for the druggist. In the summertime we had a cannery in Puyallup. They were very nice to me and hired me. So I stayed out of college for one year, living miserly and collecting the money for college.

- I: Did the druggist you worked for recommend the pharmacy school at Washington State College?
- JF: No, but we had only the two Washington colleges that had pharmacy schools at that time.
- I: How did your pharmacy studies go?
- JF: Quite well. In fact, I didn't need any medication during those years. Asthma's funny: you kind of outgrow it at times, and then it reoccurs. But I studied very hard and enjoyed college. I recall the tuition was seventy dollars a year, thirty-five a semester. I also had a job at the golf course at Washington State Col



Joseph Frederick at graduation from Washington State College with a degree in pharmacy, 1940 Photo courtesy of Joseph Frederick

lege; I think they paid you forty cents an hour, and you could work about forty hours a month. That was a little bit helpful.

- I: Was this a four-year program to get a degree in pharmacy?
- JF: Yes, that's correct.

Finding Work as a Pharmacist and Being Drafted for Military Service

- I: Did you have the idea that, when you completed the degree, you would come back to the wetter climate or stay in a drier one?
- JF: I was feeling so well at that time that the location didn't bother me. It was actually just trying to find a job in 1940.
- I: Where did you apply for jobs?
- JF: After I graduated, I started in Spokane, moved to Walla Walla, and then went to Longview. It was stepwise improvement. Mr. Gunderson in Longview was the druggist I had known in Puyallup, where I was the swamper; he got hold of me to come to Longview.
- I: That was right about the time that we were approaching this country's participation in the Second World War. What was in your mind about that?
- JF: I thought that I wouldn't be involved, but in Longview, Washington, where I was working, they drafted me and took me into the service.
- I: How long after you began work in Longview were you drafted?

JF: I was married at that time—1941. We were there better than a year. I was drafted in '42. They gave me a commission as second lieutenant and were going to pay me all the way through medical school. Then they gave me a repeat physical, and, because of my rather bad asthma, they discharged me. But they still helped financially.

Deciding to Become a Doctor

- I: By that time, had you begun to think that perhaps pharmacy wasn't the way you wanted to spend the rest of your life?
- JF: No. That came quite suddenly. When I was in Longview, a drug salesman told me he was going to go to medical school. He was a pharmacist and went around to all the drug stores with his products. When he told me that, I asked my wife if she thought we might make out if I went to medical school. She was in favor of it. I thought, "Well, this may be a hard goal, but we'll give it a look." So I went to the medical school at the University of Oregon, and they accepted me for 1943.
- I: Do you recall your further thought at that time about what the satisfaction of being a physician would be?
- JF: No, I don't think that entered my mind. I thought it was wonderful that I had an opportunity to try to become a physician. I had no way of knowing whether I would accomplish that because of our marriage and also because of financial reasons.

- I: What made you think at that time that you might be a good physician?
- JF: The fact that I was married was beneficial, in fact, because being married I devoted all my time to medical school and had no playboy distractions. It worked out fine.
- I: However, it doesn't sound to me as though at that time you had much idea of what being a physician involved or why you might be suited for it.
- JF: No. I think that's true. I thought the main obstacle was to get through medical school. At that time, because there was only one medical school in the Northwest, the demand was tremendous. I was thankful that I got accepted right off. When I applied, I didn't have any formal meetings—no formal meeting with a board. Fortunately, I had good grades from college. They wanted the young people so the effort expended by the school would be returned in years of service.
- I: How much of a role at that point was the prospect of higher earning power, beyond what you could earn as a pharmacist?
- JF: It probably did enter into it. I can remember when I graduated from college, my first job was one hundred dollars a month as a pharmacist. Then the wages improved, and at the time I applied to medical school I was earning two hundred and twenty-five dollars a month in a span of a year or so, after being in Spokane, Walla Walla and then in Longview. So things were opening up a little, but when I applied I don't think that re-

ally entered into the picture. I didn't really know whether I would ever get to medical school and was thankful when I was accepted.

- I: How much of an understanding did you have of what medical studies involved?
- JF: I guess I didn't have any.
- I: Did you know, for instance, that you would probably need to work on a cadaver over a period of several days?
- JF: Yes. I knew about the classes. I enjoyed getting the new knowledge about various things in life. That was fine.
- I: Had you taken some biology at WSC?
- JF: No. When I was accepted at medical school, I had to take a foreign language and biology at Stanford for close to a year. I also took about sixteen hours a term of genetics and various other things.
- I: Had you ever dissected a frog or a cat before then?
- JF: No.
- I: How did you react when you had to do your first dissection?
- JF: In medical school you had a partner to seek knowledge of nerves, arteries, the veins, and the various organs. I didn't have any adverse affect from that whatsoever. It was intriguing because we were learning. Everything we did on our cadaver was giving us more knowledge about the human body.

