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## Reminiscences of a Male Midwife

Herman W. Johnson

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**Reminiscences of a  
MALE MIDWIFE**



***Herman W. Johnson, M. D.***

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*Dedicated to the memory of my  
beloved wife, Myrtle Howard  
Johnson, who dedicated her life  
to me and my profession.*

HWJ

(B) 9/25/58 Gift Dr. H.W. Johnson

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1954





**HERMAN W. JOHNSON, M.D., F.A.C.S.**

Professor and Chairman of the Department of Obstetrics and Gynecology  
Baylor University College of Medicine

The above portrait of Dr. Johnson, painted by Mr. Roberto Fantuzzi,  
was presented to the College of Medicine on January 25, 1954.

*"Here with whitened hair, desires failing,  
strength ebbing out of him; with the sun  
gone down and with only the serenity and  
calm of the evening star left to him, he  
drank to life, to all it had been, to what  
it was, to what it could be, Hurrah!"*

—SEAN O'CASEY

What a kindred spirit O'Casey has in me, because in deep appreciation of the "serenity and calm of the evening star" I can echo the "Hurrah," for as long as midwifery endures, there will be "Life"!

## Introduction

My object in writing this senseless tale was that I might have something which could be given to my colleagues and to many of my dear friends as a memento of my affection.

To trace the progress of obstetrics from the time I began practice in 1905 to the present day high level, would be boresome and also would lack the personal part which is here intended. (After all, "Whoever takes his pen in hand writes about himself.")

My life now is very simple. I go to the College each day for a few pleasant hours with the faculty and students. I then return home for lunch and a rest period. My flower beds have been purposely replaced by grass because old bones don't lend themselves to bending; and, thus, I have many hours left for meditation and prayer. These same hours would include those for "over-ripening," and it is during these hours that I want to write down for those I love a few reminiscences of a male midwife. (I am reckless with the word "love," but my lifelong motto has been: "Love and you will be loved.")

Membership in special societies or medical papers which I have written, have been omitted because they

do not come back in my memory as impressive enough to warrant a place with the very intimate character of these reminiscences.

Many times I have been asked whether or not I would like to lead my life over again. My ready answer is that I would not like to deprive others of the joys and happiness of midwifery. And besides, I am planning on a place far more quiet than the delivery room.

H W J  
Baylor University  
College of Medicine  
Texas Medical Center  
August, 1954



I was born in Andover, Windsor County, Vermont, August 2, 1883, on the eastern slope of the Green Mountains, one of four children. Andover was about twelve miles from Plymouth, the birthplace of Calvin Coolidge. I mention this because even remote proximity to a man of his integrity is worthwhile. One event of his administration stands out in memory—at a White House reception, when Will Rogers passed in line, he, Rogers, asked, "What is the name, please?"

When I was eight, my parents moved to Gowanda, New York. I left my native state without ever seeing a Jew, a colored person or a Democrat. When I reflect that in the Green Mountains there is nothing but stones, spruce and maple trees, it is a safe inference that my many Jewish friendships were formed in Houston, and not in Vermont.

I regard it as somewhat of a distinction to have been born in, and by all calculations will make my exitus in, states which were independent republics before they were admitted to the Union—Vermont and Texas. My authority for this statement is no less a person than Federal Judge J. C. Hutcheson. He could always tell you the most startling things as he was trying to win his caddy check on the pretext that "little chillen need shoes"; although I have never seen a barefooted Hutcheson. History and scripture are his forte, although he often had to fall back

on his partner, the lovable late Dr. M. L. Graves, for scriptural quotations bearing some similarity to those appearing in Holy Writ. It was worth more than the caddy check to be in a foursome with the Judge and Dr. Graves.



The family resided in Gowanda during and long after my grade and high school days, during which time nothing outstanding happened. Being of mild paranoid temperament, I probably approached the "smart Aleck" type, and no doubt dealt my teachers much misery. However, I remember one crippled professor who was more paranoid than I, and at the least provocation he would thrash the very daylights out of me, carefully compromising between corporal and capital punishment. I always played baseball and football because if I couldn't play on the team that was there, I could always organize one.



I entered the University of Buffalo College of Medicine in 1901. That was the last year that medical colleges admitted students directly from high school without some academic training, and that is why so many of my friends have remarked, "I always knew that you never went to school."

During my freshman year, I was fortunate enough to be appointed as a resident medical student at the Erie County Jail. This position I held for the three and a half

remaining years of medical school. It provided the much-needed assistance of board and room. My only duty was to see that the medicine ordered by the jail physician was given to the ailing prisoners by the guards. During this long period, I have figured that I had contact with over 500 cases of delirium tremens, and perhaps might be considered a pink elephant specialist. Also, I learned then that the sedation effects of various drugs differ greatly with the individual. The same dose of paraldehyde quieted some temporarily and a few permanently.

Also during my freshman year, President McKinley was assassinated in Buffalo by Leon Czolgosz. Czolgosz was confined in a cell next to my dispensary. The guard who escorted the prisoner to conferences with the attorney who had been appointed to defend him, always felt that some assistance should be given him in re-entering his cell. This was accomplished by foot power only which, naturally, absolved the guard from any charge of "laying hands" on a prisoner.

