

**Dr. J. C. CLEMENT**  
**Interview 62a**  
**June 12, 1985**  
**Becky Bailey, Interviewer**  
**Dorothy Farley and Shirley Harris, Transcribers**

**ABSTRACT:** In this interview with Becky Bailey, former Diboll town doctor J.C. Clement reminisces about his days as Diboll's physician, moving to Lufkin, and the changes in the medical industry throughout his career. He recounts his early schooling and his introduction to Diboll and mentions many names of prominent citizens. He describes medical care facilities and practices and laments the changes since his career began. He also describes the town of Diboll, its people and buildings, and the changes it has seen over the years.

**Becky Bailey:** Dr. J. C. Clement was the company doctor in Diboll beginning about 1935. Today's date is June 12, 1985. Mr. Fenner Roth is at the interview as well. Okay, Dr. Clement, would you start by telling us when you were born and where?

**J. C. Clement:** I was born in Greenville, Texas, in 1902.

**BB:** And what type of education did you have?

**JCC:** I started in the kindergarten and lower grades at the Decortes Sisters Private School in Amarillo, Texas and then after we moved from Amarillo we went to Oak Reunion, Texas and I went to the grade school there for two or three years, and then before I finished high school I went to Decatur Baptist College and was there for some three years. While there I was working my way through school by tending the heating plant for the three buildings, attend the steam heat and electricity and stuff, working my way through school. And, then after I left there I went to Baylor University in Waco for two and a half years, I believe it was, two years and two summers, something like that. And then my brother, my older brother was registrar at Texas Tech at that time, he had started out there and I went out to Texas Tech and spent about two years there and graduated there. Let's see, no I got that wrong, I went to Texas Tech first and then went to Baylor and then after graduating there I went to Baylor Medical School which, at that time, was in Dallas, Texas and I was there five years, still working my way through school, working in the dining room and doing some nursing at night, various and sundry things to get through school. But I got through within the five years and then I went to, after that I went to Austin to take the State Board for that year and all my classmates and the graduates from the other medical schools in Texas and all over the United States and a few Foreign Schools and I made the third highest grade that was made in the state on that examination.

**BB:** How neat!

**JCC:** I have always been pretty proud of that.

**BB:** I can see why. How many doctors did they graduate back then?

**JCC:** Oh, let's see, I think there was about – there must have been – I don't know off hand, I'd have to look it up and see, but I'll look it up for you.

**BB:** Okay, would you say in the hundreds or maybe more than that?

**JCC:** Well, somewhere, as I remember, it was about 80 but I'll look it up to be sure, I don't know but they have gone way up now more and more. Did you hear something out there or somebody?

**BB:** No, I just hear a machine cutting off and on.

**JCC:** That's Sonny on the other side. And then I went from . . .

**BB:** So you graduated in 1930?

**JCC:** 1933 and I went from there to Shreveport Charity Hospital and did one year's rotating internship, in other words we would take OB one month, surgery one month and various things like that and do the whole thing. I finished there and went to Diboll to practice, I mean, not Diboll, Colmesneil for the Angelina County Lumber Company.

**BB:** I'd like to have a copy of that clipping.

**JCC:** Okay, I finished the Internship in 1934, they've got '30 here but it was '34. I went to Colmesneil and was there about six months for the Angelina County Lumber Company front down there. Then Dr. Jackson was in Diboll at that time and we had been in school together previously at Decatur Baptist College years and years before and he heard that I was in Colmesneil and came down and asked me to come up to Diboll with him which I did and that was . . . . .

**BB:** So ya'll served together to start with then?

**JCC:** Yeah, he was there a little while. Cut this off and I'll tell you how.

**BB:** Okay.

[Tape stopped and restarted.]

**JCC:** He wouldn't admit it, I'm sure. Now where was I? Colmesneil and then moved to Diboll in '35 and I stayed there about five years and came up here to Lufkin in '40, now.

**BB:** And then did you go right on to the war then the war broke out or?

**JCC:** No, cut it off and I'll tell you that.

**BB:** Okay.

[Tape Stopped and restarted.]

**JCC:** And I stayed in Diboll about five years and at first it was Dr. Jackson and he left shortly after I went there, possibly six or eight months and then after that a doctor from the Navy, who was in the naval reserve was there, an older doctor came there and he lived in Houston but he would go to Houston for the weekend and come back up and help me for the week but his weekends kept getting longer and longer. So, he'd leave Saturday night and go down and supposed to come back Monday morning and he did that once or twice, then it was Tuesday morning, then Wednesday morning, Thursday and he got where he just was there one or two days a week and I told everybody I was going to tear him up, I was just going to give him a fit. I was tired of that. He came in and said, Doctor, did you think I wasn't going to get back? I said, "I sure did". Mrs. Clement keep pushing me about what did I tell him and how did I tear him up and I told him that and that was the big joke of the town for a month or two. I tore him up, I shore did. It was funny. But he got where we would just – one time he stayed out and just came up one day and went back, you know, and we were paying him full time. So he didn't stay too long, he left. And, Dr. Dale came down there when I left and I had a chair and desk like this and all and he wanted to buy that, it was brand new and he thought he had to have it. So I sold it to him and sent the order in and got this one, the same thing back because it's the same thing. He stayed and I left then and came up here. He stayed down there for a while and eventually passed on.

