



ORAL HISTORY PROJECT

**Leila
Denmark, MD**

**Interviewed by
Eileen Ouellette, MD, JD**

December 3, 2004
Athens, Georgia

©2006 American Academy of Pediatrics
Elk Grove Village, IL

Leila Denmark, MD
Interviewed by Eileen Ouellette, MD, JD

Preface	i
About the Interviewer	ii
Interview of Leila Denmark, MD	1
Index of Interview	19
Curriculum Vitae, Leila Denmark, MD	21

PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events which are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

Historical Archives Advisory Committee, 2005/2006

Howard A. Pearson, MD, FAAP, Chair
David Annunziato, MD, FAAP
Jeffrey P. Baker, MD, FAAP
Lawrence M. Gartner, MD, FAAP
Doris A. Howell, MD, FAAP
James E. Strain, MD, FAAP

ABOUT THE INTERVIEWER

Eileen Ouellette, MD, JD

Eileen Ouellette, MD, JD, graduated from Smith College and Harvard Medical School and then completed residencies in pediatrics and child neurology at Massachusetts General Hospital. She has a law degree from Suffolk University Law School, Boston, and is a member of the Massachusetts Bar and the American Bar Association. She has extensive experience advocating for children's health issues at the state and federal level. She is retired from North Shore Children's Hospital in Salem, MA, where she practiced pediatric neurology.

Serving as AAP President during 2005/2006, Dr. Ouellette is also active in the AAP Section on Neurology. She is a member of the Senior and International Child Health Sections, has served on Committees on Women in Pediatrics, Career Opportunities, the Council on Government Affairs, and the Council on Sections and the Council on Sections Management Committee. In addition to her AAP activities, she has held leadership positions in the Child Neurology Society and is on its Legislative Committee.

Interview of Leila Denmark, MD

DR. OUELLETTE: This is Dr. Eileen Ouellette interviewing Dr. Leila Denmark on December 3, 2004. I'm sitting in the living room of her daughter's house, Mary Hutcherson, and Dr. Denmark is here. How are you today, Dr. Denmark?

DR. DENMARK: Fine, couldn't be better.

DR. OUELLETTE: Good. Now thank you very much for being willing to be interviewed for the Academy. We're doing a series on oral histories of women pediatricians. As you may know, this is the 75th anniversary of the Academy and we know you have been practicing pediatrics probably even before the Academy was founded.

DR. DENMARK: I've been practicing medicine 75 years.

DR. OUELLETTE: Fantastic. So you and the Academy go back and cover really the history of pediatrics for most of the 20th century.

DR. DENMARK: Certainly has. The whole world has changed.

DR. OUELLETTE: That's right. Let's start with some of your background. When were you born?

DR. DENMARK: I was born in 1898.

DR. OUELLETTE: What day and month?

DR. DENMARK: February 1st.

DR. OUELLETTE: 1898. Where were you born?

DR. DENMARK: In Bulloch county, in Georgia.

DR. OUELLETTE: Have you lived in Georgia all your life?

DR. DENMARK: All my life.

DR. OUELLETTE: Can you tell me a little something about your parents and your family?

DR. DENMARK: Well, my father was a big farmer. He had about 400 acres of farm. I went to a two-room school for the first six years and then I moved into where they had, well it still was a two-room school, and that was

where I went until I got into the 10th grade and then I went to Statesboro, Georgia and entered the First District A and M [Agricultural and Mechanical] School, a boarding school.

DR. OUELLETTE: And where did you go to college?

DR. DENMARK: I went to college at Bessie Tift College.

DR. OUELLETTE: Where was that?

DR. DENMARK: Forsyth, Georgia.

DR. OUELLETTE: When did you decide you wanted to be a doctor?

DR. DENMARK: Well, I don't know. I think I started when I was a child. I lived on a big farm and my mother loved music. So she had us all take music lessons. You had to practice an hour every day and I would watch the clock and think about some sick chicken or some sick cow or some sick calf or something that I had found out in the farm that needed help. So I never learned to play the piano, but there was nothing too bad for me to work on in the farm because it seemed I knew everything to do for them. I really wanted to help the animals.