One of the nurses for McKinley was a Miss Jane Connolly, a girl with whom I had grown up. Jane kept me well posted. McKinley had been in coma for two or three days. While waiting on the curbstone in front of Ansley Wilcox's mansion on Delaware Avenue where McKinley was lying, the newspaper reporters decided that McKinley needed a dying statement. As McKinley was a very religious man, they chose the one history records, "God's will, not ours, be done."



At the end of my sophomore year, I flunked my obstetrics. I had a natural dislike for this subject and was trying to see if I could get through medical school with the least possible exposure to it. I was lucky enough to pass the make-up exam in the fall. My flunking obstetrics has been of interest to my curious friends, and they think more detail should be given. In 1940, I was accepted as a member of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons. The then President of the Association was also then Professor of Gynecology at the University of Buffalo and had been my old instructor in obstetrics who had flunked me. When reminded of this, he replied that I hadn't known any obstetrics then, and he doubted if I had learned any since!



At graduation in 1905, I accepted a paying internship at the Dannemora State Hospital for Insane Convicts, where I had an invaluable experience without which I might have wasted many hours of my life. I had a good opinion of my checker game and once told a supervisor that I would like to take on the best checker player in the hospital. In due time, when I reached a certain ward, the chairs, table and checkers were in proper place. When I was seated, the attendant helped an old "lifer" by the name of Lendenni to his chair. Lendenni was apparently disoriented and obviously ter-



ribly demented—in fact, this was the only time I had ever had a vegetable as an opponent. The attendant explained that Lendenni's game was purely a defensive one, and in order for his hands to function, I had to move first. So we started. After three games, during which I failed to get a single king crowned, my checker career ended.

My internship was finished in 1906 and, with a smattering of psychiatry and already a specialist in delirium tremens, I returned to Gowanda, my home town, to practice medicine. It would seem that nearly everyone has at least a little touch of lunacy or alcoholism and this would give me a small nucleus to begin with. At any rate, I realized that the going might be tough in my home town; that many would remember me as the tea and coffee peddler who took orders after school and delivered on Saturdays; a few outlying people would not have forgotten me for raids on their melon patches or chestnut groves; some of the urbanites would remember me as a member of a highly specialized Halloween group whose object was to convert a "Chic Sale" of any capacity from an upright to a horizontal position. Now with so much vandalism prevalent, the only comfort I get from reflecting on our activity is that there was no destruction of property, merely a rearrangement of it.



In the beginning I had no liking for midwifery. I wanted to be a big surgeon, but somehow, no one wanted

me to cut on them. And so, in order to live, I had to accept confinement cases, usually those so far in the country that none of the other local doctors would go. As my forced interest in obstetrics became known, I eventually became more or less the official obstetrician to the wives of the Polish population in Gowanda who were employed in the largest glue factory in the world. If any waiting had to be done, it was done outside and not inside of the house, and a paper plant smells like an incense pot compared to a glue factory! This generation of Poles were very clan-nish and stayed to themselves. This gave me a great deal of language difficulty. The Poles, however, showed great alacrity in acquiring a vocabulary of swear words. They were definitely multilingual in that they not only had the English cusswords but also those of their native country and proximal continental countries. They could express disapproval in three languages. If, perchance, the baby arrived before the midwife, they used all three of their vocabularies. In fact, they acquired such artistry in the usage of all three as would incite the envy of any old railroader of days gone by.



In 1912, I married Miss Myrtle Rhea Howard, a native of Gowanda. She was one of eight children, all musical. The family was self-sufficient; when they wanted orchestral music, they merely picked up their respective instruments.

As time marched on in Gowanda, more and more well people, pregnant women, and some of my dear friends came to me. But no sick folks came. Some time before 1917, I began to feel my interest increasing in obstetrics and in the people who were interested in me. I was learning something all the time with the many complicated cases, but it came the hard way. The only things I had that the midwife did not have were that I knew when and how to wash my hands, I was stronger than she, and I had a license to use the obstetrical forceps. If I may be considered an obstetrician now, I can truthfully claim to be the only one in Houston who was a midwife first!



When 1917 came, we entered the War. The United States immediately sent 1000 doctors to be attached to the British Army as battalion surgeon replacements. (Our beloved Billy Bertner\* was one of this contingent, but I did not know this until I came to Houston.) I was attached to the "13th York and Lance" (short for the 13th Yorkshire and Lancashire Battalion) and soon found myself at Vimy Ridge where there were no pleasant spots or comfortable places. I learned about 15 years ago that in one of the three German observation balloons opposite our battalion was perched one Lt. Erwin O. Strassmann who later became an accomplished balloonist and still

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\*The late Dr. E. W. Bertner, first president of the Texas Medical Center.



later a prominent obstetrician and gynecologist. He wasn't watching me but was interested in what the artillery behind us was doing. His was a hazardous job as fire from an aircraft machine gun could quickly convert his whole establishment into an enormous pall of black smoke.

The officers of the British battalion were very considerate of me. The English Tommy is a wonderful soldier, showing complete faith in his Government and in his officers. And he never knows when he is licked. I was issued my daily ration of rum and I was a very cooperative comrade-in-arms in the officers' mess, sharing both food and beverages, which was supported on a pro-rata basis. Unfortunately for the mess, my first pay-check arrived eight months after I left the United States, and by then I was at a Base Hospital in Rouen, France, awaiting evacuation to the States. By then there was no one to pay, nor was the tab ever received.



