

DAN SPIVEY

Interview 291a

November 08, 2019, at his home, Lufkin, Texas

Jonathan Gerland, Interviewer

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ABSTRACT:

In this interview with Jonathan Gerland, former doctor and Chief of Staff of Woodland Heights and Memorial Hospitals in Lufkin Dr. Dan Spivey, reminisces about his career. Starting with his education at the University of Texas and Stephen F. Austin State University, Dr. Spivey recalls his time in the Army during the Korean War and his medical career. Dr. Spivey began medical practice in Diboll, Texas as the physician for Southern Pine Lumber Company before opening a private practice in Lufkin. He later served as Chief of Staff at both Woodland Heights Hospital and Memorial Hospital in Lufkin. He also served on the Angelina County Chamber of Commerce board for the creation of Angelina College and was president of the Angelina Medical Society.

Jonathan Gerland (hereafter JG): Today's date is November 8, 2019. My name is Jonathan Gerland and I'm in the home of Dr. Dan Spivey in Lufkin and we're going to do an oral history interview today. Dr. Spivey was a World War II Veteran. He was a doctor in Diboll in the 1940s, Chief of Staff of both Woodland Heights and Memorial Hospitals in Lufkin. He was on the Chamber board to create a junior college for the county and he was instrumental in securing the nursing program there, President of Angelina Medical Society and so many other things. So, Dr. Spivey again thank you for doing this and those are just some of the things I was going to ask you about. I thought maybe to get started just tell us when and where you were born and a little bit about your family growing up and how you chose the medical profession.

Dr. Dan Spivey (hereafter DS): I was born on South End Boulevard in Lufkin at our home there and I grew up in Lufkin, went to elementary school, high school, and ...

JG: What year were you born?

DS: I was born in 1924.

JG: In '24. What elementary school?

DS: I went to Kurth Elementary School.

JG: Okay, okay.

DS: Lufkin High School and then I went to the University of Texas for two years. And then when the war, World War II, was going full blast I went over to SFA [Stephen F. Austin] for two semesters while I was waiting to get into medical school. I had been accepted to medical school to start in March of 1944 and so I took two semesters at SFA.

JG: Now why were you considering that?

DS: Well because I had to take certain chemistry course...

JG: No, no, I meant the medical profession. Why were you choosing to go into medicine?

DS: When I was growing up I would see the doctors come in for house calls and we had a physician named Dr. Tinkle and so I just got interested in what he was doing and decided then that I wanted to be a doctor, when I was 8 or 9 years old.

JG: So, did you see him when he came to your house or did you kind of tag along with him?

DS: No, he came to my house and then he had an office of course. One time I was out playing in the back and I didn't realize there was a wire there to hold up clothes to dry on.

JG: A clothesline?

DS: Yeah, and I hit that clothesline and it cut me, the upper part of my nose, so I went to him and he sutured it up. I just liked the way things were and of course he had a beautiful house out here on south Raguet and he and his son and I were real good friends.

JG: So, he was influential in that decision?

DS: Yes, he was, very much so!

JG: Anybody in your family ever had a history with doctoring or anything?

DS: Yes, they did. My grandfather was a doctor in Burke.

JG: In Burke, okay. What was his name?

DS: Thomas Sherwood Spivey.

JG: Thomas Sherwood Spivey.

DS: He went from school in Burke and Homer, he went to Homer School too for a while. Then he went to Vanderbilt Medical School in Nashville, Tennessee and he graduated from there with a medical degree, M.D. degree. Then he practiced there in Burke, just kind of horse and buggy. He went to two post graduate courses in Chicago at

various times and I thought that was unusual to go that far with transportation like they had back in those days.

JG: So, that would have been about what year? Would that have been 1880s, 1890s?

DS: About 1880, yes.

JG: 1880s okay. So, I don't want to jump ahead of you or anything, but I wanted to ask you to tell a little bit more about your schooling if you want to, but I want to ask what influenced you staying home, so to speak? You were born and raised here and with a medical degree you could have gone anywhere I guess you wanted to what caused you to want to stay home?

DS: Well my mother and father still lived here and I just liked Lufkin. I went to Diboll first for one year.

JG: Talk a little bit about that.

DS: Well Henry Temple...

JG: That would be Henry Gresham Temple, I guess.

DS: Yes, he was head of Southern Pine Lumber Company at that time and Dr. Dale was the doctor there and he was getting up in years about ready to retire. So, Henry Temple, he asked me if I would come and practice there for a while. So, then I did and he...I think he died and then Arthur Temple [Jr.] took over and that is when I transferred back up to Lufkin because what I was doing, I was delivery a lot of babies and I had to go back and forth to Lufkin to the hospital and that was wearing me out, so I decided to just come back and practice in Lufkin.

JG: If we could let's talk a little bit more about Diboll. How did...I know you delivered Louis Landers, who still works at The History Center, and certainly he remembers you and of course you're mentioned in the newspapers there and I think they were building a new little housing division and it mentioned that you and others were moving in to some new housing. Anything you remember about that? And what might have been different if there was a difference, Diboll being a company town still, a sawmill company town, I'm interested to know how that worked. Patients, nowadays the big deal is insurance, and so how were you paid then? Were you an employee of the company?

DS: Yes, I got a certain amount from the company.

JG: So, you were a company doctor not necessarily practicing on your own is that right?

