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E. Charlton Prather: We are very complimented this afternoon to have Mr. Don Lord of Pensacola with us. Don spent many, many years with the state public health laboratory system, and many years as the director of the Pensacola branch laboratory. He joined the public health system, I'm not sure of the date, but he joined the public health system even before I did, sometime in the middle 1940s.

Mr. Lord, it's truly a compliment and a pleasure that you would come today and share with us your long observations on the matters of the public's health of Florida. Tell me, what got you interested in public health laboratory stuff?

Emory D. Lord: Well, Dr. Prather, I think I should tell it like it is, as the saying goes.

CP: That's what we want you to do.

EL: I had, really it was almost like by accident because I had come from a background—Navy, as a hospital corpsman. And my task was fleet marine, working field hospitals, things like this all had some medical inclination.

CP: You knew what fresh blood looked like.

EL: Right. So, but for whatever reason at that time, I had decided, well, I had been complimented a few times on my artistic ability. So, I was a young fellow then, still about

20 years old, and I thought I'd like to go to the Miami Art Institute. And I'd go so far as to enroll. And I went to—and said, “Well, I've got to wait a little while. I better go down and maybe I ought to draw some of that workman's comp [compensation] business, or whatever they called it in those days, at least until I went on to Miami.”

Well you know what happened. I go down there and they say, “Well, I see where you were a Navy corpsman,” and so on and says, “You know, they're looking for people like you at the state board of health.” And I said, “Uh-oh.” I said, “Well.” And I didn't really have much choice.

So I went on down there, my brother-in-law took me, and I said, “Benny” I said now, “I'll be right out of there. I won't be in there long because, I'm going to discourage them.” And so I did, I went on in there of course. I didn't have much choice.

So a person got ahold of me was Carl Baker, Personnel Supervisor. It didn't matter what I said, he said, “You're just the sort of fellow we're looking for.” And when he got through with me, he marched me around to Dr. Hardy¹. And we went through that same song and dance again. He said, “Well” he says, “Don, you're the sort of fellow we're looking for.” And I said, “Well thank you sir, and—

CP: And I want to go to art school.

EL: No, I wouldn't say a thing. I sneaked on out of there and I went on back and I said, “Benny, I guess I'm going to go to work with the lab. I don't know about that—.” I got home that evening and I told my mother about what had happened. She said, “Son, I'm going to tell you something. You know, for every artist that makes a living, there's thousands of them that are starving to death.” She says, “You better think about that laboratory job.” (EL and CP laugh) So I did. And needless to say, I fell in love with it. I really enjoyed it.

CP: What year was this?

EL: That was in 1946.

CP: Nineteen forty-six. We had just stopped the Second World War.

¹Albert Victor Hardy, MD, MPH.

EL: Yup. When I had worked for a year at the naval air station at the separation center, or just prior to that. And I had been, of course, discharged from that hospital. So I was glad it worked out the way it did. I really was.

CP: Now that you look back, I'm not sure I could figure that for—that'd be 53-54 years ago, 54 years ago. You'd look back on those 54 years, was it wise, unwise? Was it a happy decision? Do you regret it?

EL: Not in the least. I think some of us from the old school we would've worked for nothing if that's what it took. We just enjoyed it that much, we really did. And of course, we had some great times. We used to do a lot of veterinary bacteriology and things like this that we don't do anymore, that I'm aware of.

CP: Very little, very little.

EL: And consequently, that meant we did a lot of fieldwork. So this got quite interesting. And if the epidemiologist² needed some kind of special help, they'd usually come to the lab and they'd grab one of us to go.

And we had a Dr. Riley³, epidemiologist back in those days, and he'd grab me up. And I was quite nervous about it. I was pretty new at the job. But we had gone to a school for the deaf and dumb, they called it then, there in St. Augustine, and they had had a *salmonella*⁴ outbreak.

So there the two of us were. So we had to test all of those students and send all this business back to the lab. Of course, this sort of thing really made it quite interesting. Just, the variety of work we'd get into sometimes. There were many other things. Always, well, of course, I'm sure this name is familiar to you, Mildred Galton⁵.

CP: Yes, very much.

²Epidemiology is the branch of medical science that studies how disease spreads and can be controlled in a population.

³Dr. Edwin G. Riley, Division of Epidemiology for the State Board of Health, found in *Florida Health Notes* (1946).

⁴Salmonella infections are caused by the motile enterobacteria *Salmonella enterica*, which is pathogenic in humans and other warm-blooded animals. These infections typically include symptoms of gastrointestinal distress or inflammation.

⁵Mildred M. Galton wrote several books on Salmonella in foods in 1967 and 1968. She was promoted to chief, microbiology section [CDC] on October 23, 1957.

EL: With all the research and things like this that Mildred did. I think this was one of the things that I liked as much as anything was we had people come from all parts of the world to visit the laboratory there. Not only just the bacteriology but the various functions that the laboratory was carrying on. And they looked up to the laboratory and the work it was doing that much, so that they would actually come these long distances just to spend time with us.

CP: It was a model state laboratory system and was for many years.

EL: It really was. This would sound pretty strange for today but it seems that we had virtually no contact with Tallahassee. We were pretty much out here on our own. And we did it and they pretty much gave us—

CP: And the politicians over here left you alone.

EL: —gave us a free hand. We went and did. We did see a lot of changes come along over the years. And it's understandable, to a degree, because as things get more and more and more, we start talking about accountability and this, that, and the other, so consequently, there were things to get used to.

CP: Yeah. The technology has changed. I'm very interested in more of your fieldwork. That carries me back significantly too; when I was one of those laboratorians of the epidemiologist or the veterinarians. Doctor [James] Scatterday⁶, remember, will come through, or Dr. Hardy would come through and Dr. Scatterday would want you to meet him and so-and-so.

One of those—I don't want to do your—but Dr. Hardy came in and said, "Dr. Scatterday is over in Monticello [Florida] and he wants you to take this, that, and 40 other things and meet him." And so all that stuff, we got together and I got on a Greyhound bus in Jacksonville and Dr. Scatterday met me at the bus station in Monticello.

That was one such for me. And on that occasion, I learned how to catheterize cows. And from that point on, this was leptospirosis⁷, but I bet you I catheterized a million cows in the next two years. But as an aside, that was the fun of the laboratory in those days.

⁶Dr. James Scatterday, d. July 19, 1962.

⁷Leptospirosis is a bacterial disease that affects humans and animals. It can result in a myriad of symptoms that can be mistaken for symptoms of other illnesses. The disease is caused from an infection by corkscrew-shaped bacteria called *Leptospira*.

EL: It really was. We actually— things hadn't become as specialized as they are today in the sense that, sometimes, we had to be "chief cook and bottle washers" so to speak, because people would call us to consult about, oh, things that had to do with entomology and that sort of things. But they just didn't have entomologist available to try to answer questions. So we had to be a little bit of jack-of-all-trades and have some knowledge, general knowledge, at least, of some of these other subjects.

We found ourselves doing things like this sometimes. Little by little, it became more and more settled, I guess would be to say it, but it became the point that we would quit trying to do that because we were really a little bit adrift there. But still, we were, as they say, we were the only game in town so we did the best we could.

CP: And you had access to the books and knew how to use them.

EL: Oh yes. Right. So we would try to help anyway we could with things like this, if necessary.

CP: What was some of your other field things that you did?

EL: Let me mention something briefly and then I will mention a couple there. But, you know, it was back around that same period of time, perhaps the latter part of '47 or so. And there we had this anthrax⁸ scare going on here in the state. We had some cases of that and that was quite a thought. I believe there was an actual case in Orlando, somewhere of that nature.

