

The Sands of Time Have Changed the Dunes of Medicine

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Otto F. Smith was born in Randolph, Utah, in 1921 and grew up in Evanston, Wyoming. He served nearly four years as an Air Force pilot in the African, Sicilian, Italian, and European Theaters in WWII. He received a Bachelor of Science with Honor degree from the University of Wyoming in 1950 and an M.D. degree in 1954 from the University of Rochester School of Medicine and Dentistry. He interned at Denver General and General Rose Hospitals in Denver, Colorado, and served a partial surgical residency at the V.A. Hospital in Denver. He practiced Medicine, Surgery, and Obstetrics and Gynecology in Brigham City, Utah for 41 years. He served on the Utah State Medical Association Board of Trustees and on the Blue Shield Board of Directors. He served as President of the Box Elder County Medical Society, and has been on the Board of Directors of the Brigham City Community Hospital, where he was Chief of Staff and Chief of Surgery. He was chairman of the "K.O. Polio" program, successfully organizing the immunization program for the community. He was chairman of the Fluoridation Committee and succeeded in establishing fluoridated water in Brigham City. He was awarded the "Total Citizen Award" by the Brigham City Chamber of Commerce in 1990.

There were no physicians in my ancestry; my only contact with physicians was when I was quarantined with some childhood illness and when my father nearly died of pneumonia. Our family physician's empathy and compassion on his daily house call impressed me, as did magic he seemed to perform with his stethoscope, thermometer, and the bed-tent filled with Tincture of Benzoin inhalations.

My early aspirations were to be an architect or airline pilot and all my high school courses were preparatory for architecture. During my first year of engineering at the University of Wyoming, I rented a basement room from the university veterinarian for \$7.50 per month, and spent all my spare time thumbing through his old vet books. I was totally fascinated by the beauty and organization of the muscles, nerves, and blood vessels in his anatomy books. I thought, "How neat it would be to be a surgeon."

The bombing of Pearl Harbor December 7, 1941, changed everything. I enlisted in the Army Air Corps Cadets and learned to be a pilot. June and I were married May 2, 1942, and she followed me during the latter phases of pilot training. I was assigned to a troop carrier unit and learned to drop paratroopers, tow gliders and haul wounded and supplies. We flew as a squadron to North Africa and engaged in the North African, Sicilian, and Italian campaigns. We then flew to England to prepare for D-day.

I was fortunate in England to have the flight surgeon assigned to my billet. He talked about his practice of medicine in Tucson, Arizona, and encouraged me to study medicine after the war and join him in his practice. I didn't give it much thought because I had my sights on an airline job after the war.

After my European tour of duty, I was assigned to the Air Transport Command as an instrument instructor in an officer training unit, training pilots to fly the Hump in

India. When the war ended, I was recruited to fly for TWA, but as the maintenance on the planes had deteriorated so badly, we lost several planes in a few months. I decided I had had enough flying.

Returning home after discharge, I purchased an old hotel and redecorated it. After a year of working 24/7 and barely making a living, June and I decided it was time for me to go back to school and study medicine. I had no idea what pre-medical preparation was needed or how long it would take. We had a four-year old son, four years of the GI Bill, a contract of sale from the hotel, very little savings and no prospects of help from our parents.

Pre-med studies renewed my fascination with anatomy and the other related subjects, and I couldn't learn fast enough. The professor of zoology was my pre-med advisor and teacher of embryology and comparative anatomy. He had done some post-doctoral research in embryology at the University of Rochester School of Medicine and Dentistry under Dr. Whipple and suggested I apply to the U. of R. I sent my application and my essay: "Why I Want to be a Doctor" and received a request to go to Rochester for an interview. I wrote back that I didn't have enough money to make the trip East and go to medical school as well. I was surprised to be accepted after refusing an interview. I think my pre-med advisor pulled some strings because he always placed one or two students a year from the University of Wyoming at the U. of R. medical school.

It was disheartening moving to Rochester with a trailer full of household goods and books, arriving in a rainstorm which lasted two weeks. We drove many miles in the city of Rochester before we found a landlord who would accept children. Dick was now seven and we were lucky to find a small apartment next to a family with children Dick's age -- a perfect after-school sitting arrangement. June obtained employment in Strong Memorial Hospital's Record Room, working nights. She subsequently worked as Dr. Leon Miller's secretary for the next three years.

I remember Dr. Whipple telling us "You have all been carefully selected from many applicants and we are going to make doctors out of every one of you." He said: "There will be no posted grades or returned tests, to dispel the competition for grades." It was anxiety-provoking to ask myself if I had learned correctly, what I had missed learning, or had not learned at all. My gross anatomy partners were brilliant Phi Beta Kappas and every day would come prepared to recite pages of *Gray's Anatomy*. It was so intimidating to me. With my dyslexia, I was acutely depressed through the entire course. It was a chore to read the necessary text, but I learned more of the anatomy from the beautiful illustrations in *Gray's Anatomy*.

After we finished gross anatomy, I received a letter from Dr. Karl Mason offering me an anatomy fellowship at the end of the first year. June and I discussed the offer and decided that at thirty years of age and with scanty savings, I had to finish as quickly as possible to get into practice. I reluctantly declined the offer even though I would have loved to have done it. The offer cured my depression, and I was convinced that I could compete with my classmates.

After receiving my degree, I served a rotating internship at Denver General Hospital and General Rose Hospital in Denver, Colorado. I then took a partial surgical residency at the V.A. Hospital in Denver.

