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ORAL HISTORY OF MEDICINE PROJECT

Interview with Virginia V. Milner, M.D.
Albuquerque New Mexico
October 18, 1983

This interview with Dr. Milner is being conducted in her office at 200 Oak Street, Albuquerque, on Tuesday, October 18, 1983, by Jake Spidle, Ph.D., Professor, Department of History, The University of New Mexico. Dr. Milner is a long time Family Practitioner here, and has lived in New Mexico forty-three years.

Spidle: Does it seem that long?

Milner: No, it seems like yesterday.

Spidle: Dr. Milner originally came in 1939 to Brooklyn Cottage Hospital at Dixon in northern New Mexico. The hospital was a Presbyterian mission institution. Dr. Milner, would you first tell us something about your family background, where you were born, and the like?

Milner: I was born in Iowa where my father was a Presbyterian minister. In '929 I visited my grandmother in Indiana, where I attended Sunday School and got into the wrong class. It turned out there was a visiting teacher that day who told about a trip she and her husband had taken through Arabia and that part of the world. Because the citizens there realized they were Americans they rushed up to them, confident that these people could cure any disease they might have. She said all they had to give was aspirin, and described what a terrible plight these people were in for lack of medical care. In a flash, I decided to become a medical missionary. When I came out of Sunday School and told a girl friend what I was going to do, she said, "Oh, heavens, Virginia, be a doctor if you want to, but never consider being a missionary." I immediately realized that I would have to keep this under my hat or else a lot of people would try to discourage me. Nevertheless, that did set off my desire to study medicine and I became interested in science, which I had not been exposed to before my senior year in high school.

I took my pre-med at Parsons College at Fairfield, Iowa, and it seemed I was destined to go to medical school. I didn't realize I was supposed to take aptitude tests before I submitted an application, and I happened to be chatting with one of my classmates who said, "Well, I'm on my way to take the aptitude test for medical school." And I said, "What are you talking about? I didn't know about it." He said, "Well, you have to apply, and they send a form and the professor right here will give the test. It's too late for you to get one now, but I'm not going to medical school for another year so you take the test in my place." So it all worked out. I graduated from the University of Iowa in 1937. Then I went to Passavant Hospital in Pittsburgh for a rotating internship. At that time the Presbyterian Church had a Board of Foreign Missions and a Board of National Missions and, since I planned to be a foreign missionary, I was being overseen by the Board of Foreign Missions. When I finished my internship I did not feel that I was really qualified to practice medicine in a foreign country, and I wanted further training. The Medical Director of the Board of Foreign Missions was able to get me a residency in Obstetrics at Womans Hospital in New York City, where I spent six months.
I was hoping to go back there to work full time in their OB/GYN residency, but after that six months I went home for a little vacation and it turned out that Dr. Sarah Bowen, Physician in Charge at Presbyterian Mission Hospital in Dixon, called Brooklyn Cottage Hospital at that time, was in dire need of an assistant and had asked Dr. Dobbs, the physician in charge of the Board of Foreign Missions, if they had anyone they could loan for the time being. He told me, "We realize we're taking a big risk to loan anybody destined for Foreign Missions to National Missions, but go ahead and do it." So I came to New Mexico in February 1939.

We didn't know anything at all about New Mexico. Looking at the map it seemed to be in the south where it would be warm. Just a few days before I was to leave, one of my uncles happened to run into someone who had been to "Tay-us" (Taos) New Mexico, and who knew they had winter. So I did come with winter clothes. The Board told me to take a train to Santa Fe, but when my father went down to buy my ticket and discovered the train didn't go to Santa Fe, he almost decided I couldn't go.

Spidle: That's right; it stops at Lamy Junction.

Milner: Yes, Lamy. Two doctors had been sent out as assistants to Dr. Bowen. I don't recall what happened to the first one; she didn't last very long at all. The other came with golf clubs and tennis rackets and stayed six weeks. So when it was decided that I would come, Anna Scott, Head of National Missions Medical Department, leaned over backwards to advise me how primitive this would be: I would live in a mud house, simply furnished, with no running water or electricity. I was fully prepared to be met in Santa Fe by Dr. Bowen in a spring wagon, and was pleasantly surprised when she came driving a brand new Chevrolet coupe and wearing a beautiful caracal fur coat that she had obtained in China where she was born and raised. After taking me to La Fonda for breakfast, we did errands and then set out for Dixon. The dietitian cook had gone all out to prepare a marvelous meal upon my arrival and that was the introduction to many, many wonderful meals. She felt her contribution to the mission effort was to keep up staff morale by feeding them well.

Spidle: What was her name? I've heard about her before.