DS: Well it was kind of a dual operation because if I made a house call and the company didn't have insurance or something like that, they would pay me for that, which at that time was about five dollars.

JG: Five dollars for a house call.

DS: Yes, and two dollars for an office visit.

JG: Two dollars for an office visit. So that would be paid by the company or by the patient?

DS: By the patient if they were not an employee of the company.

JG: If they were not an employee of the company. So, if you were an employee you just recorded that they came to see you.

DS: That is right.

JG: There was no co-pay, I guess?

DS: That is right.

JG: Wow, things have changed, haven't they?

DS: For sure.

JG: I think maybe later we will talk about some of those changes because a lot has changed since then. So, five dollars for a house call. What would have been some of the typical house calls?

DS: Well...

JG: Little boys running into clotheslines?

DS: Yes, and upper respiratory things like pneumonia or just a severe cold or something of that nature, and people who were invalid, you went out to see them. But I enjoyed house calls, yes.

JG: Did you have any kind of medical staff to help you, a nurse or anything?

DS: Yes, we had a very good nurse.

JG: Okay, who was that?

DS: I should, but I don't.

JG: What was her duties or what were their duties?

DS: Well when we went out to deliver babies in the home, she would go with me. One of the most funniest things that happened to me while down there, you know, by the railroad track they got some little houses, at that time, right next to them. And so this couple lived in this house right by the railroad and she was pregnant and we were out there to deliver the baby, and just about the time the head came out the train came by and blew this whistle and it kind of rocked the building, like you were announcing his coming. (laughter)

JG: Right there at his birth, (laughing). Do you remember if it was a boy or a girl?

DS: It was a boy.

JG: A little boy, wow, that was pretty neat. I guess do you know if it was a railroad worker or a sawmill worker?

DS: No.

JG: Well there were a lot of houses built right on the railroad tracks or right across the street from them. I was wondering if it was one of the old railroads, sometimes the old railroad shanties were there too. Anything else you remember about Diboll? I certainly want to ask you about the football field or the baseball field, the lights. Thomas Moore told me to be sure and ask you about that. So, just wherever you want to start in telling that story about how Diboll got lights for nighttime sporting events.

DS: Yes, that is right. At that time the field did not have lights and we were one of the few, of course Lufkin had them for several years before Diboll got theirs. But I think the Lions Club was also involved. They were interested in putting lights on the field, so we got together and formed this little group and presented it to the Diboll School Board to put lights out there. So, it was kind of a cooperative thing and we got it done.

JG: I think Mr. Ramsey was mentioned and maybe another person. I can't remember right now. Was there anything particular that you remember about it? Anything funny? For some reason Mr. Moore wanted me to be sure and ask you. He said, "Be sure and get him to tell you that story."

DS: I can't think of anything funny.

JG: Well he didn't necessarily say it was funny, but.

DS: But it was Mr. Ramsey that had a lot to do with it.

JG: So, was it Bob and Bennis Franks, were they connected somehow?

DS: Yes, they were.

JG: Okay, the Franks, Ramsey, Spivey. Was Arthur Temple, Jr. connected with that in any way that you remember any role he had?

DS: Yes, he was very much for it, too.

JG: I think there was something about y'all selected the actual trees that were going to be used for the light poles.

DS: I don't remember that.

JG: One of the articles said, I don't know if you were involved in that, but maybe Mr. Ramsey, they had to peel the bark off the trees or something like that. But, anyways...

DS: I left all those things to them because I was busy with practicing.

JG: Too busy practicing medicine. So, what was your typical hours? Were you open 6 days a week? I guess house calls would just be whenever, but office hours what were your office hours?

DS: They were five days a week and on Saturday a half a day, five and a half days.

JG: Okay, and like medicines, today you get sick and go to the doctor they give you a prescription medicine or something. What was the standard prescribed medicine in those days?

DS: Well of course we didn't have antibiotics. We would give them some pain relief medicine and a lot of time we would give them just cough medicine that had some codeine in it and...

JG: These were all things you had yourself, there wasn't a pharmacy, necessarily, or was there?

DS: Yes, we had a pharmacy.

JG: Okay, so you would prescribe something and then they would get it from the pharmacy.

DS: Right.

JG: Do you remember who the pharmacist was then by any chance?

DS: I really don't. I should, but I don't.

JG: That's alright. So, you were only in Diboll about a year, a little more than a year, then weren't you?

DS: That's right.

JG: Yes, and so what drew you away, you said the babies? You said you were making a lot of trips to Lufkin?

DS: Yes.

JG: So, most of the babies in Diboll, or not most, but how many babies were born in Diboll versus the hospital?

DS: I would say probably about a third.

JG: Did you have white and black patients?

DS: Oh yeah. It was no problem with that, just something we just did. One thing that happened while I was down there, the office of Dr. Dale was above the Southern Pine Commissary down there. So very shortly after I got there, within two or three months, they decided to build a clinic across the railroad track from the Commissary and they fixed it up real quickly. It was a very nice building, so I worked in there probably four or five months, but yeah it worked out real good.

JG: So, when you left Diboll who was the doctor when you left? Did they find a replacement yet?

DS: Yes, Dr. Dale was there and he stayed. They had two or three more that came after me. I don't recall who they were.

