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Milo Herbert Fritz, MD

Transcript of an interview with Milo Herbert Fritz, MD conducted by Linda Fritz Bell, July 30, 1991.

Source: Linda Fritz Bell. Portions of this transcript were reviewed and edited by Dr. Fritz.

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Related Material: www.lindafrtiz.org

Betsy and Milo Fritz family papers, Archives and Special Collections, Consortium Library, University of Alaska Anchorage.

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Milo Herbert Fritz, MD

Linda: This is Linda Fritz Bell. Today is Tuesday, July 30, 1991. I'm about to talk to my uncle, Dr. Milo Herbert Fritz, in Chestertown, MD. He's visiting us from Alaska, where he's lived for over 50 years and practiced medicine throughout the territory and state during most of the time.

Linda: Uncle Milo, before we get into some of your life in Alaska and your medical experiences, I wonder if you could talk a bit about your early childhood, what it was like growing up in Pelham, New York, some of your childhood experiences, and some of the people that might have figured prominently in your life.

Milo: Well, I was raised in Pelham, New York with my brother, and we lived in a suburb called Pelham. There were still woods and brooks around there, and we used to play in them and used to go swimming, without the benefit of bathing suits or swimming shorts. There were no such things as child molestation or the necessity for a policeman to be around all the time, we just ran around the way we pleased and our parents didn't worry about it. We occupied our time playing baseball, playing mumblety-peg, playing hide-and-go-seek, the usual childhood games.

School was always a very pleasant part of my life. I never objected to going to school – in fact, I enjoyed it. I had some great teachers. I remember my Latin teacher Miss Schermerhorn, a thin, pale lady of average size, who made Latin live and made me take an interest in it, even though I took it in the beginning because it was required for anybody who wanted to study medicine to take that when he was in high school or in college.

I had a friend, Harold Johnson. He and I got an old canoe that required extensive repairs. And then I remember thinking that if we put many more brass screws in it, it wouldn't have floated. I got a set of wagon wheels and took it by hand through the streets of Pelham and New Rochelle to a place called City Island on the outskirts of New York City and we used it there for the summer.

Linda: Were there any people that figured prominently in your early life – family or friends?

Milo: The greatest friend of the family was my Uncle Rudolf—Rudolf C. Mueller. He was born in Germany, came over here around the turn-of-the-century, spoke with a German accent which was mixed with a Brooklyn accent and made him difficult to understand until you got used to it. He came to our house frequently, and my brother Larry and I used to go over to his place all the time to look at the painting in progress and talk to him because he was a very friendly uncritical man and didn't demand great things of children. He loved them and we loved him.

He had a son called Putzi, who was a few years older than I was who was also a talented artist. And one time he took me in his canoe across Long Island Sound to Long Island from New Rochelle and it was a day that I'll never forget. He died about 3 years before the discovery for the cure and control of pernicious anemia. And it was a blow from which Uncle Rudolf never recovered.

Another friend of mine was a man who is still alive and a year older than I am—Donald McKenna. And he had in his family two cars – a Peerless, which was something like a Cadillac, and a Mitchell touring car, but of course, that hasn't been in existence for many, many years. He taught me how to drive. He was a very meticulous teacher, and in fact in my life, three of the great teachers that I had, had almost no education. One of them was Donald who was a high school graduate, another one was John Denton, who was a farmer, who never even got out of grammar school and on whose farm I worked in the summer, and a man named Glenn Coons who taught me how to fly. He'd been a flyer during World War II, and was a very meticulous and particular teacher. If you followed his precepts you'd keep out of trouble when you were flying an airplane.

Linda: How about your family, your parents, what effect did they have on your early childhood?

Milo: Well parents had a tremendous effect. They used to read stories to us. In fact, my first language was German. But World War I came along and German became extremely unpopular, and so they stopped talking and I never did complete my basic education in the German language.

My father was very strict about manners and table manners and the way we spoke to people and how to behave when we were introduced to folks. Mother was very lovely, but she had this artistic tendency for dressing my brother and me up in weird costumes that we hated and we didn't look like the other boys. We called these outfits "dingwaddlers". But I would say we had a happy childhood.

Linda: You mentioned medicine. At what point did you become interested in medicine?

Milo: In that time we had a family physician called Augustine C. McGuire, and whenever we got sick he would come over to the house and take care of us. In those days doctors made house calls, and I thought he was great. One time after we had moved into the last house that I'd ever lived in while I was in Pelham, we were cleaning the place out and there was a trash pile used to burn up the stuff that they took out of the house. And there were some broken beer bottles in it and somehow as a kid I fell down and cut my wrist. Dr. McGuire came over and sewed my wrist up. I thought that was a terrific thing to do and I decided that's what I would like to do the rest of my life. In other words, even though I had the usual periods of wanting to become a locomotive engineer or a street car conductor, I pretty well stuck to the idea of

becoming a doctor. I still have the scar here. (Pulls up his sleeve to show small scar on the inside of his right wrist.)

Linda: It sticks with you doesn't it?

Milo: Yes.

Linda: How did you happen to choose ophthalmology and otolaryngology?

Milo: Well, choosing ophthalmology and otolaryngology was a fluke. I had finished and excellent two-year rotating internship in the Brooklyn Hospital in New York City. I wanted to get into Duke University and become an obstetrician and gynecologist. Dull as I was about the ways of the world in those days, I somehow realized that if I could just get in the place, at any level, that I could go on and get specialized training when a vacancy on the house staff occurred. So I took an internship and, in a manner of speaking, started all over again as an intern at Duke. Well, I was on the surgical service, which was the only spot available, and in the surgical first year you rotated through the various services, one of which was urology where I learned a great deal about that important specialty. And the other one was orthopedic surgery, which did me no harm in my wanderings through Alaska later on.

Then, Dr. Anderson the Chief of Ophthalmology, and Dr. Eagle, Chief of Otolaryngology, said, "Look, our internship in those two specialties is free and it will lead to the residency if you'll take it, we'll promise you that you can go through the residency," which is a real break. And since ophthalmology and otolaryngology had not been part of my rotating internship, it sort of rounded out my education. And during the three-and-a-half years that I was on the service, I learned a great deal about those specialties. That's how I happened to become an ophthalmologist and otolaryngologist. In those days it was possible for one mind to grasp the fundamentals of both specialties whereas nowadays you have people who do nothing but ears, nothing but plastic surgery of the lids, or just cataract extractions, let alone doing all of those things.

Linda: How did you meet your wife, Aunt Betsy? How did that partnership develop?