The simple house turned out to be comfortable as well as attractive, although it's true there was no running water or electricity; we had kerosene lamps in our rooms. Each room was heated by a little wood burning stove, and I never did learn how to start the fire quickly. It was better to leap out of bed, jump into clothes and run to the hospital where there was a furnace and central heating. When we left the hospital to go to our rooms at night we each carried a gallon jug of warm water for bathing and a quart jar of cold water for drinking, and we managed nicely. The privy was at the end of the walk. It was simple—primitive. Dr. Bowen once told Dr. Harper C. Donaldson that she thought it would be better for mission work if a man, preferably a surgeon, were at that mission, and that she would be willing to step down as the superintendent or manager or whatever her title was. To which Donaldson replied, "Why! We couldn't expect a man to live under these circumstances!" She never did forgive him for that statement. (Harper C. Donaldson, Ph.D., was Superintendent of Menaul School for many years and supervisor of all National Mission projects in the area.)
Spidle: (Laughing) I saw a bumper sticker today which read: "Those women who want to be equal to men lack ambition."

Milner: Work at Dixon was varied. The original building was intended as a home for two nurses and possibly a place to take care of one or two persons overnight in an emergency. In the early 1900s the Presbyterian Church bought land at Penasco with the intention of starting a mission hospital. Dr. Taylor, who was sent out to do the work up there, was once called out to look after a woman who was having her eighth or ninth child. When the midwife was unable to help after the woman had labored for several days, Dr. Taylor did some sort of obstetrical operation and saved the woman's life. I don't know what happened to the baby. The woman's husband was off herding sheep in Wyoming and when he came home and discovered that a man doctor had attended his wife without his permission, instead of being grateful that she was alive, he became very irate and threatened to kill Dr. Taylor. When he actually did make an attempt on his life, Dr. Taylor just packed up and left. The Church sold their land at Penasco.

The two nurses continued to live in the building at Dixon and did a sort of Public Health type of nursing. Dr. Jones, whose widow used to have those wonderful dolls at a house in Old Town--she had a whole display window full of Indian dolls she had made--he used to go up from Española periodically to hold a clinic or something. Along in the 1930s the Board asked Dr. Bowen to go out to make a survey to see where there was enough work out there to keep a doctor busy. When she reported there was, they offered her the position, and she went out in about 1932. The first thing she did was to turn this little Dixon building into a hospital and rent a house from one of the local men for herself and the staff to live in.

The front door of this hospital opened into a room that was waiting room, reception room, drug room, examining room and, when we needed it, the operating room. One room was a medical/surgical ward with four beds. Your sex or age didn't matter; if you were medical or surgical, that was where you went. People didn't seem to mind; they sort of enjoyed being together. We also used one room as a maternity ward with six low-lying cots. The beds were so close together we couldn't use the gurney; we simply picked up patients and carried them. The septic tank for the building's one bathroom, which was designed to take care of only two people or, occasionally, three or four, was not adequate for anything more than patient use. In those days patients got badpans which they don't furnish any more. Another room was the Pediatrics Ward, the laboratory, nurses' duty station, and sterilizing room, all going on at once. They ran the pressure steam sterilizers with kerosene burners which sometimes blew up, spouting soot all over the place. Off that room was the newborn nursery. By the time I arrived, Dr. Bowen had made great strides from the days when she used to put babies in bureau drawers and apple boxes. She had acquired laundry baskets each lined with a sheet and placed in a row atop a plank on sawhouses. That was the newborn nursery, right in the delivery room. When we had complicated deliveries we set up an old army examining-operating table to do obstetrical procedures. But most people were delivered spontaneously without any anesthetic or anything. If an anesthetic was needed, we sent for the dietitian to drip ether for us...a far, far cry from the way we do things today.

At the back of this little building, now a hospital, Dr. Bowen had added a large room which was used for kitchen, dining room, her private office, my
private office, the projectroom, the butchering table--whatever needed doing was done out there. On my first day at the hospital, she asked me to write some letters and I said, "Where's the stationery?" "In the refrigerator," she answered. Someone had donated a refrigerator which ran on alternating current, but we had a Kohler plant with direct current, so the refrigerator was put to good use as storage space. Reverend William Orr, who had learned long ago never to go in the front door when he came to visit us, said he never knew what he would find when he went around to the kitchen. Someone might be cutting out a dress; Miss Cole might be butchering a hog; we might actually be having a meal (laughter). Besides writing letters that first day, I also was asked to conduct office hours. One patient came in whom I began to question and examine, then someone else came in. Later someone else entered and sat down. They looked at me and I looked at them; they looked at me and I looked at them. I looked at the patient and said, "You'd better come back another day." No one on the staff had told me that when a patient came in you locked the door. Then when the next person came and found the door locked, they knew they were to wait. In summer they sat on the grass and during winter, if it was terribly cold they went around to wait in the kitchen. That was the way we got privacy, but no one had bothered to tell me about it.

