

JIMMIE HAROLD CHEEK, MD: a conversation with the editor

Dr. Harold Cheek (*Figure 1*) was born in Eldorado, Oklahoma, in 1917. The depression in the 1930s made life difficult for him and his family, but they survived. Through encouragement, particularly from his mother, he entered Montezuma Baptist College in New Mexico in 1934 and after a year there transferred to Texas Technological College in Lubbock, graduating in 1941. He then came to Baylor University College of Medicine in Dallas, finishing his last 2 years of medical school at the Southwestern Medical School in December 1944. His postgraduate training in general surgery was entirely at Baylor Hospital. It was interrupted by service in the army from 1946 to 1948. In 1951 he opened his private practice, using primarily Baylor Hospital, and subsequently limited his practice to the care of patients with breast conditions. He practiced until 1996.

Dr. Cheek has been a major figure at Baylor University Medical Center (BUMC) for 51 years, advising and befriending the Baylor administration. He was president of the BUMC medical staff in 1979, president of the Dallas County unit of the American Cancer Society in 1969–1970, and president of the Texas Division of the American Cancer Society in 1977–1978, and he has been active on the teaching staffs of both BUMC and Parkland Memorial Hospital since 1952. A clinical professor of surgery at The University of Texas Southwestern Medical School since 1974, he has published 23 articles in peer-reviewed medical journals; since 1956 they have focused entirely on diseases of the breast. For his contributions he received the Sword of Hope Award from the American Cancer Society in 1970, the Certificate of Merit Award from the American Cancer Society in 1972, the Taittinger Award of Distinction from the Susan G. Komen Foundation in 1985, and the Wings of Eagles award from Baylor Health Care System (BHCS) Foundation in 1999. He and his wife of over 50 years have 4 daughters. Dr. Cheek is a devoted physician, a friend and wise counselor to many, and a warm and wonderful guy.

William Clifford Roberts, MD (hereafter, WCR): *I am in my office with Dr. Harold Cheek on November 14, 2001. Dr. Cheek was kind enough to talk to me and therefore to the readers of BUMC Proceedings. Harold, to start, could I ask you about your early upbringing and your parents and siblings?*

Jimmie Harold Cheek, MD (hereafter, JHC): I was born in Eldorado, Oklahoma, in 1917, the second of 3 boys. My brother Hap was 2 years older (*Figure 2*) and my brother Donald, 4 years younger. Eldorado is a small town located in southwest-

ern Oklahoma. I remember several things that happened in Eldorado when I was a little boy. I remember my first spanking—for crying in our Baptist church one Sunday evening. I cried and Dad took me across the street to where we lived. He sent me to the outhouse by myself, and that scared the devil out of me. When I got back he gave me a good paddling in the kitchen. He let me know that I was not allowed to cry in church.

Our home was a bit primitive. We had water from a cistern and no indoor plumbing. My dad worked in a dry goods store in Eldorado until he found better work in Altus in 1922. He had 2 jobs: one in a larger dry goods store and another “keeping books” for a produce house.

We lived in Altus until 1924, when we moved to Leveland in West Texas, where Dad opened a store of his own. It was 30 miles west of Lubbock. He and Mother talked about moving to “the plains,” and all I could think of were airplanes. I didn’t realize where we were moving. It took 2 days to get there, moving everything we had in 2 Model T trucks. Arriving in the new town on Christmas Eve, you can imagine what 3 little boys were thinking about: How would Santa Claus find us out there? In those days one started in grade school at age 5, and I was in the second grade when we moved to Leveland.

When we arrived, Leveland had 14 buildings and was surrounded by ranch country. At that time farmers were beginning to move in and buy relatively small pieces of land (200 to 300 acres). The farms were scattered out among the mesquite trees and brush. There wasn’t a graded road in Hockley County when we arrived.

My dad had secured a new building that was corrugated tin, with one big room constructed in the back. He named his store



Figure 1. J. Harold Cheek, MD.

From the Department of Surgery (Cheek) and the Baylor Heart and Vascular Hospital (Roberts), Baylor University Medical Center, Dallas, Texas.

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Figure 2. Happy and Harold Cheek.

“The Dixie Store” because he had seen the name somewhere. Our family lived in the room in the back of the store for nearly 2 years until small houses were built about town. We then rented a 3-room house—not 3 bedrooms, but 3 rooms. We lived in Leveland until I was a sophomore in high school. Things improved during that period. We progressed from a 3-room house to a 5-room house. By 1926 or 1927, my mother and dad were successful enough in their store to be able to build a nice little wooden house with 6 rooms and a bath with indoor plumbing, the first we had ever had.

WCR: *You were almost 10 years old then.*

JHC: Yes. People have asked why I ever wanted to be a doctor. During that period my mother worked in the store with Dad taking care of the piece goods part of the store. I remember hearing her tell customers about having 3 little boys and their asking what she wanted her boys to be when they grew up. (We played around the store a lot when we weren’t in school.) She would say that she wanted one to be a preacher, one to be a doctor, and one to be a lawyer. I knew I didn’t want to be a preacher. My older brother tended toward preaching. Being a doctor sounded pretty good to me. I heard her tell someone, “Harold can do anything with his hands.” She would describe something that I had fixed for her at the house. I decided that maybe I’d be a doctor.

Early in life, Donald, to whom I became very attached, partly because I helped look after him, had acute appendicitis. We had

to go 30 miles from Leveland to Lubbock for him to be operated upon. He was very ill the day before we took him there. An area at the side of the operating room was used for observation by families of the patients. It was close to midnight and I wanted to go with Dad to the operating room. Donald was critically ill. They used open-drop ether then. He recovered and I went home thinking, “I sure want to be a doctor.” That idea never left me. My mother sensed what I was thinking.

We moved into the new house and everything was going well until Donald developed diabetes mellitus. This was before insulin was available in Leveland or Lubbock. Lubbock had a pediatrician on the staff of the hospital, and he put Donald on a very strict diet—diabetic flour and diabetic foods of all kinds. Donald nearly starved to death, and we starved with him because Mother encouraged us all to eat his bread and his foods to show him how good they were. We ate diabetic foods for a long time. When insulin became available, Dr. Overton, the pediatrician, admitted Donald to the hospital so he could be regulated on insulin. I was with him the first day he was able to eat a decent meal. That impressed me. I never saw a kid that happy in my life, before or since.

WCR: *How long was he on the diabetic diet?*

JHC: It must have been a couple of years. I was so attached to him that I get emotional talking about it.

WCR: *How old was he when he died?*

JHC: He was 39 years old. He developed all the complications of diabetes. He lost sight in one eye. He died suddenly of coronary artery disease at home while sitting in a chair. He had been in the hospital in Farmington, New Mexico, for some time before then with heart problems.

WCR: *How did the depression affect you and your family?*

JHC: My father was a great guy, but he couldn’t stand to owe someone. I’ve got that gene too. I can’t stand to owe anyone. I’ve tried to instill that in my children, but it’s hard. Dad had very little time to spend with us boys because he was constantly working or trying to find a job. In 1930, he couldn’t pay the bills that he owed in the store. Finally, he told my mother, “We can’t keep this, and I’m not going to try. If we can’t pay the bills we’re going to have to close up.” Unless you have lived through it, you can’t imagine how difficult it was for people to stay in business when there was no money in circulation. He wrote the people he owed to tell them he couldn’t pay them, that he was closing the store, and that he would pay them if he ever could.

There weren’t any jobs in Leveland at that time. People were walking the streets looking for work in both small and large communities. There were bread lines. That’s the way it was. We moved from Leveland to El Paso, Texas, in 1930. Somebody convinced my dad that a café there needed someone to run it, but it didn’t work out. Mother could always find some work because businesses could hire a woman for a few dollars a week, cheaper than hiring a man. She got a job in one of the stores in downtown El Paso. We lived near Austin High School. Hap and I went to school there for a half year, but that didn’t last. My family ran out of money.

Dad kept going places to try to find work. We moved from El Paso to Hobbs, New Mexico, for a brief period so that Hap and I could finish that particular year in high school. Things were tough. We were hungry lots of times. I mean hungry. I will al-



Figure 3. Harold and Happy Cheek at their high school graduation.

ways treasure Dr. Overton. He knew what times we were having. If Mother didn't have enough money to buy insulin, she'd send him a postcard and he'd send insulin for Donald's use. I treasure his memory. We spent most of a year in Hobbs. In grade school classes kept enlarging. When the class would get overcrowded, they'd move some students out to another class to keep the classes smaller. I advanced from the fourth grade to the sixth grade in a year because of overcrowded classes. That was a grave mistake.

WCR: *Why was it a mistake?*

JHC: I was very immature and hadn't learned that much, but they thought I had. I ended up in the class with my older brother who was a little slower than I was. He flunked that same year so we ended up being in the same class from sixth grade through high school. That was during the time when there were only 11 grades, not 12.

WCR: *You finished high school at what age?*

JHC: I was 15 when I finished (*Figure 3*). I turned 16 on June 1, 1934, a few days after graduating. I finished high school too early. The depression was in full swing and we had a terrible time. My wife, Anna Lou, says, "In my next life I don't want to marry anybody who's been through the depression." She's heard so much about it. She talks about the depression "rules": don't owe anybody; don't buy something if you can't afford it or if you don't need it, etc.

WCR: *Where did you go from Hobbs, New Mexico?*

JHC: We spent more than a year living with one relative after another. We'd spend a few weeks just to have a place to sleep and eat. My parents had no money. Even Mother reached the point where she couldn't get a job. Dad spent most of his time looking for work. If he made a few dollars, he would send us all he could in the mail. We went to Quanah, Texas, to live with an aunt and uncle and their family for a time. Wherever we were, we kids worked if possible. If it was during the cotton-picking

season, we were in the cotton fields. We might make only a quarter or 35¢ a day. We lived with my mother's sister near Eldorado, Oklahoma, for quite a while because her husband was a farmer. He loved Hap and me because we would work the fields.