I'm not sure what the outcome was. I think they were treated. I figure everything there worked out all right. But I do know we were working with that. That was the first and only time I ever had any contact with anything of that sort. Where we were actually working with it. And you know, when you talking about bleeding or catheterizing these cattle while they were out trapping buzzards and everything else while trying to find that anthrax.

CP: As an outgrowth of that too, I just must inject. I was a graduate student with a minor in entomology, but as an outgrowth of that anthrax scare, I was employed as a student to research the ecology and mine was to catch blowflies. I traveled all over central Florida

⁸Anthrax is an infectious disease caused by a gram-positive, rod-shaped bacteria called *Bacillus anthracis*. It can be found naturally occurring in soil and commonly affects livestock globally.

catching blowflies and would culture them, their internal—I learned how to do enemas on blowflies.

And I cultured their intestinal contents as separate from their external flora, looking for anthrax. I did bacteriology on about 3,000 blowflies from all over the state as a direct outgrowth of that. I didn't find a single instance of anthrax by the way, but I had a good time.

EL: I know exactly what you mean. Well I mentioned that—I'll mention some of them very rather briefly. Now we would go to dairy farms, usually a pair of us, we would survey the whole herd—the milk herds, ordinarily. And they would do these rectal swabs, again for salmonella. So that was one excursion we'd get in to.

They used to bring whole crates of turkeys there for us to examine. And of course, once you—those things—to be destroyed—I must say we all became quite [en]amored with turkey sandwiches, because with most of them, there wasn't a darn thing wrong with them. So consequently, those autoclaves—

CP: You all ate your specimens?

EL: Yes. On any given day, you might find a turkey at there or in a hot (inaudible). So it wasn't all work. We had a little fun on the side. But it certainly was a waste. But we'd go to—what's the word for that, a baiter, or whatever bit—a slaughterhouse—

CP: Abattoir.

EL: Abattoir, there we go, for cattle and this sort of thing. There, we'd go out there and those guys would get after those cows with a hammer, sledgehammer or whatever. They'd go and wang one down and they'd jump on them like a pack with those knives. And I'd never seen such a commotion in all my life. We'd have to wait until things calmed down; then we'd rush in and get our swabs and get out of the way. So we would do that.

Then we would—I'd go out to the poultry farms, where they were processing poultry. And I'll always remember—and so, again you were getting salmonella things, you had to bring the specimens back in about three o'clock, so there's time to put them up. So we'd go out there and we'd start—they'd give us a heart, liver, spleen, gall bladder and so on. You'd get a portion of everything.

And again, it was these studies that Mildred Galton is so well known for. And we would just go on like this, and we'd go in again even if they were pigs and they were curing with salt and this kind of thing. We'd even go into them places with goats. We were quite the veterinarians in those days, quite a bit of that. I missed a lot of that, primarily because of the trips. I just enjoyed getting out into the field and doing things like that.

CP: Well, those chicken slaughter houses is the reason I don't like chicken today. Because apparently you left and they had to have somebody to send after you left and I was convenient.

EL: They'd do me that way occasionally with some of our foreign visitors. We had a veterinary doctor from India. He spoke very little to no English. And he would, Dr. Scatterday and them would assign him to me and send me out with him. Why me? I don't know. I hadn't even been to college yet. I mean I was still just a lab tech trainee.

CP: But you knew your way around.

EL: But anyway, I had the honor of hauling him all over, and you'd get into a lot of these things. That did turn out to be a lot of fun. I met some good friends. We enjoyed that.

CP: So you started with the lab in the veterinary lab with Mildred Galton?

EL: You know I got to think a minute. Where did I start? Yes I did. I started first with Mildred Galton. And back in those days we were really cross training, you might as well say each other, because the laboratory, personnel wise, was quite low and they were needing people. And so as different ones would come on board, they would, say for example, one may be down away working in microscopy.

At the same time, you were working enterics, another one would be working with virology or something of that nature. So consequently, you'd get through with your part and by the time you got in there, that one would be part of your instruction because they would teach you that, or if they came in where you were, after a point, you would be teaching them. We were doing this with each other.

CP: I think that's marvelous.

EL: Yup. Doctor Schneider⁹, Mildred [B.] Jefferies, myself all started on the same month, the same year. And Dr. Schneider and I retired the same day in the same year. They made me retire.

CP: That's correct. Yeah, that's correct. I remember that, yeah.

EL: Yeah. We had a problem there because I was retiring there in Pensacola and he was in Jacksonville, so Dr. Hartwig¹⁰ came out to Pensacola to kind of father over mine. But I was really sorry I couldn't be there for Dr. Schneider's part of that thing. He surprised me a bit.

I'd mention that in passing before I forget it but he'd been out to see me about three or four months earlier and he was trying to talk me out of retiring. I had already told him I intended to retire. And felt like, at this time, I should and let somebody younger take charge of that thing. And he said, "Well, I don't know Donny. I'm thinking I'm going to work another couple of years. You know?"

And so he kept picking at me, trying to talk me out of retirement. And I kept giving him more reasons and more reasons. Sure enough, he came back over to Jacksonville and the next thing I knew, he's retiring the very same day I was. I said, "Well, that was—"

CP: You talked him into it.

EL: I said, "That was a sudden change of mind." But yeah, so we went through a lot of it. This really was before he had gotten his PhD and you know, too, some of the earlier part, when there was all this cross-training on. Of course, during that period of time, he'd gone to Pittsburgh and so on.

CP: He came to you from the US Department of Agriculture as a chemist. I'm aware of that piece of history.

⁹There is an interview between E. Charlton Prather and Dr. Nathan Schneider in the USF College of Public Health Oral History Project collection.

¹⁰There is an interview between E. Charlton Prather and Dr. Eldert Hartwig in the USF College of Public Health Oral History Project collection.

EL: Well you know, we had a good number of young people there that all became a part of us. So they came to the board of health lab system that were master's students. And that was the master's program being conducted there—

CP: Through the University of Florida.

EL: —we was part of there some period of time.

CP: Who were some of those?

EL: Dave Singer was one, Eddie Hamilton.

CP: Yes. Dwight Frazier¹¹.

EL: And Dwight Frazier, right. And I'm not sure about Hunter [B.] McElrath [Jr.], if he was part of that or not. I think he could have been.

CP: I think he was, Don.

EL: He might have well have been. There was some four or five of them though like that that came in and—oh, Jack Keyes was another one. And most of these fellows wound up down the state, either in the Miami lab or this, that, and the other, as they go on and trained and so on.

And I mentioned Dwight Frazier too, or not, I may have. But anyways Dwight was there too. So that was quite a fascinating, but if it would be any help, I'm trying to think in terms of some of that early part of it on anthrax.

It was about a few years after that or just a few or so that—I had meanwhile, of course, Dr. Hardy had encouraged me to—"Don, you need to go ahead and finish your education. You need to go on to college and so on." And Dr. Mitchell, Roland Mitchell had set up a medical technology degree at Florida State [University]. And Donald Ausburn and myself

¹¹Dwight Frazier was the director of the public health laboratory in Miami, Florida. There is an interview between E. Charlton Prather and Mr. Frazier in the USF College of Public Health Oral History Project collection.

—Don went a year earlier than I did, then I went over there and took that course and came back to Jacksonville for four years of internship.

But Dr. Hardy told me before, he said, “Don, I want you to get your degree. I want to send you to Pensacola. I want you to take over the Pensacola laboratory.” Now to say the least, that was a strange thing to say to somebody that only had a high school diploma. But I mean, he thought of me—

CP: You obviously showed a lot of promise.