A reasonable time after I arrived at the U. S. General Hospital No. 2 at Ft. McHenry, Maryland, as a patient, I was posted for duty. The C. O. took me into his office for scut and foot work. After six months of this, I was promoted and made Executive Officer of what was shortly to become the largest general hospital in the U. S. In this capacity I had the opportunity of meeting practically every outstanding man in American medicine of that time. It was easy to detect the things which they all had in common—simple tastes, no ostentation, and kindness and

consideration for others. If their own attainments were mentioned, the reply was always of extreme modesty. These men were attached to the Surgeon General's office and from there inspected their respective services. Whatever unpleasant experiences I had in the combat zone were more than offset by these wonderful contacts.



My discharge came long after the war was over in January, 1920. I first went to the New York Lying-In Hospital and remained there long enough to convince all concerned of my unacquaintance with the fundamentals of good obstetrics. By pre-arrangement, Myrtle had sold the house in Gowanda for a good price and we were off for Texas. Our household belongings had gone before, and we left with hopeful thoughts that through study and experience and perseverance, I might become an acceptable obstetrician. My office was to be opened not as an obstetrical specialist but as one limiting his practice to obstetrics.

My beloved wife, Myrtle, our son Robert and I arrived in Houston on February 7, 1920, after two and one-half years of hopeless effort in trying to make "the world safe for democracy." I was 36, Myrtle was — (her secret), and Bob was 6. I mention this to show that I, at least, was not so immature as to have little realization as to what this great transition might mean. We were deeply rooted in the little village of Gowanda, Myrtle's birth-

place and my home from the time that I was 8 years old, with all our kinfolks and the dear friends that we grew up with and loved and with all the lovely hills and scenery. Leaving all this was difficult.

The eleven years in practice in Gowanda had been most pleasant. The dear friends have ever remained dear friends. Their many expressions of confidence were given me. I had been president of my county medical society, an honor cherished by all doctors. When we left, I was a member of the school board. I was also a member of the Board of Managers of the Thomas Indian School, a junior college, A. & I., serving the six reservations of New York state, to which Gov. Charles E. Whitman had appointed me in 1916.

Needless to say that on our arrival in Houston, two very nostalgic persons quickly developed. This was aided and abetted by several months of almost continuous rain. Mud was such a part of Bob that we couldn't tell which was which. After about five months of losing weight, but with her spirits uncrushed, Myrtle consented to return with Bob to Gowanda. She remained away for about five months, writing me daily of her love and determination to be happy on her return, which eventually she was.

It was easier for me to endure my homesickness without her as I could give vent to emotional disturbances without any witnesses. Many days, and without patients, I would drive my car and park near where *The Houston Post* now is located, merely to see boxcars on the siding.



If by chance a freight train passed, my nostalgia would be partly assuaged by seeing a New York Central car, and especially so if a car were marked Erie Railroad, which was the Railroad running through Gowanda. Fortunately, time marched on. Myrtle returned; we met charming people and the metamorphosis of Texanization was on its way.

The years passed in making dear friends and trying to fit them into the vicissitudes and disappointments and pleasures of a fairly active obstetrical practice. It would be boresome to enumerate all the difficulties in the first few years in Houston. I think the ground is covered pretty well by saying that my obstetric span has covered all the trends and vogues of this specialty from the patient staying in bed indefinitely to not staying in bed at all.



I recall that about 1924, I had the honor of presenting an obstetrical paper before the Buffalo Academy of Medicine. Prior to the meeting, my good friend and former flunking instructor in Obstetrics gave a dinner party for me at the swanky old Buffalo Club; in the adjoining lounge room was a life-size painting of his famous bachelor father. If curiosity gets the best of you, consult the the presidential campaign literature of 1884, numerous later well documented accounts, or "The Presidency" by Stefan Lorent, MacMillan, 1951. No claim is made that all sons of bachelors are perfect, but by all

known standards, this one was. He died in 1947 at the age of 72, a bachelor, honored and beloved by all.



When Pearl Harbor came, under extreme provocation and the laudable ambition to fight a "war to end all wars," I saw my obstetrical colleagues fast leaving for service. They little realized that they were leaving me to help care for the wives, sweethearts, friends and also a few casual acquaintances who remained behind to keep the home fires burning while awaiting the day of the "blessed event." The stage had been set for ample population replacement, regardless of battle casualties.



Little suspected by me at the time was how my life would be changed when Baylor University College of Medicine moved from Dallas to Houston in 1943. The first term opened in July of that year. I was honored by being selected as Chairman of the Department of Obstetrics and Billy Bertner was appointed Chairman of the Department of Gynecology. Fortunately, some of my obstetrical colleagues by reason of age, minor disabilities or over-eagerness to get into service, had been left at home. And more fortunately still, some of these had had teaching experiences, making it possible to set up a fairly competent department. The school had no affiliated hospital, but through the cooperation of administrators and



staffs, all hospitals in Houston shared in the teaching program as they have continued to do. This has borne out my contention of many years that, with certain safeguards, the private patient is best suited for teaching purposes.

The medical college has become an integral part of the Texas Medical Center, thanks to Roy and Lillie Cullen, the M. D. Anderson Foundation and the Houston Chamber of Commerce. Over ten years have now elapsed since the college was moved here, and the original benefactors feel that as the college is a community project, the burden should be shared. The trustees of the Baylor Medical College are making an effort to raise a minimum endowment of at least ten million dollars, but pending this long range accomplishment, contributions, large and small, are sorely needed which would not be pledged to endowment but would be available now for operational purposes. The Houston Endowment, Inc. (Mr. and Mrs. Jesse H. Jones) has provided adequate scholarships for worthy and needy students. The real need now is for funds to give the entire student body facilities for good medical training.