WCR: *What was your younger brother doing?*

JHC: Donald was physically unable to do heavy work. Hap and I worked our tails off as boys. We moved to Shawnee, Oklahoma, and lived there with another aunt and uncle for a few weeks. From there we moved to Hollis, Oklahoma, to be with a grandfather for a while. To move was an ordeal. Part of the time we had a car. One year we couldn't go to school because we weren't residents living in the district. The last move was from Hollis to Hereford, Texas. We went to Hereford to be with another aunt and uncle and their children. While we were there Dad had some jobs. He met a man who owned a drug store in Claude, Texas, 30 miles southeast of Amarillo. He had to close it because money ran out. He told Dad about his closed store and suggested to him that he take his family and together "run" the store and try to "make a go of it." He actually moved us there. Our furniture was still in storage in El Paso. We had been living out of suitcases and boxes. We moved to Claude and were able to start back to school. I finished my last years of high school in Claude.

During all those tough times, we were in church every Sunday if there was a church in the community. My mother saw to that. My dad was not always with us, because he might be working in another town. I had my first job of any significance in 1932, while in high school; I worked in the restaurant in a hotel where we had 2 rooms. Dad and Mother lived in one room, and we 3 boys lived in the adjacent one. Mother was able to get a job running the dry goods side of a general store. She started at \$3 a week. We worked in the drug store as long as it was open, but it couldn't make its way because there was another established drug store in Claude, a community of <1000 people. The restaurant job paid for my meals and the room rent. They must have charged us \$1 or \$2 a week for those rooms. You can't believe how primitive this was. That job didn't last because President Roosevelt was able to have Congress pass a bill that any employee had to be paid \$12.50 a week or the employer would be punished. I immediately lost that job because the hotel people couldn't pay that much. My brother was washing dishes down the street for food and for \$1 or \$2 a week and he too lost his job. That law didn't stand very long because nobody could pay that much. My mother kept working for an older man who didn't pay any attention to the law. She initially made \$3 a week and that finally went up to \$4.50 a week. We lived in rented spaces, basements, hotel rooms, and parts of houses.

During my junior year in high school I got a job in a bakery and went to school full time. My job initially involved wrapping bread and cleaning up the bakery before and after school and on Saturdays. They started off paying me \$2 a week. That went to \$3 a week and in the summertime, it went up to \$4.50 a week. After graduation, the people in the bakery wanted me to stay with them full time, pay me \$15 a week, and teach me how to be a baker. I always did everything I could to keep a job. I kept busy. If I wasn't doing something, I was pretending I was doing something. You didn't sit down and look at the funny papers. This was a tough time, as you can imagine, going through this in high

school. My mother said I had to go to college. I asked where could I go to college in our condition. She said that I was going to college and not to worry about it. I also played football in high school. As a halfback, I was the fastest guy on the team. I was 5'7" and weighed 135 lbs when I was a senior in high school.

Mother had found out from a family friend that there was a small school in Las Vegas, New Mexico, called Montezuma Baptist College, which had reopened in 1933. Students could go there and work for their room and board. We didn't have funds to go anywhere else. Things were still awfully tough. Nothing started changing until the late 1930s when World War II was approaching.

When I graduated from high school, I begged Mother to let me continue working in the bakery for a year or two. She knew that unless I went to college I'd end up there. She insisted that my older brother and I go to Montezuma in 1934–1935 (Figure 4). I'd saved enough money to pay my first quarter's tuition out of my pay from the bakery. I even bought a new suit, the first suit I'd had since I was a little kid. It cost \$10, and I wore that thing for a long time.

My dad was able to finally get established with a company in Wink, Texas. While he worked there my mother moved from Claude to Lubbock so that my younger brother could start back to school on schedule. She foresaw that Hap and I could come back and go to Texas Tech, which was then becoming an established college.

We had some great instructors at Montezuma. They were usually professors from other colleges who had lost their jobs because colleges were "folding." A PhD headed the foreign languages department. I took German there. Mother told me to start taking the courses I was going to need to go to medical school. I had a very good math teacher who was an inspiration. His classes were small so he could spend a lot of time with each student. The math was a snap for me. I studied English literature. The most interesting course was on the Bible. A number of students there were going to be preachers, and they got really upset with me because I made the highest grade in the class. The reason I did so well was that my mother had bought us a Bible storybook when we were children in Leveland. I had read it through, and it was my reference book. I could tell the story to the professor and he was impressed.

WCR: *How many were in your classes? You said they were small.*

JHC: Probably about 20 students in the larger classes.

WCR: *Was it a junior college?*

JHC: Yes, a 2-year junior college. It was on a mountain slope and consisted of only a single large building, which is still there. The boy's dormitory was near the bottom of the mountain.

My time at Montezuma was a good maturing year for me, but getting back and forth to Lubbock was a tough job. To go back to summer school Hap and I and another boy rode a freight train from Amarillo to Belen, New Mexico, via Clovis, New Mexico. We were able to "catch a ride" to Las Vegas. I don't know if my mother ever knew of this. In Clovis, we jumped on a boxcar and inside were 20 or so tough-looking guys sitting around the walls. I must say we didn't feel very comfortable with that group. The first time the train stopped for water, we moved to another boxcar. That was a good summer in the sense that I was able to take another course or two.



Figure 4. At Montezuma College, 1934–1935.

At the end of the summer, Hap and I came to Lubbock, where my mother had a little 2-bedroom house. She was trying to establish a home so we could go to school at Texas Tech. We didn't have enough money to register right away. Hap got a job in a grocery store whose owner knew my mother and dad from Eldorado days. As soon as Hap made enough to pay his tuition, which was \$25 a semester, he quit the job and was able to start school. Then I got the job with the grocery store. I stayed out the first semester of that year, working. Hap went on to school, played freshman football at Tech, and then got a student assistant job for the football and basketball teams which paid his way through Tech. I started Texas Tech the second semester, part time.

WCR: *And you lived at home?*

JHC: No. By then my dad had been transferred from Wink to Hobbs to run the Gulf Oil distributorship. Mother moved to Hobbs with him and my younger brother. Hap lived at school; I roomed with a friend. I worked in the grocery store, a suburban-type store, as a delivery boy, and also worked the stock. I started off making 20¢ an hour and would work at least a 60-hour week. I did that until I saved enough money to pay tuition. I paid all my college expenses. Mother had not yet secured employment. Neither she nor Dad could send me very much money. He was trying to find a place to live for the family.

For 3½ years I worked at the grocery store while I was going to college. I worked so much that I really didn't have time to study adequately. I took few lab courses because I didn't have time. The third year I took one lab, in freshman chemistry. I'd had the chemistry course at Montezuma but it hadn't transferred. In addition to working at the store, on weekends I worked as an usher at a movie theater for 25¢ to 50¢ an hour. For a while I lived in a room in a garage with a roommate. I was making 25¢ an hour at the store. For over a year I ate only one meal a day, usually supper. A good meal then cost only 30¢ or 35¢. The store's owner let me take a cookie or two from the cookie bins and a pint of milk.

I finally realized that I could never go to medical school unless I went to college full time. I had to take additional labs. I talked to the store's owner, Merritt Clark, and he said he could not give me 2 afternoons off for labs. His business was doing well. (He had the first store in Lubbock with frozen foods.) He said: "Harold, you've worked for me for a long time, we're good friends, and you're the best man I've ever had work for me." I was 21 years old then. He said, "I know you want to be a doctor and your parents want you to be a doctor, but would you consider giving that up, dropping out of school, and working full time for me? We'll work out a partnership." He would raise my salary so I could make a living if I was interested. Otherwise, he was going to have to get another full-time person. He told me to talk to my folks. You can imagine what my mother said. I told her I had this chance to go into the grocery business with Merritt and that I thought I ought to do it. She said, "No, you're not going to do that. You're going to finish college and then you're going to medical school." I stayed out a year, went to Hobbs, and worked full time in a drug store, making enough to pay for a year at Tech.

I returned to Tech as a full-time student for the last 2 years and was able to make grades good enough to attract the attention of the head of the chemistry department. He gave me a position running one of the labs for the freshman class and later gave me an organic lab. That position paid my tuition and about \$15 additionally a month. His name was R. C. Goodwin, a great guy and a fine man who demanded a lot from his students. One day he asked me to step outside of the classroom with him and he said, "Cheek, I've got to go to a meeting. You take over the lecture." Can you imagine what I felt like that day? I kept that class together. A few times when something came along he'd ask me to replace him as teacher. I didn't know enough to do it, but I had the book and I could work out the equations for and with the students on the blackboard.

I always worried about going to medical school. I didn't know where I'd get the money or if I could get in. All my life I'd heard about Baylor in Dallas, and that was the only medical school I wanted to attend. When we were living in Altus, mother needed surgery, and she came down on the train with my dad and Donald and had her surgery at Baylor Hospital. The medical school was here then, of course, but I knew nothing about it. I knew if it was Baylor it had to be good. I was advised to apply to some medical schools other than Baylor because I might not be accepted at Baylor. I applied to Colorado and to Hopkins, even though I didn't even know where Hopkins was. I didn't want to be that far away from home. Fortunately, I was accepted at Baylor. We didn't know until the summer before enrollment whether we were going to get into medical school. Students didn't hear while still in college. I didn't hear until early August that I was accepted at Baylor. I was concerned about it, and when visiting with Goodwin's secretary one day she said, "Harold, if you don't get in medical school, no one from Tech is getting in." This made me feel pretty good because of his recommendation.

WCR: *How many were in your freshman medical school class?*

JHC: Eighty: 76 boys and 4 girls.

WCR: *You mentioned that Professor Goodwin had a major impact on you. Were other teachers in college or maybe even back in high school mentors to you?*

JHC: I think every teacher had an impact on me in some way. Professor Tulloch taught mathematics at Montezuma; he taught me how to concentrate on my studies. A kid growing up as I did couldn't focus on school very well. He made an impact on me. I took algebra, geometry, calculus, and trigonometry from him.