- I: You don't remember feeling squeamish at all about that?
- JF: No, I didn't.
- I: When you started clinical work after school, you probably had to do some tasks that you never thought before you'd ever do. How did you react to them?
- JF: I guess I never gave that much thought. In the hospital we had partners, and the two of us had certain patients. We approached them for diagnostic reasons. We had to present that patient to our superiors and wanted to do as good a job as we could. We probably would have tried just as hard if we didn't have to do that, but the fact that we had to had a bearing on it all right.
- I: Do you remember feeling, particularly in the third and fourth years of medical school, more enthusiastic or more eager to become a physician?
- JF: No, I don't think my attitude changed. My effort was to be a good physician right from the start.
- I: Apparently, you didn't have doubts as you went along about what you should be doing.
- JF: No. I was just very thankful that I was able to do it.
- I: Was your wife supporting the two of you during that time?
- JF: No. At the time I was drafted into the service and during medical school, I was a second lieutenant, and they were

paying my way in medical school. So we squeaked by. During my three-year intermship, I had various jobs to help us financially. For example, I went to the prison in Portland and was the prison doctor there at Rocky Butte.

I think probably most physicians today graduate with a large debt, whether they're married or single.

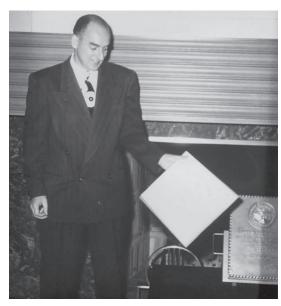
- I: Do you remember the day that you received your medical degree?
- JF: Yes, I can remember that in the auditorium, receiving my degree.
- I: Describe your feelings.
- JF: Of course, I was elated that the day had arrived, and we accomplished it. I invited friends that I'd known for a long time and that added to the occasion.
- I: Were your parents still alive?
- JF: Yes, but they weren't there. Dad was quite old.
- I: You were one of seven children, I believe.
- JF: That's correct.
- I: Are you the only one in the family who got that far in education?
- JF: Yes. I have two brothers that are druggists; there would have been three of us if I had followed that path. We were the only ones that went to college—the three of us.

- I: At that graduation ceremony when you were called Doctor officially, do you remember how specific your ideas were about how you would use that degree—how you would conduct your life thereafter?
- JF: No. At that time I knew that I was going on for three more years at the medical school. I was fortunate to get an appointment right there and my task wasn't finished.

Deciding on a Specialty in Internal Medicine

- I: What had led you to decide that internal medicine was what you wanted to do?
- JF: I thought it was more of a challenge than any other specialty.
- I: Why?
- JF: To diagnose correctly the problems of your patient. I thought you were doing more good than in the other specialties; however, that's changed tremendously because of the ancillary tools that have come into use in medical practice which help in making a diagnosis. But at that time you had to analyze everything and fit the pieces together from your study of the person. That isn't as important now, I think, as it was then because of medical advancements.
- I: At the time, did internal medicine seem to you to be more complicated than, say, gynecology or obstetrics or orthopedics?
- JF: Sure. Yes.

- I: It involved more of the body, I suppose, with a wider range of possible illnesses or diseases.
- JF: Yes. That's correct. You had to correlate your findings and make an accurate diagnosis. I thought it was more of a challenge.
- I: During the three-year period when you were working on the advanced studies, what were some of the experiences you had that added significantly to your ability to make diagnosis?
- JF: It was the fact that I was in a medical center and in an environment that provided an opportunity to see a wide variety of medical problems at the medical-school hospitals, and I had the knowledge of my peers. It was a very delightful time. A person would almost like to stay there, though that it wasn't feasible.



Joseph Frederick at completion of medical school, 1948 Photo courtesy of Joseph Frederick

- I: It wasn't just your peers, was it? Were there not other specialists in internal medicine that you worked with even with more experience?
- JF: Yes. We had all up and down the ladder, like specialists in hematology and various fields; we were thankful to have their assistance.
- I: Did you find any particular person, a man presumably, who acted as a mentor during that period?
- JF: Yes. Dr. Howard Lewis, the head of medicine, I always thought was a great person. He instilled into the people under him in medicine that the effort to make the correct diagnosis was very important to him.

Learning of an Opportunity to Practice in La Grande

- I: Somewhere in that period you met a doctor from La Grande.
- JF: Yes. Dr. Stoddard was a student ahead of me and was building the clinic in La Grande. He had a surgeon and he was in obstetrics—an ob/gyn.
- I: What was his first name?
- JF: David Stoddard.
- I: Did he grow up in La Grande?
- JF: Yes. The Stoddard families were known in La Grande. I think they had sawmills.
- I: Had you heard of La Grande before he mentioned the name?