Milo: Well, that partnership developed in the traditional way. She was a very pretty student nurse at the Brooklyn Hospital and we began going out together while I was there. I earned nothing a month and some people said I was worth every cent of it! And so we took advantage of the many things around New York City that you can enjoy that cost nothing, or very little, like going on ferry boat rides or taking a trip out to the Statue of Liberty, or going to the Bronx Zoo, or visiting the Metropolitan

Museum of Art, the Museum of Natural History, the Hispanic Museum, the Neumismatic Museum, going swimming out at Jones Beach, things like that.

We never thought that we were poverty stricken, but we were. Once in a while my mother or my father would slip me a few dollars. That's the only money I had since there was no way of earning money at that time since the internship was extremely demanding. As I look back on it now, we must have worked 16 to 18 hours a day sometimes, and occasionally would go a day and sometimes as long as 36 hours without more than a catnap on a stretcher or something like that in between the demands of the job.

Linda: But you had time for those other interests?

Milo: Oh yes, but I always had an afternoon off a week, and Betsy and I would go on one of these expeditions together, and once in a while somewhere one of us would get a little money and we'd go to the movies, but we couldn't afford that very often, not even in those days, which was during the depths of the Depression.

I remember one time there was a head nurse whose name was Guevechenien - we always called her Gooch - and she had a special skill with pneumonia patients. She was very nice to us interns, too. I remember one day a New York City cop brought in a guy who was obviously ill of pneumonia, and they put him on the ward with Miss Guevechenien, and in spite of his bad prognosis he got well. I remember talking to him the day before he was to be discharged, and I said, "Well now that you're well, it would be nice if you could go to Florida." And he said, "I have no other place to go except the park bench where the cop found me the other night when he brought me in." That's how tough things were in those days.

And also, lots of times people would come in simulating symptoms, which you couldn't absolutely rule out as being real, just in time for supper. And they'd get a terrific meal. If any meals were left over by a patient, they'd eat them too. Sometimes it was all they'd eaten for a day or so.

Linda: This was at Brooklyn?

Milo: At Brooklyn Hospital, yes.

Linda: What got you first interested in Alaska?

Milo: Well, it happened by accident. There was some kind of a law suit - and they were unusual in those days - about malpractice at Brooklyn Hospital. But the suit didn't come up for trial until after I had moved my activities to Duke University, which I've

just described to you. The insurance company needed my testimony, and so they offered to pay my way to New York City from Durham, North Carolina and back and give me so many dollars a day to be a witness. I was glad to do that since life was pretty tough down there and pretty restricted. So I went up and went to visit my brother Larry who lived in the Greenwich Village portion of New York City.

I didn't know what he was doing, but I was messing around with some of the things on one of his desks and tables, and among the things that I saw was The Governor's Report on the Territory of Alaska by John Troy, who was the governor. It described the condition of health among the Eskimos and the Indians up there. Prominent among their difficulties, besides tuberculosis which was rampant, were those frightful afflictions of the eyes and ears.

Also while I was up there I went to be interviewed by the Presbyterian Board of Missions with the idea of going to the Beijing Union Medical College. I wanted to go there because the people of China were benighted and lacking in medical care, but when they got to the religious angle of it and began to pray for me right there in the interviewing room, I felt that wasn't for me. And then I saw this stuff on Larry's desk and read the governor's report, I said to myself, "Why worry about taking the beam out of the Chinese eye, when we have a mote to take out of our own." And so I decided then I was going to Alaska when I got through at Duke. That's a little long-winded, but I don't know how to condense it.

Linda: No that's fine. We have all the time in the world. How did Aunt Betsy become interested or persuaded to go to Alaska?

Milo: She required no persuasion at all. She was an old-fashioned girl, and went along with the admonition in one of the Old Testament books that said, "Where thou goest, there go I," so she didn't give a hang one way or another where we went. When I got books from the library on Alaska, she read them too, and so she became very familiar with not only the medical problems, but also the economic and cultural problems that existed up there. So she was an enthusiastic participant. She didn't weep and cry and carry on about leaving her family or the south '48, she was glad to go.

Linda: And when did you first go up there?

Milo: I went up there in January 1940 and arrived in Ketchikan on one of the Alaska steamship boats - I've forgotten her name - and I practiced up there for about a year and a half.

Linda: In Ketchikan?

Milo: In Ketchikan, this was a village of 3,000.... It was really a waste of a person with the talent that I had amassed, not because I'm so smart, but because of the training that I'd had and the six years of post graduate training from medical school, to bury myself in a hamlet like Ketchikan, drawing on a population of perhaps 10,000 people. It was kind of a waste of time. But since no one had been there before, there was a hell of a lot of work to be done initially, so we were very happy there. We were young and in love and it didn't matter.

Linda: So you were in Ketchikan for a year?

Milo: Oh, a little more than that. We were there from January 1940 until June of 1941.

Linda: And then where did you go after Ketchikan?

Milo: Well, I went on active duty with the Army. I went back to New York State. That was the time when Roosevelt got the Selective Service Bill passed by one vote, and it made it possible to call up reserve officers for a year's active duty. Then I got a letter in the mail in Ketchikan requiring that I go on active duty.

Now by that time I was getting a little bit fed up with Ketchikan because it was so restricted, even though I hadn't done any hunting or fishing to any extent at all. I decided I wanted to leave and this was a graceful way out. So we got on the boat with our new baby and went back to New York State where I reported for active duty. And since there was no war going on, they asked - they didn't command - they said, "How many of you fellas would like to go to Alaska?" And before they could change their mind, my hand shot up and so they sent me to Alaska and I went on active duty at Fort Richardson and Elmendorf Field which are right near Anchorage. I left Betsy and the baby with her folks in Tioga, Pennsylvania.

Linda: So you went back up to Alaska then in that same period of time?

Milo: Yes, I served about three of the 4 ½ years I spent in the service up there and the rest of the time I spent in Florida.

Linda: Quite a switch in climate!

Milo: I switched from the Aleutian Islands to Florida. But speaking about the Aleutians, one of the most beautiful places you can imagine. They have a bad rep (putation).

People think it either rains all the time or that they're covered with ice and snow. They have no trees. The grass grows 6 ½ feet tall, and the air is clean and pure. And sure it rains and blows and is clear and snows a little – all within a few hours – never-the-less, except for flying an airplane, it was a great place to be. Nobody was shooting at me, and when they had the battle of Attu, instead of taking those of us who were acclimated to the terrain and had the proper equipment, they took troops from California to fight that frightful battle. They wore leather shoes and they got frostbite and immersion foot and all that in addition to having to fight off the Japanese who were very determined.