WCR: *I gather that neither your mother nor your father went to college.*

JHC: My mother could not go to college although her teachers wanted her to go. Her father didn't have the money to send her to college. My father was the oldest of 13 children. He went to college for 1 year at what is now Hardin Simmons University in Abilene, Texas. It was called Simmons College then. After that year he taught at a little country school near Eldorado.

WCR: *When was your father born? When did he die?*

JHC: He was born in Patton, Missouri, in 1889 and died in 1943, the day I took the last finals in pathology as a sophomore in medical school.

WCR: *And your mother?*

JHC: My mother was born in 1895, in Garza, Texas, and died in 1984.

WCR: *Where did your mother and father meet?*

JHC: Dad was teaching in the country schoolhouse and had an extra job in a dry goods store in Eldorado. The person who owned that store also had one in Hollis where Mother lived. One summer he sent Dad over there to work for 2 weeks while another employee was on vacation. They met at a Baptist church service.

WCR: *How long before they got married?*

JHC: About a year. Subsequently, I came upon some letters they wrote back and forth from Hollis and Eldorado—really pretty formal and proper.

WCR: *What was your mother like? What kind of relationship did you have?*

JHC: She was very meticulous, very pretty, and very caring. She was a good cook, and she cooked on a wood-burning or coal-oil stove for years. She expected us to be polite and to communicate. She wanted us to dress nicely. Although our clothes were usually old, they had to be clean and ironed, our shoes polished. She was very neat and expected us to be that way also. My older brother didn't like that, but I tried to please her. We were expected to go to church services and to tithe. There were many times when mother was making only \$4 a week, but nevertheless she placed 40¢ into the collection plate whether we had enough or not. She was a very loving person with all of us. She always taught a Sunday school class. She usually worked full time, and she didn't mind working. Although she kept house, she expected us to make our beds and have things in order before we went to school. That's the way it has been all my life.

WCR: *What about your dad?*

JHC: Dad was a very quiet man. He was not a very demanding person. Mother set the pattern for us. He was hardworking at whatever he did. He was very neat in his dress. He didn't fish or hunt. He didn't have time.

WCR: *You didn't have the time for those activities when growing up?*

JHC: No. People ask what I did when I was a kid. Well, I worked. I played baseball in grade school and football in high school. Baseball was pretty important to me. I was listening to

the radio when Babe Ruth hit his famous home run. That was a big thrill.

WCR: *It sounds like your father was gone a good bit when you were growing up.*

JHC: He was. When he gave up the store, he had to be away a lot looking for work or working elsewhere in some job temporarily. I always regretted his dying without my telling him I loved him.

WCR: *He died suddenly?*

JHC: He died here at Baylor Hospital with metastatic cancer to the brain. He began to have headaches after a few weeks of staggering. Mother took him to Lubbock and they couldn't figure out what was wrong with him. He got progressively worse and she brought him to Baylor by ambulance. He was here only a few days.

WCR: *What did your brother do?*

JHC: Although my older brother, Hap, originally intended to be a preacher, he became a schoolteacher and also coached football and basketball. My younger brother, Donald, quit college after his sophomore year, got married, and went to work as a bookkeeper for Skelly Oil.

WCR: *During those last 2 years at Texas Tech when you were going to college full time, you must have studied extremely hard because you didn't have much time to study those previous 5 years when going to college part time.*

JHC: That's correct. I studied quite a lot and attended summer school before my final year.

WCR: *Did you have to work hard to acquire good grades, or did they come easy for you?*

JHC: Yes, I did work hard. But I was also trying to help in the chemistry labs, and that included grading papers and helping tutor students individually once or twice a week. I didn't have much time for socializing.

WCR: *You must have been enormously proud to have been accepted into medical school.*

JHC: I was proud to be able to go to medical school and to come to a big city from a small community in West Texas.

WCR: *How big was Lubbock in 1940?*

JHC: Probably about 50,000 to 75,000 persons.

WCR: *How many students did Texas Tech have then?*

JHC: Probably 2000 to 2500 students when I graduated.

WCR: *When you came to Dallas in 1941 to go to Baylor University College of Medicine, I understand that Dallas' population was about 240,000 persons.*

JHC: I think that is about right. It was easy to walk from the Baylor campus to downtown Dallas to the picture show.

WCR: *How did Dallas and the medical school strike you?*

JHC: Dallas was a city to me. The school consisted of 2 fairly small stone buildings of 2 or 3 floors and was located where the dental school now stands. I had visited with the medical school's dean (Morrison) about a year earlier to get a feel for the place. We didn't interview then at medical schools before being accepted as is done now. At that time many students went to medical school after 3 years of college. Dean Morrison thought I would do better if I went back and finished that final year. I'm very grateful to him for recommending that.

WCR: *How did the other 79 medical students strike you? You were the only one from Texas Tech?*



Figure 5. As a sophomore at Baylor Medical College, 1943.

JHC: No, there were 5 others from Tech in my freshman class. Most students lived in the fraternity houses and all seemed smarter than me.

WCR: *The Baylor Hospital at that time (1941) consisted of what?*

JHC: Only the Veal Building, the Annex Building, and the new Florence Nightingale Maternity Hospital.

WCR: *How many beds were in the hospital at that time?*

JHC: Probably about 150 to 180.

WCR: *The medical school used Parkland Hospital also?*

JHC: Correct. Parkland Hospital at that time was on Maple Avenue. It was a very busy hospital and all charity.

WCR: *What were the first 2 years like for you—the basic sciences, anatomy, and so on?*

JHC: It was continuous study. We socialized only on Saturday nights. I have so many good memories about medical school days (Figure 5). For the first 2 years, I roomed with Paul Spring, from Fiona, a small town in West Texas. He was 6'2" tall and I was only 5'7". Paul was a great roommate, and I felt well protected. My freshman and sophomore years were the 2 hardest years in medical school. The students who flunked out did so primarily in the first year. Charlie Bloss, MD, a graduate of Baylor who subsequently became a psychiatrist at Timberlawn, was a student assistant. He advised all of us in the first few days to study hard and told us that we'd have both oral and written examinations. Oral examinations were entirely foreign to me. He told us to learn how to describe normal and pathologic anatomy. He suggested studying together, reciting back and forth with our roommate or teammates. That was the best thing he taught Paul and me, and that probably helped us get through the first year.

I was studying for an anatomy quiz on December 7, 1941, when Pearl Harbor exploded; it changed the lives of a lot of people for many years to come. It seemed to explode Baylor with it. When that happened on that Sunday we were studying for a critical exam in anatomy the next day. We felt that after what happened at Pearl Harbor, the exam on Monday would be can-

celed, but none of those 3 professors who examined us even commented on what had transpired the day before. I don't know if any of us scored very well.

WCR: *Who were some of your classmates when you were in medical school, particularly those that stayed at Baylor and in the Dallas area?*

JHC: Not too many stayed here. Billie Oliver and Arthur Shannon were very good students in the class behind me. George Race was a freshman when I was a senior. During the war, school became continuous with only a week or two between academic years.

WCR: *What was the Baylor neighborhood like when you came to medical school in 1941?*

JHC: The Veal Building, the hospital, had 3½ floors. The medical school was here. The dental school was across the street from St. Paul's Hospital on College Avenue 3 blocks away. The present Hall Street was called College Avenue then because both the medical and dental schools were on it. Right below the present Roberts Hospital was a little stream with a little bridge across it on College Avenue. Junius Street and Gaston Avenue were lined by several 2-story boarding houses. Across the street were a drug store, restaurant, and beer joint known as the "Spirochete" (about where the physician's parking lot is on Junius Street). Big oak trees were everywhere. There was another beer joint on the corner of Adair, and we all visited it when we had a chance to drink beer. That was the only alcohol we drank then. The Phi Chi house was about where the rehabilitation hospital is now. That area was Phi Chi property.

WCR: *Was there any alcohol in your home when you were growing up?*

JHC: No. Neither my father nor my mother drank alcohol. My mother had 2 brothers who did. Both of them died from their drinking. I had very little alcohol before I came to medical school. I didn't have the money or the time to drink, and I was not brought up to drink.

WCR: *How did you get to Parkland Hospital during your clinical years?*

JHC: I'd catch a ride with someone.

WCR: *You didn't have a car?*

JHC: No. I couldn't afford a car.

WCR: *How did you get here from Lubbock?*

JHC: I caught a ride. I had a friend from Tech who was a year or two ahead of me. He worked in Dallas, but he had come to Lubbock that weekend to see his girlfriend. I heard that he was coming to Dallas, and he gave me a ride. I came with a suitcase or two and a pasteboard box. He let me out at a little hotel on Ross Avenue. I was on my own from then on.

WCR: *How did you pay for medical school?*

JHC: I had saved money. Everything I made went toward that fund. I borrowed money from friends. My parents had a little bit. I did it piecemeal. I'd borrow enough money each month to pay the room and board at the fraternity house. The first clothing that I bought here was at Reynolds-Penland, a men's store on the same block as Neiman's on Main Street. Paul Spring and I each bought a suit. I had one suit when I came to Dallas but I needed another one. We had to wear a suit with a coat and tie each day during the first 2 years of medical school. The \$75 for a man's suit was more than I had. I got my suit for \$37.50 in the

boy's department. It upset Paul because I got one cheaper than he did. Mine fit me just as well.

WCR: *How did it go in medical school? Did you do pretty well?*

JHC: I assume I did. I primarily made B's. Glenn Cherry, a well-known person here at Baylor, was a close friend of mine. When it came time in my junior year for selecting the better students for the awards, such as Alpha Omega Alpha, Glenn told me, "Harold, you should have been among the award recipients." My grades were 3 points too low. George Race received an award for his good grades. In the third year of medical school, I was elected secretary-treasurer of my fraternity and lived in the fraternity house. One year I had a job at St. Paul Hospital doing histories and physicals on the newly admitted patients. They'd let us stay in the intern quarters because they had few interns, which were in short supply during the war. That job also supplied my board.