I didn't know a word of Spanish and tried to put a French pronunciation on all the Spanish names, which does not work--you cannot say Martinez and Rodriguez (Dr. Milner pronounced these with an "ay" ending) and have anyone know what you're talking about. Dr. Bowen did try to teach me some Spanish. She sent me out to see a woman one time who was in labor and all I could say in Spanish was "Tiene dolor?" (Do you have pain?)

Spidle: Where did Dr. Bowen learn her Spanish?

Milner: She just picked it up.

I saw my first case of diphtheria, my first case of smallpox, my first case of typhoid and my first case of malaria out there, none of which we had in Iowa, or in Pennsylvania. I think it was a great tribute to the skill of our nurses that, while we had infectious diseases in that hospital, we never had any cross-infection. Dr. Bowen once went off for a weekend and when she came home I had twenty-seven patients in that ten-bed hospital. The number of pediatric beds was quite flexible and people had learned that sometimes when they came with a sick child and we said, "We're sorry; we can't take the child because we have no beds," they would respond, "Well, I've brought the bed." So we would have to set it up in some place. One morning I went to breakfast and Dr. Bowen said, "I delivered Mrs. ---- this morning. She had another boy and another breech and I fractured a femur; take care of it." I decided that simple traction would take care of the fracture so I went to the storeroom to scrounge around for the things I would need. Two wooden spools which had once held thread would serve as pulleys; an old broomstick, sawed to the proper length and tied to the head and foot pieces of a crib would make a strong support on which I could tie the spools; a cloth bag which once held salt would hold sand for my counterweight. I found a thin piece of wood which I carved to the approximate size of the baby's foot, and found the necessary cords and rope. Using wide adhesive tape I attached the baby's leg to the carved foot piece leaving a space of two or three inches between the board and the foot. A rope with a knot in the end of it was passed through a hole in the foot piece, over my spool pulleys, and attached to the counterweight which hung freely outside
the crib. I made one mistake. I had too much sand in the salt bag and the weight lifted the baby straight up off the bed. This was soon remedied. It was a jerry-rigged apparatus but it worked. We had excellent results with it. We later X-rayed the child and couldn't tell which leg had been broken. There was no central supply--there was only you and the patient.

I had many complicated deliveries. During a visit back to Iowa City I told one of my Obstetric professors about this, who seemed rather horrified about all the things I had done. "Well," I explained, "there wasn't anybody there but me and God and the patient, and God wasn't doing a whole lot." It was up to me entirely. We had a lot of fun as well as a lot of work. We made our own fun, going horseback riding, swimming in the river, hiking the mountains. We had a party at any drop of the hat; everybody had a big birthday party and were presented with twenty or thirty gifts we retrieved from the missionary barrels, all crazy things that we were expected to give back, along with one nice gift which the combined staff had bought. Dr. Gertrude Light, a visiting doctor, once said "What do you do?" "We have lots of fun," our head nurse replied, and she told about all these things. "Well," said Dr. Light, "I suppose you do in your simple way." So after that, whatever we did, "we did in our simple way."

This was a mission hospital so some time during every day we held a devotional service which usually consisted of a hymn or two, a scripture reading, a prayer, and that was about it. The staff took turns with this and we always were delighted to enlist the help of any visitor who happened by. I remember one Easter Week when Miss Myrtle Walmsley came to talk about how we didn't have to really do anything for our salvation except to believe. A Penitente in the hospital at the time--we always recognized Penitentes because their backs were covered with scars from scourging themselves--lay in bed with tears running down his face and he kept repeating, "If I had only known. If I had only known I didn't have to do this."

Many funny things happened. An elder of the church came to conduct the service one Sunday just after we'd had an emergency appendectomy, two deliveries, as well as a woman who had come in with a miscarriage and we hadn't even had time to look at her. It was one of those days you think you will never get through. When he suggested we sing "Oh Day of Rest and Gladness," I got so tickled I had to leave (both laugh).

The time came when it was quite clear that the hospital was too small. Plans were underway to build a new hospital, but there was not enough land in Dixon to provide for sewage disposal, so the Mission Board purchased land on the highway near the Embudo postoffice, and the hospital was moved out there and called Embudo Presbyterian Hospital. Before that it was called Brooklyn Cottage and people nicknamed it "Baby Catcher" Hospital, since we caught babies all the time--right and left (both laugh).

Spidle: Brooklyn Cottage -- BC -- Baby Catcher.

Milner: The last time I was at Dixon I couldn't find the hospital because it had been remodeled and completely changed into a manse for the minister. I was sure it was there, but never would have recognized it, for they've added one and perhaps even two additions to the original structure. The architect was Richard P. Milner so, as Miss Scott said, "We got a new building but we lost a doctor," because we married and I came to Albuquerque in 1941.
Spidle: That's where you met, then?