JG: Before we leave that I'm just trying to think is there anything else you remember about that particular time period? Anything working with the Company or did Mr. Temple come to see you when he was sick or something?

DS: No, he had Dr. Clement was his doctor. He had been his doctor for several years, you know. He saw a lot of people from Diboll. He had worked at Diboll for a little while.

JG: Okay, well so where did you go to Lufkin? Did you go to independent practice?

DS: I went into an independent practice.

JG: Did you have a partner? I think you had a partner, didn't you?

DS: I did eventually, but at first, I didn't. I worked at the Taylor Clinic, which was across from the Pines Theater in a two-story building. I did that for a little while and then I got called into the service. I had taken my internship at Brooke Army Hospital and while, even while I was in medical school, I was in the ASTP [Army Specialized Training Program], which is an Army program and so we were Private First Class, we were in Medical School.

JG: Now this is after World War II, right? But during the war weren't you were at Sam Houston in San Antonio, or ...?

DS: Well I was in medical school from 1944 to 1947. During that period of time I was in the ASTP as a PFC, Private First Class, then when I went to...

JG: And were you in San Antonio?

DS: Yes, this is my option. I went to the Brooke Army Hospital in San Antonio as an intern and then I stayed there for one year. I was a First Lieutenant there and then while I was there it was during the war and it was a good experience. Actually, I guess part of it was after the war because we had a lot of veterans that were there that had various injuries and we had about 2,000 beds, so we had six interns. So we stayed pretty busy. Then after that I came back to Lufkin.

JG: So, when you were called back was that during the Korean War?

DS: No, yes, the Korean War when I was called back and they made me a captain and they sent me to, well I had an option of four or five places I could go if I wanted to. One was Hawaii; everybody kidded me because I didn't select that.

JG: I was born there. I was born at Tripler Army Hospital.

DS: Is that right?

JG: Yes sir! Go ahead I didn't mean to interrupt.

DS: That is okay. Then I selected Fort Jackson, South Carolina. I was at the base hospital, and we had all kinds of measles cases that the National Guard in Mississippi, a bunch of those people had gotten measles and they sent them to Fort Jackson. But anyway, I stayed there about 6 months and I decided my chances of going to Korea were going to be pretty high. At that time, they let you change services. You could go and transfer over to the Air Force or the Navy. So, I transferred over to the Air Force and I was married, of course, and I had a child about two years old. But anyway, we went to Langley Air Force base in Virginia and I finished out my tour of duty there, which was a total of 21 months. I was at a base hospital there, a wonderful place to be.

JG: So, after that ended then you came back to Lufkin, I guess?

DS: That's right.

JG: Okay, and then what did you do?

DS: Well I practiced in Lufkin for about, well for the rest of my life until I retired.

JG: And did you partner with...did you have a partner?

DS: I partnered with Dr. Thames and then we built this building on Frank Avenue in 1955.

JG: In '55.

DS: Yes, and then we practiced together there for several years.

JG: So, y'all could share equipment and things like that?

DS: Laboratory and things like that, we had that and we had x-ray facilities with leaded walls and all that we needed. We had a pharmacy in there too for awhile; and so he decided to kind of semi-retire so he went out to the Lufkin School.

JG: The State School?

DS: The State School, yeah. He practiced out there for several years.

JG: Now how did that work in Lufkin when patients came to see you with insurance and patient responsibility, fees, and things like that? Can you remember how that?

DS: Yes, we had separate offices with separate receptionist and secretaries and we collected...patients come in we collected from them.

JG: Did they generally pay everything then or did you do like installments?

DS: Well some of them were none! (laughter) But, it was...

JG: Did they pay when they left?

DS: Yes, they paid when they left.

JG: Some places now want their money before they even see you.

DS: Well we didn't have as much insurance as they do now.

JG: Right.

DS: We had some but not much.

JG: So, most people just came and paid cash or wrote a check or something like that.

DS: Yes.

JG: Do you remember what the very beginning fee was if you came in and said, “I’ve had this sore throat for two weeks and I can’t get rid of it.”

DS: Well that is something I can’t quite remember.

JG: That’s okay, you remembered for Diboll, I was just curious about I’m sure that is something else that has changed an awful lot. Well, tell me how you got hooked up with...you were the Chief of Staff for both hospitals, Woodland Heights and Memorial, so how did you get, I guess, Woodland Heights first, were you already on staff there or did that come about? How did that come about?

DS: Well I was on the staff at Woodland Heights, but in 1949 they built Memorial so I was on the staff of that when it first started.

JG: When it first started?

DS: Yes, and we had patients in both hospitals and it just depended on where they wanted to go, so it worked out really well. Of course, it made you have to go see patients in the hospital morning and evening. They don’t do that much anymore. But anyway.

JG: Was there any differences in the very beginning like your first experiences at Memorial and your first experiences at Woodland is there any similarities or differences you can remember between the two?

DS: Well Woodland Heights was an old hospital and it had a very small emergency room, just one little room with various kinds of lights in there. But then Memorial had a much bigger emergency room.

JG: It was brand new too huh?

DS: Yes, and it was more convenient for people to get in and out and that sort of thing. But it worked out pretty well both places.

JG: So, what was involved with being Chief of Staff?

DS: Well, not too much. It’s kind of like we had a meeting once a month and then if anyone had something they wanted to discuss we would discuss it with the whole staff.

