

Richard Cobb, M.D.
Hartford, Connecticut

Phone Interview by Ann Schillinger

[Dr. Cobb was born in 1931 and is an entire generation younger than Dr. Walker and knew of him toward the end of Walker's medical career.]

People talked about Walker as one of the stars. Everyone knew him and the others of his time who had spent 50 years in practice and were willing to make house calls even when they were elderly, working still in their 60s and 70s. There were doctors like that in Winsted, New Hartford, Canaan, and Norfolk, and they weren't always appreciated. Walker was definitely appreciated – he would come for any emergency in the middle of the night. He never had a partner – most of those doctors were loners, working alone was their shtick. They got a lot of credit, but people were always looking for mistakes that they made. I admired Walker and the guys who stayed on – people got to know you too well, and your family, so if someone dies, it's your fault.

I saw Walker only once at a meeting [on a case] at Charlotte Hungerford and shook his hand. I was a young squirt. He was very impressive – definitely over 60 at the time. He owned the area (everyone talked about him), and he was still working, a real 24-hour-a-day man at that time. He was head of internal medicine at Charlotte Hungerford and he was king there, delivered babies, helped in surgery, and so on.

He was very opinionated and very bright, and he could go to the hospital and read anyone's EKG, because everyone respected him. He was a folk hero, no question.

My own patients were in Canaan, Norfolk, Winsted, New Hartford, and Colebrook. I eventually went into radiology. In the 60s I quit and became a visiting professor in Malaysia, came home and went to Cooperstown to Mary Imogene Bassett Hospital because Charlotte Hungerford wasn't hiring any more. Later I was at St. Francis Hospital in Hartford.

[Fees] Low fees were common for fellows with big, busy practices. An office visit cost \$2.00 and a house call cost \$3.00. Paying could be "in kind"; you never turned a patient down for a lack of money.

Nobody had insurance in those days. Later on, some doctors wouldn't take people with state aid, and sometimes people didn't want to be seen signing the forms. The hospitals didn't have big emergency rooms in those days – there were none of the benefits of x-ray machines, EKGs, and so forth, on hand.

[Question about changes in the relationship between doctors and hospital care.] By the late 50s, all hospitals were taken over by hospital administrators who replaced the doctors who ran them before then. Everything abruptly changed – administrators took

postgraduate courses and got their Masters in Hospital Administration. Until then I think Walker made all the decisions at Charlotte Hungerford.

During the 60s emergency rooms were opened in all hospitals and by law in Connecticut they had to be open 24/7, and there had to be a physician in the hospital at all times. Before that, pathologists, radiologists, and surgeons didn't want to handle children.

In the 60s, after Medicare came in, hospitals only had a certain amount of money. Under Medicare, a patient couldn't have certain diagnostic tests if they weren't able to pay for them. [Tells the story of a sick woman whose last years were very hard – the hospital took her home away.] I didn't like that change! Turning away people because they had no insurance – we never used to turn away people. With Walker, for 30, 40, 50, 60 years there was never a question about insurance. He took care of people.

[Question about family.] The only Walker son I knew was the surgeon at Charlotte Hungerford. Tom was always overshadowed by his father. I wonder why he didn't find work in another area.

[Replies to questions about twelve specific public health issues, re VNA:]

Birth control – nothing was ever said about birth control.

TB – not much in the 60s, we had streptomycin by then.

Infant mortality – there were no neonatal emergency rooms at that time.

Diabetes – patients were routinely sent to specialists in Hartford, then came back to their regular physicians for annual checkups.

Immunizations – only people that wanted it were immunized.

Polio – I never saw a case of polio in Norfolk.

Prenatal care, postnatal care – there was an OB in Torrington, but people with high risks were sent to Hartford