Milner: Yes. It was a great pleasure when we moved into the new house and hospital. We had running water, electricity and new furniture. We had a delivery room that was separate from the nursery. We had eight beds in the maternity ward, six in the medical/surgical unit, two private rooms, and a pediatric ward. Both Dr. Bowen and I had a private office and there was a laboratory, and a business office. Along with increased staff in anticipation of the move, we hired a girl who was to manage the business office. Before that, Gladys Plekenpol had done what was necessary. She was a jack-of-all-trades capable of doing all sorts of things to keep the hospital running. Bernice Ludlow, who came as the business manager, was the kind who wanted to dot all the i's and cross all the t's. Late one afternoon when Bernice was still in her office, a man came with his wife to say, "My wife, he wants to see the doctor." Ludlow said, "What's your wife's name?" He supplied her name, then added, "but my wife he wants to see the doctor." Finally his wife went "Ugh!" and the baby was born right in the business office. I told my daughter about this and she said, "Well, Mother, did she get the information?" which, of course, she did (both laugh).

Perhaps I should mention the clinics. We went to Holman, Chacon, Truchas, Chamisa and Llano once each month, and in winter that was quite a hazardous undertaking because the roads weren't kept open, and there wasn't much of a highway from Chimayo to Truchas anyway. I couldn't believe the variety of problems we encountered. We saw everyone who came to the clinic and then went out to homes to see those who were too sick to travel. Lots of funny things happened on those trips. One day I arrived at Llano ahead of my interpreter who lived at Chamisa and walked across the mountain which wasn't too far while by road it was quite a ways. So I thought, well to get things started, I'll just go ahead and ring the church bells, and when I tolled it, a lot of people came running to see who had died. It was at Llano that they asked me to make a house call after I'd had a terrible time getting there that day--in fact, we'd had to park about a mile away because we couldn't get through the mud. I said I'd make the call if they'd get me a horse. They brought a horse and a kitchen chair. So here I was in my dress--in those days women wore dresses--and my galoshes and my fur coat and a wool scarf on my head, and I climbed up on the kitchen chair and got on the horse and we went about a hundred yards to the house (both laugh). Well, I'd said I wouldn't go unless I had a horse.

Spidle: What did they think of you?

Milner: I don't know. The reason the Mission Board wanted to send a woman doctor to do this work was because of Dr. Taylor's experience. Many Spanish people lived by the old Spanish way which was influenced very much by the Moors in that a woman was a man's property and no other man was to approach her in any way. A lot of the Spanish people still feel that way. For the most part I think they were pleased we were there.
Spidle: Before asking you about Embudo, let me confirm a couple of details about your background. You were born in Iowa and reared there throughout your childhood and adolescence. Was there a family medical tradition?

Milner: Not in my father’s family. My mother’s uncle was a doctor in the Van Nuys family.

Spidle: There was clearly a tradition of service; the Presbyterian ethic was instilled in you pretty early?

Milner: Yes. My father was born and raised in a little farming community just out of Franklin, Indiana, and at one time a great many missionaries and ministers went out from that church. I’ve forgotten now how many, but it was an impressive number, like thirty or forty from this little country church with a membership of around 200.

Spidle: You kept that tradition very much alive, I see. What about brothers and sisters?

Milner: My older sister and I were in a horse and buggy accident and she was killed on the day she was seven. I have a younger sister who lives in Iowa.

Spidle: Do you recall any medical school incidents? What did you enjoy most? What did you like least? What was it like being a woman medical student in the mid-1930s?

Milner: The man who had been dean just before I arrived as a student at Iowa City had not been at all receptive to the idea of women in medicine. He couldn’t keep them from being there, but he made it really nasty for them. By the time I came, Dr. Ewen MacEwen, the new dean, didn’t especially care to have women in medicine but he accepted the fact, and he treated us exactly like he treated the men, which is all we really wanted. There were six girls in my class of a hundred; one dropped out after the first year and never went on; one failed the first year, repeated it, and graduated a year behind us. By the time we graduated, there were eighty left in the class and four of them were women. Our dean, who didn’t want each one in the class applying to twenty or thirty different hospitals for an internship appointment, told us that if we each chose two or three hospitals, he would guarantee we would get one of them. I chose Pittsburg’s Passavant Hospital, which was excellent training for my New Mexico experience because it was very old—there was no central supply—no residents, only the section chief and you. You didn’t call central supply to have something sent up. When I said, "This patient should have a Wangensteen suction tube set up," there wasn’t one; I went to the lab and made one. That’s the sort of thing I had to do in Dixon. Out of five interns, two were women, and we got along very well.