- JF: I don't think so.
- I: Can you remember what he said about it?
- JF: He came to see Dr. Lewis, the head of medicine, and said he wanted an internist. Dr. Lewis mentioned my name to him, and that was my first contact, although I'd seen Dr. Stoddard in medical school when I was there.
- I: But you weren't acquainted with him?
- JF: No.
- I: So when Dr. Lewis mentioned your name to Dr. Stoddard, you had a conversation, I suppose, with Dr. Stoddard.

 Did he start telling you about La Grande?
- JF: No. I told him I thought I'd go Longview, where I'd been and liked it. I thought I would have a career there.

 But we talked about it, and he encouraged me just to come over to see La Grande. He lined up patients to see while I was here.
- I: This was on weekends?
- JF: I came by train and could sleep going home. I'd see the patients here Sundays and go back Sunday night.
- I: For how many weekends, approximately, did you do that?
- JF: I'd say six months, but I really don't know.
- I: If you were here only Sunday seeing patients all the time, I don't suppose

- you could see very much of La Grande or the county.
- JF: No, I couldn't, but could see the country relatively well. It was kind of a community that I thought I would enjoy living in.
- I: Did your wife come along and give her opinion?
- JF: No. She was taking care of our youngsters at that time. On weekends. Of course, I had only certain weekends off; I was on duty other weekends. That worked out quite well.
- I: That was certainly an overload for you. How did he persuade you should do that?
- JF: If I was considering coming here, I wanted to have a preview before I came.
- I: It made sense to you to just try it out before you made the move completely.

 Were the youngsters born while you were in medical school?
- JF: Yes. Our oldest daughter was bom in 1945 and our oldest boy in '49. I think maybe I have to say they contributed to my effort to be a good doctor in that I had a family to take care of.
- I: After your several visits to La Grande and seeing patients on a Sunday, you also got some sense of what the new clinic that Dr. Stoddard had started would be like. What expectations did you have about working in that clinic?
- JF: I thought it would be very nice with Dr.

Stoddard and Dr. Hall. I was the third member and I thought we might end up with six or seven people.

I: What was Dr. Hall's first name?

FF: Richard Hall.

I: What was his specialty?

JF: Surgery.

Beginning a Lifelong Medical Practice at the La Grande Clinic

I: The clinic had an internist, a surgeon, and a gynecologist/obstetrician. It sounds like a good starting team.

JF: Yes. We could supplement the specialties—maybe two internists and two surgeons.

I: Do you remember how many other physicians were practicing in La Grande at that time?

JF: I think between fifteen and twenty.

I: Did that seem to be fewer than the area needed?

JF: Yes. There were general practitioners, and I thought they'd induce other specialties to come to La Grande.

I: Was that about the beginning of the time when specialty within medicine became more acceptable or more desired?

JF: Yes. That evolved with the times as doctors could acquire special know-

ledge from the centers; that was becoming more and more common.

I: If you were in a clinic, you were also working with two hospitals almost from the start, weren't you?

JF: Yes.

I: Did that allow you to meet all the other physicians who were already here?

JF: Yes.

I: Do you remember anything about the relationships you had?

JF: I think we all kind of went our separate ways; we usually had no really close relationships with the doctors here—professionally, I mean. Many of those who had been here for twenty or twenty-five years had their own practices.

I: Was there any association with dentists?

JF: No, not particularly. We had two dentists in the building that were on their own.

I: I'm getting the impression that physicians and dentists at that time really didn't consult one another about any



La Grande Clinic at 6th Street and J Avenue, 2003 Photo by Eugene Smith

- developments in the field, or about patients, or much of anything.
- JF: No. I think that's true. There was no real need for consultation with dentists. I still don't think there's a great deal of association with dentists.
- I: Probably not. The nursing community as you experienced it: what were some of your impressions?
- JF: I think they were more than adequate.

 The registered nurses in the hospitals—
 and the sisters—were all well educated.
 La Grande was fortunate to have them
 here.

History of the La Grande Clinic

- I: The first La Grande Clinic was on Sixth in the same location as the present La Grande Clinic, wasn't it? Do you know who built it?
- JF: Les Hoxie.
- I: Did he own a lumber company?
- JF: I think he did at one time, yes.
- I: Was it smaller than the present building?
- JF: The initial building, before I ever came here, was added on to. When I came, the clinic was about the same size as it is now. I think the original waiting room was where my office was, and there was another extension. I'm not really clear on that building. Mr. Hoxie built to serve the medical needs of the city.

