different cultures and eras have painted the image of the physician with quite different tones and hues. The literary depiction of doctors has ranged from Molière's scathing satires of the eighteenth-century physician, to Mary Shelley's Victorian scientist Dr. Frankenstein. The late nineteenth century saw the rise of the gentlemanly, educated, caring country doctor, as represented by A. E. Hertzler in *The Horse and Buggy Doctor*, while in the early twentieth century Sinclair Lewis presented Martin Arrowsmith as the modern scientific physician. This literary depiction of the transition from country doctor to the scientific physician was a reflection of changes in American medical practice as well. Don Carlos Guffey (1878–1966), first chairman of the Department of Gynecology and Obstetrics at the University of Kansas School of Medicine, dramatically illustrated these changes in the practice of medicine in the early twentieth century. Guffey's medical career serves both as a model for understanding the development of the modern professional, scientific physician and as an illustration of the strong links between medicine and its origins in the arts of man.

Youthful Student

The future physician began life in the rural environs of Unionville, Missouri. Although few details of the Guffey childhood remain, at an early age he demonstrated the skills necessary for a medical career. He set a broken bone in the leg of a sheep injured in an attack by a wolf and soon nursed it back to health. On another occasion he saved a suffocating chicken by opening the crop with a razor. An equally important childhood

Dr. Charles R. King is a professor of gynecology and obstetrics and associate professor of the history and philosophy of medicine at the University of Kansas Medical School. His article on childhood death on the Kansas frontier appeared in the Spring 1991 issue of Kansas History.

1. Interview with Helen B. Weaver, Minneapolis, Minn., April 5, 1988. Helen Weaver is Don Carlos Guffey's daughter.
activity for the young Guffey was a need to read "any and everything," a trait that continued into adult life. As he recalled more than half a century later:

It is beyond remembering when I was not a lover and collector of books. My Old Mother Goose was read to pieces and A Frog He Would A-wooing Go—how I wish for that old frayed and corner-eaten copy! At the age of ten I waded, swam or floundered through Macauley's History of England. As a lad, twelve hours labor in the field or timber netted me twenty-five cents: With those first "two bales" and a few other I made my first purchase of a book—Longfellow's Poems. When I went to the hay or wheat or corn field a book was in my pockets such as Aesop's Fables, the Sketch Book, Bacon's Essays, Essays of Elia, The Lives of Ancient Rome, and while the men were resting "chewing" "terbacer" and telling their tall tales, I was ensconced somewhere in the shade reading.2

Medicine became the vocation and literature the avocation of Don Carlos Guffey.

For a portion of his high school years, the adolescent Guffey lived with a Unionville physician, who had a major impact on his life. Guffey helped the doctor by driving him to house calls in the country and assisting at autopsies. After such experiences and graduation from the local “state approved” high school, it was not surprising that Don Carlos chose to attend the University of Missouri in Columbia. His family, and particularly his father, had hoped the lad would forego further education and return to the family farm; at the time, however, attending the university was, according to the future physician, the most important thing in his life.\(^3\)

Scholastic success was initially difficult for a country boy who, even by the standards of the day, was ill prepared for a university career. Upon his arrival at Columbia in September of 1894, Guffey failed the entrance examinations in mathematics, Latin, and chemistry because he had not studied “solid geometry and Cæsar.” Only through the kindness of a Dr. Gibson, professor of chemistry, was he offered a provisional admission and repeat examination later in the semester. In spite of this early complication and later financial hardships, “he sold his best horse to raise money,” Guffey completed the requirements in mathematics, English, chemistry, physics, and philosophy and was graduated with a bachelor of science degree from the University of Missouri in 1898.\(^4\)

The following year, honor came to the young Guffey in the classroom when he completed a second university degree, bachelor of pedagogy, and began teaching psychology, logic, and ethics at Stephens College in Columbia. This first year of teaching was far from uneventful. In March, believing Guffey had contracted tuberculosis, his Kappa Sigma fraternity brothers sent the young instructor home to die. Death was considered likely and the doctor reported to Guffey’s mother, “I guess the lad has come home to be buried beside the bonnie briar bush.” Despite the dire predictions, the young educator survived—the diagnosis soon became typhoid fever—and in the fall of 1900 he became principal of Unionville High School.

In November of that year, Guffey, the former Stephens College instructor, married a Stephens student, Sallie Thomas. This was an event he later described as “the best thing I ever did.” That same year Guffey clearly recognized the changing role of women in modern life with the publication of a short book, *The Education of Girls*. It was dedicated to:

- the fairest of Creations,
- God’s last best work,
- the girls and women of America.