WCR: *Did you enjoy medical school?*

JHC: I was very happy in medical school. It was awfully hard for me. I particularly enjoyed the clinical years because I liked the people and liked seeing patients.

WCR: *Harold, who had a particular influence on you in medical school?*

JHC: In my first year at Baylor and later at Southwestern, Dr. Bill Looney (anatomy) and Dr. Charlie Duncan (histology and embryology) were mentors to me. They were tough. Looney never smiled. Years later I heard that he was in the hospital and stopped by to see him. I said, "Hello, Dr. Looney. I'm Harold Cheek." He said, "I know you, Cheek. Do you remember much about the sympathetic nerve supply to the bladder?" He was having some bladder trouble. I laughed. "Dr. Looney, I'm sorry to have to tell you, I honestly don't remember much about it." That man smiled, and when he smiled that was the first smile I ever saw on his face, and he was near the end of life.

Dr. Duncan was one of the finest guys you could imagine. He had the nickname of "Daddy" Duncan because he was such a benign fatherly figure. Our examinations in histology and embryology were nearly entirely oral. The same was true in anatomy. I preferred to have Dr. Duncan do the examining rather than some of his subordinates, simply because he put us at such ease that he brought out the best in us. I always appreciated that. When Looney examined students in anatomy he crossed his knees and sat on his stool, and you'd give him everything you knew about whatever it was he asked you. When you had finished, his next words to you were "What else?" Everyone heard that. I don't care who was reciting to him, once you'd given him your dissertation on the question, he always said to you, "And what else?" If you couldn't add something else, he'd turn to one of the other 5 or 6 students in that quiz section and say, "Cheek (or whoever), what else?" He knew your name. Those were great years with those two.

In the sophomore year, George Caldwell, the professor of pathology, was always quizzing. He'd catch some student dozing in the afternoon and call on him or her. He'd say, "Cheek, I don't believe I could go to sleep if I knew as little as you know." I never saw that man smile either. You'd have to recite what he'd said or what was in the book. Those men in the preclinical years were great.

In the clinical years, we had no full-time clinical professors. They were all volunteers. By then, I thought I wanted to go into surgery of some variety. The 3 surgeons who had the greatest impact on me were John Goode, H. Walton Cochran, and Ben Harrison. Each operated at Baylor. Lee Hudson and Sam Weaver were chiefs of the 2 services at Parkland Hospital. They were both very influential and operated upon their private patients at Baylor.

I applied for internship at Baylor Hospital because I wanted to stay here. Part of the reason was that the clinicians I respected had their private patients here. Sam Weaver was the acting chief of surgery when I came to Baylor, but soon Cochran took over. C. B. Carter had been chief of surgery at Baylor Hospital but went with the World War II unit formed at Baylor. Dr. Cochran, although very quiet and very mild, expected the best from you. He had more influence on me as a person, as a surgeon, and as a caring physician than anyone in the medical field. Lee Hudson, who became a close friend, selected Pepper Jenkins, a surgery resident at Parkland, to go to Boston for residency and to return to develop an anesthesia department at Parkland and in the medical school. When I was a resident, Lee tried to talk me into becoming an ophthalmologist. He did his private surgery at Baylor and on occasion he said, "Harold, I've watched you, and I think you'd make a good eye doctor. I want you to let me get you a residency in New York and, after you finish, come back and be full time at Parkland and the medical school." That wasn't my cup of tea, but I felt quite honored that he wanted me to do this.

WCR: *During your junior and senior years in medical school, did you spend most of the time here at Baylor or at Parkland?*

JHC: Most of my time was at Parkland and Children's Hospitals.

WCR: *What was the old Parkland Hospital like?*

JHC: It was a very busy place. It was all wards. They had only a couple of semiprivate rooms. The same was true at Baylor. We didn't have much clinical work at Baylor while in medical school. At the end of my sophomore year the medical school moved across town to Maple and Oak Lawn near old Parkland Hospital.

WCR: *Your clinical years were at Southwestern?*

JHC: Yes. Baylor moved to Houston at the end of my sophomore year.

WCR: *What is your interpretation of why the medical school at Baylor left Dallas?*

JHC: My feeling then and now was that the Baylor medical school in Dallas was under the influence of Baylor University in Waco. Pat Neff, a former governor, had become president of Baylor. He was a very domineering person. The medical school board, although it had some local representation, was under control of the board from Waco. Southwestern Medical Foundation, which had been started by a group of physicians and business men, including Dr. E. H. Cary, had supported the Baylor medical school with some funds, and as a consequence the foundation had representation on the medical school board. I believe the foundation felt that its representation on that board was inadequate; it wanted representation on the Baylor medical board equal to that of board members appointed by Baylor University at Waco. Pat Neff didn't like that. He wanted the university to have one more board member than the foundation.

About that time, Houston wanted a medical school. Jesse Jones and other men in Houston provided the money to move the Baylor University College of Medicine to Houston. The Houston men found out that Baylor University in Waco was dissatisfied with the Baylor medical school in Dallas and had agreed to support the school financially if it was moved to Houston.

Simultaneously, Dr. Cary and others in Dallas had gone to the authorities and gotten approval for a new medical school in Dallas if Baylor medical school moved to Houston. The foundation had already hired some faculty in case that plan came about so that the new school could start up immediately. Within a week of the time that it was announced that the Baylor medical school was moving to Houston, formation of a new medical school in Dallas was announced, to be called Southwestern Medical Foundation School of Medicine. The new school had no classrooms. These events happened at the beginning of the summer, so Spence Junior High School, between Baylor Hospital and what is now North Central Expressway near Fitzhugh, rented classrooms to the new school.

This was 1943, during World War II, and we went to medical school year-round then. Freshman and sophomore students of the new school met at the junior high school until a garage building across the street from old Parkland Hospital became available. That building was converted into an auditorium for lectures, and prefab buildings were rapidly put up behind Parkland Hospital for the preclinical years. It was a trying and scary time because we didn't know for sure whether the medical school was going to make it. Ninety percent of the Baylor medical students stayed in Dallas at the new school.

Nearly 100% of the students who went to Houston were already in the naval training program. The navy had put in a training program for students before the army put their program into the medical schools. Those signed up for the navy had to go to Houston to finish medical school. Those of us who remained in Dallas at the new medical school were inducted into the Army Specialized Training Program immediately.

WCR: *During your last 2 years in medical school you wore an army uniform to classes?*

JHC: Yes, except in the hospital we were allowed to wear white coats or, if we were working as an extern in a hospital, we could wear scrubs and a white coat.

WCR: *Did you enjoy your clinical rotations at Parkland when you were a medical student?*

JHC: We were very busy and worked long hours. The staff men at Parkland did most of their private cases at Baylor. The surgery staff was all private. I liked them very much. (Carl Moyer came after I had finished medical school.)

The man who had great influence on me at Baylor Hospital was Eric E. Muirhead, head of surgical pathology. Joe Hill was the chief of the laboratories and pathology at Baylor Hospital. Eric was a wonderful pathologist and I admired him. He was a good teacher. When Moyer was visiting Dallas, Goode brought him to the room where Muirhead was doing the autopsy on a young man from Clovis, New Mexico, and I was helping him. The patient had bled to death from a duodenal ulcer. Goode had tried every way to save him. He had him "scoped" but no one could see blood in his stomach. As soon as Goode saw that the problem was a bleeding duodenal ulcer, he became so distressed



Figure 6. Baylor interns and residents, 1946.

that he couldn't stand it. The finding that a young man had bled to death in the hospital from a duodenal ulcer when all tests had showed no blood in the stomach made us all ill.

WCR: *I gather that your decision in medical school to go into surgery was relatively easy?*

JHC: Yes it was. An incident in medical school may have turned me off a bit to internal medicine. Tinsley Harrison, the chief of medicine when I was a senior, had a great impact on all the students. He was a good teacher. He would assign each medical student a patient and the next day on rounds, we would have to present the patient to him. He had given me a nice looking woman in her early 20s who had rheumatic fever. She didn't want her body to be exposed to an examination. It was hard for her to have me examine her even with the nurse standing there with me. She was embarrassed and very modest. The next day Dr. Harrison brought his entourage with him. "Now, Cheek, tell us about this lady." The woman turned pale. I gave him her history and said, "Can we go outside to discuss this patient?" He said we had to stay right there. I told him I'd rather do it outside. He looked like he was going to knock me down. Finally, he agreed to go out in the hall, where I explained the situation to him. He'd already done a precordial examination so he knew what her findings were. He accepted my explanation, but he sure got upset with me. I didn't know if I'd pass or not. I liked Harrison, but he wanted things his way.

WCR: *Who were your clinical teachers in medical school?*

JHC: In surgery, John Goode, Walton Cochran, Ben Harrison, and Warner Duckett. Ben Harrison was one of our most responsible teachers at Southwestern in surgery. He made good rounds and had a 3-month surgical session that was excellent. They were the principal surgical teachers at that time. Frank Selecman came back about that time from the service. Sam

Weaver was not the best of teachers, but he was a good surgeon, a Mayo-trained man. Others included Lee Hudson and a section chief at Parkland in medicine named Alex Terrell, who was very good. Paul Thomas, Al Harris, and a fellow named Reagan were good internists and good teachers.

WCR: *Why did you decide to come back to Baylor Hospital for your internship?*

JHC: I liked the Baylor doctors and Baylor Hospital (Figure 6). Goode, Cochran, Harrison, Hudson, and Weaver were at Baylor Hospital. I was interested in surgery by then and I thought I wanted to stay in Dallas. I felt comfortable at Baylor Hospital. Also, it was during the war and it was hard to shift around much. I was afraid if I got out of the pocket, I might get lost and end up not making it in some way.