- I: Do you think it was the first clinic that had been built in La Grande?
- JF: As such, yes. There were no clinics other than that one, I know.
- I: Was a laboratory a part of that clinic?
- JF: Yes.
- I: Could you do most of your tests there?
- JF: We could do routine tests, like blood sugars, urinalysis, and blood counts.But if we wanted a cholesterol test, for example, we had to send it out.
- I: And then there was a fire.
- JF: Yes.
- I: Do you know what caused it?
- JF: No.
- I: Did it destroy the entire building?
- JF: Yes.
- I: And all of your equipment?
- JF: Yes. It occurred at Christmastime and resulted in total destruction.
- I: It must have been a shock.
- JF: Yes, it was. But you adapt to things, and he had good replacement insurance. So Mr. Hoxie rebuilt it.
- I: What did you do for office space during the time of rebuilding?

- JF: We had space on the first floor of St. Joe's Hospital.
- I: For a year or so?
- JF: It wasn't a year. I don't think it took them that long to rebuild.

Characteristics of Medical Practice in Union County

- I: The professional clothing that doctors and nurses wore at the time was different, I believe, from what it typically is now. Could you describe your uniform when you were on duty?
- JF: I think it's true that we were more professional appearing than now. Even in medical school I remember we had to wear a white shirt, tie, and white jacket. When we came here to practice, we wore more of a professional attire. We wore slacks and a white coat in the clinic, but on our rounds to hospitals I don't think we wore suits like the older doctors did.
- I: You wore a tie all the time, I suppose.
- JF: Yes, a tie.
- I: Did the nurses wear starched caps and starched, one-piece dresses?
- JF: Usually the attire was white. That was true with the sisters and nurses. I guess that signified cleanliness.
- I: Did it signify anything else? Status of any kind?
- JF: I don't think so. Maybe when you were

- introduced, you were introduced to the registered nurses and the individuals had status of some sort or other.
- I: What was the degree of formality between physicians and nurses and between physicians and patients?
- JF: That varied a great deal as the years changed, but, initially, if the doctor came into the nursing station, they might even stand in recognition of the doctor.
- I: And they always called you Dr. Frederick, I suppose?
- JF: Yes.
- I: What did you call them—Miss or Mrs. So-and-so?
- JF: I just used their name.
- I: Last name, but not first name?
- JF: I used their first name, too, depending on the familiarity I had with that individual.
- I: Did patients ever call you by your first name?
- JF: Not unless they were friends.
- I: Would you agree that, during the 1940s and '50s at least, patient-doctor relationships were quite formal?
- JF: I think that would vary with the communities. In a small community, where you're familiar with the residents, I think it wasn't as formal as it would be

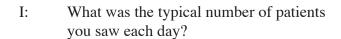
in the city. I think that was a variable factor.

I: Another variable, of course, is how much time in the office the doctor spends with each patient. Did you have a quota?

JF: No, you can't do that.

I: Sometimes doctors can. At least they seem to now. You had an appointment schedule. What was your typical length of an appointment?

JF: It varied a great deal. When I did physicals, I'd spend at least an hour. If I did two physicals, morning and afternoon, if it was the first patient, I'd always spend an hour. But if I had a medical problem, I couldn't just work fifteen minutes and have the patient come back. If it was a tough situation, the other patients would just have to wait. Of course, that bothered people. But I had no way of regulating the time. For simple things, yes, I could get maybe by with ten minutes. But that varied so greatly I could not have a good time schedule in the office.



JF: Maybe twenty-five.

I: Then you must have been spending five or ten minutes with some?

JF: Yes.

I: Were they usually repeat patients?

JF: Yes. I got to know a patient. On the days that I had physicals, I scheduled two— on Tuesdays and Fridays. I think physicals were beneficial to the doctor and patient because I got to know that person and knew then in a follow-up what was important. I think it directed my attention to certain things.

I: At that time many people weren't in the habit of having physicals every year or every two years, were they?

JF: I would say longer than a year, yes.

I: Did you have to encourage some patients to have physicals?





Dr. Frederick's medical bag, stethoscope, and blood pressure sleeve Photos by Eugene Smith

- JF: No. I think the ones that had the physicals encouraged others—like a woman for her breast or pelvic examinations. I thought it was very beneficial to the doctor, after he had the blood and urinary work, a chest x-ray, electrocardiogram, to take care of that person.
- I: Were you finding that men on the whole were reluctant to have physical exams?
- JF: No. I think that varied by the individual.
- I: Over the years the statistics have shown that men in general are much less likely to see a doctor for anything than women, not to mention a physical.
- JF: That probably is true.
- I: But did you have an approximate equal number of men and women in your practice?
- JF: I never thought much about that. We had a lot of men who had physicals. I think that it was an individual thing, but you're probably correct. I think that I probably had more women patients than men because the men always tried to get their wives to the doctor, but they would hang back from it for themselves.

