

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

AN INTERVIEW WITH JOHN E. KESTERSON

FOR THE
VETERANS ORAL HISTORY PROJECT
CENTER FOR THE STUDY OF WAR AND SOCIETY
DEPARTMENT OF HISTORY

INTERVIEWED BY
G. KURT PIEHLER
AND
LINDSEY WALLER

KNOXVILLE, TENNESSEE
JULY 26, 2001

TRANSCRIPT BY
LINDSEY WALLER

REVIEWED BY
ROBERT GRACIA
GREGORY KUPSKY

KURT PIEHLER: This begins an interview with John Emmett Kesterson on July 26, 2001, at the University of Tennessee, in Knoxville, Tennessee, with Kurt PIEHLER and ...

LINDSEY WALLER: Lindsey Waller.

PIEHLER: I would like to begin by asking when you were born, and where were you born?

JOHN KESTERSON: Dr. PIEHLER, I was born in LaFollette, Tennessee, on November 26, 1918. My dad was a pharmacist ... at the Riggs and Winkler Drugstore. I want to expand on ...

(Phone rings, tape paused)

PIEHLER: As you were saying.

KESTERSON: ... Before that, we lived in a house on the left-hand side of the road going up Dutch Valley toward the high school, and it was owned by J. Will Taylor, who was a well-known political figure in the state of Tennessee [from 1915 through] the early 1920s. We lived across the street from one of the fine families in LaFollette, the Claiborne family. I remember them quite well as a youngster. But let me tell you about my father. I am so keenly proud of my dad. Dad finished a high school education, and worked in the coal mines, living near Lake City, what's now Lake City. It was Coal Creek then. Dad and mother were dating, and they wanted to be married, and mother, very wisely, I think—she's from Welsh coal miners and she knew the coal mining business—said, “We're not going to be married. You'll get killed. You'll get killed in a slate fall, or you'll get killed in bad air, or you'll get in methane gas. You'll get gas.” She had seen the effects of the Fraterville [Mine] explosion [of 1902] when the train with flat bed cars came into Lake City—Coal Creek—with—what [were] the Fraterville casualties? Something like [232] men killed in that massive explosion, one of the worst in the history of our nation. There had been also an explosion at the Caryville mine. They were keenly aware of that. So she said “I'm not going to marry you as long as you're a coal miner.” So at that time—and I don't know the precise year. Because I know Dad had his pharmacy *license*—I don't say a degree, you see; it's the *license*—in 1924. The state legislature passed a law—because we were very short of pharmacists in the state of Tennessee—that you could apprentice yourself for three years to a licensed pharmacist who had a pharmacy [diploma] from a pharmacy school, and then you could take the state board examination, and if you passed it, you could get a license to practice pharmacy, even though you had never been to a pharmacy school. Dad apprenticed, and he took the exam, and he passed it.

PIEHLER: Do you know who he apprenticed with?

KESTERSON: He apprenticed at the Riggs Drug Store, the one that I mentioned.... We called him Dr. Riggs. And I was just so tremendously proud of Dad, and dad was a good pharmacist. Parenthetically—and I'm making this a little bit longer than I planned to—but I used to give him a real hard time because I was in medical school, and I was taking pharmacology, and I was going to be a doctor, and I knew everything, I thought. (Laughter) At that time, though, we

compounded most of our prescriptions. We made our own pills, we made our own powders, we made our own capsules, we made our own tonics, our own infusions. Everything was compounded. There were usually as many as three to six or eight ingredients within these prescriptions. Now we don't do that. We take a bottle and pour it out of one bottle and into another and put a label on it, which is all right. And the present day pharmacists, I can assure you, are admired by me because they are so knowledgeable, and work on the computer, and they know so much more pharmacy than any of us ever did, and know so many of the reactions of the drugs that we didn't know really back then.

But most of the pharmacy—most of our prescriptions were simpler than that, and they didn't work at the cellular level, and sometimes they weren't very good maybe, but they were the best things we had, and they seemed to help most people, and Dad was very careful, very careful, very much conscious of the fact that he didn't have a degree from a pharmacy school, and there were many deficiencies in his background, but he was very, very careful. Mother said he was just simply slow, but I think he was just careful. (Laughs) He made very few pharmaceutical mistakes. We do make pharmaceutical mistakes, and he made very, very few, and was complimented by the inspector, on one occasion, at how few mistakes he had made, and how well he had done. [The inspector] said, "How do you do this, and how do you stay out of trouble?" [My father] said, "Well, if I have trouble I call Tom Watts, the pharmacist at Ft. Sanders, one of the finest pharmacists in this state. Or Mr. ... Stewart at the Baptist. So he was smart enough [that] when he needed consultation, he got good consultation, which impressed me as a medical student. I'll tell you that right now. (Laughs)

PIEHLER: There are two issues that come up. I mean, I'm digressing a little, but I remember once talking to a friend of mine who took a special pharmacology course as an undergraduate, and—the person teaching it had been a medical pharmacology researcher as a career, and he said to them—particularly the pre-meds—he said, "This will probably be the best course that you get, because they don't teach you a lot in medical school about pharmacology compared to what a pharmacist knows or a researcher in the field."

KESTERSON: That's exactly true. And Dad—in 1924, when the coal mines—most of them stopped working, and the iron company there in LaFollette, which was the main financial mainstay of the town closed down, he really didn't have enough work to keep him going, so he was fortunate enough to get a job here in Knoxville, with a remarkable brother team, Ellis and Ernest, the finest people in the world here in Knoxville. Dad worked for Mr. Ellis at the Western Avenue store next to ... Weber's Furniture Store there on Western Ave. And Mr. Ellis's father was a doctor, was a physician, and he had offices in the back of that store incidentally. Dad also worked at the Cumberland Avenue store right over there ...

PIEHLER: Right in front of the Student Center ...

KESTERSON: Where the student center is now. Exactly!

PIEHLER: Because you can see a plaque for that, that old drug store.

KESTERSON: Right. That was Dr. Ernest. We always called him Dr. Ernest, of course. Incidentally—a fact not remembered by most people—is the fact that Ellis and Ernest bought a drug store on Vine Avenue in the black section. It was the black section of town at that time. And Dad worked in it some, but they sold that after a couple of years, back to Lane [Drug Company]. So Dad stayed at the Ellis and Ernest Drug Store until he bought his own drug store in Lonsdale on Tennessee Avenue in 19 and—it was about the year I started UT—35, around 1935, my freshman year at the University of Tennessee. My schooling at LaFollette was interesting. I graduated from high school when I was fifteen, and everybody said, “You must have been real smart.” It had nothing to do with it, really. It had something to do with the events that happened. At that time, you see, being born in November—school started in September—at that time, if you were five, you could go to school, if you wanted to. So mother put me in school when I was five. I was almost six.

PIEHLER: You started which grade?

KESTERSON: I started first grade.

PEHLER: Did your school have a kindergarten at that time?

KESTERSON: No. No pre-schooling. Mother taught us to read at home. But at any rate, she read to us and taught us to read. But at any rate, I started first grade when I was five, but became six ... in November, when I was in school. I went through the first grade, first B, it would be called, and went into first A, and we discovered that the school board had neglected to buy any books for that grade. Well, you can't go back and take the first [grade] over, so what did they do? What is very logical: put us into second. So here I am in the second grade, just barely six years old. That summer, after the second grade, that summer, the gypsies came and trashed the school. They set the school on fire and burned all the books. So when we went back in the fall, the gypsies used to roam through that area ...

PIEHLER: These are gypsies from Eastern Europe.

KESTERSON: Real, true gypsies.

PIEHLER: Not ...

KESTERSON: Not just gypsies or homeless people, but true gypsies in their caravans, yes. They were pulled by all sorts of animals, mostly mules and horses, but some goats and all sorts of things. Anyway, when we went back to ... the third grade, there were no facilities. So what do you do, go back to first? No, you put them a grade ahead. So now they put me in the fourth. (Laughs) At about that time in 1924, we moved to Knoxville. I was six, almost seven, and we went to school, and here I am in the fourth grade. Well, it created chaos. They were so upset with that that they thought I ought to be put back, and really take the proper schooling, which sounds legitimately correct to me. Mother thought it was a great idea. Dad said, “I hope they don't have to put him too far back.” But at any rate, they gave us then ... a whole bunch of tests, and I scored extremely well in mathematics. I scored extremely well. And I could read, I could

read like crazy. Mother had taught me to read, and I loved to read. So the counselor says, “It’s not fair to put him back. He’s reading at the fifth grade level.” So they left me where I was. Isn’t that amazing? Then in the seventh grade at Boyd Junior High School, they gave us intelligence tests that year. They said, “If you really would like to do so, you don’t need to take the last part of the seventh grade. You can go on into the eighth grade.” Dad was in favor of it, to accelerate my education to get me out of school, and mother was against it because she thought I was terribly immature, and I was with older children. But to make a long story short, I went on to Knoxville High School then, and I graduated when I was 15, and started at the University of Tennessee in the fall of 1935 at the age of 15, almost 16.

PIEHLER: ... I have done a lot of interviews of people who went through the New York City School System, and it was actually quite common to have people—it was not as—now it would be very uncommon ...

KESTERSON: It would be very uncommon now in Tennessee, but it just happened. Everybody said, “You must have been awful smart.” But I said, “No, not necessarily. It just sort of happened that way.” I started at UT in 1935, and then I decided, since I did want to go to medical school, that it would be very appropriate for me to not take two years and go to Memphis, which many, many of my peers did, and people that were in the classes with me. I felt that I needed those extra two years, and I think it was one of the best decisions I ever made in my life, frankly. So I went ahead and graduated here in 1939, in the Class of ‘39. We had 412 in that class. We had had 432 in my class at Knoxville High School.... It was a big class, and that’s a big class too. At that time I remember the University of Tennessee tuition was \$20 a quarter, and we were on the three quarter system. The semester system was not in effect at that time. But Chemistry and Zoology had lab fees. They were either five or ten dollars. I really don’t remember. Could have been ten dollars. I never had my tuition ready, and I became familiar to the school registrar, who was a wonderful, wonderful man named Dr. R.S. Thomason. I remember him so well. He was a delightful, wonderful man, and so patient and sympathetic. I ran into him on a train when I was in the Army going out of Washington to somewhere. We got to talking, and I expressed to him what a fine man he was, because my fees were always late, and he’d always recognize me when I came in. He’d say, “Come on in here, John. I’ll talk to you first because I know your problem.” (Laughs) And so he got rid of me quickly. But he was such a fine man. My second, my third and fourth years, I won a scholarship here at the University, based on grades. I didn’t win it ... either time. I shared it. I tied with a student down at the Ag school, whose name I can’t recall. But he was a great guy, and I just thought he was a magnificent person. I was having a tremendously hard time in trigonometry, and he said, “Oh, trigonometry is easy.” I never found mathematics to be easy, or calculus, but he thought trigonometry was so easy. He said, “You just simply don’t know your fundamental equations.” I said, “Yes, but I do.” So he said, “Come on. Let’s go over here to the Y.” Then the Y was there on the circle. The Y building is torn down now.

PIEHLER: The circle on campus?

KESTERSON: Yes, that’s where we use to park our cars. If you had a car you could park it up there by Ayres Hall. This makes me sound a hundred years old!

PIEHLER: So, the circle at Ayres Hall. Not the Circle Park.

KESTERSON: Not the Circle Park.

PIEHLER: So the circle by Ayres Hall, there was a YMCA.

KESTERSON: Yes, right in front of [where] the Alumni gym building is now.... So he tutored me for a couple of days in trigonometry, and I found it was easy. It was the way he taught it. Mr. Pepper was a great guy, but he didn't teach the way my friend taught, and he taught me how to do these fundamental equations, and I took the final and did extremely well, due to his assistance. I remember that he was just an excellent student. I think I would have failed. My B.A. was June 1939, and I applied for admission to Vanderbilt Medical School. I had relatives living in Nashville who had told me [that] if I were admitted to Vanderbilt Medical School that I could stay there, and they would give me room and board, which was no small item. And also—she's my great aunt. She's grandmother's sister, Wagner, and her husband had been in the construction business. He was dead, so I stayed with her, and she also helped me through school. I went to school at Vanderbilt; these were war years. The first two years of the program—after the first two years, the program was accelerated, and we had no vacation. So my junior, senior, and internship just took nine months apiece, twenty-seven months. Graduation was in March of 1943, the only time in history that the Vanderbilt medical school graduated two classes in one year, one in March and one in December. So when we have our reunions, we have two classes, so we were unique in that respect. But these were war years, and ... things were unusual in many respects.

WALLER: This may be backtracking just a minute, but can you tell me if there is a particular person, perhaps your father, or a course or something, that got you influenced into becoming a doctor? Where your influences came from?

KESTERSON: I had ... an interest in pharmacology and pharmacy, and worked in the drug store when I was a kid.... Delivered on the bicycle first, then worked behind the fountain, and worked in the store. And my grandmother, whose name was Nelle Ranes, there in Lake City, was a practical nurse. Not a nurse from a nursing school, but a practical nurse helping the doctor of that city. His name was Dr. J.M. Cox, and she recounted—she went with him on house calls, and on deliveries—and she recounted experiences, and it just sort of interested me.