JG: And who would be the staff?

DS: All the doctors that practiced there.

JG: All the doctors.

DS: And we had that at both hospitals.

JG: Were the nursing staff included with that, or was it just physicians?

DS: No, just physicians.

JG: Just physicians. Something else I wanted to ask you about was the Angelina Medical Society. I forget now from my notes what year you were president of that, but I want to ask you about Dr. Anna Beth Connell, she was president of the Medical Society in '61 and I think you were president in '57 and Dr. Thames was president in '56. You mentioned Taylor a while ago, he was president in '55 but tell me about Dr. Anna Beth.

DS: She was a wonderful woman. She was very quiet and reserved. She did obstetrics and saw some women patients just on the side, but that was mainly what she did was just obstetrics. She didn't do any surgeries as far as I know, but she was a very wonderful person, very religious too.

JG: What denomination?

DS: I don't know about that. I think it was probably Baptist.

JG: Did she have her own practice or was she connected with? Do you know anything about her practice?

DS: She had her own practice.

JG: What did the Angelina County Medical Society do? What was that all about?

DS: Well we had new people that came in, new doctors came in, and we tried to get them oriented into practice. We wanted to be sure they were qualified, had the proper credentials and all that sort of thing. We had some projects sometimes that we would do like go see some people that couldn't afford it but...

JG: Kind of like pitch in to help?

DS: Yes.

JG: How common or uncommon was that to have a Medical Society? Would you even know? Angelina County, it looks like, goes back to 1904. Was that a fairly common practice for communities and counties?

DS: Yes, it was. The Texas Medical Association has all the records I guess of these societies.

JG: Well we have the, actually have some of the minutes of the early ones, at The History Center and I believe those are digitized now and online. You can see them through our website.

DS: Is that right?

JG: I think one of the doctors, I forget now, the oxygen tent therapy...

DS: Oh yes?

JG: Do you remember who that was? I can't remember now.

DS: Doctor Taylor was the one that had the first oxygen. He had that up there in that two-story building I was telling you about.

JG: Yes, tell a little bit more about that.

DS: He had this oxygen tent, is what they called it. And he put them in this tent and turned the oxygen on. My grandmother had pneumonia, and she was one of the lucky ones, penicillin had just been...

JG: Discovered or perfected?

DS: Well it was available for us to use, and so we used penicillin on her, and put her in the oxygen tent because she was very short of breath and she got over it and lived the rest of her life.

JG: How quickly did she recover?

DS: It took her about three or four days to get better.

JG: So, would it be treatments to be in the tent or did you stay in the tent the whole time?

DS: You stayed in the tent the whole time.

JG: So, for three days?

DS: Yes.

JG: How pure was the oxygen?

DS: It was about like it is today except it was in this tent arrangement rather than...

JG: I may...how much oxygen was it? I may not even know what I'm asking, but the air inside of there verses the air we are breathing right now?

DS: Probably about 90%.

JG: Ninety percent, so pretty close to pure oxygen. And, that is what did it, was the penicillin and the oxygen and it cured her.

DS: It made her less short of breath too and she was much more comfortable.

JG: Cured her for the rest of her life, huh?

DS: Yes.

JG: That is pretty amazing. Anything else you care to remember about the Medical Society, some of the people? Dr. Byford Denman, Gayle Medford, I'm just naming off names, Peyton Denman if you care to comment on any of those. I guess they would have been doctors during your tenure so to speak.

DS: Well Gayle Medford was the doctor for Southland Paper Mills, and he didn't have any patients in the hospital. He saw some at his office but he didn't use the hospitals I don't think.

JG: His were mostly or all maybe...so he was actually an employee of Southland.

DS: Yes.

JG: Anything about Byford Denman and Peyton Denman?

DS: Well Byford was quite a bit older than we were and he had an office there on South First Street and he didn't have a whole lot of patients. And, who was the other one you asked about?

JG: Peyton Denman.

DS: Oh Peyton...Peyton was younger than I was but he had a good practice. He practiced internal medicine and he had a lot of patients in the hospital so he was very busy.

JG: So, this Dr. Peyton Clements that was the doctor Mr. Temple saw that you were talking about.

DS: J. C.

JG: J. C. Clements, okay, yes. Some of these people served a long time, Dr. Taylor went all the way back to '30 and then he served in '44 and then in '55. Well that is a different Taylor. So, when did you get involved with the Chamber of Commerce? I know for many years in the '50's and '60's you were on the, what was the committee? Not a beautification committee, I'm sorry for not being prepared. Do you remember some of the committees you might have served on with the Chamber? I want to eventually get to the college. Civic Improvement Committee, that was it.

DS: Well I didn't have to meet with too often because I was so busy but we were interested in getting the City to get some projects to kind of...

JG: Spruce up the town.

DS: Make it look better.

JG: Do you remember some of the things that were going on at the time?

DS: I really don't.

JG: Well let's jump then to the college. What is your earliest memory of when that idea came about?

DS: Well my mother was very interested in education. She graduated from Sam Houston in 1908 and she taught school for a couple of three years.

JG: For the recording say her name and her maiden name, I guess.

DS: Her name was Lillie Hennington, and they lived in Burke, her family. She married my father who was a resident engineer at the highway department, civil engineer and graduated from A&M.

JG: What was his name?