I think I can speak for the Trustees of the College in thanking the taxpayers of Harris County who have, through their appointed representatives, made the city-county hospital available for the training of medical students. In turn, the faculty of the College, voluntary and full-time, all members of the Harris County Medical Society, have striven to render good medical care and service

to the indigent sick of Harris County. The trustees would not blame me for again expressing their thanks for the recent million dollars given the College by Roy and Lillie Cullen, also for the recent gift of one million dollars by Mr. Earl Hankamer, and another quarter of a million by Mr. Lamar Fleming, who had already given a quarter of a million.



As previously mentioned, I little realized what a change in my life would be caused by the move of Baylor University College of Medicine from Dallas to Houston. Naturally, my foremost interest was to be sure that my department could keep in step with those of other schools belonging to the Association of American Medical Colleges. How well this has been done is for others to say, but if any success is claimed, it must be said that it was due to the wholehearted cooperation of my colleagues.

In 1945 the Baylor Medical Foundation was organized by a few members of the faculty together with some of the alumni residing in Houston. It was incorporated and chartered in the same year. The sole object of the Foundation was and is to assist Baylor in the promotion of medical education. I am proud to have been one of the founders, and to have served for nearly ten years on the Board of Trustees.

Membership on the Board of Trustees was changed so that outstanding citizens interested in medical educa-

tion might be elected. It now is composed of Jews, Catholics and Protestants, all imbued with the feeling that medical education is non-sectarian in all its aspects. The fellowship with this body and the ease with which they feel that things may be accomplished have been very stimulating. And now the Trustees are like an old collector—proud of his whole collection. Our total endowment fund is very sizeable and something to be proud of, but, especially, like the old collector—are we proud of one item.

Nearly two years ago the Trustees voted to provide funds for a students' lounge. The next problem was to acquire adequate space within an already bulging building. Dean Olson who was much in sympathy with the idea, and a natural born salesman, caused the Department of Pathology to very graciously give up some of their museum space. I am sure that he promised to provide step ladders for those who might care to see the specimens of cirrhotic kidneys. Anyway, adequate space was provided and a beautiful room was built at a cost about the same as that of a nice home in a nearby suburb. The cost was paid by the Trustees. The lounge is beautiful and now the students may entertain mothers, wives, and sweethearts amid pleasant surroundings and with dignity—always an imponderable with medical students.



In the early 1920's I had some difficulty in selling my wares, as the word "obstetrician" was not in common



use. Women knew that it had something to do with "child-bearing", but they wanted to know more particulars about this off-color doctor who had but recently migrated from the north. Could he be a naturopath, chiropractor, mental scientist, or what? When my fee was asked, and I told them, the conference generally ended by the patient remarking as she went out the door, "I can get a regular doctor for half that price!" It is hard to believe that such a change as we have seen could have happened in a bare 34 years. Perhaps a contemporary and corresponding change might be cited. Then, when pushing a perambulator or doing the family marketing, women wore clothes. I still think this was a very salutary custom.



Another change which has been a radical one in all its implications is that when a private patient felt that her degree of protuberance was noticeable to the casual observer, modesty required her to curtail her range. This meant that many prenatal house calls were necessary after the period of six months gestation. It was during many of these house calls that strange incidents could happen. On several occasions I have had the family wash dropped to me from the upstairs apartment. It was the day that the laundry man called and who else would be ringing the bell at that hour of the day!

One of my nice patients had an appointment with the photographer at 9:30 a.m., and the maid strangely

told me that my patient would be ready at 9:30. After the photographer, who arrived at 9:30, had kept his appointment, the chagrined patient had her blood pressure taken. Through all these years, she has been one of our dearest friends.

I sincerely hope, however, that maids show more courtesy to Fuller Brush representatives than they did to me when I was assumed to be one of their fraternity.

The main complaint was waiting for the patient to "look her best", but, it was worth it. Then the little pleasantries during the relaxed moments often gave, in addition to the atmosphere of her home, the opportunity of personality expression on the part of the patient. Many dear friends were acquired in this manner. It is rather difficult to express personality when sitting on even a comfortable chair in the doctor's office, awaiting her turn. I guess it can't be helped, but I have often thought that an obstetrical patient possesses much interest in addition to the physiological deformity which she is harboring. Some day, but probably not in the immediate future, some patient may be terribly shocked if she hears her wonderful doctor say, "No, Mrs. Smith, you need not get an ambulance or taxicab to bring you to the office, I'll come right out to your home to see you."



As time passed in Houston, I acquired more patients and I found that medical practice was no different in

Texas than in New York; that is, much credit is often given the doctor when little is deserved. And on the other hand, blame may be given when not deserved or given far in excess of that which is deserved. This point might be amplified. Shortly after our arrival in Texas, I formed a great friendship with a young doctor. My affection for him has grown with the years. He had a patient in the early 20's who suffered a fatal postpartum hemorrhage. Everything possible was done for her, but in vain. After the patient's exitus, he remained in the home for several hours. Ordinarily, that would have been a blow to anyone's obstetrical aspirations, but, instead, an increasing number of patients came seeking the doctor who did everything possible and then remained in the home to comfort the bereaved for so many hours. The truth of the matter is that there had been a flash flood and during most of those hours the doctor's car was over hub deep in water!