**BB:** Well, wasn't he the last Company doctor, as such?

**JCC:** Either he or Dr. Hoot, now. Dr. Hoot came there shortly after that and he was there for a little while, I don't know whether he was the company doctor or not.

**Fenner Roth (hereafter FR):** Dr. Clements, hadn't Dr. Dale been there once before?

**JCC:** Yeah, he had been there years before.

**FR:** That was the second time.

**BB:** Oh, really?

**FR:** Yeah.

**JCC:** While I was in Medical School he was there.

**FR:** Now, wasn't there – wasn't there a Dr. Williams there at one time, he roomed there at Mrs. Farrington's and I think, was that before you came or when you were there?

**JCC:** I didn't know Williams.

**FR:** You didn't know him?

**JCC:** No.

**FR:** I guess he was ahead of you then.

**JCC:** When I was out of town and stuff, Dr. Robert Taylor used to come and stay overnight.

**FR:** Yeah, Denman Hudson and Robert Taylor, That's right.

**JCC:** But I was there most of the time; as long as I was down there.

**BB:** Had you married by this time?

**JCC:** Yeah, I was married when I came here. I married in medical school, the last year in medical school and Sonny was born when we first went to Diboll, in about a year after we had been there, and then Suzanne came along, oh, a couple of years or so later. We lived in Diboll but she was delivered in Dallas, we went up to Dallas to deliver and came back because Ebb had worked in the hospital in Dallas as a nurse, you know, and knew all the Doctors and went back there to have that one. Dr. P. C. Clements delivered Sonny at the old hospital.

**BB:** I've heard from a lot of people how medicine worked for them, you know, they paid 50 or 75 cents a month and they got free medical care, how did it work from the doctor's point of view?

**JCC:** Well, not very good after looking back on it but at that time we didn't care, we went along pretty well. Of course, cokes were a nickel then now they are 50 or 75 cents, so that goes along with the change, I guess. The Company paid me, I forgot now, I wouldn't swear to it but it seems like was \$175.00 a month and outside practice, well, nearly everybody worked for the mill, you see.

**BB:** So you didn't have much outside.

**JCC:** It wasn't much outside practice. It turned out quite a bit but not a whole lot and...

**FR:** The outside practice was really those people in the rural areas around there, wasn't it?

**JCC:** Yeah, and the other thing was that the people who paid hospital fees, I think it was fifty cents a month, I believe you are right on that but you better check it, but they paid that, each one that worked at the mill, and their families paid 50 cents for them and their family. We'd get \$10 for OB from them to deliver a baby that was \$10.

**BB:** That was extra?

**JCC:** If they paid the hospital fee, you see. We could charge them \$10.00 to deliver but if they came to the office instead of house calls that was in their hospital fee.

**BB:** Most of them elected to have children at home then didn't they?

**JCC:** Oh yes, a lot of them.

**FR:** Did the company furnish medicine or did the people pay for it? I don't remember.

**JCC:** The Drugstore, Mr. Agee was the druggist there and, incidentally when I went to Diboll and opened my office, his daughter, Julia Agee, was my nurse, she came and worked for me in the office a good while there.

**FR:** Yes I remember that.

**JCC:** And then after she married and moved to Galveston, Ruby Copes was my nurse for the last few years, I think.

**BB:** Were you responsible for paying her, or did the company furnish her?

**JCC:** I don't remember, but I'm sure the company paid them. I'm relatively certain they did because with the salary I was making I couldn't have paid her.

**BB:** Okay, so for the \$175.00 a month, you were on call 24 hours a day seven days a week?

**JCC:** Yes, that's right.

**BB:** What kind – did you have any days off that you could call your own? What kind of office hours did you hold?

**JCC:** I was there on call all the time. If they called me and I wasn't there Mrs. Clem would tell them where I was and tell them when I would be back and they would come back and get me. It was long hard hours.

**FR:** How did the company go about summoning you when there was an accident at the mill?

**JCC:** Well, I was always at the office or the house one or around there, you know.

**FR:** Don't you remember they had so many whistles if something happened over there and they were calling for help?

**JCC:** Yeah, but it was my job to stay in the office though and not get over in the working stuff. I'd have to do the doctoring part, they'd get them out and bring them up there, if they needed me over there or something, why, they'd send a runner usually.