Mother wanted me to enter the ministry, and I liked the thought. I had always been interested in the ministry, admired ministers very, very much, but I thought that medicine—I had no inclination, for some reason, to study law, and I knew we had a good law school here in Knoxville, and it would have been easier in a sense if I had gotten into law school, but I just preferred medicine. It's hard to explain. It's kind of a visceral thing. It's hard to analyze preferences, personalities, thoughts of that sort. It's probably genetic. (Laughter)

So I just thought it would be fine to be a doctor, and almost from the time I started medical school, by the third year, I decided that I wanted to do my internship in surgery, and to then take

a surgical residency. And jumping back a little bit, ... in June, 1941, while I was still in school, I was classified 1A, and I was told to report for induction into the Army, in the infantry. It caused a furor in the medical school, because they realized then that the students were going to get drafted, so they called the Pentagon and [the Pentagon] said, "We don't want him. He will be interning in 1943, is that right?" [The medical school] said, "That's right." [The Pentagon] said, "Well, then he would be available for the Army in 1944?" "That's right." So [the Pentagon] said, "Then we want him in the medical corps in the Army." Because they foresaw of course the invasion in Europe and also continuing fighting the big fight in Japan. I'm sure this was on their minds—it was on the minds of the rest of us, and they're way ahead of us. So they said, "Please send him to the ... induction center for the Army Air Force," which was out on Thompson Lane in Nashville, if you're familiar with Nashville. The Army Air Force induction center was out there, and so I went out to get my reserve commission in the medical administrative corps as a second lieutenant. I was inducted in the Army, in the medical corps, as a first lieutenant, but I got my Reserve commission as a second lieutenant to keep me out of the draft.

So when I went out there, I said, "I want to be examined," and I was with about 1,000 Air Force cadets. Best looking physical specimens you have ever seen in your life. (Laughter) Here I am—I was twenty-one, wasn't I? Sure, I was twenty-one years old. I was skinny, underweight—I never did weigh very much when I was in school; I've gained some weight since—but I was quite nearsighted, and used glasses, and I'm here with these perfect physical specimens, and I was a little bit out of place, I'm sure. So when we went in for the first part of the examination, it was the examination of the eyes. So the sergeant said, "Take off your glasses." And I said, "Sergeant, I don't want to be smart or act rude or anything, but I can't see without my glasses." He said, "How in the hell do you expect to get into the Air Force and be a pilot or a navigator or anything, when you can't see?" I said, "No, sir, I'm not trying to get into the Air Force." He said, "You're not?" And he said, "Let me see those papers." So I explained to him that I had been drafted, but was in med school, and that they were trying to keep me deferred until I could get into the medical corps with a commission. He said, "Oh, that's great. Put your glasses back on." So I did, and he said, "Read the top letter." It was an E! (Laughter) Obviously it was an E. So he wrote down there, "Vision somewhat ... deficient, but well corrected with lenses." I thought that was a wonderful answer.

So then he sent me on, and the only other part of the examination that was of any interest and funny was the orthopedic examination. We were all stark naked running around the gym, and he said, "You, come over here." Pointing to me. It was a major. He said, "How much do you weigh?" I said, "About 118." He said, "Goodness gracious, how tall are you?" I said, "5'10". He said, "I'm not sure you weigh enough to get into the Air Force." I said, "Sir, I'm not trying to get into the Air Force. I'm in Vanderbilt Medical School and I am trying to get a reserve commission so I can graduate and then go into the medical corps." He said, "Oh, that's fine. Let me have your papers." And he wrote, "Slightly underweight, but has good bone structure." (Laughter) And stamped it, "Passed." So to make a long story short, I did get into the medical administrative corps. So I was in the Army while I was in medical school and doing my internship, and after being in the Army about four months—no, a little longer than that. Just barely longer than that. When we first got to England they called me into the office and said, "You've been in the army for five years now and you get a 'foggy.'" I said, "No, I've only been

in the Army since January.” They said, “That’s what you think. Your date of rank was when you got your commission in the reserves.” So I did get a “fogy.” I got an increase in pay—ten percent—after I’d been really in the real Army, in the medical corps ... from only January until August. I thought that would be just funny. Let’s see. The internship was a nine-month was at Vanderbilt. It was on the surgical service ...

WALLER: What sort of surgery?

KESTERSON: Pardon?

WALLER: What sort of surgery, just all sorts?

KESTERSON: General.

WALLER: General?

KESTERSON: I did general, some orthopedic, some neurosurgery. You’re interning on those services. You’re not doing the surgery; you are assisting, and you’re observing in the operating room, but you’re not really doing the procedure itself, of course. The internship at Vanderbilt—and I told them this, which shocked them—I thought was somewhat deficient. We were sort of glorified laboratory personnel. We did an awful lot of lab work, which now is done not by the students any more, but the laboratory. But at that time we did a lot of blood work.... We didn’t do the blood chemistry, but we drew the blood for the blood chemistries, because the nurses weren’t allowed to back then. They didn’t have phlebotomists. And I thought that we spent an awful lot of time on housekeeping chores rather than in really doing the things that we needed to do for our training, and time for reading and studying, and even rest, because we covered the emergency rooms at night and were on call all the time. It was the famous type of internship, popularized at Hopkins, where you were on call 24 hours per day, 365 days per year. If you get somebody to take over for you while you do something, then you have to, of course, pay them back.

I thought we were behind the times, but they didn’t seem to appreciate my observations. That’s all right; everything came out real well. I did feel like, when I went into the service and met other physicians, that I was less well prepared for some reason than they were. Mainly from [an] experience standpoint. They had just seen more than I’d seen. They were a little smarter than I was, I felt. That’s why I concentrated in my surgical residency on improving my knowledge, and my experience, and my technique.

Okay, well, let’s see. I went into the Army at Camp Barkley, Abilene, Texas. As a matter of fact, that’s interesting, and I didn’t put that down here, but I didn’t go in on January 4 at Camp Barkley. I went into the hospital in Nashville on January 4, because at the end of my internship I had some sort of a febrile illness, which at first they thought was poliomyelitis, and it wasn’t. Urinary tract infection? I don’t know. I suspect it was some kind of a real severe influenza mutant, but that’s a guess. I don’t know what it was. I know I was sick, and kind of out of my head, and when I was getting ready to go into the Army, I was still sick, so I was hospitalized at

Thayer Hospital in Nashville, out on White Bridge Road, and then only had to stay four or five days, and went before the board, and they okayed me for transfer to Camp Barkley, so I think I got down there to Barkley—I was due down there on January 4, but I didn't get there until around the eighth or ninth, and then took my training at Camp Barkley, my indoctrination there in Abilene in January 1944, and was there about three months.

WALLER: What sort of training?

KESTERSON: They taught us Army regulations, we took some hikes, we did some—learned a little about the trajectory of bullets, and how to identify the different artillery. I don't know how they thought we were going to use that, but at any rate, we did that. We did some camping out. We camped out one night and went on a twelve-mile hike with pack. It was just sort of indoctrination into the rules of the Army.... This was done by infantry officers with respect to Army rules and regulations, and what would be expected of us. There wasn't any medicine or medical service involved in that. They assumed, hopefully, that we already had that.

WALLER: So this was basic training.

KESTERSON: They wanted to make us good soldiers. Right. It didn't bother me one bit. I went from Camp Barkley to Ream General Hospital in Palm Beach, Florida. It was the most amazing assignment I guess I ever had. It was the former Breakers Hotel. Superb cuisine. It wasn't just food; it was superb food. Very fine staff there. I was fortunate enough to be assigned—after a nine month surgical internship, I felt fortunate enough to be assigned to the service in internal medicine. And had three rotations. One [was] infectious diseases. Most of the people we saw in infectious diseases were evacuated from Africa, and we had tons of malaria, lots of malaria. Did you know that people with Type B blood don't get malaria very much? People with Type A blood don't get Chagas disease or cholera. And if they do get cholera, they don't have diarrhea. Okay, trivia, but it's fascinating. (Laughs) It's in this book, it's in the book on the ... genome, and I had forgotten that.

At any rate, the infectious disease rotation was marvelous. Real sick people. We had some malaria victims that were terribly, terribly ill, and had been adequately treated, but we were afraid. The other things we saw was leprosy, and malaria, and then the usual pneumonias, and most of those were pneumococcus pneumonias, and young, healthy adults ... responded extremely well. We had a remarkable drug that had just come on the market, that had just been invented in a petri dish in England, called penicillin, and the effects of penicillin on pneumonias was just fantastic. It was incredible. We had even some people with septicemia, bloodstream infections, and they responded well to penicillin. Well, that was interesting and good for me. Then I went to cardiology, which was very helpful for me. I needed that. I learned a lot more about heart disease than I had ever known before in my internship or in my medical school days. Then finally ... gastroenterology, which was boring because it was all people who said they had an ulcer or a nervous stomach, and very few of them had ulcers. We didn't do endoscopy then, to prove it. We did x-ray, and when you did the x-ray, you couldn't find an ulcer. Most of them didn't have duodenal ulcers, but they said they did. They thought they did. They wished they did, because they were trying to get out of the service, as a matter of fact, in my opinion. Most

of them.

At the end of that rotation, I was told that I was going to anesthesia school at Lawson Hospital in Atlanta for six weeks. I wasn't really very much interested in anesthesia, but they had nominated me to go, and the colonel told me that he had selected me from the staff, and he wanted me to go. I said ... that would be fine. And when my orders came, it wasn't to go to Atlanta anesthesia school for six weeks. It was to go to the Mayo Clinic to anesthesia school for three months. And I went to the anesthesia school up at the Mayo Clinic in April, May, and June of 1944. This experience was absolutely delightful, and I met many of the surgeons there, and I had hoped to do a surgical residency later, of course, as you know. I met Dr. [Oliver] Beers. Dr. Beers is one of the fine surgeons of this nation, and Ollie Beers and I are still friends. Dr. Pemberton; Dr. Worrel; Dr. Lundy. Dr. Lundy was our chief, and Dr. Sheldon ... would come up there from the Ochsner Clinic, and was an excellent, excellent man. And many others.

Spring in Rochester was a glorious time, because it just went from being cold as the Dickens to a really beautiful spring. It was really a fun place to be. Rochester is also unique in that there [were] about ten women for every man during the war. (Laughter) Everybody was kind to us, and I enjoyed that experience tremendously. My wife and I have been back to Rochester twice, and she loves it as much as I do. The Mayo Clinic is a unique institution that I admire very much. Went back to Palm Beach, and they shipped me out to Fort Bragg, where I joined the 114th General Hospital, as chief of anesthesia of a 3,000-bed hospital. [I was] a nine-month wonder with three months of training in anesthesia, but things were that way. It's remarkable how well they went. We received our nurses in late July. About twenty-four nurse anesthetists who trained at Charity Hospital and at Ochsner, and they were well trained, superb. I never had any problem with any of the nurse anesthetists. They were all capable, and concerned, and knowledgeable, and took excellent, excellent care of the patients. I was always impressed by that.

We went to Camp Kilmer by train from Bragg on August 3, 1944, and embarked from Jersey City, from the pier there, on the fourth, on the U.S.S. Argentina, which was an 18,000 ton passenger ship. Had good quarters, excellent, excellent service and good food, and good quarters, and we were comfortable the whole way. We were in about a sixty-ship convoy, so we didn't go too fast. Not like the Queen Mary, who scooted across with no protection.... We did have protection. We had some destroyers, and one cruiser in that convoy. You could see him in the distance. There was also another aircraft carrier with airplanes on it, which gave us great assurance except we had a sub alert, and everybody changed positions, and the aircraft carriers ended up on the port side and—guess what—the airplanes had no wings. (Laughs) They were transporting them. They weren't operational. But they gave us comfort just the same, and we didn't have any problems. It was a sub alert. Maybe a sub, maybe not. But they didn't drop any depth bombs, so I assumed there was nothing definite out there.... That was the fourth day out. A sub scare. Okay ...

WALLER: Your brothers were also in the Army, is that correct?

KESTERSON: Three of them were. Edwin was in the Army. [He was] the oldest brother, ...

four years older than I, and he was a hospital orderly. David was in the Army, and did pretty much the same work that he did prior to going into the Army. He was a railroad engineer on the Southern. First [he] was a fireman shoveling coal. Eight tons of coal to Corbin by night, and eight tons back. And then he became a diesel engineer by going to diesel engineering school, and of course they dropped the coal burning engines off the railroad and used the diesel engines. So when he went in the Army, he went into diesel engine school again, and he repaired diesel engines in the Army. Many of them were railway engines and some other engines, and some were just diesel motors. So he did diesels and became a ... tech sergeant. He was in Africa and Italy, I suppose, ... and his work was with machinery.

At any rate, we came to Gourock, in Scotland. It's one of the small ports, which is essentially a bay. There is no pier. You unload it by loader, so we unloaded into loaders and small craft, and unloaded all the equipment. And went on into Gourock and caught the train, and went by train to our station at Kidderminster. That is in the midlands of England. It's the carpet manufacturing town. Maybe you've heard of Kidderminster carpets? Yeah. There is a little triangle there on the Stourport Canal. Bewdley, and Kidderminster, the little triangle. One of the armed regiments or armies had trained there in that area. It's about eighty miles from Birmingham, and ... just about twenty-two miles from Worcester. And we landed and started to set up shop about seventy days after D-Day, and got to work....

(Tape paused)

PIEHLER: Let's resume.

KESTERSON: Resume, yes. I'd like to do that. I'd like to resume just where we left off. We set up our hospital at Kidderminster, in the little triangle at Kidderminster. Some people called it Bewdley, some called it Stourport, but Kidderminster was the larger, the largest of the three. And we began operations right after setting up. About August 10, I would judge. We received two trains ... a week. Two convoys a week from the opening of the hospital, and each convoy had 250-300 casualties, as I recall. Now, that's an estimate again, but it would run in the nature of 300, normally. During the Battle of the Bulge, we had as many as 400 in a convoy. We did triage immediately, of course, assessed the status of the patient, and assessed the necessity of early intervention, or could we wait until a little later. We did those patients in Category One immediately, if necessary. If dressings had to be changed, we did so immediately, because we didn't want them to lie in blood and pus-soaked bandages or in tight casts, because tight casts, of course, will endanger the viability of the limb. So we did those Category Ones early with intervention early, or on the first day, certainly, and then Category Two the next day, and so on. And sometimes on the third day you'd have to go back and check everybody, and this was done primarily by the physicians, the doctors, the officers on the ward, the head of the ward, and the head of the surgical department and his assistant, and sometimes they would ask for consultation, but usually I didn't get called in for consultation because it wasn't really indicated or necessary. Sometimes a convoy would arrive before we could really work through the first one, but all in all we kept up and we did well. As I said, we got a convoy with large numbers, and sometimes every other day during the Battle of the Bulge, and we were busy. It was almost too much for us to handle. We performed about—and this is an estimate—[we were] there about thirteen

months—so we should have been doing around 1200 per month—around 10,000, between 10,000 and 11,000 operations during the period of time we were there. Surgical procedures. Many of these were fairly simple wound advancements under local anesthesia, but many of them were major abdominal intervention operations, which we always did under endotracheal anesthesia just like they do here, except we did not have cuffed tubes to really make it easy for us. We just put in the endotracheal tube and packed around it thoroughly and poked a hole in a can of ether and hung it on the side of the tube. Now that sounds crude, but it is very, very safe. Much safer than the cyclopropane anesthesia, much safer than the agents even we use today.