WCR: *When you were an intern Baylor Hospital consisted of the Veal Hospital?*

JHC: And the Annex, which was the colored hospital. This was before integration. The colored patients were in the Annex building, a 3-story stone/stucco building behind the Y division of the Veal Building. The outpatient clinics also were there.

WCR: *Neither building was air-conditioned?*

JHC: Correct.

WCR: *What about the operating rooms?*

JHC: No air-conditioning. They had big fans in the screened windows, and some of the unscreened windows, bringing air in from the outside.

WCR: *What was Baylor Hospital like during your internship?*

JHC: The Veal Hospital was primarily private. It was a busy place and nearly always filled. The nurses wore white uniforms. Everything was very proper. When you made rounds or went to a floor to see a patient, the nurse would stand and would accompany you into the patient's room. It was very well run. There were plenty of nurses, although a lot of them were student nurses. Ben Harrison and Cochran had encouraged me to come to Baylor Hospital while I was a medical student. You couldn't get much out of Goode because he was busy operating. He was an excellent teacher and surgeon.

WCR: *Harold, what was a typical day like when you were an intern? Did you get to the hospital at 7 AM? Did you go right into the operating rooms? Did you do a lot of operating as an intern?*

JHC: An intern was expected to be at the hospital by 7 AM and not to leave until the work was finished. You stayed on duty until 7 PM or later. If you were on obstetrics, you worked 48 hours on, 24 hours off.

WCR: *You had a rotating internship?*

JHC: Yes. I wanted to find out about other specialty areas. It turned out I liked surgery best of all, as I thought I would, until I came under the influence of Muirhead. Had it not been for 1 or 2 things happening, I might have gone into pathology, which I dearly loved. I still like it. As a resident I came in at 7 AM and went right to the operating room if I was on surgery or made rounds if not. I've told every resident who worked under me sub-



Figure 7. At a Baylor resident Christmas party, held on the first floor of the nurses' home. Dr. Cheek is on the far left, and Mr. Boone Powell, Sr., is in the background.

sequently this story. Tom Marinis, the senior resident in surgery, and I were doing a case. Dr. Cochran, our chief of surgery, came in one morning and asked about a patient on the ward. We had surgery patients in two 12-bed wards, one male and one female. Tom said, "I didn't get to see her." And then Dr. Cochran looked at me and asked, "Did you see her?" "No, I didn't get to see her." He was a very quiet, small man, about my size. He was very caring and meticulous. He was standing behind me looking over my shoulder at what we were doing and he said quietly, "Boys, I don't believe I'd come to the operating room before I had seen all my patients." That was the only time he ever mentioned it, and from that day to this, every patient I ever had was seen every morning before I went to the operating room. It made sense. You don't know how that patient is doing. You might get tied up in the operating room and be there for several hours, and they needed you.

The interns didn't perform a lot of surgery, but occasionally one of the surgeons would say, "Here, you do this." I remember the first hydrocele I ever did. I did it under a local anesthetic. Dr. A. I. Folsom, chief of urology before O'Brien and Mitchell, helped me. I injected the local and Dr. Folsom asked, "How long are you going to rub that? Why don't we go ahead and operate." The chief's helping scared the hell out of me. We got it done, but he pushed me all the way. He was a great man.

WCR: *How long was your surgical training back then?*

JHC: At the time I came here to intern, the entire surgical training period was 2 years after internship, which would make it only 3 years in all (Figure 7). Later, while I was in the army, they changed it to 4 years after the internship. I did a total of 5 years of training, including the internship. I was glad the training period was lengthened. The residency was on a pyramid system—several were accepted to begin in surgery but were gradually eliminated, with only one finishing the fifth year.

WCR: *Most of the surgery you did as a houseofficer was abdominal?*

JHC: Yes, mainly abdominal, hernias, thyroids, etc. (Figure 8). Robert Shaw was head of chest surgery in Baylor in this community, and Cochran also did some chest surgery until Shaw returned from the army. Goode was an extraordinary surgeon, but he did no thoracic surgery. Vascular surgery was not a subspecialty



Figure 8. Operating during his residency.

then. Varicose veins were about it. Vascular surgery began to develop after World War II with Dale Austin, Leroy Kleinsasser, and Jesse Thompson leading the way.

WCR: *During your residency training, did you see an area that you liked more than another? Did you lean toward breast surgery early, or did that develop later on in your career?*

JHC: I jokingly have said I was always interested in breasts. Actually, I became interested in breast disease from a surgical pathology standpoint years later. Dr. Cochran did general surgery but had a primary interest in breast surgery. Because of that he always had many more breast cases to do than any of the other staff surgeons and he did them better. He did a beautiful radical mastectomy with skin graft if it was cancer. He was the one who lectured on breast cancer at the medical meetings and at the school. A lot of people didn't like to scrub with him because he was slow and meticulous. I would grab every case that my house-officer colleagues did not want. He directly influenced me more than anyone else.

After finishing my residency I had to do general surgery if I was going to make a living. Although I wanted to practice elsewhere, Dr. Cochran said, "I think you need to practice in Dallas. I think you need to do nothing but breast surgery." I said I didn't think I could make a living that way. He felt that Dallas was then becoming large enough that breast surgery specialization was possible.

Cochran wanted me to go to New York City and train with Cushman Haagenon for a while, but I couldn't afford that. Anna Lou and I had married, and during my last year of residency she became pregnant. I had to go to work. My interest in breast surgery was simply Dr. Cochran's interest rubbing off on me. I told him that if I ever got a chance, I would limit my practice to breast surgery. Cochran paid me the highest compliment when he was in the hospital with coronary heart disease during my last year of residency. I spent a lot of time with him, practically nursing him, because I respected him so much. We talked a lot. He told me, "Harold, I wish this hadn't developed. I think you and I would have made a good team."

WCR: *When you completed your surgical residency you went into practice here at Baylor. Did you go in by yourself?*

JHC: I went into general surgery practice by myself. Everyone knew by then that I was interested in breast work, but other



Figure 9. With J. W. Duckett, MD, about 1975.

surgeons were also interested in this area. Goode was doing lots of breast work at Gaston Hospital.

WCR: *After Cochran?*

JHC: Yes, Cochran became incapacitated during my last year and had to close his office. He asked Tom Marinis and me when he quit who we thought should follow him, Warner Duckett or Robert Sparkman. Sparkman was fine and the younger of the two. Duckett was an extraordinarily good surgeon who did his private work here and at Dallas Medical and Surgical Hospital (Figure 9). We felt more comfortable with him because he was senior to Sparkman and was a little smoother about things. I asked Cochran if he would be kind enough to remain the chief until I finished so he could sign my certificate. He kept it in name only. Duckett understood, and he told me one time that he appreciated the fact that I wanted Cochran to do that. He and Cochran were close friends.

WCR: *What did you do in the army? Your residency was interrupted for 2 years.*

JHC: I was called to active duty and had a good 2-year army experience. It was toward the end of the war, when servicemen were beginning to come home. I was sent to Fort Douglas, Utah, probably because I was classified as living in Hobbs, New Mexico, because my parents lived there. I was assigned to an orthopaedic hospital in Brigham, Utah, for 6 weeks. Then they sent me to Fort Sam Houston for 6 weeks for some basic training. The 400 in my class were sent to various places from there. Because I expressed an interest in chest surgery, I was assigned to Bruns General Hospital in Santa Fe, New Mexico, a special hospital for chest patients. There were many cases of tuberculosis. Dr. Shaw had come back, and I'd been helping him a lot in surgery because nobody else wanted to scrub with a chest surgeon. He offered me a fellowship with him when I got out of the army. I felt complimented about that and considered taking him up on the offer. I did a lot of chest work, particularly thoracoplasties.

WCR: *Your army experience, from a training standpoint, sounds to have been excellent.*

JHC: It was good for about a year. After that, they closed Bruns and I was reassigned to the First Guided Missile Battalion to be their surgeon at White Sands Proving Grounds in southern New Mexico. That was a great experience for me because it gave me about 8 months to study surgical physiology and pathol-

ogy from the books. I've got lots of movies of V-2 rockets being fired, and while I was there the NIKE was developed. They had firings every week, and a physician was required to be there with the ambulances at the firing blockhouse, 7 miles out in the desert. Why, I don't know. If something had happened or blown up, we couldn't have done a lot.

WCR: *You didn't operate much there at all?*

JHC: They had a station hospital. We sewed up lacerations, and that's about it. Most other cases went to William Beaumont General in El Paso. During the last 4 months I transferred there and started operating again.

WCR: *You mentioned Dr. Muirhead.*

JHC: Muirhead was the chief of surgical pathology when I came back from the service, and Cochran assigned me to work in pathology, ultimately for about 10 months. Muirhead was a good teacher. I saw a lot of specimens and also did much histology work, including frozen sections with the pathology residents. Muirhead asked me to write my second paper for publication to report a carcinoid tumor producing an alveolar carcinoma pattern. It unfortunately turned out to be both a carcinoid and an alveolar cell carcinoma of the lung. Toward the end of that time, Muirhead took a full-time job at Southwestern. I appreciated him telling me ahead of time because I thought that without Muirhead, pathology would not be as good at Baylor and therefore I didn't pursue it any further.

I was still seriously thinking about thoracic surgery, but Dr. Cochran was still directing my way. I talked to him about it. He and Bob Shaw were very close friends. He wouldn't have opposed it at all. About that time Donald Paulson came up from San Antonio and joined Shaw. He came down to the lab one day and told me that they needed someone "right now" to come up and start their year with them. I told him I had to finish the pathology work and I really wanted to finish my general surgery training to be board certified first. He said, "Well, if you're going with us, you're going to have to do it now or you won't get to." I saw Dr. Cochran that same day and told him. He said, "Harold, you don't have to go there. Why don't you do what you started to do? You'll do better." That was the end of my thoracic surgery career.