**BB:** Did they have a phone for you in your office?

**JCC:** Oh yes.

**BB:** Okay, I guess talking to Mr. Daniels, there weren't but four phones at that time.

**FR:** I don't know if there were that many or not. Mr. Walker and Doctor, and who else?

**JCC:** Mr. Walker was gone when I was there.

**FR:** Pardon?

**JCC:** I was there after Walker died.

**FR:** Oh yeah, at one time about the only phones was in Mr. Walker's office there in the company office.

**JCC:** Oh, we had a phone in the doctor's office the whole time I was there, I don't know about the others. That was before my time.

**BB:** Where did you have your office? Can you describe it for me?

**JCC:** In the old long building that is there next to the mill on the railroad track, the long front porch, the grocery store was down stairs and all that stuff. We were up stairs and I had, oh six or seven big rooms up there, lots of rooms up over the grocery store and over the post office. Post office was on that end, you remember. You know the old building, don't you?

**BB:** Yes, it's still there.

**JCC:** You go upstairs and the waiting room was right around the stairs there and chairs all around there and then the doors to the rooms, we had lots of room up there.

**BB:** Was it segregated, black and white?

**JCC:** Oh no.

**BB:** It was all together?

**JCC:** All together. They, for awhile when I first went there, for a while, it was routine there that we would see the white persons first and the colored ones would come in last. It had been that way but it didn't stay that way but I guess a year or two, a couple of years maybe, I don't know. We just faded into it and we didn't know the difference.

**BB:** Did you have any beds there? Did you keep anyone over night or anything like that?

**JCC:** We had two or three beds up there but we didn't keep patients over night. If they were sick enough to have to keep them over we would send them to the hospital up here.

**BB:** It was routine to send people here?

**JCC:** More or less, and if they were sick, you know, we had no nursing of course or anything there with them and I'd do tonsils down there. Dig out their tonsils there, \$25, that was one of my big deals, and now they are \$300.

**BB:** But you wouldn't keep them overnight, or anything?

**JCC:** No, they would get up and go home in two or three hours. I had one fellow that brought a couple of kids up there, this is a kind of funny thing, he brought a couple of kids up there one time to have their tonsils out and they were just doing fine and I went to the house to eat dinner and came back and he had picked them up and taken them home so he wouldn't have to pay. He hasn't paid till yet.

**BB:** Well, one thing Mr. Temple said in his interview was that they called this socialized medicine. It was in a way, it was paying, they just paid you, and he said that people would call whether they really needed you or not.

**JCC:** That's right.

**BB:** And that sooner or later he felt like a doctor would be rather lax about who they went to see and he said that's part of the reason they cut it out. Did you have a lot of people who called that really just didn't need you?

**JCC:** Oh yes, I remember one old lady down there, I don't remember her name, but she was always sitting out on the front porch dipping snuff and she would rock in that chair, had a cane bottom chair and she'd rock that thing. She would call me every Sunday of the world nearly. I'd go down there and see her and take her blood pressure and talk to her a little bit, give her a pill of some kind and go on. Next week the same thing. She'd go all week, you know, and she was busy she wouldn't think anything about it, but sitting around there Sunday and nothing to do, she'd get to rocking with that snuff and she'd send somebody to come get me to come down and look at her. It wasn't a damn thing wrong, uh oh.

**BB:** We bleep those out. Don't worry! Oh, goodness. What kind of education did your nursing staff have? Was it...

**JCC:** No, they were just country girls that went to work mostly, they had both worked at the hospital a little while, you know, as fill in nurses but they had no training actually except what they had just picked up taking care of people. Both of them had worked at the old County Hospital a little bit.

**BB:** Well, what kind of facilities did Lufkin have in the way of a hospital? Was the hospital adequate?

**JCC:** Well, for that time it was, but it was a far cry from what it is now. In other words in the hospital here we gave open drop ether, you know, was the only anesthesia we had, then after I moved up here I bought an anesthetic machine, you know, to give gases and stuff. And I had a graduate nurse working for me then that said she knew anesthesia but I kept that thing about two months, you know, and she would give the anesthetics and patients didn't do to suit me, you know, she would get them too deep or something, and they wouldn't wake up right. Just little old things, you know, and I thought I'd get in trouble if I kept it up so I sold it, sent it back and several years later the hospitals bought

their own machines and put them in. But, all we had was drop ether and spinal. We'd give the spinal, I gave the spinal myself, all of us did, all the Doctors, turn them over on the side and give them a spinal, go out and wash your hands and come back in and do the operation, nurse sitting there talking to us. They didn't have any of these big machines as tall as the ceiling and stuff, you know. Of course, it wasn't an \$800 anesthetic deal either. Momma went to Houston for open heart surgery last Thanksgiving, the Anesthetists charged her \$800 for putting her to sleep and they charged them \$500 or \$600. It got to where, out here, when Anesthetists first came here, some new ones came here, they had to train nurse Anesthetists for a while and Dr. Barrett, he was the first Anesthetists we had, and they worked under him. We used him for years with great results. We had a great department and then they started bringing in Anesthetists to take it over, you know, the government got in on it, to change up, and brought them in. A few times they were charging more for the Anesthesia than the doctor was charging for the surgery, it got clear out of hand and it is still out of hand.