In 1956, I purchased a family practice in Brigham City, Utah, and began a busy family practice. Charges for office calls were \$3 and house calls \$5. Vaginal delivery with pre- and post-natal care and one-year of well-baby care, including immunizations, cost \$75. An appendectomy cost \$150, a herniorrhapy \$150, and the malpractice premium was \$200 per year. I was the seventh family practitioner in a small farming community of about 7,000. I would make four or five house calls on the way to the office. I had two employees, a nurse and a bookkeeper. Almost no one had insurance and I gave a lot of charity care, especially to the migrant laborers who came to harvest the crops.

I recall a Navajo girl who presented at the hospital in premature labor and I, on emergency call, was responsible for her care. I delivered a 1 1/2 pound male with congenital syphilis. He was covered with purulent material and was obviously blind with opaque corneas. Although not expecting him to live, I placed him in the "Air Lock", a glass chamber like a hyperbaric chamber which cycled oxygen on and off at between one and three atmospheres. In a short time, he was screaming and kicking and we started to nourish him. His cord blood sent to the State Lab revealed the highest Wasserman titer they had ever recorded. I treated the baby and his mother for syphilis and the mother went back to the reservation. The little guy thrived and was transferred to New Mexico when he attained five pounds. I never got a follow-up and often wonder what happened to him.

Our hospital was privately owned by a non-medical family as an investment. It had 25 beds and was administered by an elderly registered nurse. It had an X-ray machine, a poorly equipped lab, a delivery room, large and small surgery rooms, an emergency room, and a ramp to push a patient on a gurney from the second floor to the X-ray in the basement. I think a MASH unit might have been better, but we survived and tried to practice quality medicine. The administrator didn't allow emergencies to be seen in the hospital after 5 PM so we had to take our emergencies to the office to be cared for and X-rayed if necessary. The original administrator retired and was replaced by a male nurse anesthetist who made many positive changes to make the hospital function like a hospital around the clock. Before there were emergency medical technicians, the volunteer fire department converted an old mortuary hearse into an ambulance to respond to accidents and to transfer patients to Ogden or Salt Lake City. On a transfer, either a nurse or I would ride shotgun in the ambulance.

I recall attending an elderly man and his family who were victims of an auto accident. The man had a compression bandage on his forehead and wore a bloody white shirt. He obviously needed attention first, but he insisted that I attend to his family and take care of their minor injuries while he sat quietly and non-complaining. He had a deep, jagged, mashed, 3 1/2 inch horizontal laceration in his mid forehead. I debrided the edges of the wound, did a nice plastic closure and instructed him regarding follow-up care with his physician. I called my wife to have her bring a clean white shirt to the ER, so he could continue to Idaho Falls with friends. He graciously accepted the shirt and I told him to keep it. About two weeks later, I received a box containing six new Arrow shirts and an appreciative letter from Judge Ritter. He said he had consulted a plastic surgeon in Salt Lake City to redo the surgery and was told he couldn't improve on the repair. Judge Ritter had the reputation of being the toughest, meanest, and most caustic judge in Salt Lake City. All the lawyers were afraid to go before his bench because of his caustic personality. He was the kindest, most patient old "pussy cat" when I took

care of him in the ER. I didn't know he was "*the Judge Ritter*" until I received the box of shirts.

In 1958, Thiokol Chemical Corporation, manufacturer of the Minuteman and shuttle boosters, established a solid rocket propellant plant near here and doubled our population. I needed help and encouraged Tom Hannum, M.D., U. of R. '55, to join me. I first met him at the University of Wyoming in 1947. I have enjoyed our association for over 57 years. We worked as a team and assisted each other with surgery. We referred surgical cases to Ogden or Salt Lake City and would go there to scrub in the operating room. We would select the best technical surgeons and learn from them, thereby sharpening our surgical skills. Over a number of years, we began doing most of our surgery in Brigham City.

Thiokol and satellite industries brought third party payers to the area along with a new 50-bed hospital and all the new technical and diagnostic equipment. The new hospital lured specialists in Internal Medicine, Orthopedics, Ob-Gyn, Surgery, Pediatrics, Dermatology and Psychiatry.

Competitive escalation of charges, provoked by jealousy and greed, brought about a "Fee Freeze" for about two years. Searching for a system to control higher fees led to a trial of "usual, customary, and reasonable" fees (UCR), but the greedy found ways to thwart that system. The AMA published the CPT (Current Procedural Terminology) and values were given to the procedures so physicians could apply those factors to the CPT value and arrive at a fee. The greedy, big ego docs continued to push the fees up so a host of managed care programs, HMOs, and PPOs proliferated across the country. Will that work? We need more tincture of time. Malpractice judgments have escalated out of reality. Our general surgeon paid \$50,000 this year for his malpractice insurance premium, and the Obstetric-Gynecology docs now pay \$80,000. The family practice docs in my area have stopped doing obstetrics and surgical procedures like hernia repairs because of the cost of insurance protection. I do not know where it will all end.

I retired at the end of 1995, having thoroughly enjoyed 41 years of the practice of Medicine, Surgery and Obstetrics. Would I do it again? Absolutely! -- if I could turn the clock back to 1950 -- but not in the present medical-legal climate. It isn't fun to practice Medicine anymore. With managed care plans telling you how to practice, what you can and cannot do, takes the fun out of it. There is always someone in the wings greedily watching you in hopes of getting a green poultice. I would need several lifetimes to pursue all my non-medical interests, such as geology, astronomy, or cosmology.