EL: He thought of me in those terms for some strange reason. Well I, you know, I said, “Well you know, you can’t hold somebody to something like that.” But it was about three and a half, four years later when I finished this degree and all this. Well, lo and behold, there I went.

CP: He did.

EL: Well, after I got there, I finally found out it wasn’t quite as flattering as I supposed. They had had nine laboratory directors in the previous eight years. So they would lose them to illness or getting married or whatever happened. But anyway there was quite a turnover. Little did he know, when he sent me there I would stay there for 30 years. So at least I put a stop to that.

CP: Check my history out but I think that’s a famous place to be; the first laboratory ever established by the state board of health was in Pensacola, but not as a quarantine station.

EL: That’s what I understood, yeah. Right, I think this had to be related to the yellow fever¹² epidemic. And that building was modeled after the old building in Jacksonville.

CP: Yes it was.

EL: They looked just alike, practically, just whatever difference in size.

¹²Yellow Fever is a viral infection spread by mosquitos and typically causes fever, muscle pain, backache, headache, nausea and in serious cases, jaundice and death. The specific epidemic that is talked about here is the Jacksonville yellow fever epidemic in 1888. This prompted state leaders to create the Florida State Board of Health on Feb. 20, 1889, which was forerunner to the Florida Department of Health.

CP: What's happened to that building? Is it torn down?

EL: No, no. It's still there and in fact it looks better than the time—the 11 to 12 years I spent in it. The tourist bureau and the city planning board took that building over. You know, they had donated that property originally, so it goes back to them for this (inaudible) or whatever. And they just completely re-landscaped it, redone the whole building. It's a beautiful looking building.

CP: I appreciate you reminding me of that.

EL: You'd be just—look at Jacksonville's and look at that, it just makes you ill until they can do something to fix that up. But, you know, it looks quite nice. And that, we should have that for a long time.

CP: Yeah. You were housed in the Julia Street building—what's called the Julia Street building. We didn't have the Hanson building or the Border building. Tell me about the Julia Street building in '46-47. Do you remember?

EL: Yes I do. Carol DeRoth was acting, primarily, then as assistant lab director. Let's see, as well, she was also head of the serology¹³ department in that section there. And I have to say, that lady literally took me under her wing and guided me right along.

CP: Nurtured you?

EL: I'll tell you, I've just always been indebted.

CP: She was a loving and lovable person.

EL: Really, really, most unusual, just the sweetest you could be. But of course, Ms. Galton there at the time, Leela High, Mr. Brown were two of the elderly techs that were—one in charge of microscopy, the other in charge of—well, Mr. Brown was in charge of microscopy. Leela High, the sanitary bacteriology section. And they both retired shortly after I started there. But they were both still there at that time. And I recall that we had a Miss Bell, here in Tallahassee, that was director here for many, many years.

¹³Serology is a science in medicine devoted to the study of blood serum and its properties and immunological reactions.

Now she came over there, worked a short while in Jacksonville. I learned something though, from that. It bothered me a little bit at the time but I could understand it too. She would read slides, things like this, when did you see whatever. But they would always read them behind her, and I thought, “Well now, she’s been looking at those things for 30 years. Why does somebody have to read them behind her?”

But because of circumstance, they felt like that’s what they ought to do. But any rate, she was a very interesting lady to have known, too. We had a Dr. Hood, I think it was Marion Hood from Tulane. The parasitologist that was there, she was quite an interesting person. I worked down there a good bit of time in that old building, down in the basement of course. She was just dyed in the wool parasitologist. That lady, I remember—

CP: She wrote books on the subject.

EL: Yes, and traveled all over South America and things like that.

CP: Collecting specimens, yes.

EL: I know one day, she was over there, fiddling around in this pan. And it just got to my curiosity, what in the world was she doing? And first time she left it and got away from it, I went over there and stuck my face in it. Well, it was animal intestines she just left on the table. She was fishing them out of that. I said, “Well, okay, okay.”

CP: You can have your fun.

EL: I said, “Okay. I found out what I wanted to know.” So I got away from that. They had fun with me too. And it went on about three months. I was learning parasitology and I would call *Giardia*¹⁴, “gardia”. I would pronounce it “gardia”. Well they all knew better of course, they did, but they wouldn’t correct me, they’d just laugh.

CP: They’d snicker.

¹⁴*Giardia* is a genus of protozoan parasites that can cause intestinal distress in the small intestines of infected animals.

EL: You're right. Until I finally caught on to that. They kind of had their fun with me. In any event, they had—most of the department heads, bureau heads, things like this, all of that was located there. Of course, in that front belly on Pearl Street for the most part. And then in that Julia Street side, the upper stairs part, we had quite an extensive library. And at one point, that was probably one of the best medical libraries in the state, I've been told. It was quite expensive.

CP: It was. I can confirm that the most complete medical library in Florida, including all the hospitals.

EL: Yup. That was something you hated to see go by the way[side] over the years but I know I spent a many hour in that room. I loved that. Along that same period of time, or just wasn't too long after that, after I got back from Florida State and had gone back to work there, but I think this is about the same period of time that Dr. Hardy and Dwight [Frazier] and—there was another gentleman named Don Michael?

CP: Don Michael.

EL: Yeah. I think that's the three that went to Korea.

CP: That's right.

EL: And I know they sent back islets¹⁵ of *Salmonella shigella* from those. (inaudible) more.

CP: Ten million islets, wasn't it? We were still identifying those when I got there.

EL: I thought we never would get through those things, so. Just to regress a little bit, when I first went to Florida State—

CP: Was it Florida State or was it FSCW [Florida State College for Women]?

EL: No, it was Florida State. And in fact, it had only been about a year, year and a half since it had gone co-ed. And of course, the instant thing we always funned about it but

¹⁵An islet is a small isolated portion of one type of tissue, which is structurally distinct from the surrounding tissue.

about half the ladies took off for Gainesville and half the guys from Gainesville came up to Florida State.

CP: Yeah, I can understand that.

EL: It got integrated right quickly. But at any rate, when I went in to the Tallahassee lab there, awaiting school time to start, I went ahead and I worked in the lab there, too, for a pretty good period of time. The primary job was parasites, so in those days we did huge parasite surveys, I mean just huge ones. And it was nothing to see a wall, about half filled high with boxes of fecal specimens that were waiting to be worked on.

CP: Fecal specimens.

EL: And I worked over by that time, all them hookworm were larvae and so forth. We worked in that old infirmary building there. And I think that was Dr. Boyd's research center.

CP: Here in Tallahassee?

EL: Yes.

CP: Yes it was.

EL: Years back.

CP: And he was—you were doing, in that lab, the fecal specimens from state-wide surveys?

EL: Yeah, from the counties, it was served by this lab here.

CP: Oh. This was, quote, our Tallahassee laboratory.

EL: Right.

CP: Tallahassee branch laboratory.

EL: Yup. Elizabeth Freeman was the director of the laboratory there at that time. And incidentally during that time Dr. Larry—Willodean Larry came there and worked with us. And she's a little country girl from Appalachicola.

CP: Yes. She was Port St. Joe.

EL: Port St. Joe, that's right.

CP: That's even more country.

EL: But any rate, of course he was very happy to see her go on and—

CP: She left the lab and went to medical school, didn't she?

EL: Right.

CP: Yeah.

EL: So that was—

CP: For your interest, she became a professor of obstetrics and gynecology at the University of Pittsburgh, School of Medicine, did you know that?

EL: Went there with, I think, Dr. Bouchard encouraged her to come there.

CP: That's correct.