We had one death, and it was such a tragic death. I'll never forget it. A youngster from Kansas, eighteen years old, who was hit by—apparently he must have been hit pretty much ... face on with an 88 [shell]. He had some facial injuries that weren't life threatening, but he had injuries to both lungs, and he had pneumothorax on both sides and hemothorax on both sides, so he had chest tubes. He had an abdominal injury, and he had to have his colon brought out as a colostomy, and small bowel resected. He had a liver injury which had been drained. An 88 shell had gone through one of his hips, so he had an injury to that bone, and he had a fractured femur and, as I recall, he had a fractured tibia on the opposite side. That is a significant injury. He developed a mass in his groin, which was thought to be an abscess. When it was drained it was not an abscess. It was a false aneurysm due to an injury to an artery. Although they were able to control the bleeding and did a hip joint disarticulation successfully, he died of organ system failure, post op. I've thought about that so many times. War is hell.

And we had a good record. But, now that's an unfair statement in a way. It's not meant to be bragging or anything. These were the finest specimens you could have. The finest youngsters you could have, just great kids, and strong, and withstood tremendous stress, and tremendous injury. So it was terrific. They were terrific. I admired the soldiers very, very much. I felt it [was] an honor to serve them. Still feel that way. Okay, I made a trip every month to London to report to my peers, and we also had anesthesia meetings and reported complications that we had encountered, and ways to avoid those complications, and ways to improve our service. I can assure you that the Army may have been messed up ... at times bureaucratically, but it was organized in the medical units. I thought the medical divisions of the Army were excellent. Really excellent. Well staffed, and had good men and pretty good service.... I was proud of that. I was there during the V-1, V-2 ...

-----END OF TAPE ONE, SIDE ONE-----

PIEHLER: You said you were there during the V-1 and the V-2 [attacks], and you were explaining the difference between the two ...

KESTERSON: Yes, well, we had V-1s ... sputter over the hospital, and when they would cut out—you got shelter, and in London where they were fairly common—I saw several V-1s in London. When the buzz bomb quit buzzing, why, you just got into shelter, and when they landed they really were not a factor. But the V-2s came in out of the clear blue.... Didn't know they were coming. One landed at night when I was in a hostel fairly near St. Paul's Cathedral, and I thought it had landed on top of the hotel. It knocked me almost out of bed. It was

tremendous. I found out the next morning [that] it was at least four or five blocks away. It hadn't been as close as I had feared, because it scared me. But you didn't know. They went so high, and they were so big, and they came in without warning. There was no way to track those with radar, so it was pretty frightening. The psychological affect maybe was as great as the actual material damage done. The Germans were pretty clever in that respect.

I saw great movies and shows, plays, and ballets in London. We were near enough so that we could go to Stratford-Upon-Avon for the Shakespearean Festival each year. And the British, to their credit, never stopped theater, or cultural events, or the symphonies, or the Shakespearean plays during the war. Say what you please about Churchill and the British; they were tough during these times. They were admirable during these times. What was it that Churchill said when he gave the shortest baccalaureate speech on record? "Never give up, never give up, never, never, never, never give up," and sat down. (Laughs) I think that's great. That apparently actually happened. At least I've read that it did. Birmingham, also near us, about fifty miles, also had ... excellent ballet. We got to go to Scotland on a little leave. Went to Loch Lomond and Ben Lomond—climbed Ben Lomond—it's not very tall really.

We closed the hospital in June, 1945, and I went by air to the 84th Field Hospital, and was stationed near Avignon at Arles, in southern France.... I really went by air to Paris and went by train, come to think about it, to Avignon over night. *Wagon-lit*, the sleeping train, they call it, which is French for Pullman. (Laughs) Our Pullman sleeping cars, and that's where my 201 file was stolen. I put my 201 file with my baggage and some clothing in a guarded repository there, at the transfer station, with an MP on duty. When I returned, the MP was gone and so was my bag. So I lost my 201 file, which has been a terrible loss, because many of these dates that I would [otherwise] know specifically are really estimates.

PIEHLER: It sounds like it was also quite a headache at the time.

KESTERSON: It was. I should have, when I got out of the service—and they would have done this for me—have them reproduce my 201 file and send it to me, but I didn't do it properly, and I've never been able to put all of this together. At any rate, I joined the 84th Field Hospital, and we were forty-five miles north of Marseilles, of course, in wonderful Chateauneuf-du-Pape wine territory. (Laughter) I didn't know beans about wines back then, and never did appreciate the beauty of the vineyards.... I appreciated the historic significance of the area of Avignon, and the Crusaders who left Avignon and went to Outremer—"beyond the sea"—to rescue Jerusalem from the Saracens and Turks. But at any rate, I didn't really appreciate the tremendous historical significance of the area until I got away from it.

So we went to Paris, and then went by train, of course, to Marseilles, and then by truck to Avignon. We were schooled and were scheduled for the Philippines, for the invasion of Japan. We were told what we were going to do, and we were ready to do it. We left Marseilles August 10 on a liberty ship. We went through the better training and headed for the Panama Canal, but we never got to the Panama Canal, because an announcement was made around Majorca, or somewhere like that, that we would not be supporting the Japanese invasion. The Atomic Bomb had been dropped, and the Japanese had sued for peace. You can imagine a happy ship. So we

went back to— guess what—I left Camp Kilmer, and I went back to Camp Kilmer, (laughs) as events would have it. Pandemonium reigned on that little ship. It did indeed. We went home for two weeks vacation, two weeks off, leave, and saw the family, and then was reassigned to the Newton D. Baker General Hospital in Martinsburg, West Virginia. This was an excellent hospital—excellent plastic and neurosurgical hospital. It was near the Civil War sites and battlefields, and I began to get interested in Civil War history. It was just a short ride from Washington, DC, and had a little claiming race track at Martinsburg, where I saw my first real horse race. I read Lee's Lieutenants half a dozen times while I was there, in the library. I had plenty of time.

I had a fascinating experience one time at one of the horse races. On the final day of the horse race in the final race—I hadn't been able to bet very well, and I hadn't made any good bets, so I decided I would bet five dollars on one of the horses I picked. So I went to the window and I said, "I'd like to bet five dollars on Number Eight. And this man who was obviously drunk said, "You don't want to bet on that horse!" Well, I wasn't going to argue with this inebriated individual. It was the weirdest experience I've ever had. He said, "You want to bet on Number Seven." Well, he slipped that thing off of his thumb right down to me, and I [said], "Fine." Well, you know who won the race. Number Seven won the race, and it paid a huge amount. For my five dollars I got like sixty dollars, or something like that. And in the line I felt suspicious. I kept looking around to see if the police were going to arrest me and the rest of the people. The lady in front of me—I told her this experience and she laughed—she says, "Well you know what happened?" I said, "No, I really don't." She said, "Well, that horse, his jockey, and his manager had not won a single race, and that race had to happen that way so that he could win one of the races. This was in the claiming race in Martinsburg. This actually happened to me! So I know that it happened! She said they do that sometimes to kind of help the people out who haven't won, so I learned about horse racing. (Laughs) I'm sure it's not like that in any of the big races like Santa Anita or at the one in ... Louisville, but at any rate I did win on my horse race. I also saw the battle sights around Martinsburg, and got to go to Gettysburg, got to go to Antietam, Manassas. Just had a great experience there, and learned a lot about the Civil War, and became so interested that I became a member of the Civil War Roundtable when I came back here to Knoxville.

Newton D. Baker hospital had a strong hand service. Dr. Kanavel, who wrote the ... seminal book on hand surgery was in Washington, and he came up and gave us a clinic about every two weeks on hand problems, and tendon transplants, and tendon repairs, and that was of course of great interest to me, although I didn't plan to go into hand surgery, but it was helpful to me in general knowledge. It had a strong neurosurgical department and a hand service.... I started out on anesthesia, and my chief found out that I didn't want to stay in anesthesia, but planned to do a surgical residency. He allowed me to be transferred to the surgical service, and my first assignment was a sobering, wonderful assignment. They assigned me to the neurosurgical service, and I had a ward of paraplegics—all officers—from warrant officers to—I think I had one one-star general. Colonels, majors. Everybody warned me that this was a terrible assignment. That I would not like it. Hard, stressful. I loved it. I loved it. I learned a lot ... how to take care of bladder function.... Most of these people were incontinent, and we got suprapubic tubes in them so they would be dry, and didn't have to wear a catheter. Of course,

they were still incontinent of feces, but you could teach them to evacuate. And the only thing to do there was to keep the rectum clear with enemas, so that they wouldn't soil themselves. They were the greatest people I ever met. They liked me, and I sure liked them. I stayed on that service about four weeks. It was the most sobering, maturing experience I've ever had. They didn't fuss at me. Everybody said they caused so much trouble, but they didn't cause any trouble! I don't know why. It's like the letter that the man wrote about the airport being so bad, but the airport's not bad at all; the airport's great! (Laughter) I don't think he can read, if he can't find his gate. (Laughter)

But at any rate, I didn't have a bit of problem with that, after all those warnings I found were really improper, because they were great guys. But after a month I was transferred to the neurosurgical service. You know, truth is stranger than fiction. The chief of the hand service, by the way, was Ben Fowler, the hand surgeon in Nashville, at Vanderbilt. A great surgeon and a wonderful guy. The head of the neurosurgical service for peripheral nerves was Tom Holbrook. He was a neurosurgeon from Wheeling, West Virginia, who was my resident when I was an intern. So they assigned me to Tom, and I helped him do some hand surgery, but mostly peripheral nerves. We mostly did peripheral nerves for the next eight months, which was excellent training from an anatomical and a technique standpoint. We had wonderful results with the radial nerves. All surgeons do. We didn't do them. We didn't do them, you see. We used loops and magnification, but we didn't have the spectacles that they have now. Nowadays, you can sew the perineurium—that's the part around the nerve—so specifically end on end and usually get a good result. But we were doing these—not by just eye-balling them—we'd do a loop with magnification, but not with the technique that they have now, because the magnification now is just tremendous. It's just wonderful. But we had wonderful results with some of the nerves. The radial nerves, they grew, but ulnar nerves didn't grow. Unfortunately, ulnar nerves are difficult to anastomose. Even now, in the best of conditions, the ulnar nerve anastomoses are not as good as the neurosurgeons would like. We repaired three Vagus nerves in the neck, ... so they grew back, and these people got their voice back, and that's pretty neat.

Our sciatics did well, our tibials did well, our sural nerves did—well, you don't need to anastomose them, but we did some sural nerves, and the sensory—they grew back. So we had good results with our nerve anastomoses for the most part. Hand-work there was extremely good. Tendon work by Dr. Fowler and his staff was outstanding. I learned a lot there. So Dr. Sterling Bunnell and Kanavel came up, as I said, from Washington. Bunnell wrote a very fine handbook also, and lecturers and [speaks at] conferences. When time came for me to be discharged from the Army—and my dates on this may not be right—even the Army discharge was amusing in a way. Curious, odd, sort of like the army. I got back in the army when I was discharged out. The lady in the office, she was a warrant officer, I think, or maybe a sergeant. [She] said, "You want to go home, and you want to be discharged near your home." I said, "That's right." She said "Where are you from?" and I said, "I'm of Knoxville, Tennessee." She said, "Is that near Memphis?" (Laughter) I said, "No." She said, "Well, Nashville—where the Grand Old Opry is?" I said, "Not really." So she decided that I should go to Camp Atterbury, which is in Indiana. And I said, "No honey, you're getting worse off." She said, "Well here's Camp Hood in Texas, and here is [one] near Jackson, in Mississippi, or Camp Carlisle in Pennsylvania." I said, "No! That's terrible." She said, "Well, here is Camp Oglethorpe in

Atlanta.” And I said, “Atlanta will be fine.” So I got on the train and went to Atlanta, and got off the train, and went to the discharge center and gave my papers to the officer, and he said, “I apologize, Captain, because the discharge center has been closed for six months.” (Laughs) So he said, “You come back in the morning and go to the office, and we’ll get you to the discharge center nearest your home.” So here we go again. In the morning the officer said, “Would you like to go Camp Atterbury in Indiana?” I said, “No. We’ve been through this before. Carlisle in Pennsylvania, and the camp in Mississippi, or Texas...” I said, “Knoxville is in East Tennessee. East Tennessee.” She said, “That’s near North Carolina.” I said, “Yes, we’re right next to North Carolina.” She said, “Well, what about Fort Bragg?” I said, “Now you’ve hit it on the head.” So I went to Fort Bragg, and after fiddling around for three days, I got to Fort Bragg. I recall it was June of 1947. So I had been in the Army since ’41, hadn’t I? Been in the army six years. That’s pretty good, including the time I was in the Reserves.