Linda: Could you describe that situation in Attu?

Milo: Oh I didn't go there. I was out on Amchitka and Adak. I also went to some of the other islands along the way, like Dutch Harbor and Umnak where there were Air Force bases. But that's about what I did.

Linda: You were involved in a rescue, weren't you, at Mount Redoubt?

Milo: Oh yes, that's right. A pilot was coming back – I've forgotten his name – from out on the Aleutians and instead of taking the minimum enroute altitude, he decided to fly at 7,000 feet on instruments. And he banged into Mt. Redoubt, which was 10,000 feet high. The only reason we ever knew anything about it was that his copilot was badly injured – one leg and one foot – but he wasn't hurt. It was an empty C-47 or DC-3. He worked his way down to the beach and thumbed his way into Anchorage and told us what had happened, so they sent out a party in an airplane to spot the plane on the southeast slope of Mt. Redoubt. Then they selected me as a volunteer to lead a group of, I would say, about 20 men up there to get the copilot. We went from Anchorage by boat to Harriet Point and walked in through the most Godforsaken, mosquito-infested bunch of alders that you can imagine until we got above the timber line, where of course, we found that the service ceiling of the Alaskan mosquito is about 7,000 feet. After that we didn't have any insects.

We found the pilot emaciated and dehydrated and unbelieving that somebody was finally there to rescue him. I don't know how many days he'd been there, but he'd been there quite a while. We had brought along a device called a Stokes litter, which was a litter that was shaped like a man with his feet stretched out and his arms beside him, which would keep him from rocking around. We put a splint on his leg—we had brought along the necessary materials—gave him an intravenous shot of saline and fed him and got him down the mountain in great shape to the lake where the float plane had landed us before we'd walked to Mt. Redoubt. We got letters of commendation and all that.

I wrote the thing up for my wife. She decided that it would be a darn good article for the *Saturday Evening Post*¹ and went over it and ironed out some of the things that had no business in there that were of a personal nature, and by God they bought it. And that's how it got in there.

Linda: I'd seen it a long time ago.

Milo: If you remind me, I've got it right in the room here.

Linda: So, after your time with the Army, then you got out of it in 1946?

Milo: 1945. I didn't use my head. I should have gone right back to Anchorage the minute I got out of the service, but instead, I went to Dartmouth up in New Hampshire where they had something called the Dartmouth Eye Institute, which was based on some cock-eyed idea the man had concerning something called aniseikonia, which meant different size images before each eye—an entirely theoretical and nonsensical concept. After I'd been there for a while, I'd had it.

So, I got a chance to go to New York City with a man named Townley Payton, and we got a house through the Veterans Administration out on Long Island, which is near New York City, and I practiced in his office which was at 927 Park Avenue. I would get the people that he didn't want to see. All the fashionable and all the rich people he would see, except when one slipped through, and I would see peasantry. But I earned a living for my family and that was fine.

Linda: By then you had two sons, right? At that point?

Milo: No.

Linda: Just one?

Milo: Oh, now wait a minute, yes. We had two sons by that time. Piet was born when we were in Florida after I came back from the Aleutians.

¹ "Ambulance Case on Mount Redoubt" by Milo H. Fritz, M.D. *The Saturday Evening Post*, Oct. 2, 1943; pgs.14-15

Then in New York the summer, I guess, of 1946, Earl Albrecht who was the Commissioner of Health for the Territory of Alaska, asked me if I wouldn't become a member of a nutritional survey team among the Eskimos and the Indians of Western and Southwestern Alaska. And, gosh, here I had a chance to go back to Alaska, get paid for it, and have my passage paid, so I just took off—took a leave from Payton's office, and went.

And when I was up there, it was just like the traditional falling in love at first sight, only this was second sight. When I got to Alaska I realized it was no use thinking about going to New York or Dartmouth or any place else, we were going to live in Alaska. So I sent Betsy a telegram and said what you can't give away or sell, burn—we're going back to Alaska. So we sold our house and I remember I lost the check for the down payment. Since then Betsy has taken care of our finances. I bought a Chevrolet sedan from my brother, for I think \$700.00 or something like that, and we loaded that up and took off for Alaska.

We belonged to the American Automobile Association, but decided to go up in March and April, which was a damn stupid thing to do, because that was the breakup—by

breakup, I mean the time that winter is changing into summer and the ground is muddy and the roads are impassable, but the AAA never told us that. Otherwise we would have driven to Seattle and gone up by boat.

It was one hell of a trip. The mud would extend out two feet from the wheels, and we met some men that were going up there to a mining claim in Canada in a truck and they'd give us a hand and sometimes would relieve me at the wheel of the car. We had the dog, a spotted Dalmatian, my two sons and my wife and off we went. And on top of the car we had a canvas kit that was secured to the top in some way. We put our gear in that. We arrived in Anchorage on April 22, 1948.

There was a doctor up there who I had known during the war, A. S. Wolkowski, whom we called Wally, and he let me practice in his office while I—naturally, I was in tremendous demand, not because of any excessive talent that I had, but if you're the only guy selling life preservers at a ship-wreck, you can't classify yourself as a salesman. So I was busy from the moment I got there until I could find a place of my own to practice in.

Linda: What did you find when you went up there as far as the medical conditions?

Milo: Among the white people in Anchorage, you find the same conditions there that you'd find anyplace in a city like New York, or Philadelphia, or San Francisco. But in the villages outside, especially in the native villages, tuberculosis was a terrible thing. Outside of each town there was a little colony of white-walled tents where they would put the cases that were beyond hope to die. And I remember when I'd go in to see them; I don't think I did any more than wear a mask.

I remember how tragic it was to see these beautiful young girls—their faces were flushed from the TB and their eyes glittering, and how pretty they were, and, my God, within a matter of weeks or months they'd be dead. And the young men the

same way. Until the drugs were discovered—the isoniazin and para amino salascylic acid, I think they were—tuberculosis was the number one problem. The territory didn't have the money to build a hospital and the States had their own problems, so those that got well, got well with modest medical attention and those that were overwhelmed just died.

Linda: What did they primarily use for tuberculosis?

Milo: Then? Well, they had various things. Pneumothorax, which was pumping air into the space between the lung and the chest wall to collapse the lung. They'd do thorotomies, they'd remove sections of ribs and collapse the chest on the lung when there was a cavity—brutal operations, but that's all we could do.