DR. OUELLETTE: Good for you! Where did you go to medical school?

DR. DENMARK: Augusta, Georgia.

DR. OUELLETTE: What was the name of the school?

DR. DENMARK: The Medical Department of the University of Georgia (now Medical College of Georgia).

DR. OUELLETTE: What year did you graduate?

DR. DENMARK: 1928.

DR. OUELLETTE: Were there other women in your class?

DR. DENMARK: No, I was the only one. I stayed there for four years and I didn't see anything but men. The teachers were all men and students were all men. And the boys were . . . boys in those days. They'd come to class dressed up with a collar and tie, shoes polished, and sit up straight. I never saw one of them smoking a cigarette or drinking. They were very dignified men. I stayed there four years. I never had a better four years in my life.

DR. OUELLETTE: How did they treat you?

DR. DENMARK: They treated me wonderful, like they would a sister. They teased a little, of course. They were the most wonderful years. Nobody ever seemed to ever object to me going there to school.

DR. OUELLETTE: Had there been very many women who attended before you?

DR. DENMARK: There'd been one woman who'd been there, she was a teacher and she got in by that. And then the other girl lived in Augusta, Georgia and her family owned the town. I think there were two before me.

DR. OUELLETTE: Where did you do your internship after you graduated?

DR. DENMARK: When I finished medical school I got married 72 hours after I got my license. I'd been engaged for ten years.

DR. OUELLETTE: Your husband was a very patient man.

DR. DENMARK: Well, we'd been children together. We'd had a wonderful time together. He finished at [University of] Georgia the same time I finished college and he got an appointment to Java in the consular service and so we had to decide. We were rocked in the same cradle and we'd been friends all of our lives. So he got that appointment and he said it was such a privilege to get that thing at that time. So we decided that he'd go on to Java and I'd wait until he got back.

DR. OUELLETTE: So then you got married.

DR. DENMARK: We got married, yes.

DR. OUELLETTE: Did you do your internship while you were a newlywed?

DR. DENMARK: Well, 72 hours after I finished college I got married. I drove right up to Atlanta, Georgia and they had told me in the medical school that they were going to open a babies' hospital in Atlanta, Georgia [Henrietta Eggleston Hospital for Children]. There had never been a babies' hospital in that part of the world before.

When I got to Atlanta they told me to go see Dr. [Madison] Hines Roberts because he was going to be head of the hospital. So I went down to see Dr. Roberts. I just walked into his office and I said, "Dr. Roberts, they told me at school that they were opening a hospital here in Atlanta. I'd love to be the intern." He said, "Sure." He didn't question a thing. He just said, "Sure, I'd love to have you." This was June and the hospital would open in August. So in August I started there and stayed for not quite two years there. Then I

went to Children's Hospital of Philadelphia and stayed there for about six or eight months. Then I went back to Atlanta and went into the office with the doctor who was head of the hospital. I stayed there for a year then I opened my office.

DR. OUELLETTE: Good for you. Now when did you start having children?

DR. DENMARK: Mary was born two years after I graduated.

DR. OUELLETTE: So she was born while you were doing your training. How did you manage that?

DR. DENMARK: Well, I had good help. When Mary was born I opened my office in my breakfast room. I wouldn't have left Mary or Mr. Denmark because we'd been friends a long time. It took me 30 years to get him and it took me 33 years to get Mary and so I just opened the office in my breakfast room.

DR. OUELLETTE: So Mary was just there in her crib or playpen?

DR. DENMARK: She stayed there all the time. But I always had help, somebody to do the cooking, keeping the house, and things like that. So I had time enough. My office was always in my house; it was built in my house. My child never got to go in the office.

Mary never was sent to day care. I had a person there, because I was there myself, you see. Nobody ever fed her; I looked after that. That was the first thing. The greatest thing on earth a woman can do is to rear a child. My first responsibility was to Mary and Mr. Denmark.

DR. OUELLETTE: Did you have other children too?

DR. DENMARK: No, I just had one. It was just a joy because I never did have office hours. I made home calls even. I didn't mind 2:00 in the morning; I always had somebody in the house and Mr. Denmark would drive me to where I was going. We'd go into some shanty at 2:00 in the morning. If they called, I never did fail. I'd go and help. So I did a lot of home calls, a LOT of home calls in those days.