Spidle: Why did you choose that particular hospital?

Milner: I don’t know except that Dr. MacEwen had some information about which hospitals would take women, for one thing. A lot of them said they would, but when it came right down to it, they never did.

Spidle: That stands to reason, although I’ve never heard nor read of it.

Milner: Well, it wasn’t publicized, but he knew which ones --
Spidle: Through the Old Boy network, he knew to which hospitals it would be a waste of time to apply?

Milner: Yes, he did.

Spidle: At this time you were still thinking about foreign mission work?

Milner: Yes.

Spidle: Including internship and medical school and beyond, is there any single figure you would select as most important to shaping your attitudes and philosophy as a physician? Any teacher, any supervisor, or perhaps it's your father who was most important in that respect?

Milner: (Pause) I don't know quite how to answer that. I was married and first came to Albuquerque in September 1941; Pearl Harbor happened in December. I scarcely had time to get used to being married when all of a sudden came Pearl Harbor, the War, the great exodus of physicians, and a great influx of people. Suddenly I was involved with the Health Department, doing well-baby clinics, prenatal clinics, traveling to Chilili, Escoboso, San Antonito, Sedillo, Cuba, Lindrith, Los Lunas, Belen--and about four or five different places in Albuquerque. When Dr. Stuart Adler asked me to do these clinics, I said, "I don't like pediatrics and don't want to do clinics." And he said, "There is no one else who can do it. You have to; if you have any problems, come to me." He was State Director of Maternal and Child Health at the time and in Santa Fe during the week. When he came home weekends, I'd be sitting on his porch saying, "This week I saw this --," and we'd have these long chats. He influenced me a great deal as to what I was doing and how I finally learned to like it.

Spidle: How very nice. I'm sure he would be pleased to know that. I have some questions to ask about Embudo, and I'm charmed by your remembrances. What was your initial reaction? Apparently it wasn't as primitive as you expected.

Milner: I was prepared for it to be pretty bad, and it really was very nice. My room was simply furnished but it had a Simmons box spring and mattress, not ticking stuffed with corn husks, as they had led me to believe.

Spidle: Apparently you stayed a good deal longer than you originally planned?

Milner: I thought I would be there three months and then return to Womans Hospital in New York to do my residency, but they kept putting me off--"reapply, reapply, reapply," they said. Somewhere along in there the Foreign Board did have an opening in Thailand and asked if I would accept. About that time I was being treated for amoebic dysentery and it didn't seem wise to set off for Thailand. The doctor who took that position in my place was there only six weeks before the Japanese came and she ended up in a concentration camp. Later she spent some time at Embudo before Edith Millican came.

Spidle: You've just mentioned amoebic dysentery, which must have been unusual for a young doctor from the farmlands of Iowa. What else did you see in Embudo?

Milner: Yes, typhoid, diptheria.
Spidle: But presumably those weren't major disease problems?

Milner: No, they weren't major problems.

Spidle: What were the main things you saw? Were they the same as in Iowa?

Milner: Well, I never practiced medicine in Iowa, so I don't know about that, but the main thing with babies was gastroenteritis in the summer time. Of course, the prevalent practice was for the people to take all their water out of the ditch, which was very convenient, because the privy was set on the edge of the ditch so when they went to the privy they brought back water which they didn't bother to boil. So there were lots of very sick babies, and we lost many of them. In those days we did recognize the importance of giving IV's to some of our adult patients, but IV treatment wasn't terribly prevalent, and you didn't even try to give it to a baby. About all we could do was inject fluid under their skin and try to re-hydrate them that way. We didn't know about electrolyte balance nor administering sodium and/or potassium, so a lot of them died. That was the main problem we saw with children, but most of what we had in hospital were deliveries and acute appendicitis. There was no hospital in Espanola, so Dr. Nesbit brought his patients to our hospital and he came up to do our emergency and elective surgery. One morning along about eight o'clock, a man from Ojo Sarco came to the door whose wife was in the back of a spring wagon. At that time the Ojo Sarco road was horrible; a lot of it just went through the stream bed, and it had taken him four hours to get down there. His wife had a ruptured tubal pregnancy and we were certain of the diagnosis, but Dr. Nesbit was in Indiana. There was no telephone at our little hospital; we went a mile and a half down the road to call a doctor in Santa Fe who said, "Send her here; I can't come up there." Well, the highway was under construction and we knew it would be at least another hour before we got her to Santa Fe. He would then have to examine her before he reached his decision and then make the ensuing arrangements, and we knew she wouldn't live that long. So Dr. Bowen and I said to the man, "If we operate on your wife, she may die; if we don't operate on her she will die. What do you want us to do?" He quickly responded, "Operate." Dr. Bowen and I usually didn't do any surgery; we would assist somebody but we weren't qualified surgeons. We read up in the Anatomy book, prayed extra hard and we operated. The woman came along just fine.