To bear out my statement that credit is sometimes withheld when it may be due is shown in this true story of a rugged individualist. This same doctor, whom we all know simply as "Free", attended the case of a boy who had been brought to the hospital from a nearby community, where he had become enmeshed with some farm implement. The anterior abdominal wall was so incised as to allow a more or less complete evisceration into his



overalls. In transit, the overalls had been reinforced by a stable blanket. After surgery, the father said, "Well, I suppose everything is all right." The doctor replied that he hoped so but that some time must elapse before saying for sure. He explained that it was considered risky for a person's intestines to wander away from where they belong and then to be found in the person's overalls. The boy, however, recovered. Much later, the doctor encountered the youngster on the street, and when he asked why he had seen none of the family in a long time, the boy replied, "Paw says you ain't our doctor any more; you get scared too easy."



Many years ago, when I was a lukewarm Rotarian, the intimitable Jack Dionne, of Negro story fame, was elected president of the Rotary Club. He was intent on making his an outstanding administration. At the first meeting, he announced that the slogan for the year would be "Business is good; I make it so". Even conscious of an inward willingness to adopt Jack's slogan, I felt constrained to say, "Mr. President, as a member holding the classification of 'obstetrician', I feel that I would not like to assume the effort, nor the responsibilities, which your slogan implies."

Unbeknown to me, this little pleasantry found its way into a publication, *The Gargoyle*. Then a member of the County Society preferred charges against me for seeking

publicity. The Board of Censors laughed it off because they perceived that this plaintiff-surgeon was probably suffering from a premature or perhaps a congenital cerebral crystallization. But the charges will always remain on the record "for seeking publicity".

This yarn, like many of Frank Dobie's, has gone the rounds several times. George Fuermann revived it in 1954 in his column, Postcard.



In teaching and during "bull sessions" in the doctors' locker rooms, I have gained the impression that a statement of cold fact is soon forgotten. If it is combined with the ridiculous, however, it is often remembered. Any teacher appreciates this fact. The textbooks on obstetrics have been written by men and, naturally, the maternal organism is always considered at fault in the causation of placenta previa. The theory of general acceptance is that repeated pregnancies have impoverished the lining membrane of the womb, allowing the fertilized ovum to slip downward toward the internal os. Then if pregnancy does take place, the developing placenta does not remain localized, thick and compact; but according to Prof. Paul Strassmann, it spreads out like the roots of a tree, seeking nourishment wherever it may be found.

My theory, which isn't in any textbooks, absolves the maternal organism of 50 percent of the blame, which, I am sure, is always a fair basis of settlement. The covering



membrane of the fertilized ovum, known as the trophoblast, is half maternal and half paternal, and it is supposed to quickly digest a way for the egg to become imbedded in the lining membrane of the womb. But if through any defect or enfeeblement, it fails to do so, the downward course of the ovum is permitted. The talk is closed with the statement that the trophoblast has left his "ground grippers" at home. On examination, many remember Strassmann's theory, but 100 percent write "trophoblast leaves ground grippers at home."

Devices for shortening labor have always seemed to me to be of questionable value, and I have fancied that the baby says, "Doc, I have to get my head through that knot hole (cervix) and I believe I can do it if given time, so don't let anyone push it or pull it through." Early in labor and anticipating possible eventualities, he might be heard to say, "And, Doc, if you do have to use those iron hooks, be careful not to hurt my head because I might have to use it later in life."

What I have said many times, especially to my many friends doing part time obstetrics, I want to repeat: When a multipara has been in indefinite labor for a period of eight hours, regardless of the amount of cervical dilation or the station of the fetal head, it is later than you think—don't go out to the Rice Stadium!

In days gone by and before the advent of analgesia, it was more difficult to resist untimely interference. Entreaties were acute and real while awaiting the necessary

changes. Now with analgesia, guardedly given, both the patient and the doctor may rest with only the nurse standing by.

The biological end product of pregnancy is a baby. The obstetrician's sacred duty is to see, during the time of the so-called "blessed event" that injury, both to the tree and to the fruit, is minimized as much as possible.



I have never attained obstetrical perfection and among my many shortcomings was a too frequent inability to diagnose twin pregnancies. Perhaps one of my most embarrassing moments was when a delivery had been completed, Sister Carmen walked in and after placing her hand under the drapes on the patient's abdomen, said, "Dr. Johnson, aren't you going to deliver this other baby?" I replied that if she was going to be fussy about it, I would, and forthwith repeated my surgery, allowing the overlooked person to escape. Embarrassing as it was, it would have been even more so had the patient been returned to her room where delivery would have taken place shortly. It would have been hard to explain to the father how this misplaced child happened to be in the bed with its mother when he felt that he had contracted for complete delivery service.



Somewhere among my reminiscences I want to record a very much deserved tribute to Miss Stella Kinzy

of the labor department of St. Joseph's Maternity. She has, in over thirty years' service, made a greater contribution to a phase of obstetrics than any other person. When Dr. Grantly Dick Reed who has tried to popularize "child-birth without fear" was in nursery school, Miss Kinzy was practicing the benefits of "relaxation." Briefly, this is her technique: She enters the room casually and her presence is immediately felt. She listens to the baby's heart and then holds the patient's hand. With a little sympathetic instruction, the scared, tense and uncooperative patient discovers that she can relax, that she need not be fearful, and that she can cooperate.