DR. OUELLETTE: Now, were you in practice by yourself?

DR. DENMARK: By myself, the whole time.

DR. OUELLETTE: So you were on 24 hours, seven days a week.

DR. DENMARK: That's exactly right.

DR. OUELLETTE: For how many years did you do that?

DR. DENMARK: Seventy-five years, not quite. I'd say two years ago I quit going, when I got to the place where I couldn't use my microscope. I found that I had to quit.

DR. OUELLETTE: Did you ever work part-time at all?

DR. DENMARK: Part-time?

DR. OUELLETTE: You worked full-time the whole time?

DR. DENMARK: The whole time. Well, I would take vacations and Dr. [Marvin] Davis and another doctor would cover, if I needed help, and Dr. Hines Roberts was always there. Egleston was always perfect to me. Anything I wanted to do I could do at Egleston. I always had somebody to help me. I could take off.

When I wrote that book [*Every Child Should Have a Chance*] I used to go with Mr. Denmark to New York every February when he had to go. While he was doing what he was doing there, I'd stay in my room and jot down some kind of little guidelines that I'd learned and found it worked. After he retired one day I said to him, "[John] Eustace, I've been jotting these little jots down for several years now. I want you to, since you're retired, put this together so I won't have to take as long talking to each parent." He said to me, "Leila, I can't even read your writing." But Mary had finished college in English so she put it all together. That's what they got there.

But anyway, medicine has always been such an important thing to me. There's so much you can do. If doctors would do this one thing, find out when somebody brings a child to you, take time, find out from the day they were conceived until they come to your office what's going on. If you can just get them to do that.

There's so much that mother can know that she could have done herself. If the doctor will tell her how to feed the baby, how to dress that baby, how to do all those things, then she can take care of this child. Teach that mother that the most important thing in her life now is going to be this baby. If you don't rear him, he won't be your child. Today they tell me, and I don't believe that's true, that 85% of the children are reared by somebody else. They come up in day care. I remember I worked in a big clinic that was one of the things when I got to Atlanta. There were only 32 pediatricians in the state of Georgia.

DR. OUELLETTE: What year was that?

DR. DENMARK: That was 1928. So Dr. Roberts had just opened up a little clinic down at the Central Presbyterian Church to try to help the poor people. He said, "It's been going since 1926 and they need you down there. You can spend one or two days helping there, half of two days." Grady Hospital, the colored side, Dr Roberts looked after that. He was head of that for the colored people. So I joined Grady Hospital and started working in the clinic there.

DR. OUELLETTE: Now when you were working in your home, where in Georgia was that?

DR. DENMARK: In Atlanta, Georgia.

DR. OUELLETTE: So you worked in Atlanta all these years?

DR. DENMARK: In 1984 I moved to Forsyth county, about 25 miles north of Atlanta, and practiced there until 2001.

DR. OUELLETTE: I guess until this summer when you had shingles you were living by yourself there?

DR. DENMARK: That's exactly right. Mr. Denmark went away in 1990 and so I was there by myself.

DR. OUELLETTE: What kind of work did he do all those years?

DR. DENMARK: He was at the Federal Reserve Bank; he was a banker.

DR. OUELLETTE: Also in Atlanta?

DR. DENMARK: That's right. He was a wonderful person. He made it possible for me to practice medicine and do what I wanted to do. If I'd had to make a living, it would have been very different. You see, the money I made practicing medicine, I could hire somebody to take care of my house, all the responsibility, and I could keep my child at home. Mary never went to day care.

Now, when I started practicing medicine there was no day care. When I would go down to that clinic I used to see those little kids where the mother would put the bedpost on the dress so the child couldn't get away and go to work and leave it there.

DR. OUELLETTE: You mean the mothers would just leave the children alone at home?