DS: Madden C. Spivey, Madden Calendar Spivey, but my mother had written a letter to Martin Dies Jr. who was one of the senators out there in Texas so encouraged him to put in a junior college so, he took it from there. I don't know if this had anything to do with it, but he took it from there and they got the college going. He provided some funds for it.

JG: Do you remember about some of the things y'all were discussing when it was coming about, I know the Chamber did some type of study committee or something like that trying to poll the high schools in the county and project if there was a need for the college and that kind of thing. Do you remember anything about that, just anything you care to share? I know you were probably absent from those meetings because you were so busy being a doctor but you were nonetheless part of it.

DS: Well, they did some work to kind of canvas the county to see what people thought about it then they had an election. The ones that wanted to be on the board were elected through this process and you applied to indicate that you wanted to be on the board. Well, there were about 8 or 10 of us that wanted to do that so, we had to vote and I think there were five members of the board at that time. Then we met and started getting it all together. Of course, Temple donated the land for it. I think it was 40 acres and so that was a big help.

JG: I believe Mr. Stubblefield was on the early committee, and Ward Burke and some people like that. Was there ever any discussion about other land or was it always going to be where it was? Any consideration to be on both sides of the highway or was it always right there?

DS: It was always right there. We didn't have any problem with that because this is all they indicated or willing to give for the college. So, that was never a problem.

JG: So, who would have been the company Temple's representative in all that? Was it Mr. Burke or Stubby or did Mr. Temple come and ever talk to the meeting?

DS: I think it was Horace Stubblefield came quite a bit.

JG: Horace okay. I think there were some women on the early board too, Mrs. Carol Allen.

DS: Yes.

JG: She was a Temple. Who were some of the other ones? Mrs. Milton Hickman, I guess. Any other particular things you remember? Were there any blacks on the committee?

DS: No.

JG: Do you ever remember that being a subject? I mean for the most part I guess most schools were still segregated at the time but that was right in the time of the civil rights act of '64 and other things. Do you remember anything about race being a part of the discussions?

DS: No, it really wasn't that I can remember.

JG: But was it going to be inclusive of everyone?

DS: Oh yes, yes.

JG: So, it wasn't segregated?

DS: No.

JG: But you don't remember anything in particular about it.

DS: It just seemed like everything went along normal, no big discussion about it.

JG: And I think in the midst of all that what role...talk about the nursing program of the college.

DS: One of the things that was a real factor for nurses graduating as RNs, the Nursing Society of Texas, there in Austin, you could not be an RN unless you had been in a three-year program. So, the Junior College was going to have a two-year program and that would get you out with an LVN, Licensed Vocational Nurse. But we wanted them to graduate with an RN degree so there was a fellow who was the executor of Baylor in Dallas, Baylor Hospital and he was a good friend of Horace Cardwell. And so, we got together about three of us, Horace and myself and one or two more and went up there and talked to this fellow at the Baylor Hospital there.

JG: You saying Baylor?

DS: Baylor, yes.

JG: Baylor Hospital, Okay.

DS: And he joined with us in trying to get this done so, we went and corresponded with the Nursing Society there in Austin and so we went out there and talked to them and he told them what we wanted to do and the nurses were going to go to school in the summer too and they said okay then we will let them be an RN. So that's what happened on that day.

JG: Were you involved with who or hiring instructors or anything?

DS: No, that was all administrative. Dr. Hudgins took care of that.

JG: Dr. Hudgins, okay. Did he have any consultants in the medical field here to help with that or how did he get that going?

DS: I think he was more with the hospitals rather than the medical profession.

JG: I'm looking here at a picture of the Steering Committee from '68 and were you the only doctor, medical doctor on the staff of the College, not the staff of the College but the Steering Committee?

DS: As far as I remember I was.

JG: Was there an effort to try and get representatives from a wide array of businesses and backgrounds?

DS: Yes, there was.

JG: So, you were the medical profession representative, I guess?

DS: Yes.

JG: So, you probably played a pretty prominent role in the nursing part then?

DS: Well I tried to as best I could.

JG: You may be being modest but that is what I was trying to get at. I think you had a big part to do in that and of course you know it's a very successful program.

DS: I'm very proud of that.

JG: Yes! Have they kept you in touch or do you still keep in touch with what's going on out there today?

DS: Not really, I'm just too old.

JG: (laughter) Well that is awesome you were able to do that and like I said it has been a great thing.

DS: The Health Career Program out there has really been good too.

JG: Yes, and of course SFA [Stephen F. Austin] is doing that now too you know, so I guess that. I guess I probably got some more specific questions at some point, but since we are talking about today and the past in a general way is there anything you want to talk about just changes overall. Of course, we talked about insurance a little bit but any insight from your experience. Maybe we start with when did you retire from practice?

DS: I retired in 1991.

JG: In '91 so what was going on in '90 and '91 that was different than what was going on in the '40's?

DS: We had all kinds of new instruments, you know and...

JG: So, technology had changed.

DS: Laboratories and computer stuff.

JG: What would you say are some of the most significant technology changes in your day-to-day work? Imaging, any type of imaging? I guess in the old days you had x-ray.

DS: Well we had x-ray but we didn't have MRIs or CAT scans or anything like that they were just plain x-rays.

JG: But all that came about during your career, right?