Further, “one of the fundamental propositions on which our government rests is that every individual has the privilege of making the most of himself. This refers not only to men, but to women.”\(^6\)

Guffey’s positive view of women and the importance of their education is in sharp contrast to the prevailing late nineteenth-century view of education for women. Advanced education for women was considered “injurious to physical and sexual development,” and capable of interfering “not only with conception, but also with childbearing.” Education was not only “injurious” but “unnatural,” since it was contrary to the “design of God,” a design which, in effect, excluded women from the study of law, medicine, theology, and “in short, any college of business which God has designed to be followed by the male population.” Woman’s role was defined by some solely as housewife and mother.\(^7\) Guffey’s promotion of equal educational opportunity for men and women was unusual for the day, and well ahead of his time, but appropriate for the future obstetrician. He concluded, “Do we not say in considering a boy’s education that whatever his calling in life be he can fill it better, and with more pleasure to all, if he has been carefully educated? ... Now why should not the same thing be true of girls or women?”\(^8\) The young educator was becoming a man of the modern world.

In 1901, Guffey made what he regarded as the second most important decision of his life. “We went to the University of Pennsylvania,” where as a medical

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3. Interview with Helen B. Weaver; interview with Aileen Blunt, Kansas City, Mo., March 1988. Aileen Blunt was Guffey’s nurse for many years.

4. Don Carlos Guffey to Ethel Thompson, January 16, 1966. Private collection of Helen B. Weaver, Minneapolis, Minn. [Hereafter cited as Weaver Collection.]


student “I fooled the professor and won a prize in clinical medicine and graduated with Sigma Xi.” His mother favored the decision to attend medical school, but his father did not, perhaps still hoping his son would return to the family farm. Nonetheless, in September of that year, Guffey entered the University of Pennsylvania Medical School with “no money, but a strong ambition.” During his first year in medical school the student’s academic ability was recognized by the medical faculty, when a now unidentified professor recommended that Guffey publish his class notes to help finance his education. Sallie was responsible for typing and preparing the notes, which appeared in 1902 as “Notes on Medicinal Chemistry.”

The four-year medical course at Penn commenced “the last Tuesday in September and ended the third Wednesday in June.”11 Academic standards were high, and the university ranked with elite turn-of-the-century medical schools. As a senior student in 1905, Guffey was awarded the Frederick A. Packard Prize in clinical medicine as the outstanding student. His careful review of the reported cases of “Spondylitis Deformans” correctly recognized the male predominance (75 percent) of the symptoms of musculoskeletal pain, joint limitation and eventually neurologic dysfunction, but incorrectly attributed the disease to exposure to cold and wet, infectious disease, such as gonorrhea, or long continued hard work. At the time, treatment was only supportive. Death was anticipated from intercurrent conditions.12

The Guffeys used the $100 student prize award to finance their return to the Midwest, where the young doctor established his practice in Kansas City. The specific influences responsible for his choice of Kansas City as a practice site are lost; but other important Penn graduates, such as David Robinson, were already practicing medicine in Kansas City, and it was likely that they influenced Guffey to open an office in the city. The doctor’s first paying patient at his office near Thirty-first and Prospect was a man with an injured hand. For dressing the wound, Guffey received $1.32, all the money that the man possessed. This payment represented the doctor’s entire income for his first month’s practice.13 By 1906, Don Carlos Guffey had assumed a position at the hospital and dispensary of the University of Kansas, joined the medical staffs of St. Margaret’s Hospital, the first hospital founded in Kansas City, Kansas, South Side Hospital, and the charity obstetrical staff of Mercy Hospital. Like most practitioners of the day, Dr. Don soon attended at several other local hospitals, including the German Hospital, which later became Research Hospital. Guffey centered his sixty-year medical career at this latter facility and the Bell Hospital of the University of Kansas.

Rising Academic

In the fall of 1907, Guffey entered the graduate school of the University of Kansas for a master of science degree, that was awarded the following year; but not without event. His permanent university transcript recorded an incomplete grade for the only course, twenty-five hours of bacteriology, in which Guffey enrolled. His 1908 thesis, “The Anatomical Considerations Underlying Extra Uterine Pregnancy,” contained the following notation on the title page:

This thesis was placed for some time with others lacking author’s name and date. Guffey’s thesis was marked lost. Examination of this thesis whose title is equivalent to that given for Guffey’s and whose bibliography indicates it was written in 1908 led to the assumption that it is Guffey’s 1908 thesis.14

The twenty-eight-page thesis is a literature review with thirty-three references and contains no new scientific data. Several handwritten corrections (in Guffey’s handwriting) are included. The review considered the history, types, causes, and symptoms of ectopic pregnancy. Much of Guffey’s discussion still remains accurate eighty years later. For example, the anatomical location of ectopic gestation—cornual, tubal, ovarian or abdominal was well described. As to the causes of ectopic pregnancy, Guffey concluded:

When the processes involved in the implantation of the ovum are understood, the etiology will be

11. Don Carlos Guffey, Application for Kansas Medical License, 1907, License Application Files, Board of Healing Arts, State Archives, Kansas State Historical Society.
much simplified. It is generally accepted that embedding is the result of the destructive power of the trophoblastic cells. These destroy the endoepithelium at the site of implantation. Is there any reason to suppose that these same cells may not have the same power when brought in contact with other epithelium?