Practice in La Grande's Hospitals

- I: Tell me, if you would, about some of your experiences at the two hospitals in La Grande.
- JF: Originally, we were close to St. Joseph. We had more of our patients at St. Joe for convenience reasons. After St. Joe closed, we all utilized the Grande Ronde Hospital. Having one hospital made

- more sense than having two in a community this size.
- I: Before the new hospital was built, did the two hospitals—St. Joe's and the old Grande Ronde Hospital—have comparable facilities?
- JF: I think so. We had a gradual influx of more specialties, and medical practice changed through the years. I think it improved as medical knowledge improved.
- I: In the old Grande Ronde Hospital, since you were an internist and not a surgeon, you didn't have to use the operating room. Was it enough for you simply to have adequate space for a bed and supplies that you would need so that a fancy hospital really wasn't necessary?
- JF: I'd have to have some ancillary help, like x-rays and laboratory procedures.
- I: Were those adequate at the old hospital?
- JF: Yes, I believe so.
- I: Aside from the fact it was a wooden building and probably a fire trap, what was inadequate about the old hospital?
- JF: I think it was basically the building structure that they wanted to update—and the location. The Sunset location was an improvement from where they were. They were restricted there a great deal in space.
- I: I've heard from others that some people wanted the new hospital to be built on

La Grande's Hospitals--early 1900s to 1960s

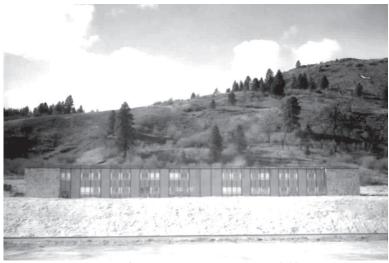
Photos courtesy of John Turner and Richard Hermens



Old Grande Ronde Hospital, 1908



St. Joseph Hospital, 1930s



New Grande Ronde Hospital, 1960s

Gekeler Lane, where the Mormon church is now. They said that was essentially a political decision. Do you know anything about that?

- JF: No. I have no knowledge of that. In fact, I didn't know that they ever entertained the Gekeler-location idea.
 They've had some trouble at the present site with the mountain moving a little.
 Maybe they didn't recognize that would happen. I think the location is good.
- I: However, the Gekeler location would have been better from the standpoint of centralization and the fact that the site is flat.
- JF: Right.
- I: It would provide easier access for ambulances.
- JF: It seems like it would have been even better if they had taken over St. Joe; that location would be hard to beat.
- I: Why did that not happen?
- JF: I have no idea. Of course, they closed after the Grande Ronde moved. If that was ever proposed prior to that time, I don't know those factors at all.
- I: You didn't have any role at all in the choice of a site or what the new hospital would include?
- JF: None whatsoever.
- I: Was that because you were late in your career or just not consulted?
- JF: I wasn't consulted. Actually, that deci-

sion was probably made by the Grande Ronde Hospital board and the business people that were making those decisions.

Emphasis on the Older Patient Aspects of Personal Life

- I: How did your practice change over the years?
- JF: I think I always favored the older people, and I don't think that changed. I didn't have many young folks. I think I equate better with older people.
- I: Psychologically?
- JF: I think so.
- I: I suppose it was also because they tend to have more physical problems than younger people—internal problems like cardiac, cancer, and blockages of their insides.
- JF: More serious problems, yes. I think that's true. But it seemed like, back in the early years, we had young folks-one or two a year with TB and poliomyelitis.
- I: You didn't work at all with infants?
- JF: No, I left that to the pediatrician as a specialty all its own.
- I: Was a pediatrician here when you first came?
- JF: No. I had a few young folk, but that was the minority of my practice.
- I: Were most of your patients white?

JF: Yes, because they're mostly white patients here, but I had a few of the colored folks and I enjoyed them.

Aspects of Personal Life

- I: Your typical day as a physician implied five or more days a week, I suppose. What were the hours?
- JF: When I first came, we were on duty almost seven days a week. I'd leave home around seven in the morning and get home at seven at night. I might or might not come home at noon depending on whether I took the noon time to do my charts. And I always had phone calls to answer people's questions.
- I: At home?
- JF: No. At the office.
- I: But would they sometimes call you at home at night?
- JF: Oh, yes. People always have problems at night, it seems.
- I: Yes. Did they have your home phone number?
- JF: Yes.
- I: How many hours of sleep did you get at night typically?
- JF: I might be up all night; that was a vari able factor, especially if it was a serious problem.
- I: But on most days of the week did you get six or eight hours?