WCR: *How did it go in private practice?*

JHC: Extremely slow. Martinak and Griffin, 2 obstetricians, occupied half of a little building on North Washington (across from the valet parking area). They shared that building with Arthur Gottlich (Charles Gottlich's father), one of my best personal and most appreciated professional friends. He was a gynecologist and with Sol Katz, internal medicine, had the other half of the building. At the back were 2 little rooms. Both of them would have fit in your office! Arthur encouraged me to stay in Dallas. I told him I didn't know where I could get space. He told me, "I have 2 small rooms in my building. I'll clean them out and you can be in our building." The rooms had been used for storage. I went there and stayed 3 years.

WCR: *You were how old when you started in practice? You started in 1951?*

JHC: Yes. I was 34 years old.

WCR: *Did you get some referrals?*

JHC: Referrals came slowly. Most of my income was from the emergency room because I was one of the few guys taking emer-

gency room surgery calls. The nurses remembered me, so they would call me. Most of the emergency stuff didn't pay, but occasionally I would get a patient with insurance that paid me a little. I made enough to pay my rent and to barely feed Anna Lou, me, and the little one. And soon there was another little one.

WCR: *How did it progress?*

JHC: Slowly but surely. During the first 3 years Arthur Gottlich probably referred more patients to me than anyone. I finally had to have more space. I moved to the Doctor's Building at the corner of Washington and Gaston Avenue and was there for about 20 years. It was a good location. Patients came strictly by referral and by "word of mouth." The doctors seemed to like what I did and how I took care of patients. I gave talks, primarily on breast diseases and breast surgery, whenever I had an opportunity to do so or was asked.

WCR: *How long did it take before you totally limited your practice to diseases of the breast?*

JHC: About 23 years.

WCR: *You did general surgery for a long time.*

JHC: By the time I moved into the Barnett Tower, over half of my work was breast surgery. I realized that I could do it. I had put away funds for the education of our children. I told Anna Lou, "Now is the time to do what I've always wanted to do. I talked to some of my colleagues and they encouraged me to make the move." I've been happy ever since. I started telling the Baylor physicians what I was going to do about a year before limiting my practice. I also told patients and referring doctors what I was planning. The only exception I made after limiting my practice was to repair Tom Landry's hernia.

WCR: *Was he a personal friend of yours?*

JHC: No, but he became a friend. I had sent out letters to the referring doctors about a month earlier. I was getting ready to move. Marvin Knight was chief of orthopaedics and the chief Dallas Cowboys doctor at that time. Knight called and said, "Harold, I want you to see Tom. He's got a large inguinal hernia, and I want you to fix it for him." I said, "Marvin, you know I'm not doing general surgery anymore." He said, "Well, you're going to do Tom's." I said, "No, I don't think so" and "Tom who?" He said, "Landry." I told him I would talk to Tom. I thought I would talk him out of it. I asked him, "Where is he?" He said, "He's right across the desk from me." I told him, "Send him on over." Tom came over. He was the nicest gentleman you could ever meet. He had a big hernia. I said, "Tom, you realize I've stopped doing general surgery. I've done a lot of hernias and you've got a big one and it needs to be repaired. I'll be glad to get you someone else." He said, "No. Marvin wants you to do it." I said, "Tom, you're making a liar out of me, but I'll do it." That was the last general surgery case I did.

WCR: *It sounds like you really got interested in anatomical pathology. Did you look at a lot of slides on breast diseases so that you got extremely comfortable with all their patterns?*

JHC: Every patient I ever had with a breast disorder had a chest x-ray and a mammogram after they were available. I never operated on a patient without studying the mammogram. I never did a breast resection without first seeing the histology slides of the biopsy. There was a frozen section area in each operating suite where I could leave the operating room, go look at the sections, and then return to the operating room.

WCR: *You were a real student of breast disorders from all aspects?*

JHC: A surgeon who removes a breast without first seeing the histology makes a grave mistake. I had a patient from San Saba, a little town in central Texas, referred for a radical mastectomy. We planned our workup in the hospital a day or two before operating upon her. Fortunately, her slides were sent with her from Dr. Goforth, a highly respected pathologist in Dallas at St. Paul Hospital. He had called her breast lesion a cancer. She was a schoolteacher ready to give up her breast. I told Dr. Kingsley, the chief of surgical pathology, to get the slides and look at them. They showed very active fibrocystic change, a lot of intraductal papillomatosis, but it wasn't cancer. He said, "Harold, I can't call this cancer." I said, "Boy, unless you can call it cancer I can't take her breast off."

I explained this new interpretation to the patient. I said, "This is not cancer. You don't need to have your breast removed." The referring doctor had prepared her to the point that she became upset that I wasn't going to take the breast off. I said, "Ma'am, I'm going to have to let you go home because I don't think you need any breast surgery." She got dressed and went home. She didn't pay her hospital bill, me, or anybody because she became so angry over it. That case taught me a lesson. Never operate upon a patient without seeing the pathology slides under a microscope yourself and with your pathologist. I wouldn't take the responsibility to read the slides, but I have learned a lot of pathology, and I have loved it.

WCR: *In your time you've seen a lot of change in surgery of the breast. You've been in the forefront of that. That must give you a great deal of satisfaction to have been a part of the new innovations.*

JHC: It surely has. What went around has come around.

WCR: *Radical mastectomy is simply not done much anymore.*

JHC: There are times when it's necessary. The radical mastectomy that we did in my early days became a modified radical, then less than a modified radical, and then a simple mastectomy, and finally a lumpectomy with x-ray. That became possible because we had better equipment in our radiation department and better drugs, along with earlier diagnosis.

WCR: *Cancer therapy today is not just surgical; it's become a major team effort.*

JHC: Team effort began in my day and I was glad to see it. There was nothing that made me as happy as to get Mike Reese to come to Baylor to work full time as our first medical oncologist. When we got Marvin Stone to head up our new cancer center, that was a great day.

WCR: *When you began to limit your practice only to breast problems, how many other surgeons in the country did that?*

JHC: Only a few, and then only in the major centers.

WCR: *You were the first one in Dallas to do so?*

JHC: Yes. I eliminated emergency surgery. I scheduled cases days in advance. I could see patients one day and operate the next, working 6 days a week.

WCR: *You operated every other day?*

JHC: Tuesdays, Thursdays, and Saturdays. Mondays, Wednesdays, and Fridays were office days.

WCR: *When did you finish on Saturday as a rule?*

JHC: Between noon and 3 PM.

WCR: *Saturday was a pretty busy day?*

JHC: I liked Saturday because the surgery schedule wasn't heavy and we didn't seem so pushed. It was a more relaxed day to operate. Many people liked to operate on Saturdays. Others took Saturdays off. They always had nurses there, and I didn't see any reason for them not to be working.

WCR: *When did you stop operating, Dr. Cheek?*

JHC: In 1995.

WCR: *Was that hard for you?*

JHC: It was really hard to do. I talked to Ron Jones about it. I have great respect for Ron. He used to drop in and visit when I operated and I appreciated that. I asked him if he thought it was about time that I stop operating. I was getting older. Anna Lou was pushing me to ease up, to be off more. If I operated, I stayed in Dallas to take care of the patients, so we couldn't go anywhere. We had never traveled any to speak of other than to medical meetings. Ron told me, "I've watched you. You don't have to quit unless you just feel a need to." He was very complimentary and I appreciated that. It was difficult to do. The hardest thing was writing the letter telling my patients I wasn't going to be seeing them anymore. That's tough because they had become part of my family. No cancer patient was ever discharged. I saw them on a semiannual basis for life as long as they'd come. I had them return for many years. I've got a suitcase full of much-appreciated letters from those patients.

WCR: *When you operated on a patient with cancer, you sent them back to their referring doctor but you kept seeing them also?*

JHC: Yes. I saw them from a breast cancer standpoint. I sent any other patient back to the referring physician as quickly as I could. If a referring physician did not want me to follow the patient thereafter, I of course honored that request but nevertheless requested that I wanted to hear from them.

WCR: *How long did you keep your office open for consultations after you stopped operating?*

JHC: For about a year. I would have kept it open longer but the income from office visits alone was not enough to pay office overhead.

WCR: *I enjoyed the survey article that you wrote as a resident.*

JHC: I didn't publish it until I'd been in practice about a year because I didn't think it was worth publishing. Sparkman was the secretary of the staff, and I was the senior resident. He was planning a medical meeting here at Baylor and had me prepare that talk. He said, "Harold, I want you to get a talk together on cancer of the breast in pregnancy and lactation." This was one of Cushman Haagensen's "inoperable cancers." He thought breast cancer during pregnancy and lactation was incurable and inoperable. Most of them were at that time, but not now because they are being diagnosed earlier. Little had been published on this problem at the time. A man named Trout had described a survey he had done relating to a different problem, and I thought that was a good plan for me to follow. I sent a letter out to 50 or so surgeons, and the response was pretty good. I still have all the replies. The most interesting response was from Arthur Holleb, a resident at Memorial at that time, who had written for his chief at Memorial. They agreed that there were probably some that were curable and that it shouldn't always be considered inoperable, though a large number had never seen a "cure."

WCR: *As you look back on your career, what accomplishments are you most proud of professionally?*

JHC: There are a lot of things that I'd like to put into that answer. The thing I'm most proud of is having had the opportunity to be a physician and to work in this institution. I've had many professional friends, too numerous to even mention. It makes me feel wonderful to think about my relationships, professional and some personal, with them. I will always remember them. I'm happy for the contributions, the little that I have done to help the Department of Surgery. I think that developing an emphasis on diseases of the breast and establishing the breast lectureship were most satisfying. Having the good fortune to be able to assist in establishing a fellowship in surgery for diseases of the breast has given me great satisfaction, because I think it was particularly worthwhile. Playing a little role in the growth of the surgery department, and specifically oncologic surgery, and the development of the Sammons Cancer Center has been important.