He correctly foresaw the future possibilities of surgical treatment for ectopic pregnancy, and hoped that "with a fuller appreciation of these things, the abdominal surgeon will be able to cope with it as never before." 15

Don Carlos Guffy joined the University of Kansas School of Medicine faculty in 1905, the year of its founding, as "a lonely, scarcely recognized instructor" teaching in a second-floor apartment at Seventh and Central in the Simpson Block. The details of his recruitment are lost, but he rapidly achieved importance on the medical school faculty and was later described as "one of the pioneers" of the institution. 16 At the time the only full-time faculty member at the school was Dr. Melvin Sudler, dean of the medical school and chief of surgery. The obstetrics department was headed from 1907 to 1911 by George Clark Mosher, who received no pay for his appointment and continued a full-time private practice in Kansas City, Missouri. This dual practice arrangement created problems. In 1905, Chancellor Frank Strong of the University of Kansas wrote to Mosher, "the Department of Obstetrics is puzzling me because as I understand it you are unwilling to do very much teaching and yet you are the best equipped man for that service." 17 Mosher was not interested in limiting his private practice, nor was he interested in a combined department of obstetrics and gynecology, and would remain chairman only if "gynecology was not in the same department." 18 Presumably, Mosher considered gynecology rightfully a part of abdominal surgery, not obstetrics. In all likelihood Mosher was more concerned with the title of his position than the attendant teaching responsibilities.

At the same time that the chancellor recognized potential problems at the medical school, Guffy's importance to the young medical school was rising. The "honors man from Penn" was recommended for promotion to assistant professor, because, according to a colleague, Guffy had "the professional requirements and the personal qualities which I think will insure his success in this field of work." 19 Further, as the dean of the medical school, George Hoxie, advised Chancellor Strong, Guffy had "proven himself capable by doing extra Emergency work for us during the last two months." 20 No sooner was this promotion approved than Guffy questioned his future role at the university. In May 1907, he wrote Dean Hoxie:

It seems to me that in consideration of the fact that the amount of work done and the responsibility assumed by me is at least equal to that done and assumed by others who are to be made associate professor the request of similar recognition is but fair. The matter of age and of time connected with the school is hardly a legitimate factor. Do you think so? I do not want to assume the responsibility and to do a deal of dirty work to get things going and then have someone slip in above me. 21

By continuing his appointment at the medical school, the young practitioner was able to supplement his income with a university salary, to promote his professional position within the city, and to expand his educational duties all at the same time.

Dr. Guffy's time and efforts were soon rewarded with promotion, for which the young associate professor received a salary of $600 per year. The new academic successfully weathered challenges from older private practitioners, who had part-time academic appointments, and for whom requested additional professional advancements. Guffy advised Dean Hoxie:

I cannot feel that such an advancement should be in keeping with the work done, the energy

15. Ibid., 67
17. Frank Strong to George Mosher, May 16, 1905. Chancellor Strong Papers, University Archives, University of Kansas Libraries, Lawrence. [Hereafter cited as Strong Papers.]
18. George Mosher to George Hoxie, November 1, 1907. Strong Papers.
20. George Hoxie to Chancellor Strong, April 12, 1906, Strong Papers.
expenditure, or the real value of the man. To me it
would mean that my work and endeavor have
not been satisfactory. In short, I do not think it is
fair to have any one put over me until he has
proven his worth.23

The medical school administration and subse-
quently the Board of Regents concurred with Guffey's
opinion, enabling the young educator to further
advance his professional status.

Teaching medical students was an important
aspect of Guffey's career. He was as much concerned
with the art of medicine as with its science, and he
believed that medical students, and doctors in gen-
eral, were intellectually shallow. "They could not talk
about other things." Thus, to expand their humanity,
he encouraged medical students to "read poetry
every day" and to talk with patients about "books
and where they had been."24 The doctor's childhood
literary interests were alive. Science was tempered by
the humanity of the gentleman, and in the process the
physician/educator became an important role model
for many medical students.

Typical of the day, Guffey taught his students the
obstetrical art with the aid of a buckskin mannikin. In
supervising the birth of "a buckskin baby from the
buckskin uterus of a buckskin dummy," the doctor
"spare in body, spare in diet and spare in sleep" was
long remembered by his students.25 "He had a manner
about him that commanded the student's respect and a
discipline that was so subtle that nearly every man in
the class would rather leave school than to cause
Doctor Don any trouble," recalled Dr. Charles Dennie.
One incident involved Dennie's classmate Bill Simon,
who was asked to determine the position of the baby
within the birth canal of the buckskin mannikin.