When I reminisce about my long service at St. Joseph's Maternity, my emotional threshold is so low that it is hard to write and at the same time keep my paper dry. The Sisters were always kind to me and very thoughtful. My so-called "extra-sensory perception" told me that they understood me and that, in their hearts, they accepted me. In the over thirty years of association, I can't recall a single instance of disagreement. They always shared my grief in obstetrical disappointment, and were quick to absolve me of blame even when the question of obstetrical judgment might have to be considered. They shared my joy when the outcome warranted joy. I regard it now as having been a sacred privilege to have been associated for so long a time with the Sisters of the Incarnate





The population of Houston in 1920 was 130,000. Now 34 years later, there are in Houston 64 well qualified physicians practicing the integrated specialty of obstetrics and gynecology, and metropolitan Houston has a population of one million.



My log of memories would not be complete without paying tribute to a grand character and a dear friend, Dr. Walter H. Moursund. He was Dean of Baylor University College of Medicine for thirty years and is now Dean Emeritus. The doctors who were graduated under him are now scattered throughout the United States. They do not regard him as simply the Dean of their Alma Mater but as one who watched their progress in medical school with the interest of a parent—always available for advice and counsel. His represents the dedicated life, dedicated to medical education. Humble in his way of life, simple in his tastes, a staunch believer in good citizenship and a disciple of the highest standards of medical ethics, he has been a great inspiration to me.



Along with the ever changing obstetric practice which started with me in 1920, there was difficulty in getting the patient to go to the hospital; difficulty in getting her consent to allow the baby to be kept in the nursery; difficulty about visiting hours. The husband was

allowed in the delivery room for some years and because some fainted and some cracked their skulls on the concrete floors, the difficulty of keeping all husbands out of the delivery room arose. Babies were fed formulas or breast on precise schedules. Now they are fed only when clawing and yelling. There are still many advocates of the rooming-in practice which keeps the baby in its mother's room. It all seems like putting an old hat in the attic, as every seven years, it comes back in style.

The last "innovation" has come into vogue since I left active practice, for which I am extremely thankful. It is called "Training for Childbirth." This supposedly advanced system of midwifery consists of clinics, lectures, reading and exercises. This all appears necessary to the long process of teaching the patient to relax. But the most interesting and astonishing thing to me is that the husband must enter wholeheartedly into this ritual. He must lose his status as a father and assume that of a co-mother. He is supposed to become indifferent to the thousand and one gadgets of the delivery room which often startle the mature midwife, and also he is supposed to take his labor pains with a great deal of composure.

Labor is supposed to be a normal and physiological event, but according to most text-books, it seldom is. When nature is viewed at its worst, might not a sensitive husband, even an indoctrinated co-mother receive some psychic trauma? Recovery from ordinary trauma is very

rapid but recovery from psychic trauma is exceedingly slow.

This system of midwifery appears to be a very cumbersome way of getting the milk out of the cocoanut—the milk in this case being *relaxation*, which is very beneficial at the proper time whether having a baby or not. It has long been known that confidence and relaxation reduce pain; fear and tension greatly increase pain. It doesn't seem to me that one should have to eat a bushel of carrots or a bale of alfalfa to get a little vitamin K.

One of the interesting items to me, being definitely old fashioned, is that the real mother can no longer sing "Bye, Baby Bunting, Daddy's gone a hunting, To get a little rabbit skin, etc." Absolutely not, he must not be hunting for rabbits, bacon or shoes, because he is a co-mother and must frequently change a wet baby to at least a temporarily dry one and must be available for formula mixing.

This whole idea takes me back many years in my memory to when our Bob was a baby. We had a two-cylinder Maxwell, the same model which Jack Benny had until very recently. Sunday afternoons, we would take Bob for a ride. Myrtle always wanted to drive and my job was to hold Bob on my lap. Soon Myrtle would find me chewing somewhat vigorously on a cigar. She would immediately say, "Take that cigar out of your mouth. Why, you are even chewing it, and that is just as terrible as chewing tobacco." Finally, with a great deal of stern-



Dr. Johnson's home and office in Gowanda, New York, from 1907 to 1917. At the left is seen his old two cylinder Maxwell (The Jack Benny Model).



ness and whatever masculinity I possessed, I would reply that I would not take the cigar out of my mouth as that was the only way Bob could tell which one of us was his father. Then, too, to a country doctor tobacco chewing did not seem so terrible after all. On a long country call, there was an ever ready receptacle in the form of the spokes of the buggy wheels. Also there was some fishing to be done—a pastime which lends itself ideally to tobacco chewing. If a chance were taken when not on a long country call or fishing, then considerable discretion as to timing had to be used or one might deliberately take a calculated risk. If such precautions were not taken, the habitue might be very unexpectedly obliged to swallow all the evidence—a circumstance for which very few have ever acquired a complete tolerance.



Among my cherished souvenirs, I find a program of a meeting of the New York Obstetrical Society, held February 9, 1943, in which my name appears as the guest speaker. In itself this would not warrant a place in these reminiscences, but it appears capable of developing a point which may be of interest.