**BB:** My daughter had a little surgery just to take a birth mark off this summer and her anesthetists, anesthesia was more than the surgeon charged.

**JCC:** It just got clear out of hand and that's foolish, the government got into that and messed it up. That's not right.

**BB:** What kind of office hours did you hold per se, when you were actually in the office?

**JCC:** Well, It kind of depended on how the illness was, you know, if I was up all night delivering a baby I might be an hour late getting to the office, but we usually stayed at the office pretty well while the mill was running, you know. I mean not night and day but a twelve hour day or so.

**BB:** Oh really! Well, the mill started at 7.

**JCC:** I know, 7 or 8, we would usually be down there.

**BB:** And just until it closed at 5?

**FR:** I think the time Dr. Clements came to Diboll that they were probably working from 8 to 5. They'd cut out that 10 hours a day.

**BB:** Oh that is right.

**FR:** I think they were down to about 8 hours, but originally it was 10 hours a day 6 days a week.

**BB:** Okay, I had forgotten this is...

**FR:** When I was down there with grammar school, well, that's the way it was.

**BB:** It was ten hours but by this time.

**FR:** It was forty hours a week after they put in the wage an hour law.

**JCC:** We didn't necessarily hold strict office hours but we were pretty well down there all the day and working. We had patients in the Hospital, and maybe run up here at noon, be gone a couple of hours and back, or if we had surgery we would come up here and do that in the morning and then stay later in the afternoon, just stay until you get through, that's all it was.

**FR:** I'm sure you don't remember this, but when I was down there I was coming back from Cypress Lake one night and a truck and a car had a terrible accident between the river bridge in Diboll and so I was with another person and I took his car and drove up to Diboll to get you and carried you down there and then you phoned Lufkin for an Ambulance and you made me go with you to Lufkin and watch them operate. Now that's the only time I saw that in my life, but I went in the operating room with you and held the patient while you operated on his hand and all that. You don't remember that but I do. It made a distinct impression on me.

**BB:** He sees it all the time, you didn't.

**JCC:** Old Burkhalter, when they got the ambulance down there, he was driving that, you know, and oh, we had lots of runs with him.

**BB:** Oh, was that a new thing then? What year was that?

**JCC:** I don't remember the year, about the middle of the time I was there, I guess.

**BB:** 1938 or 1939 maybe?

**JCC:** Yeah, I came up here in 1940, probably.

**FR:** You mean the Company finally put in an ambulance down there?

**JCC:** Yes, they got one of their own and Burkhalter drove it.

**FR:** I didn't know that.

**JCC:** He can tell you when it was.

**BB:** We're going to get him.

**FR:** We used to get them out of Lufkin, you know. Gipson would have to send one down there.

**JCC:** Yeah, Gipson had it a pretty good while and then the Company got one and Burkhalter was driver of it.

**FR:** I didn't know that.

**BB:** For what reasons would you go to a house? The people couldn't come to?

**JCC:** No, the people just, they were paying 50 cents a month for doctor services and if they didn't want to come they'd just call you to come there.

**BB:** Oh, just even if they just didn't feel like coming to the office.

**JCC:** Oh, well a cold or anything.

**BB:** Oh, I thought it was maybe if they were just real sick.

**JCC:** No, No, they'd call you for any reason like the old woman in the chair, wasn't a damn thing wrong with her only it was Sunday and she didn't know what to do so she just called me and have me go down here for a long time.

**FR:** You didn't ask them for any excuses, you just made house calls.

**JCC:** Yes, as long as they paid for it I had to do it.

**BB:** When you came to Lufkin and was in private practice you didn't make house calls anymore?

**JCC:** Oh yeah.

**BB:** You still made house calls?

**JCC:** Oh, for a long time, I didn't quit that until two or three years ago.

**BB:** Really?

**FR:** When would you say doctors quit making house calls, what year?

**JCC:** Oh, ten years ago would be pretty close to it.

**FR:** Really, that late, huh? It was a long time after World War II then.

**JCC:** If they knew somebody or something they'd go see them. Now, just somebody pick up the phone and call you for a drunk or something they probably wouldn't do it on that but, you just had to use your head, like anything else.

**BB:** How do you think Temple Mill rated as far as safety goes? Did you have a lot of accidents that you had to take care of or were they?

**JCC:** No, they had good people managing that and looking after it, of course, a thing that big you are going to have a few accidents, you can't help it. The worse one I guess I ever saw is the sawyer there, what was his name? That the saw caught him? He got down, - that was his fault really- he got down on the saw that was carrying the log, and

he got down there picking up something with the thing running, you know, and the mill shaking it tripped it and that log, it caught him, you know, and threw him right into the saw and split him across here. They brought him in, in a basket, he didn't know what hit him. What was his name?