"What do you find" said Doctor Don. "A Breech
presentation," said Bill. How do you know it is a
breech presentation? said Dr. Don. "Because I
have my finger in its anus." There are two quite
large orifices in the human body," said Dr. Don.
"How do you know you don't have your finger
in its mouth?" "Because I could feel its teeth!"
was the reply. Dr. Don sighed and said "Mr.
Simon, I will give you another chance tomorrow,

22. Guffey to George Hosey, October 2, 1908, Strong Papers.
23. Interview with Helen B. Weaver.
24. Charles Dennie, "Little Known Medical History," Greater Kansas
25. Ibid, 583.
The doctor instructed his students in the details of medical science, but he presented them with a model of the humanity of a gentleman.

The Kansas City obstetrician and former Guffey student, Herbert Floersch recalled Dr. Don as a "small dapper man," who was always "well dressed" and had a "good speaking voice." His teaching style was based on the case presentation method, in which, much as with the solution of a mystery, the medical student gave a detailed history while Dr. Don recorded it on the chalkboard. He then edited and commented on the history and physical examination, especially the little details, such as "the color or odor of a discharge." Former student Richard G. Helman recalled that Guffey "had a way of teaching that made you remember the important things." Don Carlos Peete, a Kansas City internist, who was trained by Dr. Don, and whose daughter Virginia was the first child of an intern born at the University of Kansas Hospital, and delivered by Dr. Don, remembered that often the patient presented to the class had surgery the following day. In this instance "the class observed from the racks—while the student assigned to the patient was second assistant at the operation."26

By 1914, when Dr. Ralph Major joined the medical school faculty, he noted, that Dr. Don was considered the best teacher on the faculty. Together they began a gynecological pathology course, which Major considered a "50% success—Guffey 50 and me zero." The students were "fascinated" by the history, clinical details and differential diagnosis, but "a glaze spread over the student's eyes" when Major presented the gross and microscopic pathology.28 Occasional dissenters were noted, as for example, the Kansas City gynecologist, Robert Newman, who recalled that he learned more "about whores than gynecology" from Dr. Don.29 Newman's critique of Guffey's teaching methods was perhaps more a reaction to Guffey's efforts to include life and art in medicine, rather than an indictment of the scientific basis of his teaching. However, many more students agreed with Don Carlos Peete's assessment that Dr. Don was "a great teacher," who was "kind, encouraging and thoughtful" to the students. Most agreed that medicine was both an art and a science, goals that were emphasized in Guffey's teaching. Perhaps Guffey's interest in teaching was epitomized by his establishment from personal funds, upon reaching professor emeritus status, of a prize award for medical students.30

Dr. Guffey was important in many other ways to the early development of the University of Kansas Medical Center. Even though most physicians in the state (60 percent) in 1908 supported a medical school in Kansas City, some still favored a school in Topeka or Lawrence. The success of the school in Kansas City was in part the result of the efforts of Guffey. For example, in 1920 when Gov. Henry Allen decided not to "pour any more into the medical school down in the gulley" the medical school faculty, with Guffey among the organizers, purchased seventeen acres of land that became the present medical center campus.31 The initial money for the land purchase was raised from faculty donations. These successful efforts encouraged the issue of revenue bonds by the city, and the appropriation of $400,000 by the state legislature. This dramatic increase in support for the medical school compared to a total state contribution to the budget of only $75,000 over the preceding fourteen years.32

In contrast to the rising role of science in early twentieth-century medicine, Guffey remained essentially a nineteenth-century practitioner of the medical arts. Within the setting of an urban practice, he continued the individual care and attentive response of the nineteenth-century country doctor. At the same time, as a well trained member of a medical school faculty, Guffey did not follow the new academic role of scientific investigation. In fact, after completion of his master's thesis, Guffey published only three additional papers, which he personally described as "of no great consequence."33 Only one of these papers, a modification of the usual technique in the delivery of the first arm with podalic version or breech presentation, has survived. In the heroic age of operative obstetrics, when cesarian section was avoided at all

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29. Ralph H. Major, An Account of the University of Kansas School of Medicine (no imprint), 21-2.
32. Guffey to R. M. Schaufliger, January 30, 1957, Clendening Medical Library, University of Kansas Medical Center, Kansas City, Kans.
33. Major, An Account of the University of Kansas School of Medicine, 61.
34. Don Carlos Guffey, "Biographical Questionnaire," Faculty Archives, University of Kansas Medical Center.
costs, Guffey's technique for a safer delivery was especially useful because it saved time with the delivery, decreased the possibility of maternal lacerations, and reduced the potential for fracture of fetal limbs.