EL: And do you recall that—you know, she worked with us there in Pensacola now, both of them did. Dr. Bouchard originally and then Dr. Larry came there and worked for a period of time too. And I did quite a bit of—oh, we were doing these urine counts,

bacterial urine counts from females and so forth. So that was—I had an opportunity to work with her after again after all that time. We had some—other than that, that's about the only thing that comes immediately to mind as far as Jacksonville is concerned. That is as a—

CP: Would you talk about the building itself? The architecture and the building of the structure of the Julia Street building. How did it look like inside? What did it look like outside?

EL: The inside, it had these very high ceilings and the building, built like a fort. I mean, literally, it was just that strong—sturdy of a building. Other than the brick, the concrete, and the so forth, but the rafters, things of that sort in those buildings. Now I know the one there and over here—well, there in Pensacola, they were huge heart pine timbers, I tell you, those things.

And so, that building looked like it would be there forever unless they just chose to tear it down. It was built quite strong. I guess this was Roman structure, more or less, or Greek, I'm not sure which. But the tall columns, that's outside.

CP: Yes. Tall columns outside. Did you have flooding?

EL: Yes indeed. We were famous for being in that floodplain.

CP: And the parasitology lab was in the basement. And you would get the first water that came over.

EL: When it came in there where our labs were, everybody had to move up to the next floor because you were flooded out. And suddenly that became a lot worse as time went along rather than improving. I guess it's because of all the construction in the area. That water just had nowhere to run off to. So the end result was we would have periodic flooding.

Even some years later, when they built the newer building, the Hanson building, (inaudible) it was coming in there too and they thought that, you know, they should have known better there for sure. And they thought they did. They built it sufficiently higher, but it made it in there.

So we had some pretty good flood times there. Dr. Prather, I don't know that the Pensacola laboratory—there was a thing that did occur out there that you might like me to mention in the way of things that the laboratory had gotten in to.

But one of them was that study with Dr. Tousignaut with the asymptomatic females with gonorrhea¹⁶. And we did a study there for quite some time. And which he, I'm sure, must have wrote up and saw that he had submitted to yourself. And as I recall you had presented that at the State and Territorial Epidemiologists meeting.

CP: That's right.

EL: I know that about a year or so later is when most of that funding started coming through. And we suddenly had money and we could hire people and we were doing some GCs¹⁷. (CP laughs) So now I'll remind you of something that you may have forgotten for sure.

But we were at a lab director meeting there in Jacksonville, and some of them were around the state, the different ones, they were complaining about—saying, “We're getting buried in these GC cultures.” You know and so on and so on. They were just complaining about everything. You were speaking to us and you said, “Well, if you want to know who to blame, he's sitting right there in the back of the room.”

CP: You?

EL: And you pointed to me. (CP and EL laugh)

CP: I'm not going to bear that heat by myself.

EL: So anyway, which wasn't (inaudible) to be this quiet to me is quite a compliment. To be associated with it in that fashion. But I'll never forget that was a highlight to me. You recall this, where you got into this business out there too, this time about, was that—I believe it was Venezuelan equine encephalitis¹⁸.

¹⁶Gonorrhea is a sexually transmitted disease in both men and women, and is caused by *Neisseria gonorrhoeae*. It is a very common infection in people from the age of 15 to 24. Most women with gonorrhea are asymptomatic.

¹⁷GC stands for gonorrhea culture. Colloquially referred to as a GC test, this test determines if a patient has contracted Gonorrhea.

¹⁸Venezuelan equine encephalitis (VEE) is a zoonotic arboviral disease affecting humans and equines in the Americas. The 1960s saw a significant breakthrough in the knowledge of where the virus came from, as

CP: Oh man, all right.

EL: Yeah it was—

CP: You had some.

EL: Yeah, we—

CP: I don't think you had any in Pensacola. You had some in Santa Rosa?

EL: Right. I think so. Well, we know that all came through Texas and so on. And we set up shop there with the local vets [veterinarians]. And I note we were working around the clock. We were just taking in 8-hour shifts.

Our staff was, and we'd reconstitute this vaccine that apparently was made available by the army. And so we spent quite a lot of working hours on that thing. But them vets, I've never seen anybody work so hard in my life. They would just keep coming back in there and loading up and going again. And that was—

CP: As I recall it wasn't but one case, just one case. Yeah, so your work was worthwhile?

EL: That's right. They was so concerned about the fact that it was spread as it had on like too. Well, it was from what, from Texas, Mississippi, Alabama, right on through.

CP: Yes, that's right, continuous spreads, the way it was.

EL: It had kind of come through the Texas area.

CP: So you didn't get away from veterinary public health, did you?

before that the source remained unknown.

EL: Not for a while. (laughs) Yeah, I found myself back, at least briefly, there. They had, well, I thought it was interesting that when they finally decided to dispose of all those bottles and things, we had to go right back through all of them and inject them with household vinegar, of all things.

CP: Oh really?

EL: Right. That's the way they apparently would—

CP: Would kill them.

EL: —try to kill it. And then we hauled all that over to the livestock laboratory area. And Blounts—not Blountstown, but where am I trying to say?

CP: Marianna?

EL: No, it's close to Marianna. But it's a little town over that way. But any rate, we carried it over to the veterinarians over there, and they incinerated the rest of that. So that was the end of that one.

Had a lady there that worked with me at that time, Anna Erickton, I'd like to mention. She's passed away now, quite some years back. In fact, she died probably in her mid-40s from leukemia condition. But Ann had worked at the Jacksonville laboratory and the Orlando laboratory.

Now and Ann, of course, while she was there, really, I should credit her as far as that study on the GC, that asymptomatic because Dr. Tousignaut had a talk with her and she'd begun it, helping work with that, so she truly did as much of that legwork as I did with that. It was a very nice study. Doctor Tousignaut and I did work on some electrophoresis¹⁹ work with TB²⁰ patients for quite a while.

CP: Yes. Yes. Review that.

¹⁹Gel electrophoresis is a method for separation and analysis of macromolecules (DNA, RNA and proteins) and their fragments, based on their size and charge.

²⁰Tuberculosis, commonly called TB, is an infection caused by *Mycobacterium tuberculosis* and is typically symptomized by respiratory inflammation and tussis.

EL: What it consisted of was this condition where they'd get, very often—of course, with an x-ray—all this sarcoidosis²¹ and apparently it would resemble tuberculosis to the degree that many of these patients would be sent down to Lantana²², wherever. And Tallahassee was, of course, operating at that time too. But we could run those protein separation patterns. And while there was a somewhat of a distinct pattern for an active reactive tuberculin, you could tell.

What you could tell, even better, was that that sarcoidosis sort of thing, it would give you a multi-myeloma-looking pattern²³. It's very typical of that. So consequently, Dr. Tousignaut got to the point that he felt confident enough, I believe, about that, that he'd go ahead and put them on therapy of sorts.

But he didn't see the necessity of actually having to send them off and it would take them about two or three months, usually, to find out that that's what they were dealing with before they would come back home again. So that was helpful. So we worked on that for—kept that up for seven years. We would do repeats on these individuals every time they'd come in. So we had a base pattern to work from.

CP: And you could measure variations.

EL: Right. So we'd— (inaudible)

CP: I think Harvey—he published on that, too, in the American Heart—American Heart. Anyway, he published that.

EL: When you said the heart, you did remind me of one other thing else, not to completely forget this, but we did do this heart survey out there, if I recall.

CP: Yes. On lipids, I think you did some lipid surveying.

²¹Sarcoidosis is a disease in which inflammation occurs in the lymph nodes, lungs, liver, eyes, skin, or other tissues.

²²Most likely referring to A. G. Holley State Hospital in Lantana, Florida which was one of the last four TB hospitals in the country when it was shut down in July of 2012.

