Interview no. 817

Louis W. Breck, M.D.
UNIVERSITY OF TEXAS AT EL PASO
INSTITUTE OF ORAL HISTORY

INTERVIEWEE: Louis W. Breck, M.D.
INTERVIEWER: H.D. Garrett, M.D.
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BIOGRAPHICAL SYNOPSIS OF INTERVIEWEE:
El Paso orthopedic surgeon; born 1908, El Paso, Texas; attended El Paso elementary schools, El Paso High School, El Paso Junior College; graduate of Texas College of Mines and Northwestern University Medical School; interned in San Francisco at San Quinton Prison; married, 1932; orthopedic intern at Mayo Clinic; served in U.S. Army during World War II; El Paso County Historical Society Hall of Honor honoree, 1993; died September 24, 1993.

SUMMARY OF INTERVIEW:
Recounts medical education and training as U.S. Army orthopedist; internship experience at El Paso City-County Hospital; courtship of wife, Julia; recollects area physicians; mentions construction of baby sanitorium in Cloudcroft, New Mexico; election activities in the El Paso County Medical Society; formation of the El Paso Orthopedic Surgery Group; hours donated by area physicians to El Paso City-County Hospital; comments on differences in practice of orthopedics before and after World War II; advances made in anesthesiology, sulfanilamides and penicillin; broad spectrum of antibiotics; riddance of operative infections; invention of non-irritating alloys for use in orthopedic surgery; high incidence of tuberculosis of bones and joints in children; development of climatology in northern U.S.; El Paso as center for treatment of tuberculosis in Southwest; mentions city's sanitoriums; comments on polio; area hospitals; changes in office and operating room fees.
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This is an interview with Louis W. Breck by H.D. Garrett.

Q  We're going to have a little chat about some old times that he and I have shared together and some that I didn't share with him. First I want to say that I've known Dr. Breck 50 years. I met him when I was an intern at old City/County Hospital which is now Thomason General Hospital. Dr. Breck was one of our best teachers because he gave us time. He came out, talked to us, let us do things hands-on -- kinds of old-fashioned treatment that inexperienced physicians treasure so much. He has been both professionally and nonprofessionally an outstanding citizen of El Paso, and it's a pleasure to talk to him about some of the things of the past. And we're going to start off by my asking him where he was born and something about his education so that he can give us a background.

Q  Well, I was born in El Paso in 1909. That's 81 years ago. It was -- I'm sorry. I'm the son of a pioneer dentist who came here in 1896, and I was -- of course, went through the grammar school and then high school. El Paso High School was a gym at that time. I think probably it still is. And then there was an institution here called El Paso Jr. College for about ten years. And the last year it was in existence I went to that, and it was located in the El Paso High School Building because there was a lot of extra space there. It was overbuilt to take up slack at a later date -- or to produce slack to be taken up at a later date.
So I went to El Paso Jr. College one year, and then I like to say that I closed El Paso Jr. College in 1926 and opened the academic division of the Texas College of Mines the following year in 1927. We didn't do very well at -- we weren't very welcome at Texas Western -- or then Texas Western, I mean -- but that's another story. Following that, I went to Northwestern University Medical School for my four years of medical education, and following that I was determined to do general practice. I interned in San Francisco where I got a line on an institutional job at San Quinton Prison, the biggest prison in the United States at that time -- six thousand inmates. And there I learned an awful lot of general medicine and surgery. And after being there about a year, I decided that I did not want to do general practice, that I wanted to do a specialty and know more and more about less and less, as the saying goes. So I was accepted at the Mayo Clinic for an orthopedic residency, which is where I did my orthopedic residency. I returned to El Paso in 1937. Now, I want to go back and -- I've been here ever since, except for a period in World War II. I want to go back and mention something about El Paso City/County Hospital -- Thomason. When I finished medical school, I was off [of the] register. I got two or three months before my internship started in California. Like most El Pasoans, I had to go to California for three years, but I got that out of my system. Anyway, before going to California, I went to El Paso City/County Hospital for two months. Dr. Butler took me on as an extra intern without pay, and I was very glad to
get it. I learned an awful lot there and, as Dr. Garrett said, he was an incredibly good administrator. Well, I can -- I'm coming back to -- that was the City/County Hospital -- no, I'll go ahead and finish my discussion of the City/County Hospital. Dr. Garrett has discussed it elsewhere, I imagine, probably on another tape. But in any case, my main experience with Dr. Butler was nothing but favorable. He was an incredibly good administrator, as Dr. Garrett has already said. When I started out in practice in El Paso in 1937, I had a lot of spare time. I really put in the time down there, and I put into practice a lot of things I had learned during my residency. There was a new technique for setting fractures in a frame. It was called transfixation. You put multiple pins in the two fragments of the tibia, put them in a frame, and turn some screws one way and another until you get the fragments just right, and then condition apply a cast. Well, the first case I did turned out to be quite difficult, and I was taking x-rays like -- as a saying goes, like they were going out of style. And after about 45 minutes of that, here's Dr. Butler at the operating room door -- Q I can see him now.