**Busy Practitioner**

The first recorded baby delivered by Don Carlos Guffey in Kansas City, Kansas, was the daughter of James and Mary Williams on September 26, 1906. Mary was thirty-six and this was her eighth pregnancy. The Williams were a black family as were many of the first obstetrical patients cared for by the new doctor. Typically physicians of the day began their practices by providing care for poor patients, as did Guffey, but he rapidly climbed the social ladder and soon attended the births of the children of Joyce Hall and Crosby Kemper. Undoubtedly, an important reason that Guffey became a popular physician among the city's social elite was his gentlemanly relationship with his patients. This consideration for the patient was foremost in the Guffey credo of medical practice. He continued to maintain a downtown Kansas City office long after it was out of fashion to do so, because it was "easier for people to get to the office by train or bus." He rarely left Kansas City for fear a patient might need his attention. In fact, Guffey left Kansas City only once for personal reasons during his first forty years of practice. On that occasion it was an abortion trip to his daughter Helen's wedding in Philadelphia. It was only after 1950 when Dr. Robert Wortmann began practice in Kansas City that Dr. Don felt comfortable about leaving the city and his patients in the attendance of another physician.

One Kansas City physician recorded the role that Guffey played in the birth of his child.

Bob was born in Research Hospital August 16, 1918. Elsie had a dry labor, long and hard. She bore it heroically. My heart was wrung by her suffering but I kept thinking of the cerebrospastic cases at Mercy Hospital and let it go on until I felt that Dr. Guffey could use forceps without danger of injuring the baby's head. Then we could not contact his anesthetist who gave gas-oxygen. I was unwilling to have her given ether when she was exhausted and nauseated. I gave her chloroform myself. It was a blessed relief to her. Dr. Guffey skillfully and quickly made a forceps delivery. All went well with mother and baby. We were very happy.

Other physicians agreed with this assessment of Guffey's professional skills and concluded that he enjoyed "enormous respect from his colleagues because of his abilities." This recognition arose both from Guffey's expertise and, as Aileen Blunt his personal nurse who assisted at more than five thousand of the doctor's births noted, from his "gentlemanly attitude" to patients and professionals alike.

As did most physicians of his day, Guffey felt that husbands were necessary at the time of childbirth, but he preferred for the husband "to leave the doctor and the laboring wife alone." Dr. Don routinely charged one-half the father's monthly salary for attendance at the child's birth. Charging by this formula, Dr. Don delivered Donald Hall, the oldest son of Joyce Hall, for $50—one-half a month's salary, far less than the eventual salary of the founder of Hallmark Cards. But he always charged at least $25, so that people did not think they were charity cases. He believed a small charge often made the patient feel better by promoting their self-worth. Many patients, particularly farm families, paid their bill in kind. But even with this humble financial attitude, patients were not always satisfied with their bills. Early in his career Guffey was called as a medical consultant by the banker Crosby Kemper's family. Guffey offered his advice about the problems at hand, but the family was distressed that the consultant fee was so high for a few minutes work.

There are no existing records of Dr. Don's home deliveries, but Dr. Charles Dennie recorded the Guffey technique for home births.

If he went to a home where the woman was already in labor, he would lay on the floor and go to sleep until the pains became more frequent. He would then get up and deliver the baby. His technique was simple. He always had a teapot of boiling water ready to make coffee when the delivery was over. Meanwhile, as he had instructed us in

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35. Registry of Births, Vital Statistics Department, Office of the City Clerk, Kansas City, Kans.
36. Interview with Helen B. Weaver.
37. Robert M. Schauffler, "Autobiography" (Unpublished manuscript, Clendening Medical Library, University of Kansas Medical Center), 28.
38. Interview with David Robinson, Kansas City, Kans., February 9, 1988. Dr. Robinson is a surgeon retired from the University of Kansas faculty.
39. Interview with Helen B. Weaver; Interview with Aileen Blunt.
Devoted to his work and his patients, Dr. Guffey became the first chairman of the Gynecology and Obstetrics Department at the University of Kansas School of Medicine. During his sixty-year career, he rarely left Kansas City for fear a patient might need his attention.

school, he did very little for the mother except talk to her and comfort her and when the baby's head was emerging, he would support with his hand so there would be less chance of a tear. When such an event occurred, he immediately repaired the perineum, delivered the afterbirth by the method of Crede and went on to the next patient. 40

Within the home, as well as the institution of the hospital, Dr. Guffey maintained a personal, caring, humane approach to childbirth. In the process he provided reassurance, confidence, and encouragement to his patients.

The essential role that private patients played in the life of Dr. Don, as well as other medical school faculty, was not lost on the university administration. This potential problem became a near crisis in 1924, when only 108 teaching "maternity cases" were recorded in the first eleven months of the year. Fortunately, this was not the only obstetrical experience the students received, for home deliveries were still the norm. In 1928, senior students were expected to attend at least "eight out of hospital deliveries," plus at least "two intern cases in house." 41 The American Association of


41. Lindley memorandum (undated), E. H. Lindley Papers, University Archives, University of Kansas Libraries.
Medical Colleges report on the University of Kansas noted not only the limited number of obstetric cases, but also a lack of research and a small number of pediatric patients. Much of this problem arose from the time that faculty spent in providing private patient care, at the expense of teaching and attending at the medical school hospital.