I was trying to think of something that was on my mind.....Oh, one of the most wonderful people to deal with was this man Dr. Albrecht. He had gone up as the - that's C. E. Albrecht. He'd gone up the Matanuska Valley with a colony that was sent up there, that you may recall that Roosevelt sent up back in the 1930's.

He left that and became the first fulltime Commissioner of Health for the Territory of Alaska. In North Carolina, I forgot to tell you, one of the features was the itinerant clinics that were arranged through the North Carolina State Department for the Blind. It was run by a girl by the name of Ruth Penny. And most of the house officers, that is the interns and residents and assistant resident's didn't like to go on these, but I did! And you also got paid a little bit for it and that would give us a few dollars to add to what Betsy made, since she supported us while we were at Duke—supported herself, rather, and I just had my room and board and laundry at Duke. I learned how to do good work on an itinerant basis.

So when I was in Alaska, I just carried on the work I'd started in North Carolina. But again, I was oversubscribed, not because of any talent, but because I was offering something that was hitherto unavailable. And the kids suffered from mastoiditis and a disease called phlyctenular keratoconjunctivitis—call it PKC—which was an allergic response on the part of the cornea of the eye to infection elsewhere in the body, which would be in the tonsils or in the mastoid. The most frequently performed operation was tonsil and adenoid surgery because of the effect it had on the ears. If we could get them before the ears broke down, we could save the hearing in these cases.

I did a thing I certainly would never do now. There's no way I could get an anesthetist or an anesthesiologist to go with me so I began giving the anesthetics myself and operating at the same time. And thank God, (knocks on wooden table) I never lost a case. I was exceedingly careful about a history—did he bruise easily, did he bleed a long time after a tooth came out. Any problems like that, I'd say no we'd have to take him or her into Anchorage or to the nearest hospital, if it weren't in Anchorage. But the others I did there, right in the field.

I'd operate and I'd be at the head of the table doing the tonsils and adenoids or whatever I was doing and we had five air mattresses. We'd blow them up and put them on the floor with a blanket over them and the mother would usually be the nurse, so when the child would still be under the effect of the anesthetic, we put them on the air mattress until they came to. Then we got an army cot and we had an ambulance

crew—six Native boys. We'd put the patient on the cot, lift it up and take the patient back to his cabin. Then I'd make the rounds at night and see that everything's all right, and I made it for years. So, I like to think there was more to it than just blind luck. I might have been lucky two or three times, but I just did this over and over again, and was very severely criticized for it. I said, "Well, why the hell don't you guys go out and do some of it and help me out? I don't see any volunteers!"

I met a group of people that are in the top of the heap as far as I'm concerned and that was the public health nurses. By God, when something had to be done, it was done. It wasn't done "if I don't forget" or "if I don't go fishing" or "it was raining that day", it would be carried out. In fact, the tuberculosis program, if it hadn't been for the public health nurses, never would have succeeded. They were marvelous women. And each one of them would have a group of villages in her charge and she knew everything about it, everybody in those villages—who was sleeping with whom, who was about to be divorced, what kids were sick, who was about to have a baby, whose infant was having trouble. And, of course, she'd overwhelm me with the whole works. I tried to stick to eye, ear, nose and throat, but I had to be a psychiatrist, and orthopedist, and that's where my internships and all those things came in so handy. So if I'd only learned one damn thing, I would have been a total loss—not a total loss, but I wouldn't have been nearly as useful as I've tried to describe.

The public health nurses and Albrecht—they were absolutely marvelous folks. And now in a publication called Alaska Medicine, they write up the biographies of these medical ciphers—you know what I mean by a ciphers, don't you?—never do they write up Albrecht. He did more for the Territory and the State than anybody. He was no trained politician, yet he taught himself to go before the committees and lay down the facts about the medical problems that he was having with the Eskimos and the Indians and the White people away from the cities. He went to Washington and appeared before the subcommittees of the House of Representatives and the Senate and got money out of them. He was absolutely marvelous. And yet, he was still a doctor and he had a trusting nature. A bureaucrat, you know, if there's any way that they can avoid doing something and referring it to higher headquarters, they did it. But not Albrecht, you'd get the answer from him if he knew it, or he'd find out.

One of the nice things he did, we used to have a little book of documents called travel requests, and usually bureaucrats would deal out one at a time in case you'd rush off to Dan Diego or something like that. But he gave me a whole book of them. He relied on my honesty that I wouldn't abuse the Territory's money and go off on junkets, but would use it only for going to Kodiak or going to Ketchikan or Sitka or Nome.

And among the doctors that I revere in life besides Albrecht, there was a fellow by the name of Fred Langsam. I can't be sure of this, but I suspect that in order to avoid getting into the war he went to Alaska and ended up in Nome and ran the hospital up there. He was the best all around doctor that I have ever known, and by all around I mean he knew the basics of dermatology, he could put on beautiful casts, he could do a splendid gall bladder operation or appendectomy or hernia repair and he was also a concert-grade pianist, a gourmet cook and he was terribly fat. Somehow or other, he attracted to him all kinds of odd people. One of them, an old lady, was his secretary. She took care of all the unpleasant details of his life for him. And yet, he wasn't popular among the people of Nome at all. They didn't realize what they had. He wouldn't let them take their sled dogs into the hospital with them. He said, "Dogs don't belong in the hospital." Things like that would irritate them and so they would somehow translate that into the fact that he wasn't a good doctor. And I've seen lots

of doctors, Linda, in all kinds of medical centers and I've seen them at the conventions and I've seen them in medical schools, and I've seen them in practice. I can't think of anybody that could equal Fred Langsam or Albrecht.

Linda: When you went into these clinics, how were they set up? Could you describe a typical clinic or one particular one?

Milo: Well, let's say I was going to

Linda: St. Mary's or Ketchikan?

Milo: Well, OK, if I was going to go to St. Mary's I'd write to the Father Superior and say, "We've waited a year now for the Territory to take the tonsils and adenoids out of these kids. If you and the Brothers and the other Fathers down there and the Sisters will help me, I'll come down there and do it. Just send me the names of the children and be sure to get operative permits

on all of them so that I can do these things legally and not put you and me in danger of being sued in case something goes wrong. I'll come down and do it."

Then we had some cases made of some kind of plastic material that they used to use in transporting certain types of ammunition, and they used to nest in one another—I think four of them in a nest—so you could carry them empty very easily. We'd fill those up with medical supplies and send them out by air.