A -- and he bellowed, "What are you doing, Dr. Breck?" He said, "You've taken more x-rays of this patient than most orthopedic surgeons take of 10 or 15. This has got to stop."

"Well, I explained the technique to him and that I was reading on it, and he said, "You're going to have to practice that somewhere else. This will be the last case like that you do."
I said, "Well, can I take one more set of x-rays and get the rest of this thing?" He said, "Well, all right, but don't ever do this procedure again." And Dr. Garrett's laughing at me. I have to laugh, too. I was absolutely appalled that he ordered me to stop, but I sure did what he said because there was no going against him. I was extremely fond of Dr. Butler, as was Dr. Garrett. Of course, when I did that, it was a long time after my internship, but it didn't make any difference. He came right down on top of me. Well, I could tell stories about that -- well, I want to tell one other story, and that is that the operating rooms, of course, were not air-conditioned at that time, and, unfortunately, there was a steam sterilizer in the space between the two operating rooms. And if you did a case late in the day, by the time you got through it was just incredibly hot in there. I'd be afraid to use a thermometer to see. But what I told everybody was I needed the intravenous of saline instead of the patient. Well, anyway, after such cases -- and orthopedic cases can be kind of hard to do physically -- we'd go to another room with a fan in it and have a glass of orange juice and get cooled off -- take a salt tablet and some water. But those operating rooms were incredibly hot. They were all over the city, but in the middle -- in June there it would be something else. Well, that's enough of the City/County Hospital, I think.

Q When did you marry?

A Oh, yes. In 1932. Right after my -- right after I faced
that first three -- two months at City/County Hospital. I
married an El Paso girl. I met her first in high school and we
dated about a year, and then we separated completely. Our
interests parted, and she went to a university in Indiana, and I
went to Northwestern in Chicago. And then one summer several
years later I met her at a dance at the Women's Club. I don't
know what dance it was. Again, this time I fell madly in love
with her. At that time I was two years from graduation, and she
was two years from graduation from college. So it was a long
wait, but she was all for it, too. She dropped the man she was
pinned to by a fraternity pin at her local college in
Indianapolis, and I kept the rails hot between Chicago and
Indianapolis to the best of my ability. I'd sleep going down and
sleep coming back. Get in two days at Indianapolis. But,
anyway, I did that to make sure that she transferred to
Northwestern, which we did, and we dated some then. Talking
about dating a lot, it's not really all that big, you know. Even
as a junior and senior in medical school, I didn't have a heck of
a lot of spare time because my father had died. I had to put
myself through medical school, literally, the last year and a
half. Anyway, my wife, Julia, who did cut quite a swath here in
El Paso -- a civic-minded citizen -- was born here, also. And of
all things, her father knew my father long before we were both
born -- only casually. They were speaking friends only, and then
we all went to the same church -- the First Presbyterian Church.

Q When did your children come along?
A Well, let me see. We married in 1932. The first one was born in 1934, and then we had another one two years later. Then the war came along and fouled up everything, so we waited a while and had two more towards the end of the war. And I guess the last one was born in 1945.