I wanted a surgical residency, but there were so many people being discharged the same time who were trying to get residencies in all specialties, that Vanderbilt’s residency staff was completely full. But they said ... it would be about a year before—I could work in a clinic, and I didn’t want to do that. I wanted to do something and get a practice started. So they said—good luck again—that “We’re going to start a new residency program and teaching program at the Veterans Administration Hospital on White Bridge Road,” and ... Vanderbilt did run that surgical residency, and it was under the direction of the department of surgery at Vanderbilt and it used their faculty. Dr. Barney Brooks, George Johnson in surgical pathology replaced later by a different doctor because he had to retire. Dr. Trabue, Jim Kirtley, and others. These names are not known to you, but these names are known to the people in Nashville, because they were my teachers and they were my friends, and they were just excellent people.

Parenthetically, my wife and I went to an elder hostel program in the University of Alabama-Birmingham, down in Birmingham, and we were there and noticed the biggest building on the campus is named [for] and dedicated to Dr. ... Tinsley Harrison. Tinsley Harrison taught me physical diagnosis in my sophomore year. He and a doctor from Harvard. His name was Kraft. Marvelous teacher, marvelous teacher. Just during those years they did that, Dr. Harrison then went to UAV and Dr. Kraft, I think, went back to Harvard. We had probably the two best diagnosticians in the country—two of the best—during that sophomore year. It was weird. The associate professor of the teaching program in Nashville was Ransom Buchholz. Ransom Buchholz was the surgical resident when I was a senior at Vanderbilt. He was the senior surgical resident, and an excellent, excellent surgeon. [He] had been with the Vanderbilt unit to Italy, and came back to the United States. Had some trouble with alcohol, had some trouble with mental problems, and had to go to the mental hospital up in Asheville. Part of his therapy was to cut grass. He got out and he told me, he said, “I cut so damn much grass, I got so tired of cutting grass I couldn’t stand it!” And he said, “I just went in there one day and said that ‘We are paying you a great big price for this treatment up here, and all I do is cutting this damn grass.’” (Laughs) They said, “We think you’re better,” they told him, and they discharged him from the hospital. So he came back and he was an excellent, excellent guy. A very good teacher and a very fine friend. Dr. Johnson died, right, and was [succeeded] by Bob McCleary. Bob McCleary was an Orin Wanbensteen resident, and worked with Dr. Weinstein at the University of Minnesota, and he came down and ran the department there, and he had also been to Ohio

State. An excellent background, and was a good teacher. The resident surgeon ahead of me was Dr. James Proffitt from Maryville.... If you all know Jim, you know what a tremendous person he was and a fine surgeon. He married Ruth—I don't know what her maiden name was—but I was in school with her here at UT. And Ruth and Jim were real close friends of mine. He was joined by Dr. John Yarborough from Duke, who followed me as a resident at the VA Hospital. He ... was one of my assistant residents when I was a resident surgeon. So I joined that VA staff as associate professor in 1950, and I stayed, and came to Knoxville and started practicing in ... January of '51. My training was eclectic and was diversified, and was very good overall. The volume of cases done by the resident surgeon there, and the assistant resident under supervision, was really impressive. For example, in the war years at Vanderbilt, they did a six-month ... surgical senior residency, and that divided the number and volume of cases you could possibly do, but ... I had a full year. So I did about twenty-five or thirty gastrectomies. Duodenal ulcer disease then was due to hyperacidity, see. They didn't know it was a Campylo bacter. All those stomachs we took out unnecessarily. Just shakes me sometimes. But your philosophies change. We were convinced that "no acid, no ulcer." And some of these people were bleeding massively. And so when we got the gastric artery tied off, ... which was doing all the bleeding, then we just took out the stomach so that they wouldn't re-ulcerate. But we didn't know it was Campylo bacter, and we could cure it with aureomycin. Isn't that amazing? Isn't that amazing. But at any rate, your philosophy changes in life, and my philosophy changed in my practice. I used to do a lot of varicose veins. By the time I retired, we didn't operate on people with varicose veins. We put stockings on them. It was cheaper! And better!

PIEHLER: And in some ways, there is always a risk when you do surgery.

KESTERSON: Yes, there is always a risk when you do surgery, and they get recurrent varicose veins after you do them, and you have to put stockings on them then. Now, I'll operate on people with thrombosis in the veins, because that's painful, or ulceration, or incompetent communicating veins, because they have to have that ulcer excised. That communicating vein has to be fixed and has to have a graft, and you can really help those people. That's a different thing. But people with just varicose veins—and I've stripped thousands of those I guess—that's not a very good operation. Good operations are hernias and babies with duodenal obstructions. You can just cure those hypertrophic pyloric stenosis—that's a wonderful—they ought to just to five, because they thrive. It's easy, and it's successful. But we did a lot of them. Dumb operations, I thought.

But I did about 200 hernias when I was in my residency. About twenty colon resections, which is a decent number, and I pinned ten hips during my tenure. Pretty good at pinning hips, but I didn't like orthopedic surgery very much, so I didn't continue. Sometimes I didn't pin them very well, and we had what we call a two-stage procedure. That means the first one wasn't very successful! (Laughs) And we did it successfully the second time. The senior residency at Vanderbilt was a fifth-senior-year. Right. It was six months each, as I said. The difference in volume ... made the training program ... very much in demand. Our house officers were good. Dr. McCleary was an expert in the use of Heparin. He studied at the Karolinska Institute [in Sweden], where they used a lot of Heparin for venous thrombosis, and he was an expert on the use of Heparin for venous thrombosis. He was a left-handed, cigarette-smoking workaholic, and

he had a lot of provocative ideas, though, and some iconoclastic ideas and beliefs, but he was a great teacher and a good man. I enjoyed my time with Dr. McCleary.

In Knoxville in March 1951, I opened my office on Walnut Street. I was accepted on the staffs of Knoxville General Hospital for UT, East Tennessee, Baptist, Fort Sanders, and the Children's Hospital, which was behind Fort Sanders at that time. Just a little hospital behind there. I also performed a few operations at the Little Creek Sanitarium. Do you know where that is? The Seventh Day Adventists hospital? I remember Dr. Gooch, a very devoted Christian man. Very good man. And they were Seventh Day Adventists, and they had good food. The anesthesiologist there was Dr. Gooch, and he was an excellent—and he took good care of the patients when I wasn't there, because I could see those patients only once a day. I didn't like spreading myself so thin, but ... it worked out all right.

The food, the homemade baked bread down at the Little Creek—which still exists as a nursing home ... off Northshore near Whittington Creek—the food was wonderful. The Knoxville General Hospital closed and the UT hospital opened about 1956, and I was fortunate enough to be a teaching pioneer on the UT surgical staff. And I helped Bill Acuff, who was a colon-rectal surgeon who is now retired, who trained at Northwestern. Good training. Good background. And Dr. Bob Newman, who died at UAB. Dr. Kirkland replaced his valve, but he had cardiomyopathy, and his pump just didn't work, and he died post operatively. And Dr. Charles Zirkle, of the city. He was our first, and very energetic, chief of surgery. He really established the department on a firm foundation and planted the rootstocks of the ... teaching program at UT Hospital. It now has an accredited, recognized training program with full-time chiefs, but we did this in addition to our practice.

My early years of practice were slow. I was single, but I insisted from the beginning that I was going to establish a referred surgical practice. I was not going to any general practice, not go into any medicine, not go into any OB, no GYN, just referred general surgical practice. Predictions of doom abounded, and I was told it couldn't be done. I did a few insurance examinations, but I stopped, because it prompted return visits. I didn't want return visits. I wanted referred patients, [not] non-surgical problems. So the patients said, "You see me so promptly!" Of course I did. I didn't have anyone else to see. (Laughs) So, "Will you be my new medical doctor?" But I told them, "No." You had to be kind and gentle, and they understood. I met Dr. John Winebrenner, who was head of the United Mine Workers of America fund. Used to have an office over here on Clinch. [He doesn't] have a Knoxville office anymore. And I served as a surgical consultant for UMWA for about fifteen years. I did make trips to their clinics and hospitals, and inspected their facilities. During this time the excellence and knowledge of the physicians in these small mining communities humbled me. They're sharp.... Just as sharp as they could be. They gave excellent, excellent care. Made me realize how little I knew. The experience and knowledge ... of these people was a real good experience for me and really helped me get my practice started, because I saw a lot of patients in consultation. The common sense and devotion of the coal camp physicians has always impressed me.

I became interested in inflammatory bowel disease, and talking to—at a symposium in Cleveland

Clinic—to the head of the department of colon-rectal surgery at the Cleveland Clinic. His name is Dr. Rupert Turnbull. He said, “Well, you come up here, and we’ll help you with your inflammatory bowel disease problems, because we see a lot of Crohn’s Disease.” So I went to Cleveland Clinic every year for—I think—ten or eleven years, twelve years. They made me an honorary member of their staff, which I thought was a wonderful thing. I met Dr. Turnbull and Dr. Weekly in the Department of Colon-Rectal Surgery, and Bob Herman in general surgery, and they have always been very kind to me. I feel closeness with the Cleveland Clinic, and closeness with the people at Case Western, because they came to a lot of our conferences helped a lot in teaching.

I went to the University of Pittsburgh, maybe, for three symposia, and the University of Pennsylvania for one. Went to the Leahy Clinic one summer, and enjoyed my time there.... I traveled quite a bit and got new ideas, and always learned a lot. For example, when I’d go ... to [the] American Council of Surgeons fall meetings, a lot of people would go to these real esoteric programs and see a lot of vascular surgery. I didn’t do very much vascular work. I was trained to do it, but being by myself, I found that it was not proper to do it, because vascular complications always occur in the middle of the night, and if you’re up all night, you can’t do your work the next day.... Vascular surgery is for well-trained groups ... in my opinion. So I didn’t do very much vascular surgery when we got the good vascular surgeons into town. I’d take out an embolus.... But I didn’t do a lot of vascular work, per se.

I decided to retire from the practice of surgery ... in June 1988, and at that time I got a telephone call from Dr. De Laroche, who is head of the department of psychiatry at Lakeshore, and he said, “John, do you remember me?” And, well, sure I did. And he explained that he had met me when he was at St. Mary’s, and at that time I had staff membership at St. Mary’s. I was a member of the staff at Baptist, at UT, at St. Mary’s, and Fort Sanders. That was too much, so I dropped my staff membership at St. Mary’s.... Parenthetically, therein lies a story, because Bruce McCampbell and Mark Fecher, two surgeons of this city who were real good friends of mine, called and asked me to see a patient in consultation with them at St. Mary’s Hospital. I went out to see the patient and wanted to clear this through ... Sister [Mary] Anunciata, and she said, “You’ve been asked to see a patient in consultation?” I said, “Yes, sister, but I’m not a member of the staff anymore.” Well, she said, “Dr. Kesterson, you’re an emeritus member of the staff as far as I’m concerned. Your work is excellent. We miss you. You come back any time you want to.” Now that made me feel good, because—I don’t like to brag. I’m not bragging, please don’t misunderstand me. But the Catholic hospitals simply don’t do that very much, and I felt particularly honored to be recognized by her in that way. That made me feel good.

I got off the subject there. Oh! I went to see Dr. De Laroche, and he served an internship at St. Mary’s Hospital when I was on the staff, and had served an internship with me. Dr. De Laroche was a board-certified psychiatrist and was head of the department of psychiatry there at Lakeshore, and he said, “We need help desperately. I’m three or four physicians short. I need help desperately.” I said, “Well, I can help you three days a week.” He said, “Could you possibly make it four?” I said, “Well, I guess.” He said, “Well, we only work five days a week, seven hours a day. Thirty-five hour weeks.... If you’re going to work three or four days, you

might as well work the full week.” I said, “Yes, Dr. De Larocha, I’ll work the full week, and I’ll work for six months.” To make a long story short, because it’s getting long, I was there three years. I was first assigned to the geriatric ward, and I had patients as young as fifty-five, and as old as ninety-five. They were wonderful patients. Most of them were burned out schizophrenics. They really weren’t very sick.

PIEHLER: Mm hmm.

KESTERSON: I had some people with multi-infarct syndrome, and those people don’t have mental disease. They just have had a stroke—multiple strokes—and have symptoms from an organic disease. They have organic disease, but they have no one to take care of them. They have been abandoned in many instances by their families. So we took care of them.... Had some patients with Huntington’s disease, with which you may be familiar.... It’s chromosome four. One of the most fascinating diseases in medicine. Huntington Chorea is the shortened part of the gene, the long gene. We saw some Huntington’s disease, which is devastating. It is the only disease that I know of that is worse than Alzheimer’s. And those people needed help desperately.

I learned a lot.... I brushed up on my neurology. It was good for me. I was the only physician on the staff at that time ... who had gone to medical school and had degrees from schools in the United States. All our other physicians were foreign-trained physicians. Now, that sounds pejorative, but we must not jump to conclusions. We had some superb physicians. The Taiwanese and some of the other physicians who had served clerkships in England were great. Some of our physicians had been in the Caribbean, and the islands. Grenada, for example. Some of them, the Indo-Chinese, were not as good. The Taiwanese were good. The Indian physicians who were trained in England were excellent. So it varied, but overall they did a pretty good job.... Because of my background, and because of the fact that I had been on so many committees and had been involved in so many hospital inspections ... before I went to Lakeshore, ... I was in charge of quality assurance. I reviewed all the deaths and conducted the reports on the deaths and the autopsies, and did a great deal of teaching there, and also was on the record committee, of course, and was on the various committees to help them in their planning committees for their work at Lakeshore. Learned a lot.