Later on I learned to fly, and so I could go to many of these places myself, and would send the heavy freight on by commercial air. That was how I got around my love for flying. They couldn't very well tax me for it, because, hell, I was going out and doing clinical work. That was how I was able to fly, which I dearly love to do.

Linda: I know. You say you'd get a list of the children or patients that needed attention at a particular clinic and then you'd come in and see them. You'd have to bring your own medical equipment?

Milo: I'd bring absolutely everything, there.....

Linda: Nothing there?

Milo: There was nothing there at all. At St. Mary's they had oxygen, but we had to pipe that through water so we could get the impurities out of it. It wasn't medical oxygen;

it was oxygen that was used for welding and things like that. But there was nothing that those Fathers and Sisters couldn't improvise. When I needed an operating room table, they made it out of a piece of plywood and sawhorses. And I remember saying at one meal with the Fathers, "You know, I was thinking of ordering watermelon for post-operative care for the T&A cases—T&A meaning Tonsilectomy and adenoidectomy—but I think that would be something beyond even the Sisters to do." Well that night, by God, the Sister in charge of the kitchen had made a cake—the inside was pink, she had made little chocolate seeds and made an icing of some kind of stuff that was green, so I had watermelon. And I'm not a Roman Catholic, you know, I'm not beating the gong for the Jesuits, but I will say that they saved many a child from dying and from growing up ignorant by running their school at St. Mary's. I don't know whether it's still open or not.

Linda: A mission?

Milo: A mission, yes.

Linda: How about the other villages? Who was responsible for the care of the Natives at that point? Was it the Territory?

Milo: Well, you see that's another reason why Albrecht was so great. How the hell he ever did it I'll never know. If you were a Native, you were under what was then known as the Alaska Native Service. It's now called the Alaska Native Health Service. But Albrecht, who was Commissioner of Health for the Territory was in charge of everybody, so you see there was an overlap—if you had a Native kid, he was a ward both of the Native Service and of the Territory.

And yet Albrecht had to get along with those guys. They always had to refer everything to Washington.

I quickly learned that these operative permits were a marvelous stumbling block that the bureaucrats could use. Let's say a kid came in to have his tonsils and adenoids out, and in the course of doing a careful physical examination on him, I'd find that he needed to have a hernia repaired. "Oh you can't do that, we don't have an operative permit." I said, "OK go get your lawyer to draw up a document that will allow the surgeons of the Territory or of the Native Service to do any surgical procedure that they deem necessary."

And the bureaucrats jumped on that and said, "Oh, the people won't know what they're signing for."

And I said, "You mean to tell me that if I ask them for permission to do a cholecystectomy, they'll know more about it than if they read about it on a piece of paper?"

It was a constant battle to do nothing or to do as little as possible versus Albrecht, who tried to do as much as possible with little or nothing.

Linda: How were these things financed your clinics?

Milo: Well, some Betsy and I financed ourselves. We even got the Episcopal Church to finance one. If you can get anything out of the Episcopalians you've got to be good. Most of them were under the aegis of the Alaska Department of Health under Albrecht, and his successors Elizabeth Bishop and Bob Smith, who were typical bureaucrats. But Albrecht had laid the groundwork and I was used to it, so I knew what could be done and what couldn't be done. Nobody could tell me because I knew and then I'd do it, so they had to go along with what I wanted to do.

Linda: So you would come and stay at these clinics for how long?

Milo: Oh, usually two weeks. The first week I'd operate. If anything was going to go wrong... In the mornings I'd operate. You could only do so much surgery because they weren't medical centers. We were either working in a hospital or a school or whatever was available. And the most useful people were 15 year-old girls. You could ask them after they scrubbed their hands and put on their gloves to hold their hands folded in front of them. In the painting showing my activities, the artist depicted these girls standing there with gloves on and everyone thinks they're praying. You'd never get a boy to help you, "Blood frightens me. I don't want to do that." But I could get them to sit right down next to me there at the head of the table, I'd show them how to use the suction rod and whatnot, and after two or three operations they were experts.

And one thing that I did that is being done now to some extent by conventional doctors is having the father go to the delivery room with the mothers and taking them to Lamaze courses and teaching them about pregnancy and all that—you know all about that stuff. I only know about it by hearsay. But I used to have the clinics open to the public. The first few days I'd be playing to a full house. The whole village would come to watch me do tonsil and adenoid surgery. Towards the end, there'd be only one grandmother that would come every day. And in the clinics where I'd test eyes and see about eyeglasses and hearing aides and all that, people could come and look. I said, "All I ask you to do is that you be quiet. I don't mean to go tip-toeing around, but no unnecessary conversation because the patient deserves that much respect."

But they're all each other's friends and neighbors, so I wasn't violating confidentiality or anything like that. I mean you wouldn't be talking about pregnancies and sexual intercourse and AIDS—we didn't have AIDS in those days—but in that way the people in the towns and villages that I went to became educated.

Linda: How did the Native people first respond to you when you showed up in the very early days? Did they know what to make of the whole situation?

Milo: Well, people for years had been coming to Alaska, some to determine their relationship between tuberculosis and cholesterol. They'd go around and they'd take

blood samples from the people. Here was a doctor who wasn't going to get something from the people, but was going to give something to the people. And so, it was as I told you, like being the only guy selling life preservers at a shipwreck. And after a few years, I was known all over the place wherever I went. Why there was nothing to it.

Linda: Was it initially difficult at all with them, for they're fairly shy, aren't they?

Milo: Yes, but they're very much devoted to their children and have great respect for the elders, or did in those days. Remember, I'm speaking now of years ago—20 years ago or more—and I would hate anybody to read this and say, "Oh, my God, when you go to Kotzebue now, the kids demand a dollar for taking a photograph of them," things like that. That wasn't true.

Another thing, I respected the people and they, I found out, appreciated it greatly. I talked to the people about what I was going to do, what I had planned to do. And would say, "In return, I'd like you to be willing to pose for photographs. Let me take pictures of you when you're cleaning fish or hanging wash on the line, or whatever your daily activities might be." And they talked it out among themselves and said you can go ahead and take all the photographs you want.

Linda: What were the villages like back then when you first started out?

Milo: Well, they were frame houses and ...dirty. If an outboard motor didn't work, pitch it out the door. If there was a car or a vehicle, a three-wheeler, a four-wheeler or something like that, that had passed its best days; nobody ever bothered fixing the damn thing, except for the most elementary repairs. They just set it out in the snow! (laughing) And the rain could rust it away!