Q Let's see. You had two boys and two girls; is that right?

A That's correct.

Q Uh-huh. And where are they now?

A Well, my oldest son lives here in El Paso. He's what -- 52 years now -- 50, I think -- no, 54. He's a professional inventor, and he's pretty well known here in El Paso. My youngest son who's about eight or ten years younger is an M.D. He does family practice and is board certified in it. He practiced in California -- Los Angeles -- for a very lucrative group and did quite well for eight years, and then he -- he and his wife discovered that his children were growing up to be complete hoodlums. They were completely -- they were beginning to get completely out of control, and they decided to leave there, and after shopping around a while -- believe it or not, they picked Cloudcroft.

Q It's quite nice. Good choice.

A And they've been very happy up there. He's a family physician for Cloudcroft and that end of Sacramento mountains that practice. I don't know where else, though.

Q And your two girls?

A Yeah. My youngest daughter lives out here in this eastern
part of El Paso -- outside of El Paso almost to the Waco Mountains. She married a dentist, and they have two boys who are both in college, and -- oh, incidentally -- I'll go back to my oldest son. They had three boys, and one's out of school -- well, the second one graduated -- and one is still in the university -- still in school. And then Alan, my younger son, had two sons. Both of them are now in the university.

Q And your other daughter?

A My other daughter was a maverick as far as this part of the country is concerned. She got involved in New York by going there. Well, I won't go into the details. Anyway, she ended up in New York. She's been there about 15 years, and she's a dyed-in-the-wool New Yorker and lives in the middle of Manhattan, just off Central Park. She's a legal assistant to an attorney there. That's a big salary and you can barely make ends meet without a car.

Q Tell us now some of your experiences with physicians in El Paso that you've known and had so many interesting experiences with?

A Well, there's a -- I'll list some of the leading doctors here in El Paso when I opened my office here in 1937. Dr. Rheinheimer was here and very active. He was sort of an in-between. He was a lot younger than I, but still not really one of the oldest old-timers. There was a Dr. Gallagher here, an Irishman and a fighting Irishman. He was always up to something. Then there was a Dr. Will Rogers here who was also pretty
outspoken about everything. Incidentally, I would say all the doctors of that vintage were pretty stalwart people and held their ground about things.

Q B. F. Stevens didn’t let anybody run over him.

A Oh, I forgot to mention B. F. Stevens. And then Dr. Varner was here. He did general practice and did a lot of fractures and other emergencies. And then there were two Dr. Armsteads here. They both did general practice. Dr. E. K. Armstead was a very skilled general surgeon, and he did a lot of fractures. Then I would like to digress from this part of my story about the doctors. We couldn’t go on without mentioning Dr. Schuster, the grandfather of the present Dr. Schuster -- was grandfather or greatgrandfather -- was a eye, ear, nose and throat man. And then he had two sons, one of whom did eye, and the other nose and throat. And then they had sons who became doctors, and they are the ones who are practicing here now. And they are far from young now, I believe.

Q That’s true. Frank and Steven.

A Yeah. Uh-huh. The original Dr. Schuster married a woman who was -- his bride was the daughter of the old Dr. Vilas. (This is not correct) He was a citizen of El Paso before the turn of the century and at the turn of the century. And between them, they built Providence Hospital. Not the present Providence Hospital that’s a great pillar of bricks and chrome.

Q Bricks and glass.

A Bricks like glass and chrome. This was a simple converted
large house that they bought.

Q: Over on Prospect, right?
A: That's right. Corner of Prospect and -- well, across from --

Q: Santa Fe and Prospect here?
A: That's right, Santa Fe and Prospect. And then I wouldn't want to pass up Dr. Craige. The grandfather of the present Dr. Craige was a very outstanding physician here. He was a little before my time. I just knew him very casually at the end of his career before he died. He was a pediatrician, and he worked real hard with children -- babies. He finally found a way -- the only way to cure diarrhea and enteritis was to get them to Cloudcroft or someplace else where it was cool. So he built a baby sanatorium in Cloudcroft, which flourished very vigorously for a very long time. (He did not build it, but was the first doctor.)