Spidle: What was the distribution of labor between you?

Milner: You mean between Dr. Bowen and me? We took turns with house calls, with office hours, with clinics, and with deliveries.

Spidle: There was no "You're better at Orthopedics than I am?"

Milner: No, not really.

Spidle: What about nutritional diseases? Did you see those in northern New Mexico in the late 1930s?

Milner: The main problem was with bottle fed babies, because if they got sick their mothers took the water out of the formula and didn't give them any at all--only concentrated milk, which made them much, much worse. But the people were pretty healthy. They ate mainly chili--there is plenty of Vitamin A and C in chili--and beans which contain a lot of good protein.
Spidle: You referred to a strong nursing staff at Embudo and, clearly, that was a major component of the success of your medical mission. Do any special names stand out? Who was head nurse there?

Milner: Charlotte Maisch was with us a long while as head nurse. She lives in Albuquerque now, at LaVida Llena, the same place Dr. Millican lives. She took post graduate training in Obstetrics at the same hospital where I had done my residency in New York. As I said, it's a small world.

Spidle: You didn’t know that at the time?

Milner: No.

Spidle: What about the reaction of the Spanish community there to Embudo medicine? After all, you’re Protestant missionaries and this is a heavily Catholic region. Did that make much difference?

Milner: No, I don’t think it did. Of course, they had a little mission plaza school, too. In fact, the Presbyterians had a lot of plaza schools, and as public education developed, they closed them. But they still had one in Dixon when I was there, and the people felt their children got a better education going to the Presbyterian plaza school, certainly better than the public school. There was a Catholic school too, and some children went to that. When Dr. Bowen first went out, she had to win their confidence and get them used to modern medicine. The midwife would go to the home at the first sign of labor and stay until the baby was three days old, and Dr. Bowen had to disabuse the women of this idea. She came for the delivery but would not stay for three days afterwards, although we did call back to see that everything was all right. She developed a great deal of confidence, and many times patients made all sorts of efforts to get to her little hospital up there rather than take medical care elsewhere. A young man hitchhiked down from Colorado when he was told he had to have his appendix out. He said he wouldn’t be operated on any place except at Brooklyn Cottage Hospital in Dixon. Fortunately, he arrived before his appendix ruptured but he took a big risk. We appreciated his confidence but it would have been better had he been taken care of where he was.

Spidle: But arriving eight years after Dr. Bowen, you saw little hostility?

Milner: Not really. We were friendly with the priest, and I don’t recall feeling any hostility at all. In fact, when you go out into the old mountain villages you find the Spanish people are very hospitable–much more so than they are in the city. You are their guest; this is their home and you are welcome. They tend to push you away in Albuquerque. On one of Dr. Bowen’s first home deliveries, the room was full of relatives. She managed to get everyone shooed out except one old lady who refused to leave. As soon as the baby was born and cried, everyone came rushing back in again, including a three-legged goat, and a little child who stood between Sarah and the patient. She had quite a time. I established a system of issuing to each patient a yellow slip on which were typewritten these questions: "What time did your pains start? How close are they? Are you bleeding? Did the bag of waters break?" They were supposed to have those questions answered when someone came for us--and somebody had to come because there was no phone service. You knew when you were called in the middle of the night that someone had to saddle a horse and ride ten or fifteen miles, so it wasn’t something you just brushed off. One morning just after we had arrived at the hospital for breakfast a
small boy came with this yellow slip. None of the questions were answered but there was a written note: "I will be ready for you in thirty minutes." When we figured out how far away that lady lived and how long it had taken the little boy to reach us walking, we decided we'd better hurry! Sometimes we sent them back with the paper asking for answers to the questions before we left, but that time we just threw the pack into the car and rushed up. We arrived at this large old square house out in Canoncito that had three doors on each side. The nurse and I knocked on the first door and no one came, nor at the second of the three, so we turned the corner and tried three other doors. Nothing. We kept turning corners until we reached the ninth door where an old lady told us to go to what was the twelfth door on the other side of the house. She let us in but there was no sign of the patient. So we sat for a while, getting very nervous, and I said, "Look in that door," which only opened into another empty room or a closet or something. We opened another door that led back to the room where the old lady was and she said, "Sientese! Sientese!" (Sit down. Sit down) and a few other things we didn't understand, so we backed out and sat down again, unable to locate the patient. We finally discovered her in a little anteroom that had been built on as a small bathroom. She had just finished a bath and shampoo and was leisurely combing her hair when we suggested, "Don't you think you had better get into bed?" Obviously in no hurry, she finished combing her hair, then got into bed where she had two contractions and delivered a ten pound girl. When it was over, we said, "When your little boy came with a note saying you would be ready in thirty minutes, we thought you were ready right then and we'd have to hurry." She said, "Oh, I knew how long it would take him, and I meant thirty minutes from the time he got there."