By mid-decade it was apparent that Guffey's private practice, and that of many of his colleagues, conflicted with their teaching duties. Dean of the medical school, Dr. Harry Wahl, noted in the dean's log for September 10, 1925, that "he [Guffey] seems to have lost interest in the development of his clinic here." The dean noted that nurse Noble of the gynecology dispensary, and several of Guffey's colleagues, including Milton Singleton and Herbert Vanorder concurred. The dean concluded:

Apparently Dr. Guffey persists in being head of the department but doesn't look after the needs of the same, and will not get the equipment and material that are really needed to help his men feel satisfied.

Later in the year, the dean received complaints that the attendings were late to the clinic, and no standard orders were recognized by the attending physicians. Guffey's commitment to his private patients was detracting from the successful mission and supervision of medical school activities. At the same time Dr. Don was unhappy "because the hospital does not permit him to bring his own nurses for his private cases." He also sent fewer patients than he could to the University of Kansas, because the "hospital was so small" and he was afraid that "crowding" would occur. As these problems indicated, for Guffey, the care of his private patients was foremost, and the administration of departmental duties was secondary. Not surprisingly, from the perspective of the medical school administration, this was not an ideal circumstance, and one that created larger problems before it was resolved.

A more practical, if not significant, conflict arose in the spring of 1926, when a new faculty pay scale based on the number of hours spent in clinic attendance was established. By these standards, Guffey dropped in pay from $2,500/year to $300/year, the maximum salary for less than eight hours clinic attendance per week. Understandably Guffey was unhappy, and as Dean Wahl reported, Dr. Don "felt that the time he put in here was worth the salary he was receiving, and more, and if such a change was put into effect he would simply be compelled to leave." Perhaps rightfully so, Dr. Don felt that the many hours he had worked for little pay in the "early years" were not receiving appropriate consideration. The dean, however, concluded "it is clear that the income and the prestige connected with the position are the only things that appeal to him."

This was in many respects comparable to the conflict that Mosher experienced with the medical school two decades before. This episode provided additional evidence of conflict between Guffey and the medical school administration, and was a further indication that changes were needed.

Unfortunately, these administrative problems began to compromise patient care. In March 1926, Dr. Don attended the birth of the wife of a fellow physician at the medical school. The doctor's private nurse, Miss Bleeker, assisted. No interns were permitted at the delivery. Miss Bleeker provided inhalation anesthesia to the patient, and unfortunately damaged the hospital anesthesia machine. In the process, they consumed all of the hospital's supply of "oxygen and anesthesia gas," which the dean assessed as an expenditure of $41.00. The infant was apparently depressed at delivery and had neonatal problems as well. However, Dr. F. C. Neff, head of pediatrics at the university, and his assigned intern refused to see the child since they had not been asked to do so by Dr. Guffey. Fortunately the baby left the hospital two days later "entirely well." Miss Bleeker, however, did not leave so quietly. She made several negative and

42. Dean's Log, September 10, 1925, Medical School Records, University Archives, University of Kansas Libraries.
43. Ibid., December 17, 1925.
44. Ibid., January 20, 1926.
45. Ibid., March 30, 1926.
46. Ibid., March 6, 1926.
derogatory comments about "how this hospital is run." Perhaps she was willing to say what Guffey would not, that neither he nor the university administration were satisfied by their present relationship.

These problems provided the stage for a major change in the departmental administration. The following year, Dr. Don recommended fifteen changes to enhance the department's standing and improve its educational efforts. These included a full-time chairman, regular department meetings, required scholarly publication and professional presentations at medical meetings, as well as improved facilities and personnel.

All of these changes provided a more professional, scientific approach to medical education, and many were accomplished when the Minnesotan LeRoy A. Calkins assumed the position of chairman in 1929.

Skilled Professional

Dr. Guffey was a skilled obstetrician and surgeon. He has been given credit, by several colleagues and other professionals, for performing the first successful cesarean section in Kansas City. This is not an unlikely consideration, since the turn-of-the-century maternal mortality following cesarean section was in excess of 50 percent, and few successful procedures were performed anywhere in the United States before 1900. Certainly, Dr. Don was responsible for one of the most publicized and important literary cesarean sections, that of Pauline Pfeifer, the second wife of Ernest Hemingway, and the model for Catherine Barkley's fatal operative delivery in A Farewell to Arms. Hemingway was later to commend Don Carlos Guffey for doing a "damned pretty cesarean."

Dr. Kip Robinson recalled that Dr. Don did a "beautiful C-section." He performed, as did most of his colleagues of the day, both low transverse, and more frequently, classical uterine incisions. His operative time was generally a rapid fifteen or twenty minutes, with a record of nine minutes when Aileen Blunt served as the scrub nurse. The doctor's technical skill, operative experience, and seasoned judgment caused few operative or post-operative complications for his patients. The simple, rapid operative procedure preferred by Guffey was indicated in his standard operative dictation for a cesarean section, which is not unlike Hemingway's description of Catherine Barkley's surgery in A Farewell to Arms as "the doctor was sewing up the great long, forceps-spread; thick-edged, wound . . . with quick skillful-looking stitches like a cobbler's."