Q: They went up there in the summer months?
A: That's right. Everybody would take off here June 1st. Well, not everybody. He would take off, spend the summer up there and take care of the sick children that would come up there. I think he went back and forth from El Paso to Cloudcroft, up and down the mountain on a little train that was an excursion train.

Q: That must have been quite a chore getting there and getting back.
A: Oh, yeah. I won't get into it in great detail, but I went
up there as a patient dying on a -- I was dying on a pillow, and in two days I was all well. So I was very impressed. My father and mother liked Cloudcroft, so they built a house there, and we went there every year for ten years.

Q You were an infant then?

A Yes. I was just a year and a half old. The train was a chore for my the father the first summer. He would come up every one or two weekends, and it took quite a long time from El Paso. The train took three hours to get up there from Alamagordo. It killed most of the day getting up and then one or two days there and then back. He ended up building a house at the first part of the next year, and we all lived up there. Well, getting back to these doctors I mentioned -- the County Medical Society here was extremely active and always has been. It's been a very active medical community, and one medical -- we all used to meet -- well, we didn't meet many places, except to say the Cortez Hotel in a dining room that was cleared most of the time and made a very good meeting room. And you talk about your smoke-filled rooms. Nobody knew that it was bad to smoke when I moved my practice here, and I'm surprised I didn't get cancer of the throat secondarily like my poor uncle did when he was president of the California Medical Society. Anyway, our elections were held once a year, and there were -- we had a nominee -- actually do it now, but our meeting took place before the election -- but there was an opportunity to nominate somebody the night of the election. So this particular year Dr. Gallager did not like the
nominee who was going to be president, so he secretly loaded the room -- not loaded, but had a good number of his friends there who were going to vote for his candidate. And I don't honestly remember who it was. And it was a custom then to always have the election at the end of the meeting, just naturally. And the meetings usually went very fast. We had the annual report and this and that and the other, and then by the end of an hour, why, we'd be ready for the election. Well, this time their reports strung out, by prearranged plan by Dr. Gallagher, for about two hours, and very slowly the attendance dribbled away. Well, it was in my first year there, so I stayed there and saw it through. And here when it came time for election, Dr. Gallagher got up and nominated so-and-so, and he got elected. Well, the guy that was -- the man what was running for office and his friends were absolutely sure he was set up. So at the next medical meeting, it was announced on our bulletin, which is not as elaborate as it is now -- but our small bulletin -- that would be for discussion and voted at the next meeting. So they changed the constitution bylaws so that the meeting would be the first thing after the reading of minutes -- I mean, the election would be the first thing of the meeting after the reading of the minutes. So that settled that for good and all. I can't remember another time when there was a revolt like that. But that was a comical meeting for me. I didn't -- nobody laughed. Everybody was so darned mad. I was unusual. I wasn't particularly mad about anything.
Q I think when two old, worn out, has-been MDs like
Dr. Breck and myself get together, we recall what we call the
golden years. We had such a nice association in our local county
society. If someone came and listened to it, they would think
that we were all antagonists, I mean, the way that they would
shout at each other and harass each other. And actually, all of
these physicians that he’s mentioned who were very adamant in
their views actually were the best of friends. And these -- our
meetings were much more, to me, interesting in those days than
they are now because everything’s so cut and dry. The
socioeconomic problems that these fellas have now are worked out.
People don’t even come to the meetings any more like we did. We
used to have great attendance and great discussions.
A Well, I agree with that completely. I want to use the word
clique. There were absolutely no cliques, no warring groups.
Yep. They never had any warring groups at any time, and we were
all friends.
Q Even though we were competitors, still we were friends and
nobody carried a gun to gun the other fella down. I remember
that you worked so much over at Hotel Dieu which, of course, was
a great hospital. And then after you began to form your
professional associations, you built yourself a clinic -- built
yourself an office building just two blocks north of Hotel Dieu,
which was quite convenient, where I suppose -- most of your work
was done at Hotel Dieu, anyway.
A By that time it was, yes.
Q    You had W. -- come here -- Basom and then later Mark
Leonard. I remember that those fellas were -- I believe it was
Breck, Basom and Leonard for quite a while, wasn't it?
A    Yeah. Well, for a couple of years, and then we expanded and
called it the El Paso Orthopedic Surgery Group.
Q    Right. This was -- this began after World War II; is that
correct?
A    Yes. Dr. Basom was associated with me before World War II.
Q    Yes. That's right. He was. Yes.
A    And then Dr. Leonard came in the year after World War II.
Then in 1949 we formed this group -- the corporation -- later.
Q    Well, those were interesting years, and I remember that
Dr. Breck needed an assistant for surgery when I was interning,
and Dr. Butler allowed me to leave my duties to go over across
town to help Dr. Breck with about a four-hour operation on
somebody's back. One of these things where you take some muscle
and some brawn and some pulling and some jerking and tugging, and
mainly putting on the body cast was a big job. And right in the
middle of this thing -- I had gotten a pair of scrub pants a
little bit large for me, and they fell off underneath my sterile
gown. And Mildred Causey, the circulating nurse, had to pull my
pants up under my sterile gown and tie the thing. She's still
alive, and she doesn't let me forget it. Dr. Breck -- both he
and Dr. Basom did so much charity work out at El Paso County
Hospital that those of us who worked out there can't forget --
these were the days when doctors tried to give back to medicine
some of the things that they had gotten. This was the old-fashioned type of teaching -- no remuneration, no thought of getting any money for going out there in the middle of the night or spending a half a day out there with some traumatic situation, and a losing -- having to leave their own practice for that sort of thing. And I have always appreciated that more than the somewhat sterile way things are done now where people have these jobs and are paid. But I suppose that's, once again, just the an old worn out, has-been trying to think about things in the past. I want to get some comments from you about the differences in the practice of orthopedics before World War II and the difference after World War II -- the advances of anesthesiology and the use of metals and open reductions and so forth.