Dr. De Larocha left and went to the hospital in Bowling Green, Kentucky, and was replaced by [Dr. Julio Wohlberg]. It will come to me, but right now, his last name escapes me.... This can be told, because it’s correct in its knowledge. Leo was a great guy, and was a good medical director. I thought he was excellent. He was devoted to his wife. He didn’t just love her. He worshiped her.... When she informed him that she was taking the children and was getting a divorce, he committed suicide. He went out to the garage and hung himself. We were facing an inspection from the college for certification at Lakeshore, and we were without a leader. So they asked me if I would take over and help with the inspection. I said, “I’ll stay here until the inspection is over,” and I did. Our inspector was a guy who was a dreaded inspector. They say he was very ... hard to get along with, very hard to please. Strangely enough, again, I found their predictions to be completely incorrect. He was a delightful man. He came and he said, “You’re Dr. Kesterson?” I said, “Yes I am.” And he said, “You’re not a psychiatrist.” I said,

“No, I’m a general surgeon.” He said, “Well, it’s unusual for a general surgeon to be in charge of Lakeshore Hospital.” I said, “Well, we’re under unusual circumstances. And ... besides that, Doctor, I don’t think it’s really too hard to be a psychiatrist. It just takes some common sense.” (Laughter) He realized that I was sort of kidding him and spoofing him in trying to explain the situation, and he kind of laughed and he said, “Well, that’s not a bad answer.” I said, “In addition, I’m a general surgeon, and I learned who to operate on and who not to operate on....” So we really became very friendly. I made rounds with him, and we came to a patient with venous thrombosis. Gosh, that’s what I have to prevent after surgical operations. I am more interested in venous thrombosis than any other complications because they lead to pulmonary embolism. He said, “How are you treating this patient?” I said, “In the first place, we’d like to prevent this. He said, “Wonderful answer.” He said, “I’m going to take you with me.” I said, “No, you can’t do that.” I said, “Well, we ... treat them with big doses of Heparin intravenously, to get the bleeding time prolonged, and then the prothrombin time will follow, and then as soon as we can we get them off the I. V. Heparin and put them on Coumadin, and get stockings on them and ambulate them. Get them up and moving around. They’re not going to embolize if they are properly anticoagulated.” He said “Golly, I’ll tell you right now. I’ve made rounds on all the hospitals, and the doctors don’t know very much about venous thrombosis.” I said, “Listen, I’m a surgeon and I’m supposed to know about these things!” (Laughter) He said, “Well, good for you.”

To make a story short, we got a super grade on our inspection. Just a super grade. I think that was because he maybe liked me. I don’t know, but he was a good man, and he was fair. He asked very good questions, and we gave him very straightforward, satisfactory answers. So we did well on our inspection down there. Super. But when he left, he said, “I wonder what the future plans are?” I said, “I don’t know, but I would like to see this hospital have a qualified, excellent psychiatrist, and if they get somebody to do this job—they’re going to have to pay him now. They can’t get somebody in here and pay him nothing or poor salary. If they get the right man, they’re going to have to pay him, and he’ll get in here. And we need to recruit more physicians who are trained in the United States. We have a good cadre here, but we need more doctors.” Well, to make a long story short, they got the psychiatrist down at Park West, Dr. Jackson, and he recruited four physicians in the United States within the first eight months he was there when he replaced me, so that was a good beginning. And they’ve done well since that time.

But it was interesting for one versed in general surgery to go to a mental hospital. They said that’s where I belonged, but they were teasing me. (Laughter) I guess I did belong there. As a matter of fact, I—let me tell one other funny story. Somebody called me—a phone bank called one time—and this guy was selling some kind of stock in an oil drilling outfit ... and wanted me to invest money. He said, “Can I interest you in that?” I said, “Oh, you’re damn right. I’d like 100,000 shares.” He said, “What? At five dollars a share?” And I said, “Yeah. I’d like to have 100,000 shares of that. He said “Is this Dr. Kesterson at the Lakeshore Hospital?” I said, “It sure is, and these damn people have gotten me here against my will, and I don’t think I’m crazy, and I want to go home.” So he hung up the phone! (Laughter) Well, they irritated me by calling, and I thought, as mean as that was, it was justified to get back at them. (Laughter) I ... acted like I was a patient, but I really wasn’t at the time, but I didn’t want him to calling me

back, either. And I thought that was a good way to handle unwanted calls. Okay, after three years at Lakeshore we did have good replacements, and I retired completely, and I have enjoyed it tremendously. The phone doesn't ring, and we don't have any problems with Medicare or Medicaid, or the insurance companies. Before I retired from my active surgical practice—this story is odd and is really worth repeating. The HMOs were just coming into effect at that time, and I had seen a ... beautiful girl, about twenty-two years old, who had been seen by Dr. William Law, Sr., and ... had an endocrine problem, and had been found to have carcinoma of the thyroid gland. He had done a needle biopsy and, she had papillary carcinoma of the thyroid. As I gained experience and knowledge of endocrine surgery—about thirty percent of my practice was endocrine ...

-----END OF TAPE ONE, SIDE TWO-----

PIEHLER: ... This continues an interview with John Emmett Kesterson on July 26, 2001, at the University of Tennessee, Knoxville, Tennessee, with Kurt Piehler and ...

WALLER: Lindsey Waller.

PIEHLER: And you were saying thirty percent of your practice, then, was general practice.

KESTERSON: Thirty percent was endocrine surgery. Thyroid, parathyroid, pancreas, and adrenal, and about forty percent colon and rectal, carcinoma of the colon, inflammatory bowel disease, carcinoma of the rectum, diverticulitis which had perforated, people with diverticular abscesses, people who had formed an abscess which had drained and that became a fecal fistula. When the colon—bowel—ruptures, the bowel movement's got to go somewhere. So this girl had carcinoma of the thyroid gland, and Dr. Law and I, in discussing it, had felt that the best results that we had seen was when patients had a total thyroidectomy. A total thyroidectomy is not usually done ... because most of the surgeons are concerned, and rightfully so, about the complications in the injuries to parathyroid glands, or to the recurrent nerves, both of which are severe complications. But when a total thyroidectomy is done properly and you stay inside the capsule where the parathyroid glands are concerned, and stay away and identify the nerve, you can see it right there. You just have to dissect it out and know where it is.

The number of complications, thank goodness, we had, was—I don't recall that we really had any significant problems. So I planned to do a total thyroidectomy on her, and a total thyroidectomy on a twenty-three-year-old, beautiful girl is a pretty terrible and frightening procedure for her. So we arranged for her to go to the hospital at UT, and scheduled her surgery for 7:30 the next morning. Before she was admitted to the hospital, I received a ... telephone call from a doctor in Miami, Florida. He was very difficult to understand at first, but we began to communicate better when we talked awhile. As I understand it, he was a Cuban physician who was working for the ... HMO that was responsible for her hospital bill and her care. He said the decision had been that they would not allow this girl to be admitted to the hospital the night before, because they didn't do it that way in Miami. They'd have made it a morning operation. She'd come in at 5:30 and they'd do the operation at 7:30. And I told him that I didn't think that was not the right decision, and I didn't plan to do it that way. He said, "Well,

why not?" I said, "That's certainly a fair question. She is a beautiful, young girl—twenty-two years old. She has cancer of the thyroid glands. We're going to do a total thyroidectomy on her. She's scared to death—and I would be too—and I want her to be in the hospital and I want my resident to meet her as a person and examine her. He's not seen a carcinoma of the thyroid gland. He's not done one of these with me before. I want the nurses to know her as a person, because they're going to be caring for her, and I want her to have a good night's rest. I don't want her to go over there at 5:30 and be operated on at 7:30. I think that's demeaning, and I think that's wrong. He said, "Well, we don't do it that way in Miami." And I says, "I don't really care how you do it in Miami. I think that for this patient and for my patients—especially this patient—we are a teaching hospital—and I think we need to do it this way, because this is the right way to go. He said, "Well you're making a pretty good point, but I don't understand. May I ask a question?" And I said, "You certainly may." He said, "How do you know it's cancer?" I said, "Well, you take a needle and a syringe, and you stick the needle into the tumor and get fluid out of the tumor. You aspirate the fluid and put it on a slide, and then you put dye on that slide, and it says, 'Cancer.'" (Laughs) That's called an aspiration biopsy. The poor guy said, "I didn't know you could do that." I said, "Well, we've come to a place in the practice of medicine where I think I better just quit." (Laughs) But he says, "We will allow you to do that in this particular case. You've made a good case for yourself." So I said, "I appreciate that," because I think that's the way you had to do it.

Now, that makes a point, but I can assure you that now, as of today they wouldn't allow it. They still would not allow it. But he was a little bit intimidated. I was upset by his calling, and I guess—but he was cooperative, and I must compliment him on that, because he has a hard job. Has trouble communicating, talking to doctors who are mad at him. So I could understand the side he was coming from. But I thought that was an interesting story. Well, I guess that's about it. In the last time since I've seen you all at the Sojourners meeting—we certainly enjoyed having you there—I've had a lot of illness. My brother, who had a supranuclear palsy, and ... very severe Parkinsonism, and fell very, very many times, and had multiple hematomas drained, and had a hematoma and Myositis ossificans, so that means that the muscle structures have become ossified and have become bony, and there was a huge tumor in his pelvis, and he died on June 26. He was at Shannondale. He died, and we don't know why. He coded ... around four o'clock in the morning, and by the time I got to Park West Hospital and talked to the emergency room physician, ... he was dead. They never got any response, although they tried resuscitation, and didn't get a single heartbeat, and didn't have any pulse whatsoever. So I'm sure he's dead, but he got there. They had, wisely, put an endotracheal tube in him, and aspirated the endotracheal tube, to see if he had vomited and aspirated. That's one of the problems with people who become terribly weak, and people with Parkinson's, or people with Alzheimer's, or people on psychotropic drugs. We had a lot of aspiration pneumonia at Lakeshore, and there was no vomitus and no aspiration, so that didn't happen. So I feel very strongly he didn't have a myocardial infarction, no chest pain, he didn't have a stroke. So the cause of sudden death, again, pulmonary embolism. Chances are this big pelvic tumor had impeded the blood flow in his iliac veins, his pelvic veins, and maybe even his extremity veins. He probably broke a clot loose, and it went to his lungs, and he probably died of pulmonary embolism. There is no good way to die, but that is a sudden, painless way to die.

My wife has been desperately ill. She is in Shannondale now. She developed a rectal prolapse, which I discovered when I was giving her a suppository. She had prolapsed about six or eight inches of her rectum, a tremendous amount of rectum which had become edematous and infected—it always does—and it's bleeding, and you're incontinent when you have that much prolapse, because your rectum is on the outside where it doesn't belong, rather than the inside where it does. So we sent her to the hospital Monday, four weeks ago, and Tuesday, Dr. Mike Glover, colon and rectal surgeon, Abner's son, trained at Ochsner, a good man, did a colonoscopy, on her and then the next day did a colectomy. Took out five, six feet of colon. A lot of colon. There is redundant colon; there always is when there is a prolapse. And did the rectopexy by reducing the rectal prolapse, sewing it to the ... fascial lining of the pelvic wall. It was a good operation. It usually works. And her operation has worked beautifully. She has gastrointestinal continuity. She has bowel movements normally. She's gonna trouble with control, but that's to be expected.

But she's had multiple recovery complications ... from coma to delirium, and total confusion. We did another cat scan on her brain and found that she does have multi-infarct syndrome. She's had multiple old infarcts, and multiple old strokes, and some fresh ones. Apparently one [stroke was] in the region of the cerebellum, because she's having trouble with feeling that she's going to fall all the time. I suspect that's a manifestation of its location. On the cat scan, she's lost her left kidney. It's not there anymore.... She probably infarcted, and it's dried up. She has a great big kidney on the right, so she has no problems with urinary function. That one good kidney is doing a good job. Then she developed a strange pneumonia. She had fluid, about a liter of fluid on the right, and more than a liter on the left in the plural space which they aspirated. Some of that might have been fluid overload; we have given her too much fluid. But some of it was probably due to this massive infection in her lungs, which looked exactly to me like cavitary pulmonary tuberculosis. It looked like TB on the film. It looked exactly like the TB we saw at the TB hospital out here on ... Tazewell Pike, and the TB that I saw in Nashville when I worked at the TB hospital. I filled in there—I had forgotten about that—when I was in school, for Nelson Kraft, a friend of mine. I guess I worked there maybe two weeks. But it looked just like TB. Fluffy, apical infection. But we couldn't get any acid-fast bacilli in the cultures or in the washings. The stains of her bronchial secretions showed no bacteria. No gram positive bacteria, no gram negative bacteria, no clostridia, no fungus, no mycelia, no yeast. Not many white cells. No pus. How can you have pneumonia and not have pus? So we were confused. They did a ... brush. No malignant cells, no cancer, and none on the bronchoscopy. Aspirated both ... plural spaces. Got the fluid out of there. And the pathologist found this diagnosis called BOOP, "Brochiolitis Obliterans Organizing Pneumonia." B-O-O-P. It's a "hot" diagnosis ... in pulmonary medicine now, and I'm not being funny or crude about that. But it is becoming diagnosed more and more and more and more. It's seen with lupus erythematosus, it's seen with rheumatoid arthritis, even in children. It's seen with Chagrin's syndrome, which is a very, very rare type of pneumonia with arthritis and corneal infection. You get the blindness. I think I've seen one case in my life. Wouldn't know it if I'd run into it now. And [it] apparently also [occurs] with people who are immuno-compromised. They get this kind of a thing. Interestingly enough, it may, if it heals, go on to idiopathic pulmonary fibrosis. And if it does, it explains idiopathic pulmonary fibrosis in people that have never smoked, that have no lung disease whatsoever.

She [my wife] is desperately ill, and she's not doing well because of her mental confusion. She didn't know me today, this morning when I was by there, and I was going to go by there later today. She didn't know me this morning, and couldn't respond. Now, yesterday she talked some to us. She knew who we were, and her daughters are here. Martha's in, and Martha ... flew in from Martinique. Martha went to East Tennessee State for her bachelor's and got her master's degree here, and taught here in the [UT] Department of Human Ecology, they called it then. Still do, I guess. Food, tourism and lodging. Her specialty is hotel/motel management, convention center management. That's her background. She interviewed for a ... professorship at the University of Alabama—and I told her she'd never get it—she got it. So she taught there for six years and got her doctorate.... She and her husband, who also has his doctorate from the University of Alabama, they're in the Caribbean doing consultations, because they have founded their own firm—International Communications Research—and they do consultations for the tourism industry. They have been to the Turks, ... Eleuthera, Exuma, then to the Dominican Republic, Puerto Rico, Martinique, Guadeloupe. They were there when the volcano burst, just the other day. Now they're in Martinique, and—they have a consultation in Venezuela, if they can make it, and then they're going to come back home.