Also, I tried to teach our residents to treat patients as if they were related to them. I told them: "Don't be indifferent with any patient. Be a caring physician." I would see ladies come into the office after having seen another physician, and they would occasionally cry because of the way that other physician had examined their breasts, had been rough, or had been indifferent to them. That's so rude. Those physicians shouldn't be in medicine or surgery. I've tried to instill that caring concept into my fellows and residents. To be indifferent is a terrible thing. I hope my patients felt that I cared for them. I tried to instill in residents and fellows that they see their patients before they go to the operating room. I don't care what surgical specialty they are in. See the hospitalized patients early in the morning. I think that's good for any physician. I saw my patients twice a day.

WCR: *How did you meet Anna Lou?*

JHC: When I had just started my internship, Harrison told me, "When you go to the hospital as a young doctor it's to your advantage not to date the student nurses. You'll see a lot of cute nurses, but don't date them because they gossip too much and you get too interested and neglect your job. Date outside the hospital." It was hard but I respected Harrison so much that I never dated a student nurse. Interestingly, when I met my future wife for the first time, I asked her to marry me. She was a student nurse in the Annex. I was making rounds there with my resident, Truett James. He was going into orthopaedics and had patients in the Annex, and my job was to change dressings. I went over to change the dressings and this little girl ran in and said, "Dr. Cheek, I want you to meet somebody." I told her I couldn't right then, but I'd see her in a little bit. She went on, "Come on now." I let her stand there while I changed the dressing. She said, "I want you to come in here and meet this lady. I want you to marry her." I said, "It's a little early. I don't have time for that now." She insisted that I go in and ask her to marry me. Anna Lou didn't know me and I didn't know her. But this little girl, who was one of our patients, decided that that little nurse in there and I would make a good pair. Anna Lou sat at an old-fashioned desk on a stool and turned her head and looked at this girl who said, "Miss Cave, this is Dr. Cheek. He's going to ask you something." She turned to me and said, "Now you ask her." I said, "Miss Cave, will you marry me?" She said, "Yes, I'll marry you." I said, "Thanks. I'll see you later." And then I left.

WCR: *Then you didn't see her for another year.*

JHC: I've forgotten how we happened to have our first date. I think she had a girlfriend in her class who thought that I might be a catch. Maybe I took her to a picture show. That's about the only place I could afford to take a date then. To have a date, I had to sell blood for \$25 a pint. I sold lots of blood as a resident to supplement my salary.

WCR: *You met Anna Lou again.*

JHC: She went to work for Dr. Albert D'Errico, a neurosurgeon. He was very stern and didn't smile. We were assigned to D'Errico's service as interns. I liked the way he worked. He had a patient die on the table from anesthesia, and he closed the wound on the scalp all the way down the skull as if the patient were still alive. When he got to the skin he said, "Here, boy, do you want to close the skin?" He had me put in every stitch. If he didn't like the way a stitch looked, he told me to cut it out and put it in again; he told me, "Let's do it right." He was a good surgeon but not well liked because he was such a hard-boiled guy and not very friendly. I liked him and scrubbed with him some. He always had 2 full-time scrub nurses, and Anna Lou became one of them. It made him mad when she quit. I called her from San Antonio when I realized that I wasn't going to be assigned overseas. I said, "Anna Lou, do you think we ought to get married this week?" She said, "Yes, I think so." She quit that day and went home. We got married that weekend.

WCR: *When did you get married?*

JHC: In August 1946.

WCR: *That was just after you joined the army?*

JHC: I made a "lot of money" as a first lieutenant.

WCR: *You finished your training in 1951 and had one child by then?*

JHC: Yes. She became pregnant during my last year of training. Our first child was born 3 months before I finished training.

WCR: *Where was Anna Lou from?*

JHC: Rotan, Texas, a little town close to Abilene. She was at Tech some of the time I was, but I never knew her there.

WCR: *She came to Baylor to go to nursing school?*

JHC: Yes. Initially after Tech she worked in a bank in Rotan. Her next door neighbor, a physician, urged her to go into nursing.

WCR: *You have been married 55 years and have 4 children?*

JHC: Four children, all girls, and all are married and happy. We have 3 grandchildren.

WCR: *Do you have hobbies or interests outside of medicine that you've had time to develop?*

JHC: I play golf. Allen Crenshaw introduced me to golf. His nephew is Ben Crenshaw. I found that I couldn't play and work, though—I didn't play much when I was practicing. I had a number of physician friends who let golf interfere with their patient care, but I couldn't do that. I couldn't operate on a patient in the morning and go to the course in the afternoon. I did it a few times, and I felt very bad and would always end up going back to the hospital. I didn't try to play on days I operated.

WCR: *When you practiced and got home at a reasonable hour, what would you do at night?*

JHC: We had 4 daughters. We were a pretty good family unit. We tried to look after them together, but Anna Lou carried the load. Anna Lou and I would go out occasionally. We tried to go

out once a week and maybe open a bottle of wine and have a special dinner away from home. We'd have a lady come in to stay with the girls while we did that. Rarely were we away overnight.

WCR: *It's my understanding that you played some role in a number of the projects that expanded this medical center.*

JHC: Boone Powell, Sr., and I met in a hospital corridor shortly after he came in 1946. I was a young houseofficer and he was coming in as the business manager. He was young and energetic, and we just hit it off the minute we met. As the years went by we became friends, sharing what we wanted to see done here. A lot of times Boone would call and say, "Harold, let's have lunch," or "What are you doing? Let's visit." Or he'd come to the office and hang out a little bit if I wasn't busy to get me thinking about something. He was a great doer. He would get ideas, run them by you, and they might drop off or they might materialize. We had great visits. I can't say enough about him.

The Truett building was the first major hospital to make its appearance. It was best thing that happened here. I remember when it opened because I was a senior resident at the time. I did the first operation in the Truett operating room. A patient came into the emergency room with acute appendicitis, and I had to operate on him that Saturday night.

Hoblitzelle followed the Truett building. Florence Nightingale, the maternity hospital, had been on the corner of what was Adair and Gaston and had become much too small.

WCR: *Did Baylor own it?*

JHC: Yes. It was part of Baylor Hospital. Boone dreamed of taking it down and taking one of the doctor's parking lots and building a new hospital. He did, and it became the Hoblitzelle building. Mr. Hoblitzelle was a well-known banker and financier in this community. Through his acquaintance and friendship with him, Boone was able to put that together. Then the medical center became Baylor University Hospital.

Boone's friendships with some great business and professional leaders of the community, who were influential, assisted greatly in Baylor's growth. Men like Dewey Presley, the father-in-law of John Anderson. Dewey was a young banker who went to the top at the First National Bank. He was a strong Baylor supporter and became very influential, and he and Boone became close friends. Dr. Alvin Balwin, the proctologist who was head of the colon and rectal section for years, was very influential in making this place a major institution. These men knew men like Eric Jonsson, Charles Sammons, and many other influential Dallas people.

On one occasion, Boone Sr. found me in the doctor's dressing room of the operating room in the Veal building. He asked what I thought of taking down the 4.5-story nurses' home (as we looked over it) and building another hospital building, which he felt we needed. Jonsson soon followed. He had asked me about this when he saw me in the Florence Nightingale Hospital, where I was hanging out while my wife was in labor. Boone Sr. thought we needed more hospital beds, and the Hoblitzelle building came into being. We needed a cancer center, and the Sammons Cancer Center came into being. We were able to entice men like Marvin Stone (such a strong individual) to come to Baylor to head up the cancer center. Boone was a close friend of A. Webb Roberts, who gave generously to this institution. Boone never stopped dreaming and never stopped getting things done. David Hitt headed the institution for a short time after Boone retired



Figure 10. Playing golf in the late 1970s with Kelly McCann.

and then we were able to entice Boone Powell, Jr., out of Abilene to come here. That was a big plus for us too. Robert Folsum was a strong leader in the community, a businessman, the mayor of Dallas, and he headed up the drive to build the Roberts Hospital.

WCR: *What made Boone Sr. such an effective individual?*

JHC: He was a good listener. He would listen and ask, "Why do you think that?" He'd try to dig and pick your brain. Sometimes he'd say, "I don't think I'd try that." After he stepped down as administrator, he was still at his office and started talking about a sports center. I asked, "What in the heck are you thinking about?" He thought there was a need, and he thought people would support it. He knew of some property he thought Baylor should be able to purchase. He didn't want everything in East Dallas, he just wanted the property around Baylor. We visited about that long before it ever got started. And what a great thing that's turned out to be. He was just something else.

WCR: *Did he wander around the hospital a lot seeing people and seeing patients?*

JHC: He made rounds, "Boone's rounds."

WCR: *What were they like?*

JHC: If he wasn't doing something in his office, he'd be walking around the hospital. We used to walk underground over to the old nurses' home where Jonsson is now. The dining room for the staff and nurses was over there. He'd visit the nurses and ask what was needed.

WCR: *Which other physicians at Baylor did Boone Sr. seek out for their opinions?*

JHC: He was a friend of everyone, to tell you the truth. He liked his medical staff. He was their friend.

WCR: *Boone Sr. was a very positive guy. He always had a smile on his face and a nice greeting.*

JHC: I can't ever remember seeing him angry. I'm sure he had moments of anger and moments of sadness. He was just always pleasant, and things were always positive for him. He was a positive thinker.

WCR: *He must have been enormously proud of Boone Jr.*

JHC: You said it. Interestingly enough, I was one of many people on that recruiting committee Dewey Presley had. Boone Sr. never tried to influence us. We interviewed quite a few people before picking Boone Jr. It boiled down to the man from Rhode Island and Boone. All of us on the committee unanimously felt that Boone Jr. was the man for the job.

WCR: *Were you and Boone Sr. social friends outside the hospital? Did you have each other over?*

JHC: We were out at dinners and social functions together, and we'd pick them up or they'd pick us up. Our friendship was confined to the hospital primarily. I'm sure we missed a lot that way because he was always asking us to come and we were asking him to come, but he was busy and I was busy. Ruth Powell was a delightful lady. She couldn't have been more cordial. She was a beautiful piano player. She had a sweet personality.