A Well, I want to say -- let me just give you an example of several conditions that were absolutely terrible to deal with before World War II, and one of them was osteomyelitis. Well, it was indigenous from the blood-born from the tonsils or somewhere -- or whether it was from the operative infection. That was an absolute nightmare, and the indigenous ones -- well, both of them were very difficult to heal because nothing would take care of them. And then after World War II, we had the antibiotics -- first penicillin and then the antibiotics. First they sold sulflanimides, then penicillin, then the big --

Q Broad spectrum antibiotics.

Q That's right, broad spectrum. So there was no problem at all. And we -- I never feared operating on a patient after we
had the broad spectrum antibiotics at all. So, anyway, we got
rid of operative infections, and that was a big change. You
could put lots of metal in patients, and they would tolerate it
well. We knew more about metals then, also. A couple of alloys
were invented that were completely unirritating. Then that went
until -- I don't want to say a lot about modern medicine, but all
these joint replacements are possible because of the same thing.

Now, another thing that was very annoying was tuberculosis. We
had a lot of tuberculosis of the bones and joints in
children -- rarely in adults, but in children -- and it was very
difficult to treat. There was no way of getting rid of it. And
then thank God we got rid of that by the suitable drugs. They
worked very well in that.

While I'm talking about tuberculosis, I'd like to digress a
bit. When they couldn't think of anything else to do for TB, all
over the northern part of the United States, they developed a
technique called climatology. So they sent them down here, and
El Paso was really the center of the Southwest for the treatment
of tuberculosis. And there were three sanitariums here, and they
went broke during the Depression -- or had to salvage
themselves -- let me put it that way. The Homan Sanatorium
became Southwestern General Hospital, and the next one to go was
Saint Joseph's. I don't remember the name of the Order of
Sisters that had it. That became a mental hospital, and also a
convalescent hospital. And then the last one to go was
Hendrich & Laws, which is now a monastery.
Q  Yes.
A  So all three of those were converted. Now, getting back to
some of the other things before and after --
Q  Was Dr. Long TB Sanitorium in existence much then? Was that
a --
A  Well, he sort of took over during the Depression because he
operated it on a shoestring, you might say. He had much -- was
able to have much lower rates than the others, and I think he
came in as they phased out --
Q  I see. Go ahead.
A  Well, I was going to comment on polio. That was the third
thing that was a nightmare, and, oh my goodness, the polio
vaccine was just wonderful. Of course, it took 10 or 15 years
after we had the vaccine to clean up all the old cases, you might
say -- to do the reconstruction work on them. But we got rid of
those three huge bug-a-bears that were -- scourged orthopedics,
really. Now, let me see. I had some -- do you have to mark
right there?
Q  Go ahead.
A  I think I mentioned that -- well, there were three hospitals
in El Paso -- four hospitals counting City/County which, of
course, was a huge success here. It made a big asset to the
practice of medicine. There was a Hotel Dieu, and then
Providence I mentioned, and then we should mention Masonic