Karen, who is two years younger than Martha, my younger of the two daughters, is an educator. She got her degree here at the University of Tennessee, and got her master's also here at the University of Tennessee. Her Master's training ... [is in] children with learning disabilities. She started at Bearden and at Powell with children with Down's [Syndrome] and autism, autistic children, and some with children with hearing disabilities, although hearing disabilities go through my friend Deborah Peak, who is leaving for the University of Virginia, as you may well know. At any rate, Karen found that work so very difficult and stressful, because she had no help, and those children demand a tremendous amount of attention, as you know. So she took other training in administration, and now she is principal at the school in Ridgedale, which is out on ... Oak Ridge Highway. And that just about finishes it up.

PIEHLER: Well, we have some follow-up questions we want to ask.

KESTERSON: Yes, I figured you would. So I'll let Lindsey begin. Oh, do you ...

(Tape paused)

PIEHLER: I wanted to just ask you—and then let Lindsey jump in—you said you moved to Knoxville when you were young. In fact, you ended up going in the fourth grade.

KESTERSON: I was six years old.

PIEHLER: Six years old. What neighborhood did you move in?

KESTERSON: Oh a good point. Good question. We lived at 807 Oak Street here in Knoxville, which no longer exists, because the Interstate has taken that away. At that time, though, Oak Street was a corridor connecting the North Knoxville area, mainly Mechanicsville, with

downtown. There was a ... double lane bridge going across the railroad tracks from Oak Street, and to what is now Broadway, and the ... street car went across that bridge on one of those lanes. That way, when the street car was ... coming into town, the cars coming from town had to get into the wrong lane to let the street car by, and had to switch back and forth. But at that time we had street cars, and there was a street car on Oak Street, which ran up and went down Deaderick, as I recall, by the Moses School and the Baptist Church, and went out to Ailor Avenue, I assume, and I don't recall exactly where it went from there.

We lived across the street from Morris Deitch grocery store. Morris Deitch. A wonderful, wonderful Orthodox Jew.... I remember his killing his meat and letting it bleed, so it would be properly prepared for consumption. He was strict, and he was generous, as so many Jewish people are. Greatly generous. He was a wonderful man. He and his wife were great people. She was a great cook. She and Mrs. Niesseson had the greatest noodles in the world, which she generously gave us. We loved them. I used to do some grocery deliveries with their main clerk. When they had a horse and ... wagon—Deitch's delivered—they were so well known and so popular that we took food and groceries as far as into the Cherokee Boulevard area, because they had friends and had people that shopped with them, that we delivered the food to down there.

His [the clerk's] name was Luther Phillips. He then went to Atlanta and went into the printing business, and he was a great guy. There was a stable called Kirby's Stable. Right across Chamberlain Street, which is not more than 100 to 150 yards from where Mr. Deitch had his grocery store. And it was full of mules, and those mules drug the scrapers ... and moved the dirt that built what is now Henley Street. I was pretty young. That was ... [19]24 or '25; I don't remember when Henley Street was built, maybe '26. I'm not sure. But I remember when they opened up Cherokee Boulevard ... as a residential area. They had these wonderful cedar plaques held in place by genuine leather. Well, that was a disaster, because they kids stole the leather, cut the things and whittled up the cedar street signs, so that didn't last, but it was a good idea, and it was pretty at the time. I remember that from my younger days. We lived there until—that's when Dad worked at Ellis & Earnest's Drug Store on Western Avenue. He walked, of course, to work—that's six or eight blocks—as we all did. We walked most places, except for the streetcars. And you could ride the streetcar for six cents. A token cost six cents. The streetcars were remarkable because they had a mailbox on the front, and if you stood out in the street, they would stop and let you mail a letter. (Laughter)

WALLER: You mentioned in your questionnaire that you had an uncle that was a motorcycle messenger in World War I?

KESTERSON: He was indeed. Uncle Roy. Roy Raines.

WALLER: Did you have any other family members that you know of, in World War I?

KESTERSON: No, Uncle John was not in World War I; Uncle Roy was. He worked for Appalachia Auto Parts Company—that's not true. That's not the name of it. That's over ... off of Broadway, on that little short street. Appalachian Auto Parts Company, run by the McMillans. Bob McMillan, a good friend of mine, about my age. His father and his mother ran

that. Appalachian Auto Parts Company was there next to the railroad track, on—that doesn't exist anymore, because the interstate's there. It was Chamberlain. Chamberlain Avenue. My uncle Roy worked for an auto parts company—he was an excellent mechanic—there on Emory Circle, right opposite the Lutheran Church off of Broadway, just a block from Fifth Avenue, and then that place, which connects Broadway with Central right at old Knoxville High School.... He traveled all through East Tennessee, and western Virginia, and southeast Kentucky, and contacted the different garages, and auto parts people, and supplied them with their orders.

WALLER: How did the Great Depression affect your family? Do you have memories of that?

KESTERSON: I have distinct memories of the Great Depression. By that time—this is '33 or '32—Dad had—and because of the Depression, I suppose—Mr. Ellis was doing most of his pharmacy work himself, and had a family, and he bought a drugstore in Lonsdale. The drugstore is on Tennessee Avenue, on the corner of Burnside and Tennessee. There was another drugstore a block away, going east, run by a man by the name of Mr. Pickens. Mr. Pickens had a drugstore, too. Well, we had a family business. Without our family, we wouldn't have made it. Edwin worked in the drugstore, mother worked in the drugstore some, I worked in the drugstore, and David worked in the drugstore. Dad worked long hours in the drugstore. Things were so tough, so bitterly slow, and I remember we used to start the day with \$20 in the cash register, to make change. I've seen the days—we paid for the delivery services—we didn't have a checking account, so you couldn't write a check. There were no credit cards. Nobody ever heard of a credit card back then. And when the drugs or packages were delivered, we paid for that out of the cash register. Had to. I've seen the days when we started out with \$20 and ended up with less. \$14. It was tough. I remember it was tough....

We never suffered from lack of clothing, [and] we never suffered from lack of food. Mr. Deitch let us charge food, just before we went to the Lonsdale area, and I must confess, perhaps with shame—no, it just worked out that way—but some degree of regret, that it took us a long time to pay that man back. But we did finally pay him back. It was tough. The Depression was tough. I have distinct recollections of the Depression and the difficulties. When we were on Oak Street, we lived next to a family with three girls, and mother and father and three girls. The three girls worked in the knitting mill. I guess Standard, or maybe the one that used to be on Atkins Street.... Back then, there was no FICA, there was no Social Security. I don't think there was any withholding.... They paid them in cash. And the girls came home with their money from the knitting mill, and one of them, somehow or other, got it mixed up, and it was in an envelope, and she threw it in the fire on a cold winter night. Threw her money in fire! I thought, "What a tragic thing that was," and of course it was a tragic thing, because money was hard to come by.

I was delivering papers when I was a kid. I delivered a paper called the Knoxville Dispatch. You've never heard of it. I delivered it down in MacAnally Flats, in the black section. There were no tenement houses down there then. They were single-family homes. The Knoxville Dispatch was a paper that had no Sunday paper, and it was an afternoon paper, Monday, Tuesday, Wednesday, Thursday, Friday. I'm not sure they had a Saturday paper. Its not clear to me. I think perhaps they did not have a Saturday paper. It cost ten cents a week to subscribe to the Knoxville Dispatch. I had about sixty or sixty-two people on my paper route. All the people

were black. Almost every time I've told this story ... the person hearing they story would say, "Well, they didn't pay you, did they?" They most certainly did pay me. The mother—it was a matriarchal society, wasn't it? The mother of the house, and she ran it efficiently. And they paid their bills. I had one family that moved out owing me forty cents for four weeks' paper, and didn't pay their bill. So when I went to collect at the house next door, the mother said, "Those people move out and didn't pay you?" I said, "No, they didn't pay me." She said, "Well, I'll pay you." I said, "You will not. I can't allow that. It's not your responsibility. I'll get over it, but I appreciate your thought, but that's not fair for you to have to take over the debts of undeserving people." She said, and I don't use this word, but she said it—first time I had ever heard it, I guess, in my life. She said, "They's no good. They's just niggers." That's what she said. The black woman said that. The first time I heard that. I was just eight or ten years old. It kind of shocked me. But I thought that was remarkable. She was going to pay their bill for them, and I wouldn't let her. I didn't think that was fair. And then after that I started carrying the Sentinel, and I did make a little bit more money carrying the Sentinel, because the paper was higher, and we made a little bit more from each customer who paid us. I remember the first fleece-lined, lamb wool ... lined, leather coat I had in the winter. It cost something like eight or ten dollars. Expensive, but it was worth it. Can you imagine? Oh! I remember Mr. Dodge—Prince was the name of the horse. His stable was ... off of Ailor Avenue ... on Clark Street, and they finally had to get rid of that horse, Prince, ... and they bought a Chevrolet truck! It was beautiful. And guess what they paid for it? I remember we found out. You know, kids are curious about things like that. Well they paid \$625 for that truck. That must have been 1926 or 1927.... That wasn't very much, but they weren't very big trucks, really. We did not own a car in our family until 1940, maybe.

PIEHLER: I assume you had a radio?

KESTERSON: Yes, we did. Atwater Kent. A wonderful radio. And I remember listening to it. Mother loved classical music, ... and the Metropolitan Opera was on Saturday evening then, as I recall. It was great.... Then we got a Zenith radio, and it was good. It was much better than the other one. (Laughs)

WALLER: Did you get an opportunity to see any picture shows, or do you have any memories of playing with childhood friends, or things that you would do?

KESTERSON: Yes, I liked picture shows. There was no sound. They just print it up there. When I was a kid I like western movies and went to the Strand, and the Booth down on Cumberland here, when Booth used to showed movies. [It] no longer exists now. We went to the Strand and the theater called the Roxy, which was off Market Square. The Tennessee [Theater] finally came in, which was wonderful, and had air conditioning! It was cool in there. The state of the art. The Riviera did not have air conditioning. They had their ventilation done by fan, which was terribly noisy.... As long as the movie was printed, it didn't make any difference, but when sound came in, it was hard to hear the sound, because of the noise in the ceiling. The sound wasn't that distinct at first. The first time I went to a movie—I think it was Al Jolson, "Hop On My Knee, Sonny Boy," "You're Only Three, Sonny Boy," whatever—it was hard for me to understand what they were saying. I remember when sound came in, and I said,

“Well, this will never be successful!” (Laughter) But it was. You’re bringing back wonderful memories.

WALLER: Did you see any movies with Charlie Chaplin and Buster Keaton?

KESTERSON: I remember Buster Keaton. Charlie Chaplin. All Quiet on the Western Front was a stirring movie that I saw when I was young, and others that were really, really, really good. Some of those silent movies were pretty dog gone good. One about the Civil War. The Ku Klux Klan.

PIEHLER: Birth of A Nation, you saw?

KESTERSON: Birth of A Nation. Yes. A great movie.... I don’t believe it had sound.

PIEHLER: No. It didn’t.

KESTERSON: I saw that years and years ago.... Hadn’t seen a movie in LaFollette. I don’t recall we had a movie theater. But when we got to Knoxville, I started going to the movies. They only cost a dime.

WALLER: Wow! (Laughs)

KESTERSON: You could always scrounge a dime, seems like. (Laughs) And there were some wonderful movies. I finally made friends with the head usher at the Strand Theater, and so he let me in free. He was real nice. John Harper.... He was accomplished. He was a great dancer. I don’t understand what John’s training in ballet must have been, but he got from ballet, and he went into tap and ballroom, and taught dancing some, and was a superb tap dancer. Used to always be ... one of the featured artists at the Lyric Theater, which at that time had a show once a year for the Empty Stocking Fund, and it was a great show. Those were marvelous days.

WALLER: I guess, leading into when the war began, do you recall when you heard about Pearl Harbor?

KESTERSON: I was in medical school, and as I told you, I lived in Nashville with my great “aunt.” I can’t get used to saying “aunt,” but it is “aunt....” That was Ms. Nell Raines’s sister, and her name was Mrs. Gwen Wagner, or Charles Wagner. Her husband had been in the construction business, and was very much responsible for selling construction machinery, not doing the construction itself. But Tennessee was in a big road building phase at that time, spending a lot of money and buying a lot of equipment. He sold the equipment. So he became a very well-to-do-man. He was a very good planner, a good businessman. He bought and built a home out on Gale Lane in Nashville. It’s toward Brentwood, in the southern part of Nashville, and that’s where my aunt lived, and ... I stayed with her. We were out for a Sunday afternoon drive. We had the radio on, the car radio, and we heard the announcement of the bombing of Pearl Harbor on that day, and just felt like it was a terrible, terrible thing. Terrible, terrible, terrible. I think it was a “day of infamy,” as President Roosevelt well describes it. I thought it

was terrible. Incidentally, did I say—I said before—I had met a lovely Japanese lady who didn't accept that thesis at all? She said she thought we provoked the Japanese. We were a stronger nation and we provoked the Japanese into attacking us. She felt very strongly that way. I thought that was the first time I ever heard anybody really come out and say that. It sort of surprised me. We couldn't even shake her a little bit in her belief that we started that thing. Some kind of machinations on the part of the United States.

PIEHLER: I'm curious: were you in ROTC at UT? Did you take part ...

KESTERSON: Couldn't get in. They wouldn't have me. They said I was underweight, and couldn't see. I flunked.

PIEHLER: So you couldn't get in even for the basic two year ...