Guffey's own case records detail the technical skill that Hemingway depicted in his fictional work. In an early case of cesarean section performed at the medical school, Guffey's operative note stated:

Left high incision made in layers; uterus exposed and abdominal cavity packed off. Uterus opened with knife and bandage scissors. Membranes ruptured, and fetus delivered by foot extraction. Cord clamped and cut. Placenta delivered. Uterine incision closed in layers as follows: Double No. 1 20-day chromic, running-stitch parallel to endometrium and returned as whip-stitch, suture tied. Peritoneum of uterus closed with doubled No. 1 20-day chromic whip-stitch. Deep whip-stitch doubled No. 1 20-day chromic through muscle and peritoneum. Packing removed. Bleeding controlled. Abdominal incision closed in layers; Peritoneum with No. 1 plain catgut; fascia with a doubled No. 1 plain catgut; fascia with a doubled No. 1 20-day chromic lock-stitch; fat with No. 1 plain and skin with single triple 0 plain, lock-stitch.

His attention to details, operative skill, and mastery of the procedure were easily apparent in this case description. Many physicians of the day, especially those who were not specialists, did not report the frequent operative successes that Guffey achieved.

Don Carlos Guffey served as a respected consultant to his professional colleagues. He frequently saw referral patients and consultations in the office for a standard charge of $5.00 for a new patient, and $3.00 for return visits. Dr. Guffey was not impressed by the need for second opinions and stated, "if you don't trust me, you shouldn't be in the office in the first place." Nor was he concerned with the politics

47. Ibid. March 20, 1926.
48. Guffey memorandum to Dean Wahl. Medical School Records, University Archives, University of Kansas Libraries.
52. Ernest Hemingway, A Farewell to Arms (New York: Charles Scribner's Sons, 1929), 336.
53. Don Carlos Guffey. Case Records, Obstetrics Department, Archives, University of Kansas Medical Center.
54. Interview with Helen B. Weaver.
or society of medicine, as he noted, "I can read what I want to know, and I don't have to be around people who talk too much." Consequently, although respected by colleagues, he did not attend meetings of the Kansas City Gynecology Society, the Jackson County Medical Society, or even the Central Association of Obstetricians and Gynecologists, that met in Kansas City for its annual meeting in 1939. Much of Guffey's opposition to medical socializing was because he found doctors boring people. They could only "talk shop," while Dr. Don preferred to talk travel, literature, or history. The gentleman's avocation was needed to balance the doctor's vocation.

The doctor achieved this goal in his professional as well as his personal life. His favorite hobby was gardening which he practiced within the confines of his personal five-acre flower garden. This outdoor, but confined, activity enabled the doctor to remain close to the telephone, and thus in immediate contact with his patients. By spending many hours in the garden, Dr. Guffey was often mistaken for the gardener. He enjoyed this deception and often conducted anonymous tours of the garden complete with the gift of floral bouquets. The garden was named "Garden of the Year" by the Kansas City Journal Post in 1927, and maintained its longevity until Guffey's death in 1966, when it was so productive that the family requested no flowers for the funeral, but rather supplied resurrection lilies from the family plants.

Personal relationships with authors and artists further enabled Guffey to expand the breadth of his avocation. In the process Guffey received handwritten manuscripts from Hemingway and signed prints from Thomas Hart Benton. Because Benton did not have insurance, while Dr. Don did, the Guffey home became a repository for many of Benton's canvases, including "Persephone," "Suzanna," and "The Music Lesson." The nudity in these paintings created a furor on at least one occasion, when members of Sallie's church social left the home in protest. Soon after, Sallie informed Rita Benton, perhaps in jest, that she was planning to charge each member of her garden club fifty cents to view the Benton works then on display in the home.

Dr. Don not only provided obstetrical care for Hemingway's wife, Pauline, but a special relationship developed between Dr. Don and the author. On several occasions Hemingway corresponded directly with Dr. Don, initially to advise Guffey of Pauline's plans for a second birth in Kansas City, and later simply as a friend with a need for professional advice. In an unpublished letter of July 26, 1932, Hemingway was particularly concerned about contraception for Pauline, because following her second cesarean section the previous year, Dr. Don advised her never to have another pregnancy. Hemingway reported that Pauline menstruated after taking twelve Smith Ergo-apial capsules as previously prescribed by Dr. Don. This ergot containing emmenagogue was commonly reputed to be an abortifacient; however, as Hemingway reported in July, double doses on two separate occasions had "no results." "I could not believe she was pregnant as have either practiced withdrawal or used Havana's best safeties and withdrawal. However, a certain amount of semen gets splattered around and this of times seems very virulent," Hemingway noted he had "seen plenty of miracles before," but considered contraceptive failure to be "a hell of an unsatisfactory way to beget children." He concluded with a request for telephone advice, "reverse the charges," noting "it looks as though we only turned to you in distress and forget you in our good days."