²³A “multiple myeloma looking pattern” here is referring to the results of a serum protein electrophoresis test, which is used to diagnose patients with multiple myeloma by looking at the amounts of albumin and globulins in the serum.

EL: Well, we did this, but we actually was doing blood sugar, hemoglobin; we did whatever we could do at that point in time. It was about three different parameters that we were able to use. And I was working with some lipid work. In fact, with Gilman(?) lab (inaudible) I was working off and on with their chief scientists up there because I had come up with a stain, I tried English stain as a Ponceau S²⁴ stain, I say in English.

The powder was manufactured in England. And for whatever reason, comparing that to what was being manufactured here, you would not quite get the same type of separation. The American [version] apparently didn't work as well. But actually developed a reasonably satisfactory lipid separation test there. But now, we did not use that in that heart survey still.

But let me say this about that, we did that survey because of the West Florida Heart Association, the medical society, and the health department, all managed to coordinate and decided they wanted to try to do something like this. So we were kind of the other link in this. And we agreed to do the laboratory aspect of it. So consequently, we went to Jacksonville.

Dr. Tousignaut and I met with the powers that be and praised them of what it was, you know, they were wanting to do. And well, we were basically seeking their blessing, which they gave us. So we came back and got about to get started, when the day that things started, I got a call. And I'm going to have to tell this.

CP: Please do.

EL: Our phone rang and I answered and I said, "Hello." Now he said, "This is Nathan." And I said, "Yes Dr. Schneider. What can I do for you?" Well, he says, "You're not doing that heart survey, are you?" And I said, "Yes sir, we are." And he said—and I heard his fist hit the desk. And it bounced about four times, you'd hear thud, thud. And every time his fist would come down, he would say, "Stop it. Stop it. Stop it."

CP: Really?

EL: Yes. So I said, "Dr. Schneider, I can't stop it. There's over 750 people lined up downtown around this auditorium and they're drawing blood just as fast as they can go." (CP and EL laugh) So, you know, it had a happy ending.

²⁴Ponceau S is a type of red dye used to stain a microscopic specimen for easy detection of its structure.

CP: Why did Dr. Schneider want you to not do it?

EL: I think they were afraid—

CP: That it would expand to their lab.

EL: Well no, no. That they would hope for seemingly. What they really suddenly had become afraid of, that we were going to screw that thing up good. And this was going to look bad on Dr. Sowder²⁵ and whoever else, you know. Not to mention Dr. Schneider.

I think this was what the basic fear is. So Dr. Tousignaut came over there to sit down and talk. And I said, “Well, doctor, weren’t they listening to us when we went over there? We told them what we were doing.” “They’re going to do it,” they said, “Fine.”

CP: And they put holy water on it.

EL: And so I said, “What’s this sudden last minute panic?” Or so it seemed like that. But in any case, they were find I must have—say, I can’t remember working harder in my life because we worked until 9 o’clock at night trying to get those tests done. But that whole staff I had was wonderful. I tell you, we all were putting in all kind of hours that you didn’t dare do today. But we got it whipped. So everyone did. Here would come—Dr. Gruber—came up to see me.

CP: Gene Gruber(?).

EL: And Dr. Tousignaut came over that day before to say something and he said, “Don, you know, we’ve been trying for 10 years to do a heart survey like this in the state and we could never get the medical side—none of them together.” He said, “I don’t know. Neither one of us may have a job tomorrow.” But he says, “By God, we did it.” (EL and CP laugh) So I said, “Doc, you’re right. It’s worth getting fired for.”

CP: Is that evil? Neither one of you got fired.

²⁵There is an interview between E. Charlton Prather and Dr. Wilson T. Sowder in the USF College of Public Health Oral History Project collection.

EL: No, no. I started to mention though, Dr. Gruber came out there and he was, well I won't say spitting fire but he started popping questions at me.

CP: He was put out because he wasn't involved, you think?

EL: That could have been a part of it.

CP: I think that's probably a part of it. You all didn't ask him up there to set it up for you.

EL: Well this was between him and Dr. Tousignaut from my part. But in any case, he gave me a pretty thorough reeling and I had answers, thank heavens. But it's still: what tests did we use, or why did you do this, that, and the other? I said, "Well, Dr. Gruber, before I did any of these tests, I went to the three major pathologists here in town and asked them what tests they were using and what tests would be generally approved. So I said that's what we did."

In other words, we weren't going to be caught on something that we couldn't answer for. So we did. We got the data together. And I did have to appear before the county medical society and give that report.

CP: Good. I think that's fine.

EL: Well, it looked good, it was nice after it was over. (CP laughs) Because when I went in there, Tousignaut was with me. And when it had come time to present it, I looked and he was gone. I said, "Where has Harvey gone to?" And left me here to talk to these gentlemen.

But he had told me before, he said, "Don, don't worry. They're afraid of them; most of these are heart specialists. They're not going to treat you rough." So they didn't. They were very, very gentle about the whole thing and complimentary.

CP: And they all knew you, didn't they? I think all of them probably knew you.

EL: Yeah they did, yeah they did. So any rate, about three months later, I got a telephone call. Doctor Schneider wanted me to come to Jacksonville. He said to me, "I want you over here. I want to talk with you." I didn't know why, I didn't want to ask. So I did. I

packed up whatever and I went on over there. He got me there, so, they wanted to congratulate me on that study.

Because that was about the time, I think, they must have gotten their first money and started some other heart program thing with all this out here was such a shock in Pensacola area with what we had done there, that we never did do another one there for years. But all of a sudden, they were doing them in Tampa and about three or four more places all of a sudden. Because they got word about what happened in Pensacola. So suddenly things started gelling I guess that was the case.

CP: So you were the cutting wedge?

EL: It was nice to be a part of things like that.

CP: Did any of the other lab directors call you and ask you about what you did and how you did it?

EL: No. Well, I talked to them in lab director meetings. I'd have the opportunity to talk to them about it. But at the time though, they actually didn't know. Things were moving so fast, we didn't stop breathing, we just went, went, went. I dearly enjoyed working with Dr. Tousignaut . He was a peach of an accomplice.

CP: He was interested in everything under the sun.

EL: He was great. He really was.

CP: Let me kind of interrupt your train of thought to ask you, when did you get to Pensacola?

EL: I first got there in January of 1952.

CP: January of '52.

EL: And Addie Hamilton was director there at that time. And she previously, or some year or so there back had married Dr. Allen Bell. And she decided she was ready to go ahead and retire. Not because of age but she just—

CP: Wanted to be a full-time wife and housekeeper.

EL: Well, she was going to raise a big family and that she did. She had some wonderful children. I think they were just exceptional.

CP: What was your major challenge when you got there, 1952?

EL: About the first thing that happened was—I remember there in the local bay—the Pensacola bay, down there near the wharfs, they had about five cases of typhoid from people eating those raw oysters down there. So we got into that right quick. Incidentally, of course, I don't think we had too much of a spread situation or anything of that come from that. What was already interesting though, now back in those times, we used to do a lot of work with these typhoid carriers.

We would classify them and yet, somehow that seemed to sort have drifted by the way[side] over the years, you just didn't even hear about them anymore or see it. So I'm presuming that, well, it got to the point that it wasn't a problem. But we did have these food habit exams program there for years and years. And I think that was pretty much cut back. So I guess, really, other than whatever preliminary sort of things they had to have, like x-rays and so forth; that was probably the extent of it.