DS: Well not really, the MRI didn't and the CAT scan was barely coming on.

JG: Okay. What about like sonograms and things like that?

DS: We didn't have those. Laboratory tests and all that sort of thing they are much more refined than they were then. Particular things like checking for viruses and bacteria and that sort of stuff.

JG: What would be the most...I may not be asking the right question but just more along those lines changes that occurred, you mentioned computers. I imagine computers were helpful in some ways and maybe caused more trouble in other ways maybe.

DS: I don't know it was nice. Of course, it wasn't as advanced as it is now but basically it took care of a lot of the problems you had doing it with tablets and that sort of thing and even in my office there, we had one of those first Apple Macs and I wish I still had it.

JG: It would be a collector's item huh?

DS: Yes, but it worked well because you could put the patients name in there and...

JG: Like a database you could track and stuff.

DS: Yes.

JG: We are from the background of archives and records talk about patient records. How did you file and keep copies of x-rays? Was that something that always stayed with you? Did you ever destroy them after a certain number of times? Patient records and record keeping.

DS: Well we had a folder for every patient you know, and we would put their x-ray reports and laboratory reports in there with some indication of why they came and what we prescribed for them and that sort of thing.

JG: Like a manila folder and you just keep adding to it like a patient you had for many years.

DS: Right.

JG: You just keep adding to the folder and if it got full you'd start another folder.

DS: Yes, and of course eventually we could put it on these computers.

JG: Generally, you kept that, like a permanent record?

DS: Yes, when I quit practicing, I turned those over to another doctor and he took care of it.

JG: So, when you turn them over to another doctor not by patient to patient basis you just turned them over to a doctor?

DS: Yes.

JG: So, what would a patient do if they went to another doctor that didn't have those records. Would they contact the doctor you gave them to?

DS: Yes.

JG: How would they know you gave them to them? Is that just something you knew in the profession?

DS: Yes.

JG: That may be too detailed but I'm just curious about records.

DS: I understand.

JG: Because now a days that is a whole other issue too.

DS: It's on the computer you can just pull it up.

JG: Yes, and with all that it's still though every year you have to fill out new paperwork. At least my doctor half the time the pages have been xeroxed so many times the lines aren't straight anymore, their crooked. I keep telling them nothing has changed since last year, I've lived in the same house for 21 years, my name hasn't changed. You can compute that I'm a year older but they want you to fill everything out. If you've had any medicines or what have you done and sign it. I'm curious sometimes to fill it out differently and see if they even catch it. Tell them I'm had every disease.

DS: You might have to be looking for another doctor. (laughter) I know what you mean because when I go to one, I have to fill out all that stuff.

JG: Nowadays you mentioned Apple and Mac or whatever, but I went to one the other day and I had to do it on an iPad.

DS: Is that right?

JG: They gave me a tablet, an electronic tablet and I was having trouble...they call it fat finger, I was trying to hit a letter and it was hitting the wrong letter and it went to a different screen. I'm not an expert with that but I can get around pretty good but it was inconvenient. I imagine older people, for instance, would have more trouble.

DS: Well for sure yes.

JG: But that is what it's going to now. I know, I'm 52 but my son is 21 and a lot of times with phones and stuff they just know it.

DS: They grew up with it. I saw a kid the other day about three- or four-years old working on a phone.

JG: Three or four.

DS: Yes.

JG: When I graduated from college, I did a little bit of substitute teaching and I remember I was in college awhile and then went back to substitute taught and graduated from Lufkin in '85 and went back to school to substitute and all the rooms already had televisions in them. So, like in the old days you remember if you had a PA system, they would do announcements in the mornings, well they were doing all that through television. Then it was local stuff and things you subscribe to and a whole news channel for kids. That was in the classroom and then after I worked awhile, it's what you said a while ago that got me to thinking this, it is what you grow up with. The kids, I would go to the schools and even where I work now, we go to the schools and do programs and now we use computers with projectors that project the computer pictures, but I was taking slide projectors before we were doing it with computers. I would take a slide projector, 35 mm transparent film and I would show these pictures on a big screen and those kids, elementary age and junior high, that was so fascinating to them but you look around the room and there's computers everywhere now with internet. So, to me that was what was fascinating was the internet but that meant nothing to the kids because day one it was there. But the old technology of taking a one-inch piece of film and shining light through it through a lens and magnifying it on the wall was amazing. They wanted to touch it. They wanted to hold it and look up at the light. So sometimes the older technology is impressive.

DS: That is right.

JG: But anyway, it is amazing how much things have changed and, in many ways, made life easier but it's brought its own set of problems as well. Anything else about changes in the medical profession? When do you remember when most people started having insurance? You said earlier a lot of people didn't have insurance. Just talk about that change. Nowadays you pretty much got to have insurance, so I know you retired in '91 and a lot has changed since then but I imagine through the '80s a lot of people were starting to have insurance. Anything particular you remember about that? Did that make any particular concerns that there were or not necessarily? Today they talk about sometimes you can get better prices as a patient without insurance. I know several years ago we were looking at having a child we were told it would be a lot cheaper to not use your insurance. You could have a baby cheaper without insurance than with.

DS: That makes sense.

JG: Unless there were problems. But anyway, anything you can remember.

DS: Not too much, we had some people that had insurance but most of them didn't and those that did usually the insurance would pay something. It may not pay the complete bill but it at least would pay part of it.