- JF: Yes, I think so.
- I: I suppose that meant you didn't feel tired all the time.
- JF: Age is important factor.
- I: I mean in your prime.
- JF: I had a good rest. If you enjoy what you're doing, that's important.
- I: Did you nearly always enjoy what you were doing?
- JF: Yes. I felt good that they called on me, even if it was in the middle of the night. I felt that they wanted me. Maybe that's kind of egotistic, but it made me feel good that they thought of me in a crisis.
- I: It certainly indicates that they trusted what you could do for them.
- JF: Yes.
- I: In the few days that you had off now and then, I suppose one of the choices was to go to Seattle or Portland to learn something about a recent development in medicine. Or maybe another choice was to go off into the mountains. How did you handle those choices?
- JF: They handled themselves. If there were good medical meetings once or twice a year, I allowed for that, and if I wanted to go up in the mountains, at first we had a half a day off. Then we'd take the whole day off and go to the mountains.
- I: A weekday rather than the weekend?

- JF: Yes. I could spend the day fishing or in the mountains or timber—whatever would be easier.
- I: What were some of your preferred places to go around here?
- JF: I was kind of a rock hound, so I covered the state pretty well to get into various rocks, but I like the local area. I've pretty well traversed this whole area here. I was happy spending a day in the hills.
- I: Did you go alone?
- JF: Frequently. I think I wanted some solitude. On a weekend, if I went looking for agates or petrified wood, I'd usually go alone.
- I: Can you remember what got you interested in geological riches?
- JF: No. I think it's just my inquisitive nature about those things. I covered a lot of the state.
- I: When you brought back specimens, did you grind them and polish them?
- JF: Some I did.
- I: This table that's right here in front of us seems to have slabs of black rock of various kinds.
- JF: Yes. That was given to me.
- I: This looks as though it might be petrified wood. Do you think it is?
- JF: There were a lot of rock-hound people here. They had quite a club.

- I: Were you in the club?
- JF: No. I usually went by myself. Some of my patients had petrified wood on their property, and they gave me stumps.

Relationships with Others in Health Care Fields

- I: Did you have a close relationships with any of the pharmacists in La Grande? I would have thought you might be interested in their work.
- JF: Gene Detrick was with the Payless Drug Store. Gene was a rock hound, who had come from Washington State. We went out occasionally together, but otherwise I didn't have any close pharmacist acquaintances. At one time we had a pharmacy at the La Grande Clinic that belonged to the Red Cross Drug. We had kind of a close relationship with the druggist there, yes, just because of the proximity; we could sit and visit once in a while.

Disappointments?

- I: Where there any disappointments at all in the professional relationships or experiences you had here in Union County?
- JF: No, I don't think so. Evidently there weren't because I never thought about it till you mentioned it.
- I: You did say, however, that, during the three years after you graduated from medical school, you were extremely curious to know more about the diagnosis of ailments of various kinds and presumably the medication you could

give. That suggests to me that, maybe at some point in your career, you might have aspired to move on to some other aspect of medicine that might challenge you more.

- JF: No. When I finished in internal medicine, I was thankful for the knowledge, and, of course, the knowledge was so much greater than twenty years before that time. I didn't want to proceed with anything else.
- I: Am I wrong, though, in thinking that, after you had been practicing in internal medicine for fifteen or twenty years, it's pretty much the same day after day?
- JF: You mean kind of like a routine?
- I: Yes. After you've seen hundreds of patients and diagnosed many similar conditions, it stops being challenging, doesn't it?
- JF: I don't think so. I think every day you're in medicine you're going to see something new. It might not be extremely important, but you are encountering something that you hadn't seen before.
- I: But aren't they just variations of things you've already seen many times?
- JF: I think you could say that, but you can't count on that. There were still surprises, and I still wanted to help on those occasions.

Explaining Deaths of Patients

I: I'm curious to know what role or roles you may have played with patients and

their families when a patient died. Did you have interactions with the family?

- JF: Yes, I did.
- I: What was your role?
- JF: With ninety-some percent, it was a very nice role, but occasionally I had a family that objected to what happened. Whether it was my responsibility or not, they were unhappy at the death. The majority of the time they were very thankful families and actually gave me credit for what I had done.
- I: I suppose this would be especially likely if the patient was old and where death is an expectation.
- JF: I think that's true. If you have a young person who dies, the family could question that.
- I: Did you attempt to give details or explanations for the probable cause of death?
- JF: Oh, sure—in layman's terms. I liked to visit the family and explain to them.
- I: At what point would you do that? Soon after the death? Or right before?
- JF: Those are hard things to answer. Circumstances varied so much. I just can't give a flat answer to that. If it was a prolonged illness, I was in contact with the family for a long time. If it was a sudden thing, it would be harder for the family to adjust to the circumstances.
- I: I know that you don't want to give any generalizations about this, but, consid-

ering the demands on your time, would maybe five or ten minutes with the family member, explaining to them what had happened, be about what you could manage to give?