**FR:** I don't know.

**JCC:** You know he came from Pineland.

**FR:** He came from Pineland?

**JCC:** Yes, he was the best sawyer they ever had.

**BB:** Oh, was it Mr. Fogg?

**JCC:** That's nearly it.

**BB:** Fogg, F-o-g-g?

**FR:** You know, that must have happened after I left there. I don't recall that.

**JCC:** Yes, that may be it. You're getting close to it, I don't remember.

**FR:** It wasn't Byerly, was it?

**JCC:** No, no, Byerly wouldn't have gotten down in there. He was in that dress suit, was dressed up like a Negro preacher.

**FR:** Yeah, I know, he wore a tie just like he was running a big business.

**JCC:** Tie and everything.

**BB:** What was he?

**FR:** He was a sawyer.

**BB:** He was a sawyer?

**JCC:** No, he was a saw filer.

**FR:** A filer, I mean.

**BB:** A filer and he dressed in his Sunday suits?

**FR:** Oh yes, coat, tie, you'd have thought he was going to a banquet.

**JCC:** White shirt and everything. He was something.

**BB:** Why did you move to Lufkin? What changed your mind to go into private practice?

**JCC:** Well, there was the possibility of making more money. I had worked up a good hospital practice, even from down there. I was doing a good hospital practice and it just wasn't remunerative enough to stay there.

**BB:** Not at \$175 a month.

**JCC:** I loved the place, I'll look that salary up, I'm not sure about it. That is awful little it seems to me but I'll look it up.

**BB:** It sounds about right to me, from what everyone else was making.

**JCC:** Then Dr. Joe Burch was up here and he was doing medicine, you know, and several of the older doctors had died off up here, Dr. Sweatland and Dr. Childers, he wasn't dead then but he was real old and Dr. Linwood Denman was getting pretty old, so it was getting pretty thin for doctors up here and I just decided to come up here. I would still get a lot of practice from Diboll, you know, even though I was up here.

**FR:** You didn't go back to Diboll after World War II, did you? After you got out of the Army?

**JCC:** No, I was up here when I went to the army.

**FR:** Oh, you were already in Lufkin?

**JCC:** Yeah, I was up here for a year or so. It was 1942 when I went into the Army so I guess I was up here two years before I went to the army.

**BB:** Where about did you live in Diboll? Did the Company furnish you a house as well as the workers?

**JCC:** \$10.00 a month.

**FR:** All utilities.

**JCC:** Yeah, you know where the library is?

**BB:** Yes.

**JCC:** Cross the track there. Do you know where Clyde Thompson lives now?

**BB:** Yes.

**JCC:** That was Mr. Kenley's house.

**FR:** It was two houses from where you lived.

**JCC:** Yeah, and then the one on the corner was where the timber man lived there.

**FR:** He worked for Kenley. What was his name? They had a house there was considered the doctor's house.

**BB:** The doctor's house?

**FR:** Yes

**JCC:** He lived there anyway, Clyde Thompson is the next one and then there was a place going up into the garages, an alley thing and we lived right across the street, right across the alley and then the next one was the Devereaux's.

**FR:** And then the Jackson's.

**BB:** All right there together.

**JCC:** Yes. You know where it is, you can point it out to her. That was the Doctor's house for a long time.

**FR:** That alley he is making reference to was where you went through to go to school in those days.

**JCC:** Walking, you couldn't go through it in a car.

**FR:** Yes, walking.

**JCC:** The car would go back in the garage and you would walk beside the garage to get there.

**BB:** What did it look like inside, was it furnished fairly well?

**JCC:** The house? They kept them up fairly well. It was just a simple common sawmill house, little fireplace, and that sort of stuff, but nothing fancy, a bathroom, but the rooms were just simple rooms, you know, papered, and if you got in trouble or it leaked or something, why the company fixed it. Someone would come around and fix it and if it ruined the paper they would put in new paper.

**BB:** You didn't have to pay any rent on your office space then since that was all furnished then?

**JCC:** No.

**BB:** Do you think socialized medicine, such as we had down in Diboll during that time would work at all in the modern – the way things are today?

**JCC:** Oh, I don't know, I don't like to get off in that too much. It's changed so much and

I'm glad my part of it is about over. I wouldn't want to start off in it like it is now because it is kind of a dog-eat-dog... It's not fair. Just as an example, if I was doing surgery, like I used to do, a good deal of surgery, one or two cases a day average, sometimes three or four, but I would average two a day. You know what I would have to pay for insurance nowadays to do that? \$16,000 a year! You have to make that before you can eat, before you could get a drink of water. That's the reason I'm not doing surgery and stuff now. I don't do any surgery by myself. I help Dr. Frank Denman two or three times a week on his aorta's and lungs and heart operations and stuff, big stuff. But, I just like to do it and able to do it and all and I love to help him with it.