JG: Was that your office's responsibility to file or was it the patient? How much did y'all do versus the patient? Did y'all file for them?

DS: We filed, we filed for them.

JG: Who were some of the most common insurance companies then that y'all would have dealt with?

DS: Aetna was one of them, Blue Cross. I guess those were the two main ones.

JG: Were a lot of them connected with any large employers around like the Paper Mill or Temple?

DS: Yes, some of them were. Not all of them but some of them were.

JG: What about prescription drugs what are some of the big changes there that you can remember? Any particular medicines that came along that made it better?

DS: Of course, all these antibiotics, new antibiotics.

JG: Antibiotics, you mentioned penicillin earlier, you know, so when did penicillin become the thing?

DS: I'd say probably about 1980 somewhere along that period. It was at that time most bacteria were very sensitive to penicillin and nowadays sometimes they have bacteria that are resistant to it. But...

JG: What about allergies? I know some people are allergic to penicillin. Do you have any memories of that?

DS: That was not a big problem. One of the things we had to deal with back in the '70s and '80s was polio.

JG: Polio okay.

DS: Of course, they developed a vaccine for that, Salk vaccine was the first one but that made a huge difference. I remember I had a 14-year-old boy and he had the stiff neck and symptoms of beginning polio and we were just really upset that he might have it because a lot of times you get paralyzed from it. So, I did a spinal tap on him and he was negative so he was in the hospital at the time. And the funny thing is my son, he is a radiologist in Plano and he went in there one day to see this patient and he checked her name out and it was Rebecca and her father here in Lufkin was named Arthur and anyway he was going

to do a spinal tap on her and she had told the nurse I sure wish Dr. Spivey could do a spinal tap for me. He was thinking about me here doing one on her father and so she said well he is going to do one on you. (laughter) Of course he had the ultrasound, oh he could do it so much easier than back in those days.

JG: You said something earlier I was going to follow up on but now I can't quite remember. Let me go through some of my notes here that I had. There is a notice there, you might want to glance at that while I look through here.

DS: That's it.

JG: That was awhile back, this is '61 when you became Chief of Staff at Woodland Heights and I think that same year you got several awards for outstanding service.

DS: Yes, it's really nice to do that.

JG: Any other awards through your career that you are proud of? Well maybe not awards but accomplishments? You mentioned the nursing program at the college. You were proud of that. Any other awards or anything that is kind of outstanding in your memory?

DS: Well one of the things I enjoyed doing was being in a team physician for the Lufkin Panthers.

JG: Oh yes, talk about that.

DS: Well I started in 1953 and retired in 1972 and I would go to all the games here and as far away as Texarkana. That was the furthest we played but it was really quite a good experience.

JG: Did you travel with the team or travel on your own?

DS: No, on my own. My wife and I, we went to all the games.

JG: Went to all those games. Did they ever play...well you said '73, okay, I was thinking of some of those players that went on and became really famous so, what would be your duties and responsibilities being the team doctor?

DS: Well when someone...like I had one player we were down in Port Neches, kicked off to the other team and he was going down the field and this fellow hit him just below the knee and fractured the tibia there. The big bone in your leg so, you bring him in there and put splints on him and all that sort of thing. But we had a kit we could take with us.

JG: A medical kit?

DS: Yes, in case someone was bleeding we can put pressure on it and that sort of thing.

JG: A bloody nose?

DS: Yes.

JG: How many injuries like that that might have broken a bone?

DS: There were two of them as far as I remember.

JG: Were they always away games?

DS: No one was here.

JG: One was here. When something like that happens do the parents come down on the field?

DS: No, but we got ahold of them right away.

JG: So, what again were the years?

DS: In '53 through '72.

JG: Well talk a little bit about integration then. That would have covered those years I guess in '53 it was only white players and by '72 you had an integrated program. Is there anything you remember about that?

DS: No in '73 it wasn't integrated.

JG: Oh, it still wasn't!

DS: Well I do remember going to a Dunbar game. Dunbar was the black and we played in Trinity.

JG: Now were you there as a doctor or?

DS: No as a fan.

JG: A fan okay.

DS: This guy from Lufkin kicked off and the guy from Trinity caught it and punted it back. (laughter)

JG: Punted it on the kickoff.

DS: He didn't know what to do. (laughter)

JG: So was it a drop kick or an actual punt.

DS: An actual punt.

JG: So, he got the kick off then punted it. (laughter)

DS: That was a bit different. There's some funny things that can happen.

JG: Nowadays I remember if you won the coin toss everybody wanted the ball but now the big deal is you defer because you get the ball at the beginning of the second half. I know old Bill Belichick, I'm sure others before him even and I know Belichick with the Patriots, that's one of his deals is you defer and if you got a good defense then you got the advantage already. So, you lose the coin toss you have an advantage or yeah, basically you want to win it so you can defer, I guess. But anyway, I remember reading something about that. That was nearly 20 years wasn't it, the '53 season and the '72 season.

DS: Nineteen years.

JG: Any changes in football that you remember during those years, high school football? Did the districts change much or was it the same teams all the time?

DS: The district changed numerous times. We still played Longview in Bi-district.

JG: You mentioned Texarkana, I remember when Lufkin used to play Texarkana. But it changed frequently I guess based on enrollment and everything.