DR. DENMARK: For eight hours, yes. And I used to say; “We just ought to have a common trough where we could feed these poor kids who don’t have anything.” I was thinking about day care then, but I didn’t know it was going to do what it did. Thank goodness for day care where people can’t look after a baby. Thank goodness somebody cares enough to look after them. But there was no day care, there were no church nurseries, there were no mother’s mornings out. The mothers looked after their children and they never were sick until you’d take a child to church on Sunday and put them in the nursery. I would see them on Tuesday and Wednesday.

DR. OUELLETTE: With a cold?

DR. DENMARK: With a cold, always sick. It was really something how I used to dream about some way to take care of those little kids where the mothers had to go to work and so invented the day care. Well, thank goodness for day care, but that child in day care never learns to be a human being. He’s a robot.

Now a child in your home, you have to start out with a mother. Like I say, I start with her. You bring that baby to me and I start with her and say, “How did you behave while you were pregnant? Did you smoke? Did you drink? Did you live right?” And then she tells me. And then I said, “Well now, was he breastfed?” And she says, “Yes, he was breastfed.” “Did he have any trouble?” “No. He has never had any trouble.” I say, “Well, did you nurse the baby.” “Yes.”

I’ll give you an example of that. One night a man called me and he said, “Dr. Denmark my baby is four weeks old and we have not had one night’s sleep with this child since he was born. It’s cried and cried and we’ve carried it to the doctor.” So I was going through that whole thing, “Did she smoke? Did she drink?” That was one of the craziest things when we first began to see babies with nicotine poisoning. That was really something. They’d bring that baby in, he was stiff as a board and he was screaming. A newborn. And the mother said she was a chain smoker. Well, I knew that that baby was having a fit. It took three months to get off of it. We did everything because we didn’t know what was wrong with him when we first saw him because I had never seen a woman smoke a cigarette till I had gone to medical school. So, we didn’t know what was wrong with him. We had him x-rayed and I remember the thymus; I’d love to go back and go through that. The thymus was very enlarged. Well, we tried everything else. We had him x-rayed and there was nothing wrong, but we found that the thymus was big across the chest. I wish I could go back and do one more of those and see what happens. So the x-ray people said, “We’ll use some x-ray on that and that will stop the stiffness, the tension.” He was so stiff.

DR. OUELLETTE: They thought that x-ray was going to stop this?

DR. DENMARK: That's what they thought. We did everything because there were no medicines; we'd never heard of that disease before. We'd never seen a child with nicotine poisoning. So they used the x-ray on him and some 40 years later, one morning, someone called and said, "Oh doctor, I hope nobody read the paper today. Every one of those babies that had that x-ray therapy developed cancer of the thyroid. My daughter had the x-ray and I don't want her to read that." But she said, "You know, I brought my other son home from Emory [University Hospital] and he has the cancer of the thyroid." I said, "Thank goodness now, if that would have been that girl, we would have said what we did caused that." But it wasn't true at all. It got all out, I never heard of it afterwards.

DR. OUELLETTE: Well, that's good. Tell me a little bit about practicing during the Depression. That must have been really hard times.

DR. DENMARK: Well, if a mother is taken care of we got along together better than we do today. Is this true, do we have 2000 pediatricians in the state of Georgia?

DR. OUELLETTE: I don't know; I know there are about 1500 or 1600 in the Georgia chapter of the Academy. There are probably a few who don't belong, so that's about right.

DR. DENMARK: They said about 2000. Like I say, when I started there were only 32 and they weren't busy because there was nothing to do. I had a mother who had 12 children and she has never needed me except to give them the shots.

DR. OUELLETTE: Now when did immunizations really start?

DR. DENMARK: When I started in medicine it was a hard thing. It was really something. Mothers have chewed for their children since the beginning of time; you know that, don't you? They used to have even little teaspoons, baby spoons, to take it out of their mouths. I don't know how Adam and Eve did this, maybe a leaf they used. But they chewed for them until they could chew for themselves. And they can't chew for themselves until they are 24 months old. And the day that baby is three months old he starts drooling. Why do you think they thought he was drooling?

DR. OUELLETTE: I don't know.