**BB:** Now that is for malpractice insurance, is that the kind you are talking about?

**JCC:** Yes, yes I cut my insurance down to about \$30,000, just carrying me but then you could carry it for \$500 a year maybe, you know, but now it's up to 15 or \$20,000 a year. But neurosurgeons, they have to pay about \$30,000.00 a year because they are in a higher bracket. You know, it's just uncanny; it's hard to believe.

**BB:** When you very first started practicing did you have to pay that sort of insurance? Did you need it?

**JCC:** Well, yes, and it was about \$300 a year, you see.

**BB:** Oh okay.

**JCC:** I've carried insurance all along. I carried a million up until I slowed down on the surgery and that was the reason I slowed down, not because I couldn't do it, I can still do it but I do it on Frank's cases, you know, helping him out.

**FR:** Dr. Clements, are there very many claims filed? I know that normally when an award is made it seems like an astronomical amount, but are there many claims filed?

[Silence]

**JCC:** You can go ahead and talk to me, if you want to.

**BB:** Dr. Clement as a rule when you were in Diboll, did most of the OB cases come here to the hospital for delivery, or did you do most of them at home?

**JCC:** Oh no, no, we had little packs, in other words surgical supplies, paper and stuff to put on the beds, water proof paper sheet things to put up under them, you know, and turn them across the bed and deliver them right there in the home.

**BB:** So they didn't come to the clinic either, I mean upstairs to the doctor's office? You went to the home.

**JCC:** They'd come up stairs for prenatal, you know, and I'd check them and all that stuff. But one thing about that that is funny, one of the patients down there, a woman

was pregnant and her husband worked in the office, you know, bookkeeper or something, pretty well up, and she had me – she came up to the office all the time for prenatal and then she'd get a little nauseous or something, she'd call me down to the house all through the pregnancy, you know. Because he worked in the office over there I was going to take good care of her. I'd go every time she'd whistle, you know, I would just tear out of there. So, I went to the office one morning and somebody said Mrs. So-and-so is about to have her baby. I said "well they didn't call me." I grabbed my bag and everything, all my supplies and jumped in the car and tore out down to the house, pulled up there and her mother came to the door. I said "where is Mrs. Smith, is she doing all right?" "Oh, she's gone to the hospital." Used me all the time during prenatal, then she got ready to deliver she got Dr. P. C. Clements to deliver and never got my ten dollars after all. (laughter)

**BB:** Well, how would an OB case work, would you stay there through the whole labor?

**JCC:** No, you can usually tell, you know, I'd go back and forth, examine them and guess at her and tell them to holler if they picked up any. We didn't have any big problem with that, it worked out pretty good. There was one who was paying the hospital fees and he didn't like that business of coming over and checking and going and coming back. Unfortunately, I was out of town that day, or something – up at the hospital or something and Dr. Robert Taylor was down there filling in for me. So, he went over there and said, "well she is just about a centimeter; it will be a good while yet so, I'll go back to the office" and the old man was excited and he walked over and took his old shot gun and said "no, doc, you're not going, you are going to sit right over there" He had that shot gun across his lap and Robert had to stay out there about six or eight hours until she delivered. But he didn't leave.

**BB:** I don't think I would either. Oh goodness! With the home deliveries and all, did you have much infant mortalities? Was it higher in Diboll or anything like that?

**JCC:** No, I don't think I ever lost but one baby in all my time and that really surprised me. It was up around Burke there somewhere. I've forgotten who it was, but I went up and delivered it and everything looked just fine. It looked like it was going to be all right, the baby was dead. It just looked perfect, it just looked perfect but I don't know what happened, don't know 'til yet. But one out of all those is a pretty good average.

**BB:** Can you describe some of the changes we have had in medicine in the last few years since you have been practicing? Some of the bigger things that stick in your mind.

**JCC:** Well, your hospitals have gotten a lot more strict now with your credentials and stuff and they are putting in programs, have for the last ten or fifteen years, where you are supposed to go and take refresher courses, you know, and it would be pretty good if they would do it. Most of them don't amount to anything. They just go down and play cards for a few hours, mess around and get their credits checked off and come on back and take it off their taxes. They are trying, at least they are trying. But I think the government getting into medicine like it has, and demanding certain things be done, you know, and then – they were paying doctors to do that, you know, on Medicare and Medicaid and stuff, and now