DS: Yes, my brother was a player here at Lufkin High School and he was very fast and a quite a good player and so back in the old days they didn't have...

JG: Is that your younger brother?

DS: He is three years older than me.

JG: Three years older than you, okay. You graduated high school in 1941?

DS: Yes.

JG: So, he would have graduated in the late 30s, I guess?

DS: In '37.

JG: In '37 okay.

DS: He was a pretty outstanding player and he was selected All-State quarterback, and what it was in those days they didn't have all these districts, just the whole wide state so he was the first one from Lufkin that ever went All-State.

JG: All-State huh?

DS: Yes.

DS: And what was his first name?

DS: Marshall.

JG: Marshall Spivey. Did he go on and play at college?

DS: He played at A&M. You know they had that National Championship Team, he played on that but he was not a starter all the time.

JG: Was he a back-up quarterback?

DS: Yes.

JG: This is an article you wrote in 1948 on the common cold.

DS: Is that right?

JG: I think you said the most common ways of spreading the cold was sneezing, coughing and kissing. But I noticed you were talking about ways to avoid the cold and I was already thinking nowadays they tell you wash your hands, wash your hands, and you never mentioned wash your hands. But you talk about don't dry the dishes or don't drink out of the same glassware and don't dry the dishes with the same cloth. Not too many people probably wash dishes or dry them anymore.

DS: Where did you get this?

JG: That is from the Buzz Saw, the Diboll paper.

DS: Is that right?

JG: You can have that. You can have all this stuff if you're interested. Yeah, that is an article you wrote on the common cold.

DS: And I didn't remember it.

JG: Well Jake Durham was the editor at the time and he liked smart headlines, he might have changed that and put kissing in there. I don't know but, maybe that was you or Jake Durham putting that on there. I know there were probably a few other little things I wanted to mention but, Louis that works for me, this is a copy of his birth certificate.

DS: Oh, really. Well good!

JG: There you are. Is that your handwriting?

DS: Yes.

JG: Is that your handwriting?

DS: Yes.

JG: October 13, 1948.

DS: Yes, my goodness. Well you tell him I really appreciate it.

JG: That is pretty neat isn't it?

DS: It is.

JG: So, the doctor filled it all out huh?

DS: Yes.

JG: That is pretty neat. Well I will ask you one more question to wrap up. Anything I haven't asked you that you wanted to share? Anything about your memories of doctoring? I didn't ask you what you've done since '91. Have you tried to stay active? Anything in the medical field or any other particular interests that you have?

DS: Well I'm always interested in medicine but not anything particular that I recall. Yeah, I have really enjoyed practicing medicine. It was really a blessing to me to be able to do it.

JG: Talk about why. Why was it a blessing?

DS: Well you meet so many people and you know, you have a good relationship with them and even now when I go into a restaurant there will be several people come up to me and tell me that they appreciate what I did for them.

JG: That you helped people. That you were a help to them.

DS: Yeah, but yeah, it really was exactly what I wanted to do.

JG: Well that was a blessing in itself.

DS: Yeah, it was. I had a wonderful wife because whenever you get called in the middle of the night.

JG: Yes, I was going to talk about that. You mentioned too that she traveled with you with the football games and stuff. Talk a little bit more about that. I guess she tolerated your absences when you were gone to the hospital or gone to house calls but talk a little bit more about that.

DS: Yes, she did and never complained about it. Of course, the children as they were growing up, I have three children, and she took care of them really well. Of course, we had them in church and they've all turned out to be as good or better than I could expect.

JG: Another blessing huh?

DS: Oh yeah, for sure! She died in December 26th of last year. She had Alzheimer's for the last two years of her life and she was at Pinecrest for that two years. She was a wonderful woman.

JG: Is there anything about Alzheimer's? That is a relatively new diagnosis, I guess. Anything about that as a disease that you can recall of when that kind of came around.

DS: Well it's much more common now than it used to be.

JG: Do you think the disease itself is more common or the diagnosis is more common?

DS: I think it's more common for several reasons but one like you say, the diagnosis is more common, but there are people living longer and that makes them more susceptible to Alzheimer's. A long time ago we would think that not all of them had Alzheimer's that probably did, that they had some kind of circulatory problem in their brain.

JG: Like dementia?

DS: We have dementia now but Alzheimer's this is...

JG: I guess like "he's a crazy old man" you know, you hear those expressions through the ages. But you think as a disease it's always been here it just wasn't quantified or identified?

DS: Well that is right but it wasn't as common either.

JG: But it's because of the age it's nothing else like the environment or anything that is causing it other than age?

DS: Well we don't know.

JG: You don't have any theories?

DS: If I did, they wouldn't be worth anything.

JG: Well I imagine when you have a loved one going through it, you know, and that is why I was asking I'm sure that affected you deeply and with your medical background I was just curious, you know, there is a lot of money has been given for research to try to figure it out.

DS: Of course, they found out you know that you have amyloid deposits in your brain.

JG: What is that?

DS: Amyloid, it's a protein and forms kind of a congealed mass in your brain with Alzheimer's and they were able to tell that with various procedures they do now, PET scan and all that stuff.

JG: Well Dr. Spivey I guess this will conclude our interview and I thank you very much.

DS: Well thank you very much for letting me have the interview.

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END OF INTERVIEW**

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