KESTERSON: I didn't get in. And when I went to medical school, they had a medical ROTC, and you could get \$30 a month for doing nothing, really, and so that was wonderful! But I didn't get into that. So here I am, a real reject, a physical wreck. But I didn't think I was that bad. (Laughter) But I wasn't good enough to pass the ROTC examination, so I didn't get the \$30, either. But the way it worked out, I got to be ... an officer in the Reserves, in the Medical Administrative Corps the last eighteen months of my medical school, and that nine months of my internship, so I'm in the Army already, and I'm adding up all of this wonderful service time, even though I didn't get my \$30. I got it, I guess, in the long run. It all works out. (Laughs)

WALLER: In training with the Army medical corps, did you all study the World War I techniques, with battlefield medicine, or ...

KESTERSON: No, we did not. No, we didn't have that at Camp Barkley. Now, you will remember that there was such an influx of medical personnel into the Army in this period in which I went in—'43 and '44—all of the people who went in ahead of me had gone to Camp Carlisle. Camp Carlisle is the accepted, recognized, great medical training center of the U.S. Army, the infantry and the medical corps. Camp Carlisle is where everybody goes. They had so many medical officers that they didn't have any room for them at Camp Carlisle, so they opened the camp at Camp Barkley. We were the first group of medical officers, I believe, that had attended medical indoctrination at Camp Barkley. I can't say that with absolute certainty. I should know that, but I don't guess it ever occurred to me to wonder about it. But I don't believe they had ever done it before, because they acted like they hadn't done it before. At any rate, we had about 2,000 medical officers at Camp Barkley at that time. It strained the facilities, and Camp Barkley was an enormous camp, a huge camp. It seems to me that—this was all confidential information at the time and you didn't hear much about it, but I heard somebody say, a man from the PX ... about 58,000 or 60,000 soldiers at Camp Barkley at that time. So can you imagine the pressure on Abilene that produced? On Saturday night, you were better off staying in camp and going to a movie. That's what most of the time we did. Sometimes we would get into the car and drive over from Camp to Abilene and buy a beer. I never had any alcohol at all until I went to medical school. I had never had a drink of whiskey. That's how far behind I was. (Laughs) I hadn't missed anything, really. I've caught up since. (Laughs) I

shouldn't say that, but my sophomore year, I was initiated into a social fraternity. It's not a social fraternity; it's a drinking fraternity at the med school, (Laughs) and I got my first bottle of Scotch. It was great.... We had a dance, and I didn't drink the whole bottle of Scotch, but some of them did, and it was pretty bad. I think the idea was to see how much you could drink. But it was fun.

PIEHLER: Did you join a fraternity in college?

KESTERSON: No, I did not. I didn't really have the—I must say, I didn't get an invitation, number one, and number two, if I had, I would have not been able to do it, because I don't think we could have afforded it.

PIEHLER: Did you live on campus or at home?

KESTERSON: I lived at home, and rode the bus back and forth. Bus fare was cheap, books were cheap. My books cost me \$30 or \$40 ... a year.... Books were inexpensive, and fees were small, as I said. Without that, I'm not sure we could make it. It was tough. But then things got better. I did belong to a fraternity when I was in medical school, uh huh, and I made Phi Beta Kappa here.... And then I belonged to Phi Kappa Alpha, or something, medical fraternity. It's embarrassing that I can't remember my fraternity. But I ... was elected to the scholarship fraternity, AOA, of the medical school.... I was a Founders' Medallist. I should have mentioned that. I'm proud of that, I really am.... I'll tell you why. When I was in here at UT, all my friends knew I was going to Vanderbilt. They said, "Oh, that's a terrible school, a terrible school." So they downplayed my intentions to go from here to Vanderbilt. Well, when I got to Vanderbilt, you can imagine how much flak I took because I came from this cow college here in East Tennessee, not a very good school, [that] concentrated on football. But at that time Vanderbilt had a wonderful team, and beat Tennessee! They had Red Sanders as their coach, and they had a wonderful team. They beat Tennessee two of the four years that I was in medical school. Can you believe that? A long time ago. (Laughter)

At any rate, they said, "You're from a sorry school. You could have gone anywhere besides Tennessee, and done better at Vanderbilt." I said, "Damn you, I'll show you." So I won the Founders' Medal at Vanderbilt. I had the best scholastic standing of any student in those fifty-two people that got capped and gowned and got their medical degree. I said, "I'll show you. Don't talk about Tennessee anymore...." (Laughter) I think my preparation for medical school was better than some of the others. I took comparative anatomy, and I took zoology courses, and I took chemistry, and I took philosophy, and I took English, and I took some things that matured me, that I needed. Not medical things. You would learn that in med school! You don't need that. Greek mythology, things that are really important in life. The cultural aspects. And the other kids that had come from two- and three-years schools—and we had good kids: Maryville, Milligan College, and Carson-Newman, and Tusculum, and ... the University of Mississippi—they'd go two years at Mississippi and then change to Vanderbilt. We had people transfer from Mississippi who had a two-year medical school then, ... and then they came to us. People came from—the University of Alabama-Birmingham, I don't believe was in existence. I don't know when Champ Lyons went there, and Dr. Kirkland. Dr. Kirkland went [to] the Mayo Clinic and

started their cardiovascular unit. And I knew him. When they found out I knew Tinsley Harrison, who taught me physical diagnosis, and Dr. Kirkland, whom I had met when I was in anesthesia at the Mayo Clinic, they put out the red carpet for me. But at any rate, we had good students, and we had twenty-eight in our class from Vanderbilt, and they were well founded. But my four years at UT ...

-----END OF TAPE TWO, SIDE ONE-----

WALLER: ... In retrospect, do you think that your training experiences with the medical corps had prepared you for what you would see overseas in the war?

KESTERSON: Well, ... I'd have to say it probably doesn't, but I don't see any way it could have been done better, or changed to better prepare us. War is ... an ever-changing cataclysm. The way of fighting wars and the way of treating patients ... was changing. We got better as time went on. Experience is a great teacher. I ... suspect that if I were running the Pentagon, I would plan things a little bit differently, but I'm not sure it would have been any better. I ... find no fault with the planning of medical training, or the way it was put into effect.

PIEHLER: Let me phrase the question slightly differently. How much surgery did you learn in the Army that you might not have learned as quickly? Did you encounter cases that—if you had spent a similar three years back in Knoxville or back in Nashville, would you have encountered the range of cases that ...

KESTERSON: Absolutely not. No, the trauma is more severe, more massive. It requires much more aggressive treatment. Trauma surgeons are much better now than they used to be. And really, I thought the improvement in trauma care was with respect to peripheral nerve injuries and arterial injuries, and those things really got better during the Vietnamese War! We didn't handle arterial injuries that well in World War II. We handled them pretty well. And if you got into a unit that had a real good vascular surgeon, like the Vanderbilt unit that sent people to Italy, two or three of those people were superb vascular surgeons. But, you see, in our hospital we didn't have a single vascular surgeon trained in vascular work. There was no way, I think, for the Army to do that. If you keep a unit together like they did the Vanderbilt unit, they're all going to be bunched in one place, and I could see that. I see no problem with that. 'Cause we knew enough that if we had real problems, we got them out of there, and got them to an airbase, and got them sent somewhere.... Except for the one case I cited, with the extensive vascular injury that we lost, out of 10,000, that's ...

PIEHLER: So once they made it to your facility...

KESTERSON: They were in decent hands, and their chances of surviving were pretty good.

WALLER: So you were over in France only a few months after D-Day ...

KESTERSON: England. We went to England, yes. Seventy days, as I recall, after D-Day.... August 5, whatever that figures out to. But we landed [at] Gourock [on] August 5.

WALLER: Could you just give us a visual picture of what the hospital setup looked like? Were you working in buildings or in tents, or out in the open at times?

KESTERSON: No. No. We were never out in the open. We had no tents. It was a permanent structure built by the British. The wards were long, covered passageways, and then the wards went off to the right.... Have you seen the Thayer Hospital ... in Nashville? Have you seen—well, we fundamentally took over a training unit site for a tank battalion. And, of course, you could build it any darn way you want to. (Gesturing) This thing's going to collect everything, and we're going to have to have a headquarters. And then you can build all kinds of large ward space off of this, and each one of these will have forty beds. This one would go out that way, and that one would go out that way, and you've got some more out that way. And then you've got to have a place for food, a cafeteria, ... and connected to this, somehow or other, housing facilities for your nurses, housing facilities for the officers, and then, of course, you have to have, connected to that, somewhere along this line, a central supply room and an operating room.... We had twenty operating rooms, just about like it is at UT Hospital, except theirs is a permanent building.

WALLER: Did you administer treatment to any civilians or children at the time?

KESTERSON: No.

PIEHLER: Strictly military.

KESTERSON: Strictly military. We had our hands full with that.

PIEHLER: ... What was different about a military—it was a very permanent structure, and you did more trauma, but in many ways you did the same type of operations you might have done in the States. What made this more military? Is there anything that—if I were to visit your hospital in, say, 1944, what would I notice that ... would really make it distinctively military?

KESTERSON: We had fairly lax rules on military etiquette. If they saluted you, fine.... If they didn't, it didn't matter to us. Doctors tend to be pretty self-congratulatory, but ... doctors not as elitist as many people think they are. They're just people. They're no better than you are. No better than I am. But the corpsmen were courteous and cooperative. If you were in uniform, and they were in uniform, and not in scrubs, for example, they would salute you, and it was courteous and proper to return that, but it was not a big deal. Much bigger deal if you went to town where they saluted you all the time. (Laughter) I got kind of tired of it, but it's always a courtesy to return the salute if they give it to you.

PIEHLER: Did you ever treat any German POWs?

KESTERSON: Yes. Yes, we had a large number of German POWs ... that was in an offset camp just right near the hospital, and they were good workers. Well-behaved, obeyed orders well. Most of them ... could read and understand English. Otherwise, the sergeant in charge

would tell them what to do. At Newton D. Baker—this is in the United States now—we used the POWs mostly in cleaning and orderly work, but at Newton D. Baker, they used to work in the bowling alley, and set the pins for us. They were great. They liked that, because they paid them extra for it.

WALLER: So England was the 114th Hospital.

KESTERSON: 114th.

WALLER: Okay. And then going to France ...

KESTERSON: 84th Field.

WALLER: The 84th Field. And how was that set up? Same, or ...

KESTERSON: Tents.

WALLER: Tents. So a much rougher environment.

KESTERSON: We lived in tents in Arles, and ... we shipped our tents when we thought we were going to the Philippines.

WALLER: Did you work alongside the front lines, or were you stationed back from the battles?

KESTERSON: Oh, no, no. See, we were in England, and these people came across the Channel and were put on the train and sent to us. And the way they got from the battlefield to the ferry ... or ships, boats, ... hospital ships—some of them would come in by air, and then would be put on a train and shipped to us, so I don't know exactly—that's a good point. You know, it didn't occur to me to really investigate that. We just got the convoys into town, and got them into ambulances, and transported them into the hospital as quick as we could.... You've got to get them off the train, and if you've ever seen a real hospital train, you open up the sides of the car doors.

We used to take the patients from Newton D. Baker to various other facilities, and we'd take them by train. We'd always have three corpsmen, and me, the medical officer, and the patient. We took some of them to Fitzsimmons in Denver, and took some of them up to a ... veteran's hospital up in northern Illinois, ... took some into Pennsylvania. We just took the side out of that window in the Pullman, and [they would] come right out onto the gurney and into the ambulance. We took real special care of them when we transported them through the train station. Of course, you had to watch them very carefully.

WALLER: How long were you at the 84th Field Hospital? Do you recall?

KESTERSON: Yes.... July of 1945 until they dropped the atomic bomb and we came home, okay.... Let me see if I can get those exact figures for you.... June 1945, I went to the 84th

Field, and then ... I was with them ... until we got back into the states, so let me say about September 1. It was a relatively short while. We were not operational at any time. We didn't have any patients.

WALLER: Okay. Did you ever become ill or wounded yourself?

KESTERSON: Fell out of a truck and broke my radius. We were going to a Shakespearean festival, as a matter of fact. And I grabbed the strap to pull up into the truck, and the hook came out, so I fell backwards, and I didn't want to land on my back. I didn't want to hit my spine. That just flashed through my mind. So I turned in the air and I landed on my elbow and broke my radius. Stupidity, but ... no wounds. Not combat, I can you.

WALLER: Were there any staff that you became close colleagues with, or trusted the most, and what memories do you have of them?

KESTERSON: Well, the closest people I got to were the four people with whom I roomed, in that little ... four-man living space. One was a big tall man from Texas, whose name ... escapes me. One boy whose name was Harold Sharpe.... His father was a physician, and he was from Fond du Lac, Wisconsin. Nice guy. Married, fell in love with one of the nurses, but that's neither here nor there. The other is Rudy Martin.... German, born in Germany, came to the United States, became a naturalized citizen, got his education, was a radiologist, and joined the Army. Great guy, just a wonderful fellow. And the other fellow's name—and he was a maverick. He was a great guy. But his name, right now—isn't that strange that I would forget his name? Lived with him for fifteen months, and can't remember his name. But he was from somewhere in South Carolina. We ... got along, we were all compatible, we like each other, things went really well, but ... I don't believe I have heard from, or been contacted by, or have ... contacted any of those people since ... I got back to the States.

PIEHLER: Did you ever join a veterans' organization?

KESTERSON: No, I don't belong to the American Legion. I belong to the Sojourners, of course, as you know, which is a peculiar or different type of—it's really a Masonic group of officers of S.O.. The Veterans of Foreign Wars, no, I haven't. They've never contacted me, as a matter of fact. Never asked me, so I never joined.

WALLER: Did you and your staff have to come up with other ways to treat your patients when supplies were scarce, or if supplies were scarce?