Hospital.
Q  Yes.
A. It was started by the Masons sometime in the 1920s, I believe, early 1920s. It was a very nice hospital -- very successful, and it quit at the end of the -- in the late 1930s (1947). The Depression was a little late getting to El Paso, but when it hit, it hit real fine. And I opened up my office -- my practice right smack-dab in the heart of the Depression here in 1937.

Q. You made a bull’s-eye, did you?

A. Uh-huh.

Q. Oh, thank you very much. Thank you.

A. Yeah. I really did a great job on that. There was only orthopedist here then -- a Dr. Goodwin, who was a regular firebrand. He was something else. And he had about the business -- all the orthopedic surgery locked up. I had a lot of trouble getting away from him -- getting some of it. I didn’t want to take it all away from him, as far as I was concerned -- but get into the stream.

Q. You just wanted your share.

A. That’s right. Well, anyway, he gave me a real hard time. Well -- why, I got a good working range. The poor man was killed in 1947-48 -- 1948, I think, in an airplane crash -- a private plane crash. My other early contemporary, you might say, was Dr. Camaron, and he was a very nice man. I always got along with him all right. He went in with Dr. Goodwin, and I don’t have anything trick to say about -- except maybe a pleasant competitor probably -- you might call it.
Well, I'd like to talk about prices. The fees -- office calls for first-class orthopedists were five dollars, and that was not very much. And then we had the matter of operating fees for -- well, let's say I did a very elaborate orthopedic operation. If I charged $350.00, I was way up in the sky on it. That was absolute maximum for a hard case.

Q: A back fusion or something like that.

A: I -- let me talk about getting started again. I couldn't start up with a one-horse setup and expect to do well, so I had to have at least two rooms and a receptionist -- one person to help me -- a receptionist, an officer of sorts -- and so I was 18 months making my overhead. Overhead was about $500.00 a month, and I just about broke my back doing it. The thing that gripped me the most was everybody realized my acumen on modern practice compared to Dr. Goodwin. I was a lot younger than he was. So I would have an old schoolteacher or an old college friend come in, and they'd have a problem. And I'd work through it carefully, and they'd say, "Oh, well you've agreed with Dr. Goodwin completely. I'm going to go have him operate on me." Over and over I heard that song for a year and a half. It finally got to where I could hold most of them.

Q: I suppose that's the lot of a young physician in all fields, particularly in surgery and orthopedics.

A: Oh, yeah. I had pretty good surgical practice.

Q: Yes.

A: But that wasn't the key to making money. Orthopedics is
basically a surgical practice. I was pretty busy in the office, but the surgery was hard to come by.

I want to mention something before I forget it, and that is that there was a Dr. Cummins here who was a good general surgeon, and Dr. Hendrix who was an excellent internist, and they formed the El Paso Medical Surgical Clinic. And that was formed, I suppose, in the early 1830s -- maybe about 1930, perhaps, or a little earlier. And they kept getting in outside physicians, and they never could hold a thing together. I don't think they ever had more than a half dozen doctors together -- all together.