Most of our work there—we were just getting into blood sugar works and things like that. Starting to do that and we're still doing the old Folin-Wu²⁶ technique at that point in time. And then we got into the analyzers, and that's when I went to Tarrytown, up in New York to learn how to learn to operate that thing. And I do believe about a week and a half there, I was thoroughly confused and they assured us that we all would be, and we were. But they said, "Believe it or not, it will settle in place," which it did.

So I was delighted. But I enjoyed working with that. I used that same medicine money, incidentally, to automate that protein electrophoresis²⁷ readout part of it. So I had where I could actually get a print out with peaks and so forth. And I remember the chemist Malcolm(?), he told me, he said, "Never mind the TB studies, that thing you automated is

²⁶The Folin-Wu technique is a laboratory method used to quantify blood sugar readings.

²⁷Protein electrophoresis is just one type of electrophoresis where suspended particles are moved through a medium like gel or paper by electromotive force applied to electrodes in contact with the suspension.

just more fascinating.” (EL and CP laugh) He was far more interested in that. I said, “Well you know me. If there’s a lazy way to do it, I’m going to find it.”

CP: An efficient way to do it.

EL: I did enjoy that.

CP: So you were introduced to Pensacola with typhoid fever.

EL: Well—

CP: What’s kind of the highlight of your activities in Pensacola?

EL: Well, really I’d have to point back to some things I have probably mentioned previously there, such as that Venezuelan encephalitis thing and the GC studies and that sort of thing. But these were the main highlights. One thing I mentioned a little earlier about—to you about one of the pathologists, Dr. Squires, wonderful person. And she was quite a force to deal with, so to speak, in the medical field.

Particularly there locally, but statewide, she was quite well recognized and head of organizational things like that and so forth. And I remember one day, she called me up and she was kind of getting on my case because she thought I was, maybe, running these blood sugar tests on patients that weren’t—

CP: That couldn’t pay? That could be paid?

EL: Right. So I said, “No, Dr. Squire we’re not doing that. That’s definitely against our policy.” I said, “These are strictly injured [insured] patients.” So I think she really just kind of wanted to flex a little bit and see what I’m doing—(inaudible) to her, but it worked out fine.

So then it was really—I got to knowing her better and better because, one of the things I endeavored to do was to organize the local chapter of the Florida Society of Medical Technologists. So that meant I had to go into different labs and all. And it didn’t take long to find out that no one was saying anything good about somebody else, somewhere else. I mean, they were just running each other down something terrible.

CP: That's too bad.

EL: So that's when I told her one day—she was, I think, about ready to throw me out of her office because I was over there trying to recruit her staff to join that thing so we could have meetings. And I said, “Well, Dr. Squires, I'd rather be ignorant a few minutes and ask a question and get it over with.” I said, “If I don't know it, I'm going to say so.”

I'm like, I don't try to bluff it. So I think she appreciated that. So sure enough, we did. We got major representatives from all those different labs and we wound up having different pathologists as speakers, and physicians, all this. And those people, some of them became the best friends you ever saw. They found out they didn't have two heads after all or whatever.

CP: And they have common problems?

EL: Right. And it bred a nice situation.

CP: The name of the organization is the Florida association of laboratory technology or technologists?

EL: No. This was the Florida Society of Medical Technologists.

CP: Florida Society of Medical Technologists, okay.

EL: That's what they called it back in those days at that point. Which incidentally, I went to the very first meetings of that organization in Orlando way back. We're talking—that must have been late '47 or mid-47 even. I was still young in the field myself. But we met at the—I want to say it was the Orange Hotel. But it was in Orlando. And we had such people coming to a meeting or so after that, part of those too.

But like Dr. Kahn, people of this nature that, you know, they appear historical to us today but certainly were early pioneers in the syphilis and serology work, things like that. And Mizzani²⁸, the old Mizzani test, he was there. He was the instant CP we ever had, Dr.

²⁸Mazzini, Louis Yolando (1894–1973) started his career as a serologist at Indiana University. In 1947 he founded his own serodiagnostic laboratory that specialized in blood tests for syphilis.

Frobisher. He visited us, I think he was just there in Jacksonville at one point. So to a young fellow like myself at that time, and I mean people like this, I mean, they were—

CP: They were—yeah. It would be the same thing as—

EL: I was in pretty high cotton²⁹.

CP: —me being able to talk to Pasteur³⁰.

EL: Well I about really enjoyed meeting people like that. I'm trying to remember the name of the doctor. I reckon he was a PhD. But it was about the first lab director there in Pensacola.

CP: Brink.

EL: No sir, it wasn't Brink. It was—he may not have been the first, but he worked there for some years after that. He developed part of the tuberculosis stain or one of those components of that thing.

CP: Oh, one of them.

EL: I want to say doctor—that's awful. I shouldn't be mentioning this since I can't think of it.

CP: That's all right.

EL: But in any event. His daughter came through there some years later—many years later. And she was just a small child at the time. So she reminisced one time how she used to run all over that building. You know, she was just a little kid.

²⁹The phrase “in high cotton” originates from farming in the antebellum period of the South U.S. and meant that the cotton crops were making a lot of money. The term is now generalized to mean one is doing well or is successful.

³⁰Louis Pasteur, the 19th century French chemist and microbiologist known for discoveries in the principles of vaccination, microbial fermentation, and pasteurization.

CP: Oh really. That's funny. That's fun.

EL: And she gave me a post card of the laboratory. I didn't know there was ever such thing that had been made but it was a regular post card. It showed these nice, beautiful palm trees out in the front. And this old—it looked like a Model T sitting out there on the street, which was the current thing at that time I guess. And at any rate, I sent it on to Jacksonville for this historical whatever. I don't know what ever became of it but I thought of that.

CP: I hope they didn't throw it away.

EL: I doubt it. I really—because it rather unique. But it showed the lab and all that the way it looked, apparently at that point in time. So I just—just things like that, just kind of stand out in your mind. You think about them. I was trying to think of, I guess mostly everything I'm going to think about from here on would get me back to Jacksonville.

CP: Talk a little bit about the way you have seen the evolution of laboratory tech—your witness to the evolution of laboratory technology.

EL: I will relate one incident that might reflect in that direction. I recall a Bob Grace (?) and I were at a meeting at West Palm Beach I believe it was. We was riding around with Dr. Schneider, between a meeting there. And we were commenting at that time, the techniques and so on. Then, bacteriology was big. Chemistry, at least other than industrial chemistry, these other things were more of a minor nature compared to it.

And the comment that Bob and I was making or the point we was trying to make was what we were anticipating was, we said, these things are going to become more and more subtle because we're going to be dealing more and more with long-term conditions. In other words, it's not like typhoid or something that you know you can contact today you can look to be sick enough in a relatively short time. We're talking about things that are—that's going to be 15, 10 years or whatever down the road.

And we're going to start looking up at more things more sophisticated like that. Well that's the sort of changes that really, that I've seen, and saw the chemistry. In fact, when we built the Pensacola laboratory, we had about three little instruments and we stuck them in that room, just trying to take up the space, frankly, because back in those days it was awfully hard to get enough space anywhere. And we had that and I was cautious. They said, "Don, if you don't fill—put the stuff on that table, somebody in the health department is going to be able to hear—

CP: Somebody's going to take it.

EL: “—and they're going to want this room.” So I said, “You better.” Well, it's gone from that to where it's like it's stacked six deep now. I mean it's just—the chemistry thing has just surged. It really came out of the woodwork compared to what it was.

CP: You think. When you first began, the chemistry was a test tube thing, now it's a machine.

EL: Exactly right.

CP: Do you think our ability to process so many more with such increased accuracy of results and the breadth of the things you can test for throw that into your formula? Versus in the old days, everything was done in a test tube with color differentiation or precipitation or something like that. The technology just overwhelms me.