Of course, civilized places like Kodiak and Sitka and Ketchikan, the doctors there would pick the patients out that they wanted me to consult on and they had enough confidence in me to realize that I wasn't there to undermine their position. Sometimes, you know, patients don't all have wings sprouting out of their backs, and they would say, "Oh, you say I have sinusitis, well doctor so-and-so has been treating me for something else." And the opening would be for me to say, "Yes, well he's a pretty dumb doctor." I'd say, "Well, I wasn't there when he examined you and I find this condition exists now and let's take care of it." That way the doctors were never downgraded or spoken of ill by Betsy or me in these clinics.

Linda: They were general practitioners. You were the only ophthalmologist for a long time?

Milo: Yes. And when the others came they weren't interested in doing itinerant work—it's too much work! Hell, in order to get the stuff ready and down to the air terminal to be sent out by airplane to wherever you were going to go, that took lots of work. And then when you came home you had all the letters to write to the Department of Health and the Native Service and private doctors. It was a back-breaking job, but I loved it!

Linda: What was a normal day like? What was a normal day at a clinic? Could you take us through what you did on a normal day?

Milo: Yes, I could do that. One of the people I should have mentioned along with Albrecht and Fred Langsam is John Spahn, the optician, and you remember him he's a friend of yours. Well he used to go to the clinics with me and I taught him to give anesthetics. He would look at the patient's size and his general condition and got to be very, very good. And you started to ask me about something—what was a day like?

Well, we'd always wear a white coat. Instead of doing what most people do, stay unshaven and get drunk every night and buy ivory—you're really insulting these people who are your hosts. We were always shaved in the morning and we always had on a white coat, and no matter how poor the people were, we treated them just the same as though they were patients in Anchorage. And, needless to say, that went over well.

So, in the morning you'd have a schedule of people that were to be seen, and they'd show up and we'd examine them—this is in the second week. The first week in the morning, I would do the surgery, because when there are complications in surgery, they usually take place in the first 24 hours. And certainly by the end of the week, if anything is going to go wrong, it's going to go wrong in that length of time. Two reasons for that—first, you don't want to lose a patient's life, and the second is, no doctors in these communities liked to be cleaning up my messes for me. If I did a T&A on a kid and he bled, well I was there to take care of it. They didn't have to go and do the best they could on a very difficult set of circumstances.

Then in the afternoon there would be diagnostic work, again it would be scheduled. But after Albrecht left, either Elizabeth Bishop or Bob Smith got the clever idea of, instead of paying for half my passage out to the village I was going to, they didn't pay anything and paid only for the patients I saw. And so, there were very few requests for me to see the patients. But I told you about those marvelous people, the public health nurses. They knew I loved these folks, so the first day or so I was in the village, the public health nurse would come in and say, "Look, I've got 11 kids here. Can you take a day to look at them for me?" And, of course, I did and then I'd get paid for seeing those children by the State or the Native Service. They wouldn't do it ahead of time the way Albrecht did. They were relying on my honesty—not doing what you read doctors are doing today, sending in bills to Medicare when they didn't see the patient and ordering unnecessary tests and all that.

But you can see the fearful risks I took, because there were some afflictions that don't have any superficial signs and symptoms and when you get to operate on somebody like that you're going to lose them as sure as shootin'.

Linda: The types of operations you did included tonsillectomies.....

Milo: Tonsillectomies, adenoidectomies and T&A's. T&A's were general anesthetics; tonsillectomies were under local anesthetics, generally speaking.

Where there were hospitals, like in Kodiak and Ketchikan, I'd do eye surgery too—cataract extractions, to correct cross-eyed conditions and the opposite of that when the eye turned out, and then there were various minor plastic procedures on the eye lids that would be done. I'd do anything I didn't need a big hospital for. I wouldn't do a mastoidectomy in the field. That's a complex and difficult operation and takes three to four hours to do it in some cases—two-and-a-half hours even if everything goes well—and they require careful postoperative care. Did I give you an idea of what the days are like now?

Linda: And then when you saw patients in the afternoon, that would be for what types of conditions?

Milo: Whatever had to do with the eyes, ears, nose and throat. We would take their names and they would be scheduled for the next clinic in that particular village and then we'd operate on them during the first week and see the next batch. And so it kept right on going.

I was also criticized for teaching the public health nurses how to diagnose certain ear conditions and eye conditions. God, they were the most eager students you ever saw. They'd come to the office, in Anchorage that is, and I'd teach them how to use an otoscope, how to use a nasal speculum and how to use a dye called fluorescein on the cornea, and told them how to use the medicines—if it didn't work in three days, stop it because the diagnosis was wrong. They never did anything wrong, and I was criticized for teaching them. And I said, "Well why don't you go out and do it."

They wouldn't do it. They'd say, "Oh, you're teaching them to be doctors." I'd say, "Well somebody has to look after these people."

Let me put one other thing in here. The one outfit that learned something from my clinics were the dentists. They asked me, the Chief of the Dental Service of the Native Service said, "Couldn't we have dentists going around and fill the teeth and extract teeth?" And I said, "Well of course you could," and have a tremendous backlog of work to do, because one of the things I did was pull teeth.

At Duke the nose and throat clinic was across the hall from the dental clinic, and—I've forgotten his name—taught me how to block the nerves to the teeth and so I could do dental extractions painlessly. He taught me how to do simple extractions and a dentist in Anchorage gave me some instruments that he didn't use any longer because the plating on them wasn't clear. When the people in the villages found out that not only did I pull teeth, which they would submit to with no anesthetic at all, but I would give an anesthetic, it was a land office business again. And it was so pitiful to get a girl like you, for instance, and pull out eight of her teeth. It was a bad show.

Anyway, the dentists began doing itinerant work and they still do. And the dental situation among the Native people of Alaska has been superb since those early days. But instead of telling them you've got to go out and teach those people how to be dentists, they'd say, well this is a dentist's job, and so every dentist that was on duty in a Native Service hospital in Anchorage spent a certain number of weeks in the field.

Linda: Who usually went on these clinics?

Milo: John (Spahn) and I, and Betsy in the later years when the kids were raised. And she knew the ferry schedule, she knew the Halibut Point Road was being torn up that day, and so the patient that was scheduled from beyond Halibut Point Road construction site couldn't get in, she knew when the ferries came, she knew the airline schedule. How the hell she ever kept it all in mind I don't know, but she did.

Linda: You had a remarkable team effort going with Aunt Betsy. What were some more of her roles in that effort?

Milo: What else? Nothing else left to do. She did all the bookkeeping, and the collection of fees, because in the villages and in the cities where there were doctors, people paid for their care. In fact, the clinics in Ketchikan—I made money on those. But usually the clinics were a break-even affair or you'd lose a little money.