I don't mean to minimize the great honor which I felt at this invitation. Certainly the distinction of addressing this historic, select and tuxedoed body falls to comparatively few. (The New York Obstetrical Society is the second oldest on the Continent, the Boston Obstetrical

Society being the oldest.) And I was quite flattered that they should go into the deep Southwest for an essayist, and especially so, since at that date Texas very undeservedly was often considered as being "extra-territorial" in American medicine.

In my preliminary remarks, or "false labor pains," I mentioned the fact that my chemistry had been done for me by Dr. H. O. Nicholas of Rice Institute and altogether on a "barter basis." He was to furnish the chemistry and I in return would furnish the midwife service of which he, for a somewhat protracted period, was sorely in need. My thesis on the "Etiology of Eclamptic Toxemia" was presented. Dr. H. J. Stander, who died in 1948, was asked to open the discussion. He was then Professor and Chairman of the Department of Obstetrics and Gynecology at Cornell. Before studying medicine, he had been an outstanding biochemist with the Du Pont Company. He had been a long and intimate friend of Dr. Robert A. Johnston and had spent many vacations in Houston. He opened his remarks with much pleasantry, stating that he was much intrigued with the idea that chemistry could be bartered for midwife service and that he was sorry that he hadn't learned about this earlier in life. He left the more serious discussion to others. On the whole they were very kind to me. One "stuffed shirt" who had a theory of his own, romped on me pretty hard, but I am having the satisfaction of seeing my theory still lingering without much chance of survival, whereas, his met an explosive

death within a relatively short time. The point which I can now make is interesting as it is so impressive. I mentioned that ten or eleven years ago, many regarded Texas as "extra-territorial" and that nothing was apt to originate there. A bare eleven years have now elapsed and the impact of Baylor, the Texas Medical Center, and the two medical branches of the University of Texas has been felt. The East, the ancestral home of American medicine and the location of the majority of medical colleges, will be reluctant to admit anything, but I am sure that it now realizes the important role which Texas is playing in the national picture of American medicine.



This item may cost me a friendship of many years, and all because the person whom it concerns naturally dislikes the sometimes heartlessness of cold type. Memories of this individual come from way back and continue on until at last they are not memories but pleasant realities of the day. He has been for several decades the most unheralded, non-paid public servant in Harris County. I am sure that he stands in a class by himself as the greatest self trained practical social worker in the state of Texas. No other person has his understanding and sympathy for the indigent sick of Harris County. But in purchasing "medical and nursing care" for these sick, he is ever mindful of the taxpayers' dollar. For years, he has had to deal with the ever-changing City-County governments—



the source of his budget. I have never heard of his ever having any trouble. If common sense and reason are not making any progress, he may switch to a very subtle humor and with it turn on that smile, reinforced by the twinkle in his eye. Honest, I hope to die, he'd make any injun throw away an upraised tomahawk. Some day, the Board of Managers of the Jefferson Davis Hospital will have a different President. May everyone hope that there is then living, another Ben Taub.



I would like to relate something which has always seemed such a strange coincidence even in this small and rapidly shrinking world. My mother's mother was a Marsh, and while the Lincolns migrated to Western New York, the Marshes remained Easterners, and I might state, while not bragging, that some of them were considered "Back Bay Bostonians."

Two of Mother's first cousins became Professors at Harvard. One of them was Arthur Marsh, for whom my brother was named. His wife decided that she couldn't live on a professor's salary (she should try now) and so Arthur resigned, and of all things, this intellectual, a professor of romance languages, came to Texas to learn the cotton business. This done, he located in New York City as a cotton broker. He must have had some ability as in time, he became President of the New York Cotton Exchange. Perhaps in the course of time the going might



have gotten tough, for after a few years, he convinced an investigating committee of the U. S. Senate that there were some shenanigans going on in the cotton market and he recommended that the firm of Anderson, Clayton be investigated.

The investigation was held and Will Clayton was given his big opportunity. His manner, personal charm, frankness and integrity impressed the committee. He returned to his company and in later years, and after many honors, became Undersecretary of State. My ex-professor cousin returned to New York with such glory as might be found in the committee ruling, that while there was evidence that some brains had been used—an inherent right—there was no evidence of any monkey-business as charged.

Arthur Marsh has been dead several years now. The families had drifted apart and I never met him but Will Clayton assures me that he was a very nice person. The years have unfolded and I have been given the honor of being present at the birth of children and grandchildren of the Clayton and Anderson families. This confidence has been a great inspiration.



It is my understanding that a Yankee who has been Texanized for so short a period as thirty-four years is given the privilege, if he has any respectable kinfolks, of mentioning them but not to brag, the latter being an

inherent right of only native born Texans. If I have the aforesaid privilege, I do exercise it even though it is not remotely concerned with midwifery.

Most of my forebears have been farmers and small town merchants. However, my mother was a Lincoln, and on her side, I had an uncle of whom we were very proud, Charles Z. Lincoln. He, as a totally blind, obscure lawyer in the village of Little Valley, fifteen miles from Gowanda, had edited the constitutional laws of the State of New York. When Levi P. Morton was elected Governor of New York, he, on the recommendation of Joseph Choate, then Ambassador to England, appointed Uncle Charles as his legal adviser. Uncle Charles continued to serve as legal adviser under Governors Roosevelt (Teddy), Black and Odell. He spent his vacations in the cemeteries of England and New England, compiling the genealogy of the Lincoln family.