DR. DENMARK: They said, "Oh, he was teething." I said, "Teething! He started teething five months after he was conceived, in the mother." We know that. "And he'll be teething for 18 years; that'd be a long time to drool." I said, "Now, in that drool is something that is very important. In

that drool is something called ptyalin enzyme that converts starch into sugar. And the day that baby is 12 weeks old, no matter what has happened, he is going to start drooling. If you give cream of wheat when he was 11 weeks old, he couldn't have digested it because it couldn't be converted into sugar. And we can't use starch until it is changed to sugar. So at 12 weeks if we give a little cream of wheat, a little cereal of any kind, it'll be converted into sugar and we can use it. We cannot use carbohydrates in our body; we have to convert them to sugar."

DR. OUELLETTE: Let me just ask you about some of the changes that have taken place in medicine. Immunizations certainly are one.

DR. DENMARK: Immunizations are the greatest thing that ever happened on earth. It's the greatest thing. When I started out, I remember in 1932 we had a whooping cough epidemic. There were 75 babies who died in that epidemic. They'd faint and they'd have seizures. Mothers would take them up and shake them. Every four hours they'd have that accumulation of mucus and they'd start choking and they'd lose their food. So what I would do, just before they were going to feed the baby I'd have her kind of gag it, start it to coughing and so it'd cough and cough and get that out before I fed it so that they would keep the meals down. But they couldn't keep the meals down and they had seizures and if they'd give them any kind of thing to stop the cough, give them the cough medicine, they got pneumonia. I did thousands of blood counts in all this to show that as long as it was just whooping cough it was high white count, just the lymph cells; sky high almost like lymphatic leukemia. But where you began to see the polys [polymorphonuclear leukocytes] we knew they'd got an infection. Most of those died if they got the infection.

DR. OUELLETTE: Now did you see diphtheria?

DR. DENMARK: Oh, yes. Measles, whooping cough. I had polio patients; I remember my polio patients. They began to put them in casts; they tried to do something for them. But when I had a polio patient, I had them bathe twice a day in hot water, float them in the tubs, and then feed them right. If you don't feed a baby right, nothing works right. That's the first thing you have to know. I'd give them a little vitamin B and I'd tell the mother to put them down on the floor so that they'd try to use their bodies. We didn't put them to bed. We bathed them and fed them right. They had to be fed right every time. All of them got all right.

Sister [Elizabeth] Kenny in Australia, who was a nurse, she'd done the same thing. But I was doing it; I was the only person. My patients mostly got well.

DR. OUELLETTE: Nowadays, pediatricians see so many children with behavioral problems, problems with attention and violence and so forth. Did you see children like that in your early career?

DR. DENMARK: Oh, no, we didn't see that in the beginning. Now if he is autistic, we know that if you try to force one of those children you can't do anything. You can handle those children if you handle them right. And then we had the schizophrenics and we had all those things. You could have that, but we didn't have it.

The reason these children have attention deficit [hyperactivity disorder]; that child the day he is born loves to sit in your lap and let him rock a little bit, you know, and sing to it. So he learns to listen to the song; he loves that singing. Then in just a few weeks or months you start reading to that little fellow; then he learns to listen to that reading. Pretty soon he says, "Mother, read another one. Read another book." He learned attention. Every attention deficit child I have had, unless he was mentally retarded, of course that is normal. I'd just say, "Mother, take him out of school and start over. Let him learn to listen. He never learned to listen. You never taught him to listen. If you start reading in time, he'll listen to the teacher. But he's not going to listen to the teacher if he never learned that. You start counting with him. You take him in the kitchen when you count. He learns to count. All that was your problem. You neglected that. If you just get them to learn to listen from the time they're born."

Then I hear the mother going out. She starts crying. But it's all that, children not getting any parental attention. How can a child be a Smith if he is brought up in day care? He's learned everybody's way, everybody's way. Every child that's in there, I'll see them come into my office. They're running back and forth, running back and forth, and slapping people. But if that child has been taught from birth how to behave you never have any trouble. That has been my one thing in medicine; the one thing is to show this mother that that baby must be trained by her for the first seven years. If she'll just take care of that child for seven years, if he's Catholic, he'll be a Catholic. If he's a Jew, he'll be a Jew. But if you just let him come up in day care they'll learn everybody's religion—Jewish, Baptist, everybody else. Why would they ever decide on their mother's way?