it is almost impossible to get those in the hospital. People who really need to be in the hospital they say no we don't pay that and they have to go in as an outpatient. This is an example. I broke my ankle Christmas Eve and I went to the hospital and they put three pins in it and about three or four days a couple of the pins on this side began to get a little infected and hurting and giving me trouble and they had to pull them out. So they pulled them out and the night before I had hurt so badly that I had to take some Tylenol for pain with codeine and I had taken about twice as many as I should have taken, you know, in trying to get some relief, they wouldn't hurt me, you know, but I had taken too much, more than I like to. So, I went back in the hospital to stay overnight that night after he pulled those out. He was going to put another cast on it. The next morning, it was almost daylight and the head nurse came in and said "Dr. Clement, you're not taking anything?" It had stopped hurting and I wasn't taking any dope or anything during the night. She said, "You're not taking any medicine here, I better give you a shot of penicillin or something because if you don't take that the hospital insurance is not going to pay your hospital bill." I said, "bring in the penicillin." I took a shot of penicillin. I needed it anyway for my foot, but that's how close they are getting. And it is almost impossible to keep anybody in the hospital for any length of time. The government has got so many rules on it now that hospitals can't keep them, just like that. If I hadn't taken that shot of penicillin they wouldn't have paid the hospital bill for that night.

**FR:** They are making you get stroke victims out of there in a short time, too, aren't they?

**JCC:** Yes, no matter what's wrong. If you're not taking something that they can't give you at home, if you're just taking medicine by mouth you're going home with a heart attack, it doesn't make any difference. It's just awful. The Negro girl who used to work for us a long time, came up to the hospital the other day, I don't go to the emergency room anymore and she was having a little heart failure, you know, didn't have a heart attack but she was having a little heart failure, so they saw her in the emergency room and the doctor there in the emergency room, he is just a visiting one, he is not one of us, just works in the emergency room, they are rotated around, there is always somebody new, and he charged her \$45 for seeing her, checking her in the emergency room, then they sent her on up to intensive care and got one of the Indian internist and he checked her out, you know, and everything and put her in intensive care, gave her some kind of medicine for her heart failure to get rid of fluids. She was swelling up, get rid of the fluids and stuff and then he called in another Indian. I don't know what he was doing, a specialist of some kind, and they don't look at you for less than \$200 or \$300 so that would be about \$600 a day you see doctor fees, not counting the hospital. Just overnight up there she had three doctor bills, poor old Negro woman, didn't have a damn thing, retired, and they will milk the government for everything they could get out of it and then probably get after her. They have gotten to where now, to make money, everybody that comes in they will take you up there to surgery, you know, and run that thing down you as far as they can see in your stomach and looking around. They will do that about 20 minutes, \$300 to stick that thing in there and pull it out. Then the next day they'll bring them in and turn them over, stick it up the other way as far as they can see – another \$300, \$600 just to look –no X-Rays, no nothing. That is just something to do that they can charge for and they don't find one thing in fifty cases that they do that way.

**FR:** Have they got committees that decide whether or not a person can stay in the hospital over a certain period of time or is it just each individual?

**JCC:** We used to when I was helping run it, we did that, you know, we wouldn't let them abuse the hospital but if someone needed to stay in we let them stay in. But now the government has gotten into it and they won't listen to our committee. If they stay in there 24 hours and don't take something that you can't give them at home –

**FR:** You go home, huh?

**JCC:** No, they just don't pay.

**FR:** They don't pay the debt. If you don't bill Medicare and you've got the money and you offer to pay yourself, will they leave you there?

**JCC:** Perhaps, I don't know but, that would bring up a lot of argument and stuff.

**FR:** Be quite unusual, huh?

**JCC:** Yes.

**BB:** What about the new hospitals that are run for profit as opposed to these older institutes?

**JCC:** That's a very sorry thing. They are doing good, making a lot of money on it, but it is bad for the patients. Their prices are outrageous but there is nothing you can do about it.

**BB:** Do you have any more questions?

**FR:** Do hospitals have a problem in collecting from individuals other than Medicare? I mean are their collections in bad shape?

**JCC:** Yes, they allow for it, they charge enough that - it's just like the old county hospital used to be, you know, the charity, you go in as charity or pay, I didn't know the difference looking at them. But, if they had money and if they wanted to they would pay you and then pay the hospital. But if somebody came in that didn't have anything, they would lay up there and we would treat them just like the others but they didn't have to pay anything, so they had to make it up on the ones who did.

**FR:** You think the markups make the difference then? Are many hospitals really losing money or is it a bookkeeping problem?

**JCC:** A lot of them are having to close. A lot of the smaller hospitals are...

**FR:** They are actually losing then and going broke?

**JCC:** Oh they are closing up. A lot of them are closing up.

**BB:** Lufkin seems to be well off as far as their facilities here in East Texas, how do they compare?

**JCC:** We are ahead of any other small town this size that I know of. In fact we've got too much, like that scan thing they put in out at Woodlands Heights. They didn't need that here, we've got one over at the other hospital and that's all we really need if they would use it to scan when they need to scan rather than just use it routinely. And another thing that is so bad about it is the insurance coverage and stuff, if I go out to the hospital in the Emergency Room and see somebody, "Well, I don't think you are very sick, you look pretty good to me, got a little cold or something", give them a shot of penicillin and let him go home if he dies that night or comes back the next day and he's jaundiced and goes on and dies two or three days later, that is me. They pour it on me see and the doctors that do that sort of stuff and the hospitals they do ten times as much stuff in the emergency room out there as they ought to do. You can go out there now – tell them you have a little pain right here, it might not be anything, it might be in your breast, anything, but they'll get an electrocardiogram, they'll get complete blood work and SMA-12, x-rays and scans and they will spend – the scan cost \$500 incidentally.