WCR: *They both were very positive, outgoing people?*

JHC: Yes. She was a quieter person than Boone Sr.

WCR: *Who started the Baylor Foundation?*

JHC: Boone did to raise money. My greatest honor was when he let me be on the first board of the foundation. I don't think I've been off since, and I don't know why they ever had me.

WCR: *How did the breast fellowship come about?*

JHC: I told Boone one time that I would like to underwrite a breast lectureship because we were having so much work in breast diseases. My best friend, Kelly McCann, still a friend of this institution, visited with me a lot and we played golf occasionally (Figure 10). I used to tell Kelly about the dream. I didn't know he was on the board of trustees because he wasn't one to tell. He wasn't that kind of person. Before Christmas one year he came to my office and gave me a generous check and said, "Harold, why don't we start your lectureship?" I had talked to Boone about this and he had said maybe we could do it sometime. I had talked seriously to Dr. Sparkman about it, but he wasn't in favor of it. I appreciated his view. I couldn't wait to get over to Boone's office and hand him the check and say, "Kelly wants to help us get started on funds for a breast lectureship." Boone said, "Fine. We'll get the lectureship going." We had a lectureship every year after that (Figure 11).

WCR: *What year was that?*

JHC: The first breast lectureship was in 1977 or 1978, and it has been given every year since. Dr. Haagensen gave the initial one; in 1951 or 1952 Haagensen had given the Rosser Lectureship here, and that was when I met him for the first time.

In 1980, Dr. William Devereaux, at Baylor, sent Hannah Davis to me. I didn't know who Hannah Davis was, but she had cancer of the breast. He told me she was Ms. Wirt Davis, which didn't mean much to me. She was a nice person, but I had no idea of her background financially or otherwise. By the time I met her we were seeing a large volume of patients with breast cancer at Baylor. I felt that with this much work, we could support a breast fellowship. Many residents were coming out of



Figure 11. At the 2001 Annual Harold Cheek, MD, Breast Lectureship with Pick Scruggs, MD, and speaker Robert Kuske, MD.

Parkland Hospital having never done a radical mastectomy. Only about 10% of the breast cancers they saw at Parkland were operable. One resident coming out of training at Parkland to join our staff had done only one radical when he went into practice here at Baylor. I thought we were doing enough that we could support a fellow who would do a year in breast oncology. With no more experience than that, one might want to come for more training in the management of breast cancer.

WCR: *How many patients with breast cancer were you operating on a week back then?*

JHC: I would operate on several a week. Others had inoperable disease. I saw the inoperable cases as well. As time went on, we did fewer radicals with skin grafts and more modified mastectomies, and then more lumpectomies. Hannah asked me why I wanted a breast surgery fellow. I told her of the need that I thought existed. I had visited with Boone about this several times for a year or two. I'd given him this dream, but when I told Bob Sparkman, who was a friend, what I wanted to do, he thought it would interfere with his general surgery residency program. I said, "Bob, that's not what I intend. The surgeons who come won't need to do any surgery other than on the breast. We want to educate them a bit further on the care of the breast patient, the surgery, the pathology, and all that goes with it, not just surgery alone. I think it will make your residency program better." He absolutely was against the concept.

Toward the end of that year, Boone Sr. called me and told me to come down to his office. I was in the middle of changing dressings and seeing patients. He said, "Come down here right away." I asked, "Is there a problem?" He said, "No, but I need to see you right away." I will never forget that day. I excused myself and went to his office. He was sitting there with the biggest smile on his face, and he said, "What is this for?" He pulled out a check for several hundred thousand dollars and said, "I believe you've got a breast fellowship." Hannah, bless her heart, had come in at Thanksgiving to say hello to Boone and put the check on his desk and said, "That's to start Cheeko's fellowship." She called me "Cheeko" almost from the time I first saw her because I had told her that everybody called me "Cheeko" when I was growing up. That was just the beginning of a great relationship financially with Hannah and Wirt Davis. She eventually gave millions of dollars to Baylor, primarily to the surgery department. Alan

Bookatz was one of her neighbors. She loved Alan and helped him to get some things started too. I have great respect for her memory and for her family.

WCR: *How many fellows did you have? When you started it was one?*

JHC: Yes. We had one at a time in breast surgery. I think the breast surgery fellowship has strengthened the Department of Surgery. I believe it was the first fellowship in the department, although Al Baldwin's fellowship in colorectal surgery may have come first. The vascular, thoracic, and orthopaedic fellowships came later.

WCR: *How many other programs in the USA have breast surgery fellowships?*

JHC: Ron Jones told me recently that he thought that 15 others had started since ours started at Baylor. Some years we had 2 fellows rather than one. We had strong applicants and took 2 because there were enough patients to keep 2 fellows busy. I've always insisted that the breast fellowship not interfere with our general surgical rotating residencies.

WCR: *Did the fellows in breast surgery get to do a lot of surgery themselves or did they primarily watch you or your colleagues?*

JHC: They were already trained surgeons. We'd let them do whatever they could. We could leave the room and they could operate however long you wanted them to operate. The fellows also operated with other Baylor surgeons doing breast operations. I wasn't interested so much in their doing surgery. I wanted to show them a few things that I thought they should know. They also rotated in medical oncology, radiology, and pathology, particularly pathology. They rotated through the whole spectrum of oncology—radiology, diagnostics, therapeutic. Usually they spent 4 months in surgery and the remaining months in the other oncology areas.

WCR: *Have you enjoyed your 5 years of "retirement"?*

JHC: I've enjoyed it but I haven't stopped missing the patients. I think Anna Lou is mad at me because I keep thinking of the patients, and I have not given up serving on Baylor committees and attending some teaching conferences. Marvin Stone has retained me on the executive committee of the cancer center. I have no idea why. Ron Jones has retained me on the surgical advisory committee. I have no idea why. I'm quite honored to still be on the board of the BHCS Foundation.

WCR: *When did you move to your present home?*

JHC: This is our fourth year there.

WCR: *And where do you live now?*

JHC: Hideaway Lake near Tyler on I-20.

WCR: *How often do you drive up here to Dallas?*

JHC: On average, about once a week. I still enjoy coming to surgical rounds and to committee meetings. It gives me an opportunity to keep my brain functioning.

WCR: *Are you still an active member of the Baptist Church?*

JHC: I try to be. We still have our membership at Park Cities Baptist Church in Dallas. I go there when I'm in town on Sundays. I go to the Community Church at the lake and First Baptist in Lindale, another little town where there is a nice active church. I'm not a very active church worker, but I try to be a church supporter.

WCR: *Have you enjoyed living near Tyler?*

JHC: Yes. East Texas is beautiful. Having grown up in West Texas, where there were very few trees other than mesquites, makes East Texas a very pretty area to be in. We've enjoyed it. I can't sit down and watch television for any long period other than some game or golf match. I do pruning in the yard. Often Anna Lou says, "Don't take the pruners with you," because she's not confident I'll prune the right bushes. I think about my patients and I go back and read another letter or two that I received from patients, but it doesn't do me good.

WCR: *Do you read a lot?*

JHC: I'm not a great reader of novels. I enjoy reading something surgical. I still take a few surgical journals, and I read those. I read the paper from front to back. It's a day late because when I get up in the morning the newspaper has not come. That was the way it was here in Dallas. I never could read today's newspaper because it hadn't gotten there before I left for the hospital.

WCR: *When you were practicing, what time would you get up in the morning?*

JHC: 4:00.

WCR: *What time would you go to bed?*

JHC: Usually I'd be in bed by 10 PM.

WCR: *You existed on about 6 hours of sleep day in and day out?*

JHC: That hasn't changed. My wife goes to bed earlier than I do. My alarm "goes off" in my brain between 3:30 and 4:30 AM. I'm not one who can be in bed and not be asleep.

WCR: *When you were practicing, what time would you get to the hospital?*

JHC: 5:30 or 6:00.

WCR: *You'd start your first case at what time?*

JHC: 7:15.

WCR: *What time did you get home as a rule?*

JHC: If I got home by 6:00 PM I was happy. If I could get away by 5:00 or 5:30 from the office and hospital after seeing patients I was happy. Each morning I'd go to the hospital and see patients

and then have breakfast. When I finished seeing my hospitalized patients in the evening then I would go home. I didn't like to leave something unfinished. I liked to finish things that were on my desk before I left the office.

WCR: *Do you smoke cigarettes?*

JHC: I did. I smoked cigarettes like nobody ever smoked cigarettes. I burned them up. At one time I would buy 3 or 4 cartons a week for me and a carton or two for Anna Lou. Can you imagine how much damage we did to our kids and our own lungs?

WCR: *How old were you when you started smoking?*

JHC: I was in high school. Probably 14 years old.

WCR: *That was a different era. Everybody smoked.*

JHC: That's right.

WCR: *When did you stop smoking?*

JHC: I developed a bad cold and sore throat and woke up one morning and decided, "I don't believe I can smoke a cigarette." And I stopped cold turkey. For about a week it was tough. That was 25 years ago! After 2 or 3 weeks, I "had it made."

Anna Lou and I spent a lot of time in the den after the children were in bed. She came in the den one night and asked, "Have you quit smoking?" because she hadn't seen me smoke. I said, "Yes, I quit." I didn't tell her I was going to quit. She said, "I guess I'll have to quit, won't I?" I told her she didn't need to quit but that I thought it would be good if she could. She quit right then.

WCR: *Stopping smoking must have been one of the hardest things you ever did.*

JHC: Yes. If a person can quit smoking, he or she can quit alcohol, stop using drugs of any sort, and lose weight. Once you make up your mind to do it, you can do it.

WCR: *Harold, I want to thank you as generously as I know how for your absolute openness in letting me and the readers of the Proceedings get to know you better. Thanks again.*