And again people criticized my going on the clinics. Here you are, the only eye, ear, nose and throat man in Anchorage and yet you go off to the Native villages and leave us sit. I said, "Well, I feel that that's my job and that's what I'm going to do."

Linda: So Aunt Betsy stayed pretty much in Anchorage during those early years?

Milo: In the early years with the children, yes.

Linda: How was Alaska for a young family, what kind of experiences did they have growing up?

Milo: We lived in Anchorage, which has the problems that any small city would have, but they had high school activities and it was just like going to school in Chestertown (Maryland).

Linda: You talked about flying a while back. How did you incorporate flying into your medical practice?

Milo: Oh, that was easy. I wouldn't fly over the water to Kodiak, because I had only a single-engine airplane and as soon as you run over water with a single-engine airplane, the engine begins to sound bad. So I'd go by commercial air that way. But to go over to Lake Iliamna, or if I had a post-op patient to see in Fairbanks, I'd fly up and see them.

I told you about this fellow Glenn Coons, about being a disciplinarian. He wasn't a very popular instructor, you know. If you didn't do what he told you to do, you'd hear about it in plain English. There wasn't any mistaking what he wanted you to do. I remember thinking a couple of times when I got into a bad situation, if I cracked up my airplane I hope to God I didn't do something that Glenn said not to do!

Linda: You took flying lessons from him?

Milo: That's right. He worked for something called Anchorage Aeromotive. He was an instructor there and he drew me and I was the oldest one in the class. I wasn't a very talented flyer, but I was careful.

Linda: And you got your own airplane?

Milo: Yes. I got a J-3 Cub, which had the name stenciled on it "Slow Poke," and it sure as hell was the slowest airplane in the world.

Linda: What were some of the places and some of the adventures you had flying?

Milo: Oh, nothing in particular. It was just something I enjoyed doing. There was a women's organization that took care of women and children in the field of Alaska—a charitable effort, I've forgotten the name of it—and I got them to buy me a pair of floats for my J-3 Cub, so I could go up and down the Kuskokwim and Yukon Rivers, touch down in the river, haul the airplane up on the bank, pull out my instruments and go to work. The instruments in the case of surgical situations would be sent out by commercial air, and John Spahn and I would go out in the plane.

And then after a while, Betsy bought me a Tripacer, which was more advanced, but still a very simple airplane—fixed landing gear and extra tank under the back seat so you had a little increased range. We just flew it and enjoyed it and we'd stop off

and fish at places. John Spahn was a terrific fisherman. Fish couldn't dare not bite when he was fishing. I enjoyed it too.

Linda: It's pretty wild flying up there.....

Milo: Well, you have to be careful. If the weather's bad, don't go. I remember I had to go back three times for my airplane in Fairbanks because there were clouds in the pass by the time I got up there. I just wouldn't do it, because life after life today is lost in Alaska because people push the weather. You just know, if you can't see and you're not trained, you're going to get in trouble.

Linda: Did you have any close calls or tricky situations that you had to get out of?

Milo: I remember one time Tom Rambo, the great ear surgeon, came up to visit me. We went to Kenai and I was taxiing up the river so I thought. The trouble was I was taxiing at five miles an hour and the river was running down at seven miles an hour, and, gee, I crashed into a barge, almost cut it loose with the prop, banged up my wing. It was just experience. To do a thing like that now would be ludicrous, but I didn't come prepared to meet all situations in flying. You learn as you go along. That's why they call it practicing medicine. There's lots of routine things in medicine, but every once in a while something comes along that you just have to use your training, your experience, intuition, and intelligence to solve.

Linda: Did you have any close calls with your plane in the snow? Was there some incident in the snow where you went down and had a hard time?

Milo: Again the first time I landed in snow was in a place called Snowshoe Lake, and instead of making a racetrack design in the snow while you're taxiing and then stopping on it because the snow would be packed down, I just taxied along and cut the engine and she stopped and, of course, immediately sank down to the tie-down rings. I learned that because I had snowshoes, which you always had on the struts, and I had to tramp out a runway and I got out that way, but I learned something.

Linda: That's tough work isn't it?

Milo: Yes, much easier to let the airplane do the work.

Linda: Back in 1964, on Good Friday, the earthquake hit. What happened that day, as you remember?

Milo: Well, somewhere here there ought to be a 22-page letter I wrote, and it's a damned good piece of work. I got hold of it by chance. I had a nurse called Pennington—we called her Penny, Barbara Pennington—did I tell you this?

Linda: No.

Milo: She grew up and got married and all that and lives in California, and she, among other things, raised a daughter who's now about 22 or 23 years of age. And Penny, her mother, who was my nurse, was going through her Alaska collection of stuff, most of which bored Nancy, the daughter, to pieces until she came to this letter that I had written. I asked her, I said, "Would you send me a copy of it?" thinking it was about a page or two, and it turned out to be 22 pages long. But if you're interested, I'll send you a copy, for we have a copying machine.

That's something I don't understand about Larry and Helen. How the hell they get along without a copy machine—you got to make a copy of everything, don't you? Of course Bob has a business, that's no problem. I'm sure he has a copier in it. Everybody wants a copy of a chart or wants a copy of a letter, or you have to keep a copy of something in your files. And Jesus, Betsy's up and down the stairs all the time making copies of things. So I can make a copy of this thing for you. I'll lend it to you and you can send it back.

Linda: Could you just maybe quickly describe a little bit about what happened that day?

Milo: Well, it was around 5:00 p.m. and I'd driven over with our dog, a German Shepherd, as usual to the hospital. I was up on the fifth floor of the hospital which was five stories high when this thing struck. I remember hearing the crash of the solutions as they were rocked out of the cabinet and smashed on the floor, the scream of the steel in the elevator passages—the steel beams rubbed together, people screaming, and me holding two beds away from one another and in this direction because there was a television set above. I was afraid it would come down and kill me or one of my patients—two nasal cases.

When it was all over, I went down and the door of the car had sprung open and the dog had run out and taken care of his difficulties and was in the car waiting for me. I remember coming back into Anchorage and they'd already gotten out the National Guard, which consisted mostly of Eskimos, and a guy stopped me and said, "You can't go into town." I said, "Look, I live here." I said, "I'm Doctor Milo Fritz." "You Doc Fritz? You operated on my grandmother. Go ahead." So I went in.