**FR:** A scan costs \$500?

**JCC:** Yes, and laboratory work has gotten so high that –cut this off.

**BB:** Okay.

**JCC:** Mr. Tom Temple, who came to Diboll two or three times while I was there, he would just come down and visit and all, you know, come down with Arthur's daddy sometime and I had a great time visiting with them. When I went to Diboll Mr. O'Hara and Strauss were co-managers and I think they were just kind of getting it together after Mr. Walker died. He died before I went down there, and I think they were getting it together for that. And then Mr. Henry Temple came down and he was there about three years during the time that I was there. He took their place and I don't know what happened to them, they were around somewhere, maybe they died. I'm not sure about that, but at any rate, he took over the office and he had a bunch of pictures up there lined up on the wall, and when I went to war and came back he told me of a story about an old country boy who lived out east of Diboll, about a mile or two. He came here and he saw my picture up there with my little mustache and stuff, you know, and he said, "What are you doing with old Hitler's picture up there?" He thought that was Hitler. (laughter) Mr. Henry laughed about that for a long time. His old stomach would just shake when he laughed but he was one of the greatest men, he was a good Joe.

**BB:** What sort of social life did y'all have at that time?

**JCC:** Then when he left, of course, Arthur came down and took it over. It began to bloom then. Arthur's daddy came down from Texarkana, I don't suppose this is any big secret, he came down from Texarkana, all of us knew it then. There was an old farmer over behind the Negro quarters had loaned the company some money, you know, \$40,000 or \$50,000 and he said, "If we don't get that man to renew this note," said, "I don't know

what we're going to do, we're just in awful shape." That was right at the bottom of the Depression, you know, and so he went over there and the old man said, "Oh yes, Mr. Temple, glad to do it, just go on and renew it". And he came back the happiest I think I ever saw him. That was Arthur's daddy and then shortly after that he died and then Arthur took it over.

**BB:** What was that man's name that loaned him the money?

**JCC:** I don't know. He was an old man over behind the mill.

**BB:** He had a grocery store didn't he?

**FR:** Oliver, wasn't it?

**BB:** Oliver?

**JCC:** I believe that's right. He was an old man apparently retired and he had some money, he'd saved up some money and he loaned it to the company.

**FR:** Now, this Oliver ran a grocery store and a meat market over there in the Negro town, or the other side of it.

**JCC:** Clear to the back of it was his house, right on the edge of Negro town.

**FR:** Yes, that was Oliver. I had his girl in school, that's how come me to remember that part.

**JCC:** I never saw Mr. Temple any more pleased than he was when he came back. Oh he was relieved.

**FR:** There was a man here in Lufkin, according to the story who loaned them some money back in those days, too, Sam Hyman.

**JCC:** Hyman, Sam Hyman, an old Jew.

**FR:** Yes.

**JCC:** He sat down there at the Angelina Hotel all the time and he loaned money to everybody.

**FR:** He sold paint and things like that but he had all kinds of money.

**JCC:** Oh yes, he had worlds of it.

**FR:** Sam Hyman.

**JCC:** And just loaned it to nearly everybody in town.

**BB:** Just ran his own little bank.

**JCC:** What did you ask me a while ago?

**BB:** I started to ask you what sort of social life did y'all have?

**JCC:** Oh, great, great, great. We had the best time.

**BB:** What did y'all do?

**JCC:** We would go to dances, have a dance over at the high school behind the house there once in a while. And we'd come up to the Rendezvous, dance up there. I loved to dance and we had plenty of it there. Mr. Cruthirds ran the meat market, and had the best steaks in the world, about 50 cents apiece that you'd pay \$10 for now. Actually that was the best meat I have ever seen.

**FR:** He was a good butcher, wasn't he? He got such good meat.

**JCC:** He was great – way before his time.

**BB:** Did you visit back and forth with neighbors much?

**JCC:** Yes!

**BB:** Play cards or that sort of thing?

**JCC:** Not much, we didn't play cards much then, just get together and go hunt and stuff, you know. Pretty close around hunting season we'd always go out and play cards out there, Pine Island and Boggy Slough. I'm going out to Pine Island next Friday in fact. The Denman party, they have been having there for 30 or 40 years. The telephone company has taken it over now and they invited me.

**BB:** Were you part of the skeet-shooting club that was there for awhile?

**JCC:** Yes, I shot a little, I didn't have much time really, but I was a member. They had one out south of town here a little later, we shot a whole lot then. But I was mixed up in nearly all of it, raising the kids.

**END OF INTERVIEW**