- JF: Those are hard questions to answer. Five or ten minutes might be adequate and it might not. It might be a half hour, depending. Those are hard questions.
- I: Would it have been likely that you would spend more time with the people who were objecting or upset about the death?
- JF: I think that's true. If they didn't understand or I was not explaining it well, yes, I think I'd have to spend more time trying to please the family or getting them to understand what occurred.

Physicians' Insurance

- I: During your career, was insurance protecting you against suits ever a part of your thinking or ever necessary?
- JF: I'm thankful I was never involved with any litigation of any kind. Yes, I worried about that because of some of the things that a physician can get involved with. But I've had no restrictions in my medical practice through the years, and I was thankful for that.
- I: Have you carried insurance?
- JF: Every doctor carries insurance. But you still don't want to get involved, especially if you've done something that's inappropriate.

- I: Do you remember how much the insurance cost you in the early days?
- JF: No. It varies so much. It wouldn't have been as much as for a surgeon or ob/gyn.

Unhealthy Conditions Difficult to Treat

- I: What ailments did you have difficulty in treating?
- JF: Migraine headaches. People now just go get a pain shot for migraine headaches. They go up to the hospital at the outpatient.
- I: Obesity?
- JF: We're bringing that on ourselves.
 There's no question about it.
- I: How about smoking? Many of your patients probably smoked.
- JF: Yes.
- I: Could you try to do anything about that?
- JF: Sure. I was a smoker myself. Very foolish. I never smoked till I got in college. You could bet on the football games and win cartons of cigarettes. That started me. My roommate got me smoking. He said after dinner, "Come on. Have a cigarette with me." But I can't blame him. It still was my fault.
- I: You must have had plenty of medical evidence, though, very early in your life

that smoking is a terribly destructive habit.

JF: Sure.

I: Could you say anything to your patients that would get them to stop?

JF: No I couldn't. Even though patients knew that it was detrimental to their health, smoking is very addictive. When they had that interview with Phillip Morris executives who claimed that it wasn't addictive, I thought that was so blatant. It's just impossible what money does.

I: In the face of public attitudes that seem to be in denial of any harm, as a member of the medical community did you feel helpless?

JF: Yes, I did. Still, I advocated no smoking.

I: But it didn't do any good?

JF: I think there's quite a reduction in smoking.

I: Did you have in your office photographs or any kind of drawings that would show what happens to the lungs?

JF: No. They knew that. I did vital capacity studies. I showed them what their flow was and what it should be. But the other thing is that it's such a dirty habit.

I: On a related subject, alcohol, I think
Union County has had its fair share of
drinking from the moonshine during the
Prohibition period and later on. How did

alcohol addiction or alcohol damage figure into your practice?

JF: I'm thankful that personally I've never had a desire to be a drinker. The only thing I can remember mainly is that the men that would go down to the taverns and drink. They'd try to urinate, and I'd get called out to catheterize them.

I: What was going on there, medically?

JF: As the prostate got larger it was difficult. They'd get to an age where they had many little urinary difficulties.

I: Was the enlarged prostate and urinary difficulty the main problem you had to deal with in connection with alcoholism?

JF: I don't think it was the main thing at all. But I remember that I would get called out at night because, after they'd been sitting in the tavern for a quite a bit, they had to get some relief. It didn't happen all that often, but I'd really prefer not getting called out at midnight because of something like that.

I: As an internist, were you able to do anything about an enlarged prostate?

JF: Not otherwise than catheterizing, no.

I: Because surgery was the next step, I suppose.

JF: Yes.

I: Did you have to deal very much with sexually transmitted diseases?

- JF: We'd have them occasionally, and, of course, penicillin was a wonderful thing when it came along. We wouldn't see any syphilis or gonorrhea anymore. They responded well to penicillin.
- I: Were you paying any attention to the incidence of sexual activity, especially among young people, as far as your practice was concerned?
- JF: I didn't have a lot of young people. I had more older chronic cardiacs or other diseases of the elderly.

His Own Struggle with Disease

- JF: Did you ever hear of Meniere's Syndrome?
- I: Yes, I have, but I don't know what it is.
- JF: After I quit practice in '81, I got Meniere's Syndrome in my ear. It's a frightening thing in a way—ringing and noise in your ear, dizziness, and throwing up. It comes on just like that. I remember I went to the library up at the college, because there was no good treatment for it, and researched. I wondered if there was something that had come up that I didn't know about.