EL: It has changed tremendously in my stead. It's really—we used to say we could make a chemist out of a bacteriologist but we couldn't make a bacteriologist out of a chemist. (laughs) We used to use that phrase a lot. But I don't—I'm not sure if that holds true anymore because to me, it's more of a chemist's world today.

CP: Yeah. You know, you were talking about typhoid and there's a recent outbreak³¹ in the Tampa, central Florida area, a few cases of typhoid. But I just sat there awed when I was listening, and using names that I don't understand at all. But in the early days when you had your typhoid, you know, we were playing with phage typing³²—phage type typhoid organisms, remember that? Very unreliable, very complicated.

Today they take one of those typhoid organisms and stick it one of those fancy machines and they give you the genetic pattern of that sucker, which is the fingerprint for that strain. And if they all got the same fingerprint, it's a common source outbreak; if it isn't, you've got multiple sources. You know, and all that's gone (makes noise). So slick. I don't even understand the names that they're using.

³¹The typhoid fever outbreak in Florida in 1998-99 infected at least 16 people and was caused by imported frozen mamey fruit contaminated with fecal coliforms. The food products were then recalled.

³²Phage typing is a method of detecting single strains of bacteria and trace the source of outbreaks of infections.

EL: When they went into this DNA, they really made some strides. And that was the common thing. I can recall, too, when they—even with some of the tuberc [tuberculosis]—not tuberc—but the GC work, even as late as '82, when I went back over there and worked some years there. Just one thing I was wanting to come over this way to, or that way rather—to be near my mother because she was getting low in health. But they were still relying on the old sugar fermentation as to confirm GCs where it was necessary to do that.

Well, you talked about something that would take like, four or five days if they lived. And if after five days and they didn't, then you still didn't know anything, it was like that. So the end result was they had a couple or so enzymatic tests they would do throughout. But it was kind of adjunct to the other part but they would not accept that as the standard. Well today, it's strictly that. Or the DNA stuff, in other words, they finally went to enzyme. They would not—they thought that the hardest thing I ever saw.

CP: Yeah. Because it just wasn't natural. You know, with change.

EL: No. Well, when you got a problem, you run into that in environmental microbiology too because you've got your old standard methods of this, that, and the other and that is your baseline. And consequently to change something to, you know, it just rocks them. I did the same silly thing. I'm so much like the bumblebee flying when he's not supposed to, you know.

And they come up with this newest test for drinking water, this Colilert³³ procedure, well I saw that thing and it was—I forgot what they did say—it's going to be about twenty-something dollars a—no—it was either 10 or 12 or \$25 a test anyway. It was quite expensive. But it was quite fast and so on. And it could tell you whether you had e-coli present supposedly.

So I got to study that thing a little bit, and I was working with Mildred at the time, so anyway, I decided that why did not we put that thing on agar—or add agar to it and do it as a plate count technique. Which that could get the same answer and get it for—it cost about \$25. That's where the \$25 came, the head cover, it would cost \$25 for a set of tests that were just as fast. But again, people just don't want to—it's hard to get people to listen to things when you do something that—I don't know what it is, but they won't—

CP: Our resistance to change. We're comfortable.

³³Colilert is the brand name of an EPA-approved water test that determines the presence of *Escheria coli*.

EL: Well I sent out some memos there and nobody would answer me. I carried it over to the lady over there that was in charge of licensure. And she was ranked up there a little higher and so on, and I just showed her, I said, "I'd just like to know what you think of this." Well she got real excited about it. So she turned around and called back over across the way there to talk to Peggy Milton.

She says—Peggy says, "I think you all ought to look at this thing he's got." She says, "That looks pretty good," and so forth. So that was the first attention I got. And I sound like I'm tooting the horn here but the point I was trying to make really was it is so "[dag] blamed" hard to move something from year to year. So most of the fun is in the doing it, never mind who gets credit for it. But they wound up calling the people at Colilert, so their chief—

CP: Troubleshooter.

EL: Right. Down—he come down there. And so I demonstrated that thing for him. Well he didn't yea or nay it. And I could see why, because it was just bloated out of the water as far as cost was concerned. So I said, "Well, then why don't we go on and—" Oh, I kept getting this thrown at me, "Well this isn't standard though." It's not standard. I said, "Well nothing is standard until it's been ran for a period of time, comparatively.

How will it ever become a standard?" "Okay." I left that kind of a rock with that argument. And lo and behold, it wasn't—it was about almost two years later, here come the Cincinnati environmental people—protection agency people and all that, their laboratories. Here comes this test, using virtually the same darn thing. Oh hey, that's great. Yeah. (laughs) I said, "I don't care, I knew it would work then. I'm just delighted to see the sunlight and wake up."

CP: Somebody has written it down.

EL: But I was going to say—I said, "Hey, we could have grabbed that feather on our own cap here if we were just willing to, kind of—

CP: Been a little more assertive.

EL: Yeah, go along with it. We worked with something in that vein in the Pensacola laboratory back in Dr. Hardy's time. I worked with a mastitis—livestock board with a

study I was doing. I became interested—we did a lot of milk testing in those days. I became interested in the infant problems, with the fact that this certain milk would contain antibodies and this, that, and the other. And of course, we were screening for that.

So consequently I thought, well, if there was a more precise way of telling, when you're studying mastitis, because all they had was what they called a Hotis test. And it's really more of a color reaction, and that's basically all it was. It was a PH change. It would say if it was staphylococcus³⁴, for example, or *Streptococcus agalactiae*³⁵, which is the one that's classically associated with the mastitis.

Then you get this color change. I said, "Well, why don't they have an antibody test for this thing." So I went to work on that and then I came up with—it took about two or three years there. And I corresponded with a bacteriologist from England that was in Kenya at that time, and he told me—I told him, I said, "I've got an excellent working antigen for the agalactiae. It works fine for the staph, and also for coliform. Which is really the only three I'd gone after."

But I had all three of them working. I could demonstrate rise and fall in titer in the milk fat. Just like it did with the old mastitis—not that—well, brucellosis ring tests³⁶, same principal. That's what I was doing. Well, my first problem was I couldn't find any negative milk because by that time, practically every cow had mastitis at one point or another, so they had a low one to one, one to two level, you know?

So what I did, I took that milk and—this was raw milk—I took it and I would raise it to flash pasteurization temperature. Then it would render it negative. I had my daily one. Then I could take it and dilute. So I was able to show those patterns and I—people down at the mastitis livestock board, they were quite excited about it, it seemed like.

But I came down to Gainesville with the University of Florida at that time because they had the large dairy herds. And I talked to those veterinarians but I didn't again—I couldn't even get my foot in the door because they were into pesticides. Pesticides was the big thing then. So that was about as far as I could ever get with that thing.

³⁴Staphylococcus is a genus of bacteria of which most species are harmless and reside normally on the skin and in soil. One species, *Staphylococcus aureus*, causes most staph infections.

³⁵*Streptococcus agalactiae* is an asymptomatic colonizer of the gastrointestinal human tract in otherwise healthy adults. However, *Streptococcus agalactiae* is also a common mastitis agent in dairy cattle and a source of economic loss for the industry.

³⁶In lactating animals, the MRT (milk ring test) can be used for screening herds for brucellosis. However, in large herds the sensitivity of the test becomes less reliable and false-positives may occur in vaccinated cattle or in samples containing abnormal milk, such as colostrum or that due to mastitis.

CP: That's too bad. Did you talk to the other directors about it?