While Hemingway may have looked upon his relationship with Guffey as merely professional, Guffey clearly saw their exchanges as much more significant. First editions of Hemingway's works, like The Sun Also Rises, which Hemingway annotated to Guffey as a "little treatise on promiscuity including a few jokes and much valuable travel information," were the cornerstone of Guffey's library of more than four thousand first editions. These volumes enabled Guffey to understand and express the art of medicine. In fact, the "baby snatcher" tried his own hand at both poetry and prose. At best these works graced the pages of the Kansas City Journal World, and at worst led H. L. Mencken, the sharp-tongued dean of American literary critics and editor of American Mercury, to

55. Interview with Kip Robinson.
58. Ernest Hemingway to Guffey [1932], Weaver Collection.
59. Guffey to Clarke Wesco, Wesco Papers, University Archives, University of Kansas Libraries.
respond to Dr. Don with two rejection slips conclud-
ing, “can’t advise you what to write about.” Medicine was clearly Guffey’s vocation and the arts were his avocation.

During the last two years of his life Dr. Don rec-
ognized his limitations and he began to refer more
and more patients to his younger colleague Dr.
Robert Wortmann, or he asked Wortmann to assist
or complete his problem cases. These changes
included cessation of his obstetrical practice that
extended over sixty years. In concluding this phase
of his professional career, Dr. Don wrote:

I figure that sitting on the edge of my chair with
my ear to the ground for 60 years might cause
curvature of the spine. . . . Another thing: sleep-
ing with my head up off the pillow waiting for
the phone was not the best way to achieve beauty
rest. To me these two weighty reasons seemed
sufficient to justify my action. 61

Shortly before his death in 1966, Dr. Don in a clear
hand requested not to be reappointed to the
Research Hospital staff, “since I am doing neither
obstetrics or surgery I see no point in asking for a
reappointment. Besides I might not qualify.” 62 He
also closed his office and moved his examining
room to his home. One afternoon a week he saw his long-
standing patients for routine care on his former office
examining table. Always the thoughtful practitioner,
Dr. Don continued this practice primarily as a cour-
tesy to his older patients, who found it inconvenient
to seek a new physician.

Conclusions

The long career of Don Carlos Guffey wed the
old tradition of the gentleman physician to the bur-
gleoning academy of scientific medicine and in the
process he demonstrated the growing professional-
ization of twentieth-century obstetrical practice. He
cared for women as human beings, recognized the
importance of the “individual miracle” of birth, and
significantly, “acted accordingly.” 63 At the same time he
promoted hospital birthing, the use of anesthesia,
operative obstetrics and expanded obstetrical educa-
tion for students and practitioners. He agreed with

60. Interview with Helen B. Weaver.
61. Guffey to Executive Committee, January 19, 1966, Hospital
Archives, Research Hospital, Kansas City, Mo.
62. Ibid.
64. Morris Fishbein and Sol T. DeLee, Joseph Bolivar DeLee,
Crusading Obstetrician (New York: Dutton, 1949), 143.
students, required the obstetrician to practice on a higher plane. Few students forgot the message that Guffey taught them on the buckskin mannikin, and in the process he helped enhance the professional image of American obstetrical practice.

While scientific principles formed the framework for the professionalization of medical practice in the early twentieth century, they were also tempered by politics. Guffey was not an active participant in the local, state, or national medical politics. He did not regularly attend meetings of medical societies nor specialty groups, and as a result, missed an important opportunity to further the professionalization of obstetrical practice. He also did not author signifi-
cant medical texts and scientific papers, and consequently missed additional chances to advance both the education and education and professionalization of his colleagues. In this regard Guffey behaved differently than did leading American contemporary obstetricians, like DeLee and J. Whitridge Williams of Johns Hopkins University, who regularly published medical texts, and actively participated in the medical politics of the day.

On a local level Guffey played an important role in the improvement of obstetrical practice. During the first third of the century he was perhaps the most important obstetrician in Kansas City. He was regularly consulted by both patients and professionals. He developed a successful and demanding private practice, yet retained time and energy for the nurture and instruction of medical students. Clearly, Guffey was less concerned with the administration of a medical school department, than the provision of medical care to his patients, yet he maintained a lifelong tie with the medical school that he helped build. He played an important role in both the physical establishment of the medical school, and perhaps more importantly in the definition of its character and tradition as a training ground for medical students. Guffey's legacy of sixty-one years of medical practice was grounded in the new obstetrical skills and knowledge of twentieth-century physicians; but the humaneness of the practitioner's art continued in the words and deeds of his daily practice and regular lectures to a new generation of physicians.

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