And, anyway, that was the first example of group practice here, and it didn't work very well. Dr. Cummins had a successful life as a general surgeon and [was] well thought of. Dr. Hendrix turned out to be an outstanding civic leader here. He did a whole lot of fine civic things. He's given credit with being the founder of the Sun Bowl, which I think is correct.

Q  Yes. That's right.

A  And a very nice man. I knew them both quite well. I pretty well finished my notes there. Do you have any more questions?

Q  Yes. I would like for you to elaborate on something that you and I worked together on with a lot of enthusiasm and that was that Dr. George Turner came to you after you got back from World War II and brought about District I Medical Association.

A  Well, yes. I didn't work at Southwestern General Hospital much because I worked practically none, you might say, because Dr. Goodwin was there. And every time he saw me there, he
growled at me. Oh, I was tolerated all right. Well, Dr. Turner was a pathologist and radiologist there, and he was a generation older than I -- or nearly -- two-thirds of a generation, maybe. Well, anyway, I went down, and because of that we were friendly enough, but we didn’t see very much of each other. So one day he called me up right after World War II. He said, "I want to come see you." I said, "Well, you don’t have to do that. I can go see you." He said, "No. I want to come see you in your office. Will it be convenient tomorrow afternoon?" I said, "Sure. Pick your time." And so he came and he said, "This is an embarrassment to me, but I’ll have to tell you the problem. I just finished my term as president of the Texas Medical Association," and he said, "one of the most embarrassing things is that we don’t have a District I Medical Society anymore." And he says, "We just got to get it started again." And he said, "I want to pick you because you’re a great organizer. You’re always organizing something, and I’d like to have you organize this." I said, "Well, let me think about it a minute." So right then and there I thought about it a minute, and I said, "Sure, I’ll take it on." And then I took Dr. Garrett as my main helper, and between us we got the thing going. And it’s been a big success ever since.

And I think it’s been a very good thing for organized medicine because we are the largest -- District I is the largest district geographically in the state which makes it more difficult to get doctors together. For instance, our district
goes on down clear to Barstow. People don’t know where Barstow is -- at least it’s east of Pecos, and it goes clear on down into the Big Bend. Everybody in Marfa and Alpine -- that’s the lower limit in direction, and, of course, it goes over as far as Iran -- Iraan, which can get -- I had to distinguish between Iran and Iraan. But this was quite a job, when Dr. Breck started, to get these people interested because they -- none of these people were aware that there was such an animal as District I Medical Association. In fact, it had died -- nearly gone out with the dinosaurs sometime back in the 1930s, I guess, and it never really got going.

A I believe it was the latter. It had been started about -- at least once, maybe twice, and it never got off the ground.

Q Dr. Breck got after this thing -- put kerosene on the tail of everybody that had anything to do with it. And the first thing you know, we started something which is now flourishing very much. It meets on alternate years in El Paso and in someplace -- either Pecos, Marfa, Alpine -- outside of El Paso and is very well attended and is a very important function of organized medicine, not only for having some good papers, but also in socioeconomic political wars that go on within our -- not wars within our profession so much, but actually battling the governmental encroachment and so forth. And District I, I found to be an excellent tool for getting the word to the physicians. And I want to give Dr. Breck credit for his many years of pushing this thing and getting it going. It wasn’t easy because this was
right after World War II when people were trying to re-establish their practices, and it really didn’t have in mind so much organizing any kind of a new medical thing. They were just trying to get started again. So it was somewhat difficult.

A  I’d like to comment further on that.

Q  Yes.

A  After we got it going -- well, let me try and put it this way. I was fairly well acquainted in all of West Texas because I’d made it my business to visit doctors in Alpine and Fort Stockton and Pecos, which were the three largest towns in West Texas, you might say -- besides El Paso. And I went to my friends there one at a time and told them how important it was to get this started. And after two or three years -- these people worked together. These doctors all worked together fine because they were way far apart from one another. And after he got it going good, they welcomed it. It was a wonderful social function for them. They had no other medical social function annually -- or every two years, let’s say -- except that, and I don’t think doctors in El Paso paid very much attention to it. They didn’t take to it nearly as much then as the others.