I had it for a year or two and then it went away, but it left my hearing slightly impaired. I didn't care. Most things I don't want to hear anyway, as long as I have my eyes. That's a terrible thing to say, but it's more or less true.

Reflections on Life in the Grande Ronde Valley

- I: While your family was growing up in La Grande, you didn't have a lot of time to spend with them. I presume the children went to public schools in La Grande.
- JF: Yes.
- I: Did you have observations about the quality of their education?
- JF: I think it was adequate. I felt that way about all schools. I think it's there if the student wants to get the knowledge from it. I'm not wise enough to give remarks about our education in La Grande.
- I: What are your observations about the opportunities for young people in La Grande?
- JF: I'm sure I have the same observation as most of the people that their children go elsewhere after they're through school. Unless they are in agriculture or a similar field, they probably wouldn't stay here. Most of the students leave. That's evident; that isn't just surmising. The majority of students leave; we know that. A couple of our children are in California, one in Olympia, and two daughters here.
- I: Did anyone seek a career in medicine?
- JF: No. I thought maybe my oldest boy would, but he went into forestry. I think that's typical of a lot of young folks; in the first year they are in college, they didn't know what they want.

- I: You must have had conversations with many of your patients. What were some important things you learned about life in Union County through them?
- JF: Like what?
- I: Many of them were farmers, I suppose.

 Were you able to talk with them enough so you learned more about the conditions of farming and the various kinds of difficulties and challenges they had?
- JF: I think, if I grew up in La Grande, I would have been a farmer. I think the ranchers, most of them, have a good philosophy of life. I think that they basically handle life better than many industrial people.
- I: Something about having deep roots in the land, in both literal and metaphorical ways?
- JF: I think so. They have time to think. If they're plowing their fields, they can make many mental observations during the day.
- I: Do you have any observations about politics in Union County?
- JF: No, I think it's probably similar to all cities. I haven't been in politics. I never enjoyed getting involved in politics. At one time it used to be so much simpler to run a city than it is now. Some of the old-timers were the officials in the city, and they did a good job, though they didn't have the formal training for it. They took care of the city and put a lot of effort into it.

- I: Are you referring primarily to services
 —parks, recreation, streets, sewers,
 garbage collection?
- JF: It seems like we have more involvement in running the city than we had thirty years ago. That may be true in all cities. It seemed like it wasn't as difficult a task thirty years ago to be a mayor of this city or to have some other upper job in the city. But now it's so much more complicated than it used to be.
- I: In the mid-twentieth century did it seem to you that life generally was simpler?
- JF: Yes. I guess they have to use the restrictions that weren't necessary back then. I never wanted to divide up our valley. I wanted them to keep their farms. If they chop them up just for homes, I think that would be very detrimental to this area. I think the forestry department has done good things, too, that kept our woods from being all chopped up.
- I: You favor laws that preserve the environment then?
- JF: Yes. Not for just right now, but for the future.
- I: Aside from the obvious environmental beauties of the Grande Ronde Valley, from a medical standpoint how would you describe the Grande Ronde Valley as a place to live?
- JF: I think there are some good attributes all right. We don't have the smog of city dwelling, and basically the type of life we have, I think, is beneficial. We don't have the pressures applied from

living in a big city. I'm prejudiced, of course.

- I: You're also a doctor, so you have a way of looking at this that other people don't.
- JF: I presume that's true. I think we have more of a leisurely type of life. I don't know whether our aged population in La Grande lives longer than in a city, but in many ways it's a better life.

 Some people go crazy in La Grande, and others are fortunate and enjoy this wonderful area. And what a history we have! Historically, this valley is wonderful way back to the Indian times.
- I: Where else do you think I should talk to you about the practice of medicine in Union County?
- JF: I guess I'm the oldest one left here now. You've heard of Dr. Phy, haven't you?
- I: Yes.
- JF: With the Hot Lake Sanitorium. It would be wonderful to be able to review his

records, but I don't know of anyone who would have them. Dr. Gregory and Dr. Hahn would have been good doctors to talk to, but they're both gone now.

- I: I wonder if there were any kinds of annual summaries made at the clinic or at the hospitals to give a picture of the incidence of each kind of medical difficulty.
- JF: I doubt it. I don't think that would be available.
- I: Nobody had time to do such a thing?
- JF: I don't think they would have. I can remember our urologist always thought that the incidence of prostate cancer was high in this area.

In retrospect living in La Grande has been very satisfying. The one disadvantage has been the isolation from medical centers. However, this has been compensated for by the other attributes that we have enjoyed.

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