Spidle: (laughing) She had planned very carefully. You indicated a nurse, and it occurs to me that it was probably a policy that you didn't go out by yourself?

Milner: Well, on home delivery we needed someone to assist. If it was to see someone who was sick, we went by ourselves.

Spidle: And you had no worries?

Milner: No, we never worried about it.

Spidle: Although you wouldn't go three blocks here in Albuquerque, would you?

Milner: No, I certainly would not.

Spidle: What about traditional medical practice in those communities? You mentioned midwives. Where there curanderas as well?

Milner: Yes, and at times some of them became a little hostile, but they never were really open about it. I remember once Dr. Bowen went up to a clinic and this women was quite sick with pneumonia. She had spent her last fifty cents for a small vial of herbs sold to her by the curandera which were supposed to cure her. We never learned whether she was to sniff it or make a tea of it, or what. Anyway, Dr. Bowen exchanged the herbs for sulfapyridien, which was new; until then we didn't have anything to treat pneumonia. The lady got well.

We didn't really have too much contact with them (the curanderas), although a couple of their practices did bother us. One was that they tended to treat
conjunctivitis with a sugar solution, and I'm sure that at some time or other they had seen someone use boric acid as an eyewash and they thought it was a sugar solution. Also, they treated burns with ink, preferably green ink and, again, I suppose they had seen potassium permanganate or gentian violet used on something, and they thought they were doing the right thing. But we rarely confronted that sort of thing.

Spidle: What about economics--the funding of Embudo?

Milner: The hospital was financed by the Presbyterian Mission Board, and we always charged the patient. At the time I was there the whole package of prenatal care, delivery and post partum care, was ten dollars. If they didn't come for their prenatal care it was fifteen dollars--they were penalized if they didn't come in for care. Some of them could afford that and some couldn't, but they then perhaps paid with labor, came to clean out the ditches, or they brought eggs or chickens or a load of wood. We tried to prevent it becoming charity. They were expected to pay, either in money or produce or labor. The average yearly cash income for families up there was $261, and an average sized family was five and a half, so there wasn't much money. There wasn't any pharmacy, either. We dispensed any medicine there was. There was no point in writing a prescription when they would have had to drive twenty-five or fifty miles to have it filled.

Spidle: What about sustenance for you as a physician? What did they pay you, for example?

Milner: I got $80 a month.

Spidle: (laughing) -- and set aside a big portion for your dowry?

Milner: And of course, I got my room and board.

Spidle: Yes, but not until you moved to the new hospital did you have running water and indoor plumbing. Here you were, a young doctor, first at the Brooklyn Cottage Hospital and then Embudo Hospital. You were practicing medicine under difficult and different conditions, I gather, from the way you were trained. Did the fact that this was a mission hospital affect your medicine in any way?

Milner: Well, we always had a prayer before we did surgery. Sometimes people were a little startled about that--visiting doctors, mostly. I think that was the main thing which was different.

Spidle: I'm aware that in certain Catholic institutions, doctrinal positions do--or at least did--affect medicine.

Milner: They still do. In a Catholic hospital you cannot do a tubal ligation.

Spidle: Yes, and there was nothing vaguely comparable to that Embudo Hospital?

Milner: No.

Spidle: What about main line establishment medicine at Santa Fe, Espanola, and Taos? Were they supportive? Were you able to call on them? Or did they tend to view Embudo medicine as something different--out of the mainstream?
Milner: The doctor in Santa Fe who wouldn’t come up to operate on the lady with the ruptured tubal pregnancy just said he was busy and couldn’t come. But later we heard he had said he wouldn’t go up to operate in that hell hole. So that was his attitude. We didn’t really have much dealings with the other doctors except Dr. Nesbit on whom, of course, we depended a great deal. Later when Dr. Travers came to Santa Fe, he was our surgeon. Doctors in Taos at that time weren’t too well thought of by anyone—either Santa Fe doctors or Embudo doctors. The patients didn’t think too much of them. I don’t recall now who was up there, but they were sort of "flaky," I guess.

Spidle: So you really worked in something of a vacuum?

Milner: Yes. We drew patients from many, many miles away. They came from Tierra Amarilla, Chama. As they said, "If we come here, we know we can trust you."

Spidle: If you encountered something you just couldn’t deal with, what did you do? Send them to Santa Fe or --?