Uncle Charles was a dedicated person, yet I must refrain from bragging so will not mention the acuteness of his intellect nor say that his great simplicity and the warmth and gentleness of his personality were permeating and lasting.

Uncle Charles and Aunt Lusette had one child, my cousin, Leroy A. Lincoln, who is now living in New York City and is Chairman of the Board of Directors of the Metropolitan Life Insurance Company. When Roy was President of the Company, he must have had a natural suspicion of Franklin Delano. Roy knew that he had some

billions of dollars in securities several stories down in Manhattan rock and he also knew that Franklin was all for dividing this up. Roy is fond of playing bridge and poker. On one visit to New York, in needling Roy, I remarked that he should like FDR because he was a good poker player. He replied with one of his frowns, "You get the strangest notions in your head. If you can show me that FDR even knows how to play poker, I'll vote for him the rest of my life." Well, way too late, I found out indirectly through the author of "50 Billion Dollars" that FDR did play a little poker, especially with John Garner. I still have no proof that he "knew how to play poker." Even Ickes in his secret diary doesn't pay any tribute to the brand of FDR's game.

"Mr. Houston" has known Roy for many years, since 1932. If one can imagine them in a little friendly game of poker, he would quickly realize that for the time being, the word "friendly" would be just a figure of speech.

I can see no occasion to attempt or even want to brag about my cousin Roy unless keeping one's perspective straight is a cardinal virtue. As a struggling young lawyer he was the same individual as when President of the Metropolitan Life Insurance Company and now as Chairman of the Board. In fact, Roy's terrible golf game, not to be out of character, never changed either, it never got better and it never got worse. If I ever get any delusions of grandeur because of supposed honors, his withering sarcasm would quickly put me back on the beam.



During the scope of these memories, beginning in 1905, two milestones, or better yet—landmarks—have passed into the realm of medical history. The old bedside clinician, the master of the “art of medicine” gradually gave way to men trained in the newer, better and more exact laboratory methods. This marked the transition from the “art” to the “science” of medicine. This hasn’t been 100 percent perfect as some of the older physicians may see a case where the laboratory findings have put the patient on the “critical” list but where a bedside observation reveals that she has waived all the laboratory indictments and as far as the patient is concerned, isn’t so desperately ill after all. Critically ill patients just look to older observers as being critically ill.

The last landmark to be sacrificed during my day was the much respected and loved “Family Doctor.” He carried all the flavor and high traditions of medicine. He was one of the family. But changing time caused him to gradually pass from the scene which he had so prominently occupied. However, he did soon reappear and in the form of multiple specialties but it was evident that he had been sliced so thin that there was no flavor left. There is no question but that medicine and surgery have been greatly advanced by the advent of specialization, but to lose the tradition of medicine in the “family doctor” is regrettable. One thinks of the distress that is caused when two beautiful trees are found too close together and



one has to be sacrificed. There are still those who wonder if the wrong tree might not have been cut down.



The presentation of my portrait to the College of Medicine on January 25, 1954, was a memorable occasion, and I greatly appreciated it. Dr. Spezia in writing about it called it an "emotional occasion." There was no doubt about that because at the end with many varieties of lipstick, some wet because of tears on my face, I looked like a badly mutilated person. In fact, so much so that Dean Olson insisted on policing me up before allowing me to go out on the highway!

During the presentation of the portrait by Dr. Strassmann, he referred to a letter written in 1949 when I went on a full-time status at the medical college. The letter was signed by all of my obstetrical colleagues and indicated that my professional life had complied with the simple requirements of my conferees as it stated ". . . expression of our high esteem for you as a gentleman, a scholar, a physician, and an obstetrician. . . ." And now, "with the sun gone down, and with only the serenity and calm of the evening star left," but with the solace of a wonderful tribute, may I put down here, with humility and deep emotion, but great pride, the words of that letter which are so dear to me.

“Dear Dr. Herman:

We, the members of your department of the Baylor University College of Medicine, are anxious to express our appreciation to you, not only for the leadership given us in obstetrics at the medical school during the past five years of the school, but also for the admirable role you have played during the past 25 years in elevating the practice of obstetrics to its current high level in this locale as well as in the nation as a whole. We are deeply grateful to you for so smoothly paving the way for us in these efforts and are acutely aware of the fact that no one else could have done these tasks so graciously. For this guidance, we will ever look upon you as our Dean of Obstetrics.

Even though you are about to depart from the very active clinical role you have played during the past three decades, memories of you in the delivery rooms of the various hospitals will linger on. Moreover, we will not consider you as having deserted us, for in your new position as full time head of the department at the medical school, we recognize that you will remain available to us for counsel and that your function of leadership will be greatly extended. We congratulate ourselves in the thought of continued fellowship with you and want you to

realize that we are at your service just as we have been in the past. Although we may lose some of your time formerly spent in staff meetings and in general hospital discussions, we fully realize that such efforts will be continued in medical school class rooms and conferences."



Now this pleasant undertaking is finished. The motto, "Love and you will be loved" has been rewarding. I hope that my dear colleagues and friends will find in these lines and between the lines, my attempt to return the love which they have so abundantly given me. If in contemplation, any regret is felt, I beg that it be replaced by the joy that my life has been and will continue to be blessed with all the things that count—in fullness, happiness, contentment and the great solace which God gives to those who help usher His own people into the world, infants at birth.