EL: Yes I had and Dr. Hardy encouraged me. He was very encouraging about it. In fact, he suggested about going down to Gainesville, which I did. But like I said, I just couldn't get past that thing there. But I thought, well—I was checking some years later. And they still, with the Hotis test, to this day—unless they have it now—they still don't have the antibody test.

They can follow that titer like that. And of course, that would reflect back on treating or whatever else. But it's strange how you get into these things. You're looking for always one thing and you find yourself off down another trail.

CP: It takes a wise person to know that they are on the trail of something different from what they started. You know most folks will get on down to the end of the trail and then wonder where in the world we are and how did we get here.

EL: You remind me of Dr. Leonard Reeves in Pensacola. He was an outstanding chemist. He was doing all the chemistry work for the Baptist hospital there. And he was really into this gas chromatography. He would come up with some—the darndest results there and so on. He'd get with them physicians, they said, "Well." He says how did they phrase that? He said, "We got the answers, we just don't know what the question is." (EL and CP laugh)

CP: I like that. I like that. That's true in many areas. What's the down part of your career, Don?

EL: Well, mostly—I better say mostly what I brought up myself, I guess, as far as my family's concerned, or like I said, that lab almost came first. Tends to do that if you're not careful. You turn around and your kid's about half grown before you let it slip by. So I learned a little bit from that part, that's for sure.

But really, I can't honestly think of a downside sort of thing. I guess, primarily, I've always tended to be sort of optimistic. I felt like I understood human nature well enough to know why people do or act like they do and so forth. So consequently, it just wasn't a personal thing with me. It just never hit me that way.

CP: And I doubt that it was. You know, usually things are not personal; it's the way we interpret their appearance.

EL: But no—I really—if I had to, I could not point to a bad thing and such.

CP: That's good. If you had some advice for younger people, college-aged kids who are playing with the idea of going into lab work, what's your advice to them?

EL: Well, I think first of all, they really need to—they say do a little soul searching. But if possible, certainly get you some initial experience of sorts. Find out if your interest really does lie in the given field like that. But the old saying is certainly true: you're going to get out of it what you put in it.

CP: Good point.

EL: And if you don't. Aren't able to fully devote yourself to it, then you're just going to miss a lot of happiness that you would have had if you could do that. And the feelings of gratitude and whatnot when you help different people about things like that and they say—they'll let you know it. And you'd rarely expect it, it just happens, and it just makes you feel good to have done it. It really does.

CP: Since your retirement—and I know that the University of West Florida—you don't have a formal art school, but have you exhumed your original interest in art?

EL: I probably should. I haven't.

CP: That might be a fun retirement thing to do.

EL: I would expect so. I took a little dab or so in oil painting because, you know, Mun Quan³⁷ used to inspire us all. And there was something of his, I've got a work or two of his that I've managed to hang on to. But I like that. I've enjoyed it.

If I could develop the patience my wife has for these intricate sort of little things that she does. I get so much fascination just watching her doing that. I would never in my life want to do that—what she does. But she does it to such perfection, it's—well—

³⁷Mun Quan, 1917-2000, was a landscape painter in the Chinese tradition. He was also a professor and medical scientist at the Florida State Board of Health.

CP: Awe inspiring, no?

EL: Everything from collecting buttons on, she gets all this tinge of that and she enjoys it. And I enjoy seeing her enjoy. I get it; kind of catch it kind of indirectly a lot of times like that.

CP: But you haven't taken up your lost interest of "arting."

EL: No. I'll tell you doc, since I got fully retired like that, I've returned to my gardening. I'm gardening to fare-thee-wells.

CP: And you're raising in your garden?

EL: Oh just you name it, just about—I've raised it other than I don't, you know, try to raise larger things like corn or whatever. I have about a quarter of an acre there that I plant.

CP: That's a pretty good sized home vegetable garden.

EL: So I'll wind up having to get mostly edible things because it's just—

CP: Well, your neighbors appreciate you.

EL: Right. It's just more than I know what to do with. We would get okra, peas, beans, squash, cucumbers; I've got it all.

CP: All that over a quarter of a—but a quarter of an acre is a pretty good size garden.

EL: Yeah it is.

CP: When you start plowing, it feels like four acres, don't it?

EL: Well I've got a little five-horse tiller there that I get after it with. So it'll tear it up. But of course it'll tear me up too, if I get at it too much. I'm enjoying that. I do that quite a bit, and I told the wife, I said, "I think we ought to sort of just slack off this fall. I don't think you've got room in that freezer for anything else."

CP: Yeah, you might let your land lay fallow for a year. It'll improve and your freezer will decrease in volume.

EL: Right. It needs to rest a while. So I would haul all that down to the lab, especially those cucumbers; those things were coming out of my ears.

CP: What have we left out of your story?

EL: Well, I don't know of anything really, Doc, except to say I did—after lying out, I retired there for about three years, nine months. I went back over there with lab in Jacksonville. And I enjoyed that time. I really did. And of course I was in a new role.

CP: You didn't have to supervise.

EL: No. That's what I told Dr. Hartwig. I said, "Well Doc, I'd just like to work on the bench." And said, "I don't want to boss anybody." And he said, "Well I'm glad to hear you say that because somebody said you're used to giving orders." He said he didn't know if that was going to work out or not because—I said, "Believe me, I don't want to give orders." So I didn't. I got back that way. It worked out.

I found myself doing a lot of one on one consulting with this, that, and the other with different lab people and things in like that—problems and whatever. I pushed along but I got to be very close to a lot of those younger people. That was enjoyable Doc, working with those young ones like that again. And seeing some of the things they go through like this.

Like one of my staff told me one time. Something that they were going to do or about to do and they said, "Mr. Lord, you know what we're going to do before we do it, don't you?" And I said, "Yes."

CP: Pretty near. (CP and EL laugh)

EL: I said, "Yes, I've seen this all before." So I, yeah, I pretty much anticipated what to expect next.

CP: And you were director of the Pensacola lab for how many years?

EL: Well, there was '52 to '81. And then I had that couple years of military they threw in there. So it was about 29 years, Doc. Yeah, about 29 years.

CP: Twenty-nine years directing the Pensacola lab. Man and you did see the change in technology, laboratory philosophy—

EL: Yeah. And facilities.

CP: And facilities. You built a new building. Was that building ever enlarged during your tenure?

EL: Yes. I had—with one of the—one of the engineers that was still there with DER³⁸. At that time, they were still connected with us. And I had—Wayne Tisdale, in fact was his name—and Wayne and I had requested an additional building in the back for maintenance and a place for them to store their boats as well, a yard for that. And lo and behold, it took 10 years.

In fact, three months after I retired, Dr. Minskoff (?) calls me at home and says, "Don, could you come by here? I've got a letter here. It says they're going to build this building. I don't know a thing about it." (CP laughs) I said, "Well, you know, that's the way the state does." But they had been out there fairly recently before I retired. And we talked about it briefly then. And whoever those young fellows were, they went back to get it. Which surprised me, it really did.

CP: They did, and they got it in three years. That's rather surprising. That's pretty quick.

EL: Yeah. Yeah. Yeah. They went right on in there.

³⁸DER is an acronym for the Florida Department of Environmental Regulation, which handled regulation, management, and conservation enforcement from the mid-1970s to the mid 1990s. Before that time, these duties were performed by the Florida Department of Health, and now they are handled by the Florida Department of Environmental Protection.

CP: Well Don, on behalf of the University of South Florida and the College of Public Health and myself, I just thank you sincerely for taking the time to share with us one of the more fascinating histories and one of the longer ones in the Florida public health system. And the conversation with you has been just delightful, and I do thank you for coming.

EL: I appreciate it.

CP: And I'm Skeeter Prather.

End of Interview