KESTERSON: I don't think so, no. No. We were careful about the use of supplies, but actually, we were never short, that I recall, on anything. There is one extremely interesting thing, I think, that happened in England. In the United States, anesthetic gases are in blue canisters, and blue is oxygen. Or is it green? It's been so long ago. There is a blue and a green. Blue is oxygen. That's right. And the green is nitrous oxide. In England, the blue is nitrous oxide, and the green is oxygen, so we got some canisters that were labeled the wrong way, and that created a notice to all the hospitals using anesthesia gases, and we—what we used to do is

just to smell the vapor to see was the container was, or if the patient got cyanotic, just take them off oxygen altogether, let them breathe the room air. It's got a lot of oxygen in it! So we were very careful not to persist, in case the patient showed any degree or sign of cyanosis whatsoever.... My nurses were excellent. The first important thing is to maintain the airway. Don't let them get an obstructed airway. And the best way to maintain the airway is to put an endotracheal tube in. But the nurse says, "We're not allowed to do that in the Army." But I did hundreds of them in the Mayo Clinic, so I just tubed them, and let the nurses carry on from there. They'll breathe room air fine, and be all right. But if they had any trouble, we'd get them off the canister of supplied medicinal gases. Because ... they'd put nitrous oxide in an oxygen container. It happens, unfortunately.

WALLER: So, were you informed beforehand how many [patients] you'd be receiving that day, or each week?

KESTERSON: We never knew until the train got there. It was just like a Christmas package ... it was a surprise. (Laughter)

PIEHLER: What's the longest shift that you would operate for, because you'd get these massive numbers. Were you able to stagger some of the ...

KESTERSON: We staggered as much as we could, and we would go twelve to fourteen hours, and then beyond that, there is an efficiency coefficient that falls, and you just get so exhausted that you just don't do well. So we probably postponed some patients that we should have done, but I don't recall it ever being a critical factor. If they really had to have it done, we just had to stay there until it's done, but fourteen hours is about the length of time you can be efficient in the operating room. That's a long time.

PIEHLER: That's a very long [time] for almost anything.

WALLER: Is there one drug or vaccination that is available now, that you really wish you had then?

KESTERSON: What?

WALLER: A drug or vaccination that you really wish you had had then.

KESTERSON: No, I can't think of anything that's that revolutionary or dramatic. We had those routine vaccinations. We were vaccinated for everything in the world, it seems like to me, but they get even more now than we did back then. But we had unlimited supplies of plasma, and we had plenty of blood. We kept a good blood bank, and the corpsmen were the ones who gave the blood. We took the blood, and we did our own storage. It was kind of crude, but we didn't use much blood. We used mostly colloids, and we used plasma. We had plenty of plasma.... We had penicillin, and we had the drugs we needed. Drugs for pain, and penicillin. It was a simple world, surgically, really.

WALLER: Did you treat victims of gas or germ warfare?

KESTERSON: No. We never saw any.

PIEHLER: Did you see any psychiatric cases in your hospital?

KESTERSON: We shipped them out.

PIEHLER: You shipped them out?

KESTERSON: We did not have the facilities to care for psychiatric problems. We sent them to somebody that was really equipped, and had facilities and the personnel and the doctors to ...

PIEHLER: So you didn't have any psychiatrists on staff.

KESTERSON: Yes, we had a psychiatrist, but he never did anything. Really, he didn't have anything. This business of war exhaustion, or war ...

PIEHLER: Combat exhaustion?

KESTERSON: What did Patton slap the guy for?

PIEHLER: Battle fatigue?

KESTERSON: Battle fatigue.... We just didn't see that. This people were hurt and injured. They had pain and real problems, but, boy, this battle fatigue business—I saw more of the neurasthenic patients at the Ream hospital who said they had nervous stomachs and ulcers than I saw in England all the time I was there. We just didn't seem to have that. Now, a psychiatrist was really of benefit when you got a head injury, especially if they had a tight brain, to help give them fluids which would help reduce the swelling of the brain, and there are such fluids, as you know. Colloids will help, and plasma will help. We didn't use any intraventricular pressure indicators, or all of those state of the art things that we have available nowadays. We really weren't equipped for that, and we didn't have the personnel that could really handle that sort of thing, and personally, I didn't know anything about back then, myself. I was just an intern, really, when you get down to it, with limited experience.

WALLER: Do you have any memories of how your staff would relax or ease tension from time to time if you could?

KESTERSON: Drink.

PIEHLER: So there was a lot of drinking.

KESTERSON: We had it, but it was ... kind of the British philosophy in the Far East of not really drinking until the sun goes down. And after supper, we'd go to the officers' club, and we

a wonderful bar there. We had excellent, excellent German beer. We had excellent British beer and stout, and British beer was good. They had that real dark ale, which was good. And good food, and dancing with all those pretty girls. It was just a good time to relax. The officers' club was nice. The corporals loved to work at the officers' club, because they had a ball. (Laughter) And I could appreciate that.

WALLER: Having wave after wave after wave of wounded, how did you maintain focus or keep motivated?

KESTERSON: The depressing periods were the holidays and Christmas. Remember, the Battle of the Bulge was right about Christmas time, as I recall, and we were working so much, and we were so homesick. Those were the hard times, really. Terribly hard times. But I was so lucky because I could go down—once a month, I went down and caught the train and went to London, and got away from it for just twenty-four hours, and that was a big help. Just twenty-four or forty-eight hours. Just wonderful to be away from the problems, and the pain, and the wounds of the war.

WALLER: Did you write home a lot, or ...

KESTERSON: Yes. Once a week, and got mail. I can assure you that the families were very much involved. Mother was very regular with her correspondence, with three young sons in the Army. I wrote at least once a week ... and sent little post cards, or little mementos, or little ... easy gifts to package and send home.

WALLER: What were your impressions about the Atomic Bomb?

KESTERSON: The Atomic Bomb? Well, I think it's tragic, almost, that folks are trying to rewrite history. I'm glad they dropped it. I'm going to the Philippines, and then going to be probably in a front unit in the 84th field, or a M.A.S.H. unit, going into Japan. You knew the casualties were going to be tremendous, including, maybe, me. I was scared. So I was glad they dropped it. I don't know what political affiliation I truly am, but whatever I am, I voted for Mr. Roosevelt the last two times he ran, and I didn't much like the man, really. But I didn't want a change—didn't want to change horses in the middle of the stream. And I thought Mr. Roosevelt would get us out of this war quicker than anybody else. So I was in favor of Roosevelt being re-elected. And when Truman dropped the Atom Bomb, I thought it was the proper decision.

PIEHLER: I'm just curious. Your parents were Republicans. How did they feel about Roosevelt in the 1930s?

KESTERSON: They were not very fond of Mr. Roosevelt, as a matter of fact, but they weren't vindictively against him, and they knew he had a big hard job, and thought he did the best he could. So, they didn't like several things about Mr. Roosevelt. The NRA, they didn't like.... Whatever he started. They didn't like his packing the Supreme Court. They thought that was terrible and unconstitutional. And they didn't like the things that the Republicans probably didn't like about Mr. Roosevelt, but they thought he was a leader, and they admired him in some

ways. They didn't like his wife. They disliked her more than they disliked him. Isn't that strange? They didn't like Eleanor.

PIEHLER: I'm curious: you were here before TVA. Now TVA is so associated with this ... region of the country, and we have the TVA headquarters, but you remember when TVA ... came to this area. Any memories of that?

KESTERSON: Yes, I watched them build Norris Dam. We went up there as often as we could, and watched them build the dam. We thought it was just absolutely wonderful. It was a tragedy, we felt, that they were flooding all that good farmland down through there. But I felt, erroneously, that dams were good. We know that they're not always good now, but I felt that we needed electrical power in East Tennessee. And I thought hydroelectric power was the way to go. I didn't know about atomic power being the best and safest. It's a tragedy that atomic power has gotten such a bad reputation because the French. Eighty-two percent of French electricity comes from atomic energy, with no problems. And they talk about ... Three Mile Island. There was no radiation, and nobody got killed. But they still talk about it. At any rate, I think atomic power is the way to go. I thought the TVA system of flood control, and the production hydroelectric power for electricity, was great. I was in favor of the TVA.

I worked for the TVA one time. Let me tell you about that. This is interesting. I tried to get a job—I was in med school, and I tried to get a job my freshman year, and I did get a job at the TVA, delivering mail. I was a good mailman too. I worked in the mail office. It was just a wonderful job, and the pay was the best money I'd ever earned. Well, about mid-way through the summer, there had been an investigation of TVA by one of the committees, and Harcourt Morgan had been fired, as I recall, and the investigating committee said that TVA was not represented by the proper proportion of black people to the population, and they had to hire more black men up at the TVA. So they did. And they came in, and they told us that they were sorry—we were just recently hired, really summertime employees—and that we in the post office would be replaced by these other nice black guys, most of them from Knoxville College. They were great guys. We weren't mad at them. But they started delivering the mail. But they said, "We'll work something out for you." When I took my entrance test at the TVA, I didn't quite finish it. The lady said, "You didn't finish it." And I said, "You didn't say it was a timed test, either." She said, "No, we're not supposed to tell you." I said, "Well, that's stupid," because I thought maybe it was more important to be accurate than to finish, and she said, "No.... You are unique, because you really didn't pass the test because you didn't finish it, but you made the highest grade on current knowledge of political affairs of anybody that has ever taken it." I thought that was odd. She said, "We don't think we're going to hold this test against you because you didn't finish it."

At any rate, they told us in the counseling group that they were going to try to get us another job. So they called and said, "Can you work in the reproduction department?" And I said, "What am I reproducing? (Laughs) They said, "Oh, that's the printing department. We reproduce materials. We collate reports, staple them, bind books, and help the printers on their machines." I said, "I would love it." So I started working up in reproduction, and I worked there for the rest of the summer. So when I came back the next summer, they gave me a job in the reproduction

department again. Well, I must have been ... a junior.... No, my freshman year I got the job, and then I came back my sophomore year. That's the way it was. But by then, the draft had really impacted the number of ... males that were available. So there were only two of us who were men, and the rest of them were girls. And we were just overloaded with work, tremendous amount of work.

PIEHLER: This was the summer of ...

KESTERSON: This was the summer of 1941. And they said, "Can you work overtime?" Well, the girls didn't like overtime work. They didn't care for that. Well, they were already committed, they had dates, they had things they wanted to do, or they wanted to get their hair done, or something. So ... I'd go to work at seven o'clock in the morning, and I worked until midnight. I'd catch the last bus home, and that way I was working ... seventeen hours a day, and getting all of that overtime pay. I made big money. I made as much as \$400 or \$500 a month back in '41.

PIEHLER: Which was a princely sum.

KESTERSON: Princely sum, enough to put me through school! At Vanderbilt, the tuition ... was \$400 a semester. It is \$10,000, now, a semester. Harvard is \$25,000 a semester in medical school. It was incredible. I put myself through school by working in the summertime in the reproduction department of TVA. Which was incredible. I'm lucky, you see? I've got a little angel sitting on my shoulder. (Laughs)

WALLER: In your private practice, did you ever treat veterans?

KESTERSON: Oh, yes. Yes.... And see, my surgical residency was in the Veterans Administration Hospital in Nashville. About sixty percent of our patients were non-service connected. They came in with hernias or appendicitis, or something that had nothing to do with their service, but about forty percent of the patients were service-connected disabilities. I would suspect that the same ratio runs true for the Johnson City Veterans Center now, because they have a lot of non-service-connected patients admitted to the hospital. And these people, if they're qualified for veteran services, got the same benefits as the service-connected disabilities. But the service-connected disability patient was special, and he should be. We were always pleased to take care of them if they had a problem.

WALLER: I guess my final question would be—it's a large question, but—how did your experiences in World War II help mold your outlook on life, or your career?

KESTERSON: Well, I think I have alluded to that, perhaps, or tried to allude to that. I think it was a maturing, sobering experience. It was fun, instructional, educational, but I think I went into the Army pretty immature. Didn't know anything. I had never been anywhere, never been out of the United States. Had never really traveled much in the States. I was just sort of an East Tennessee youngster from coal mining parents. My mother wasn't a coal miner, but my dad started out as one. Just a humble beginning. But I came out of the Army much more mature,

much more knowledgeable. I think more gracious and understanding, more tolerant. It changed me quite a bit. It didn't change me as much as twenty-nine years of practice. That changed me a lot more. But it's all a maturing and learning experience. You never get out of school. That's the important thing.

PIEHLER: 'Cause you're still in retirement, yet you were mentioning elder hostels, and ...

KESTERSON: Yeah. Oh, they're great.

PIEHLER: ... and your current reading. You're still reading some very serious non-fiction.

KESTERSON: I'm an avid reader. I'm not much of a TV man.... I'm an avid reader. I just love good books. I read goofy things that I don't understand. Well, I do understand [some], too. The Five Equations That Changed the World. Have you ever read that?

PIEHLER: No.

KESTERSON: Great book. Great book. And quantum physics. An Easy Essay On Quantum Physics is a great book. Huge, wonderful book. I got interested in cellular chemistry, and metabolism when I was practicing, and I used to go and take subjects on genetic diseases and cellular metabolism, instead of going to surgical meetings. I didn't need to go to surgical meetings. I needed to do something stimulating. So I learned a lot about cellular metabolism.

(Phone rings, tape paused)

PIEHLER: Sorry for that interruption.

KESTERSON: That's no problem. I didn't need to go to surgical meetings; I needed to go ... to stimulate me, and my appetite, and challenge me. So I got interested in cellular metabolism, sub-atomic [particles]. Under the atom. Quarks. Liptons. And those things that are so confusing.

PIEHLER: Well, we really appreciate you. I know Lindsey appreciates this. This is also her—I appreciate you on behalf of the Center, but I know Lindsey, on behalf of her own project, appreciates it a great deal.

-----END OF INTERVIEW-----

Edited by Robert Gracia 7/14/2003

Edited by Greg Kupsky 11/5/2003

Reviewed by Kurt Piehler 11/16/2003