Mary, our secretary, and Betsy were in there and she said how she had run out of the house when the earthquake struck and took hold of a stop sign and how the

motion of the earth had caused her to circle around this thing and how the chimney had separated from the house and smashed back into it again—it didn't crumble. And how the hotel draped like a Dali painting over the side of where the ground had started to drop away.

There was no water. They had to get irrigation piped from Arizona or some place like that. It lay on the streets so we would have running water. We had to have outside toilets and sewage disposal. At Seward the tidal wave wrecked the place, Kodiak the same way, but that didn't bother us because we lived up on the -well you were there, so you know what it was like.

Linda: I was there afterwards.

Milo: I mean the inlet was way down below.

Linda: The quake cut right through where you lived?

Milo: Yes. It ruined our house and also the two rental units that were on our place. We were really wiped out.

Linda: And you had to move out of your house?

Milo: We moved into the hospital, which had also been damaged, and we lived in the priest's quarters and my office was the old surgical suite, which was a very comfortable, wonderful place to work in. You see, the Sisters could rent it to us because of the emergency situation created by the earthquake.

Linda: You lived there a number of years?

Milo: No, I'd say about a year-and-a-half—this is where Betsy would be so handy, she could correct...

Linda: I could pull out dates.....but in 1966 when I came, you were still there.

Milo: I was where?

Linda: In Providence Hospital, living in Providence Hospital.

Milo: We were? Well I got that wrong.

Linda: So it was probably a couple of years, anyway.

Milo: Yes.

Linda: So the earthquake had a profound effect on your life.

Milo: Oh, you bet.

Linda: What other effects did it have on you and on Alaska in general?

Milo: Well, there was a tremendous spirit of good will among the people of Anchorage helping one another and a lot of people helped us clean up the debris in the office and the house. I remember particularly a Negro man that came over. He was very race conscious and be damned if he'd do anything for a White man. He was chief porter out at the airline terminal, Anchorage International, I'm trying to say. He came. The boys came and we sorted out the stuff. I practiced for a while in Joe Shelton's office while he went off to Spain.

Linda: In the late '50's and on into the '60's you got involved in political office and ran for various offices.

Milo: Well that was one of the mistakes of my life. I had the opportunity of running for the State Senate, but I turned it down. I said I couldn't make a living at that. Then I ran for governor, and that was an absolutely insane thing to do without any experience—by experience I mean having served in the Senate or House of Representatives.

Linda: What was your purpose in running for public office?

Milo: Well, I just thought that I had a close knowledge of the people's wants and needs as you only get by being in private enterprise, and I thought I had something to contribute. This is where Betsy would be a tremendous help to tell you about it. My memory about it is blurry.

Linda: Well one of the projects, I think, was establishing an eye bank.

Milo: Oh, yes, but that's an administrative thing. And I got the Native Service and the hospital admitting office to ask every patient if they would sign up to donate their eyes to the eye bank after their death. I gave up the whole thing after a while. I found out that I was removing eyes for the benefit of my competitors. I said, "Hell, why should I do that? If they wanted to do it, let them get their own eyes." In other words, we didn't have the staff or the money or the overhead to run an organization like the eye bank in New York City. It's a small-town effort.

Linda: What other types of issues did you want to address through public office?

Milo: I can't remember.

Linda: It's been about 50 years since you first arrived in Alaska with all the opportunities that you saw going up there as a young man coming out of medical school into practice. What challenges would await a young man or young woman now coming into Alaska?

Milo: To practice medicine?

Linda: Yes.

Milo: The main thing is to have something specific to offer. To be a general practitioner—we've got too many of them. It's the same trouble that they have all over the south '48, down here—I keep forgetting where I am. Here you've got plenty of doctors in Chestertown, but in some of these outlying areas the doctors there are probably overworked. Yet there isn't enough of a patient load to keep two doctors busy or three doctors busy. In other words, you have a disparity between what's needed and what's available. So your opportunities, if you wanted to practice in Anchorage or Fairbanks, you have to have something special to offer—neurosurgery or

ophthalmology or something that's special. And you have to be sober. Hell, let's say you're having your evening drink and the emergency room calls that there's been an automobile accident and so-and-so got a cut through both eyelids, you're crazy to go. They smell the liquor on your breath and in three days you were dead drunk and they wheeled you in. You have to be extremely careful about your public image. But, of course, that was true back in 1940 also.

Linda: What other changes have there been in what's facing doctors up in Alaska now?

Milo: Well, there's no tuberculosis. That's the greatest single thing. We still have the ear problem among the Natives because they don't get their damn tonsils and adenoids removed when they begin having earaches, discharging ears and things like that. Doctors still are loathe to go out on clinics. I'm convinced it takes a certain type of personality. Fred Langsam used to make clinical rounds out of Nome and they nailed him because he lost a patient—an anesthetic death—which was always hanging over my head, you know. And, gee, he was brutally criticized for that. Rather let the whole Native population go deaf rather than take a chance—that was the philosophy.

Linda: What other medical problems do the Native Alaskans, particularly, still face?

Milo: They just face the ordinary problems of medicine that you'd have if you don't have enough medical and nursing care—nothing unique about it. I'm sure in the inner-cities, so-called; of Los Angeles and New York they've got the same thing.

Linda: You've just been here, visiting as a patient, having a cataract removed from one of your eyes. You've done lots of cataract operations in your career and now you're the patient. How does it feel to be on the other side of things this time?

Milo: Well, I've been on the other side of things quite a few times—a prostate, a hip-replacement, plastic surgery, a restorative operation on my knee joint, and a laparotomy because of a mesenteric thrombosis, so being a patient is nothing new to me. But this was a particularly happy experience because everything went so well. The doctor's personality and mine, I'm speaking now from my pint of view at least, meshed and right away you got the feeling that this particular doctor Aquilla—hell, he knew what was going on. It wasn't a boring chore for him, he took an interest in it, and his two young girls were alert and interested. They tuck you into bed, haul you into surgery and do the work and bring you back. You wake up, put on your clothes and you go home. We had no marvelous things like that.

Two days later, I watched the doctor do two cataract extractions and he had marvelous technique. Then two days after that, I watched him use the laser means of incising the remnants of a secondary cataract, which really means the opacification of the lenses capsule which is left behind when doing a modern cataract extraction.

About 40 per cent have the patient develop this—I may be one of them. I don't know how the hell I'm going to get down here to have it done.

Linda: Thank you very much for taking the time to talk about your experiences.

Milo: Well, it was very flattering, but besides Betsy, you're the only person I know of who'd shown the slightest interest in it.