Q  No.

A  But it was very welcomed by those three towns or cities that I mentioned.

Q  Dr. Camp, Lindly and Hay in Pecos, Oswald -- let’s see -- Lockhart in Alpine. We had some great people working on this thing, and it was a going Jenny. And, once again, I’ll give you
credit for this. Well, I guess we have pretty well run through our lists here. When doctors get together, they get to rambling quite a bit. Dr. Breck, of course, has been an El Pasan all of his life except the part that he spent away from here getting educated --

A And in the army.

Q And in the army, yes. We didn't go into that. Tell us about World War II.

A Well, I wasn't in the reserves, so I volunteered a little late, and I was only in the army three-and-a-half years. And I started out in San Antonio at the big general hospital there, Brooke General, and I was there six months for indoctrination on how to be an army orthopedist. So following that, I was assigned to a large general hospital in a camp that no longer exists. East of Austin 40 miles the government bought or leased a huge amount of acreage and had a very, very large army camp -- three divisions, of all things -- three divisions of infantry.

Q Is that down around Lockhart?

A No, no. It was --

Q Bastrop?

A Bastrop, yes. The south end of the camp or Fort was at Bastrop, and it ran north of there for -- goodness -- 15 miles. And three infantry divisions is a lot of people, about 100,000 people we had there at the top -- and I was the orthopedic surgeon for that. I don't mean to give you the impression it was at that peak all the time. It was at that peak for maybe a year
at the most, but we had two divisions almost all the time. And I had at my peak 750 beds of orthopedics. And I always -- I never had less than 350. And I only had one man to help me, and I didn't get him until I'd been there for about six months. I had a younger man that was very capable and a very nice man, a Dr. Jarrett, who practices in Hutchinson. We became close friends. We worked together real well. But I did all the administration and almost all the disability evaluations. Anyway, I enjoyed that very much. I didn't get sent overseas because -- this is a wild story.

While I was there -- in the early part of my stay there, I -- we were playing compulsory athletics. We were required to do that once a week, and we usually played softball. I was a pretty good softball pitcher. And the base-runner and I ran into each other, and I fractured my cervical spine. I didn't get a paraplegia, but I had quite a little pain for a while. So I --

Q  You didn't have to treat yourself, I hope.
A  No. I was sent to a general hospital above there -- north of there, yeah. I've forgotten the exact location. Abilene -- no. Fort Hood, I guess -- no. Anyway, I was sent to another general hospital. They evaluated me, and put a cast on my neck, and I went back to work. I think I lost about a week's work. I was out of the operating room about a month. Anyway, that's how I -- it turned out I never did go overseas. Following that I was evaluated as unfit for overseas duty, so I stayed right there.

Q  It's unfortunate that medicine is one of the -- other than
the people who make munitions, medicine is about the only thing that profits from wars. But the changes that occurred in medicine -- the practice of medicine, particularly in orthopedics and surgery, between the eras before World War II and after were almost hard to compare -- to think that they were even the same practice because things changed so. So much was learned, and, of course, as Dr. Breck's already said, penicillin, sulphonimides, and a broad spectrum of antibodies came out, plus all of these new operative procedures. So, at least physicians are better physicians for war, even though nobody else was any better off. Well, I want to thank Dr. Breck for taking his time and energy to give us his remembrance of El Paso and of medicine as he has enjoyed practicing it here and, once again, compliment him for his good years of work here. He has an excellent reputation which persists among his friends and professional people who've known him, and it's been a joy to interview him. And be with him, and, of course, it's a joy to know him for 50 years. And with that, I guess we'll call this thing off and --

A Well, let me get a word in here. I --

Q Okay.

A I'm very flattered and honored that you interviewed me. I've enjoyed this interview very much. Thank you, sir.

Q All right. Well, I guess we're in complete accord. Well, that's fine.
Note:

Dr. Breck was chosen by the El Paso Historical Society Hall of Honor Recipient, 1993.

Dr. Breck died 9-24-93. He was 84.