Milner: Well, there wasn’t too much we couldn’t deal with by some hook or crook. We had available almost all the medicines other doctors had. We didn’t have facilities for a blood bank, although we did perform two or three transfusions. I did the cross match and we used a direct transfusion method from donor to patient. One man had a tumor and I wrote to a doctor in Denver to ask whether he could possibly come down to operate on this man because there was no way we could get him to Denver. The doctor responded no, he couldn’t do that. He didn’t, and the man just went ahead and died, but he probably would have, anyway.

Spidle: What about traumatic injury?

Milner: You dealt with it.

Spidle: Neither of you apparently felt terribly comfortable doing surgery?

Milner: That’s right, but we took care of whatever came along.

Spidle: Unless you wish to add something else, I’d like to wind up the Embudo segment of your career by asking you to tell us about Sarah Bowen, since I can’t interview her now.

Milner: She was a remarkable person. As I told you, she was born and raised in China. Her father was a missionary, a professor in one of the universities. She intended to return there as a medical missionary but I don’t think she ever made it. Her family was still there at the time of the first revolution. I think she went to medical school at the University of Minnesota, although I’m not certain about that, and I don’t know where she interned. She had worked for the Board of National Missions at a hospital in the eastern mountains before coming to Dixon--I don’t remember its name. She was a fine person. I don’t know what else to tell you about her.

Spidle: Her health was relatively fragile, wasn’t it?

Milner: No, not at that time. Until she got up in years when she retired, she was really quite husky.
Spidle: Clearly, she had taken that commitment to foreign missions and invested it there in northern New Mexico. She must have derived a great sense of satisfaction from it. Was that evident?

Milner: I think we were all happy with what we were doing. We felt we were really helping people. We didn’t put any emphasis on trying to convert people from whatever religion they had. We just stood as an example of Christians doing service, and if that interested them in our kind of religion, we were glad to talk about it. But we didn’t actively try to convert.

Spidle: And that was her attitude also?

Milner: Yes. When she first went there she had a little trouble with the priest, because he was going to tell her how to take care of patients. In the case of one man who had pneumonia or pleurisy or something, the priest was certain that she should stick a needle into his chest, and she was certain she wasn’t going to. She made it very clear to the priest that he would take care of their spiritual needs and she would take care of their medical needs, and that he wasn’t to tell her what to do or interfere with what she was doing. So they understood each other very well, and got along.

Spidle: She must have been a very strong, assertive woman.

Milner: Yes, she was.

Spidle: Was that inherent in her character or was that something she developed because the situation demanded it?

Milner: That I wouldn’t know.

Spidle: As a doctor, what were her strengths and weaknesses?

Milner: She was very good at diagnosing; she had to be because we didn’t have a lot of lab work to fall back on. We had to put it all together out of what we knew. She was very good at Obstetrics, too--we both were. I’m not taking a back seat about that at all.

Spidle: What about her weaknesses?

Milner: I don’t know.

Spidle: What about as an administrator? She apparently wore all those hats.

Milner: She wore all those hats, yes, she did.

Spidle: Would it be an exaggeration to say that she wore herself out?

Milner: No, I don’t think so. When the time came to retire, she moved to Las Vegas and worked for the Health Department there doing clinics very well until she broke her hip. She had a lot of problems after that.

Spidle: Let me come back to Virginia Van Nuys Voorhies--it was, originally. Then you met the architect who designed Embudo Hospital, whom you married in September 1941 and came here to Albuquerque. You were very busy during the War doing well baby clinics, and soon your practice was interrupted.
Milner: My husband was taken into the Air Force and left Albuquerque. I went back up to Embudo where I was planning to stay until I discovered I was pregnant after having had two miscarriages. Dr. Miles made me come back to Albuquerque and sit on a cushion for the next several months. When our little girl was six weeks old I moved to Florida where Dick was stationed and soon discovered that I was doing 95 per cent of all the clinics in Orange County, so I was busy down there. I returned to Albuquerque and opened an office for private practice. Dick was slated to go overseas although it turned out he didn’t ever have to go. He was sent from Florida to California to fill out a group being shipped out, and the need for him was so urgent they sent him by commercial plane. But when he arrived there was no one to sign in with; they were all celebrating V-J Day, so he didn’t go overseas. I stayed in private practice until I was well along in pregnancy with our second child. During all that time, both in and out of private practice, I worked for the Health Department on clinics. Then I was at the University Student Health Department for a year when the third child came along. Every time I’d plan to start back in practice there would be a crisis, and I’d have to postpone it. So I was out of private practice for about ten years, although doing clinics all that time I was never really out of medicine. Dr. Lash, who was going to be out of town for several months, asked me to take her practice with the changeover due at midnight on a certain date. Well, before office hours the next morning I had done two deliveries, so that was my baptism by fire (both laugh).

Spidle: And you’ve been in continuous private practice since about 1959. Dr. Milner, we appreciate your taking time this morning to share these important and highly interesting reminiscences with us. Thank you very much.