DR. OUELLETTE: What is the most memorable patient you ever had?

DR. DENMARK: Well, there are just so many of them. I don't know. I can't say that.

DR. OUELLETTE: One of the big changes that has happened in medicine has been people stopped paying themselves when they went to doctors and got health insurance. How did you handle this?

DR. DENMARK: They paid as they come. I never did take health insurance.

DR. OUELLETTE: How about malpractice insurance?

DR. DENMARK: I paid a license.

DR. OUELLETTE: You didn't have to have malpractice insurance?

DR. DENMARK: Oh yes, I had it, sure.

DR. OUELLETTE: About when did that come in?

DR. DENMARK: I don't know. I can't tell you that, but I had it just like everybody else. When they started doing that, I had it. But I never had one time in my whole practice to have any need for it.

DR. OUELLETTE: And you practiced for?

DR. DENMARK: Seventy-five years

DR. OUELLETTE: Fantastic. That is wonderful.

DR. DENMARK: I really started the whooping cough vaccine myself. I saw a little article in the *Journal of the American Medical Association*, it was about three lines, said somebody in, I believe it was in Denmark, had tried some kind of vaccine. Now when I started practicing medicine we had smallpox and we had typhoid. They were just starting typhoid. People were kind of afraid of it. But we just had the two.

Then when we had that big epidemic in 1932 of whooping cough, I said that something has got to be done about this. When I saw that article I wrote to Eli Lilly and told them that I had seen that they could make a vaccine and asked them to send me some vaccine to work with. So I began with blood counts, sending them the serum and that type of thing. We worked at it for 11 years. Emory University began to do complement fixations for me and then when I learned about an agglutination test I didn't have to fool with fixations. I would just take a drop of blood out of the baby's finger and then put it in a special solution and then agitate. I checked every one of my children after I would give them the shots until we got a four plus. I would give it once a month, one cc [cubic centimeter] after I did it. After the third month I did the test and if agglutination was perfect then I knew they were well for life. If the agglutination wasn't right then I would give them more vaccine. But I had to increase it a lot of times from the time we started because at first I didn't do too well. I never had but one that I couldn't

immunize and I'm sure they had something wrong with the immune system probably.

DR. OUELLETTE: Do you remember when you first joined the [American] Academy [of Pediatrics]?

DR. DENMARK: I sure don't. I think I just kind of come in with it.

DR. OUELLETTE: The Academy started in 1930 in the Midwest. I wasn't sure when the Georgia Chapter started.

DR. DENMARK: We doctors met every year at a little place on Prescott Street, the few of us then, you see.

DR. OUELLETTE: In Atlanta.

DR. DENMARK: In Atlanta. Dr. Hines Robert and Dr. [Joseph] Yampolsky started it, half hour meetings. They'd get somebody from Boston or Philadelphia. Two big books were published. We'd get these people to come down and talk to us, you know. They would come down once a year. I don't know when the Academy started. That was way back before the Academy started.

DR. OUELLETTE: The Academy started in 1930.

DR. DENMARK: I graduated from medical school in 1928 and started practice in 1932.

DR. OUELLETTE: You and the Academy started pretty much the same time.

DR. DENMARK: I don't think we did much, nothing was said about it once it started.

DR. OUELLETTE: The Georgia pediatricians told me you were very faithful until the last couple of years going to their chapter meetings every year.

DR. DENMARK: I never missed a meeting and I never missed for all that time every Wednesday morning I went to Egleston and every Thursday morning I went to Grady.

DR. OUELLETTE: For grand rounds?

DR. DENMARK: Grand rounds.

DR. OUELLETTE: Did you have any kind of subspecialty in your practice, a specific interest or disease process? Or did you just see everybody as they came?

DR. DENMARK: I saw everything. I have always had a place to do all my tests.

DR. OUELLETTE: You had your own lab until the CLIA [Clinical Laboratory Improvement Amendments] rules came in?

DR. DENMARK: That's exactly right and that wrecked the nation. I used to have a person come in with trench mouth; I'd make a slide off his spit, stain it and put it under a microscope. I could see exactly what I wanted to see. If a child had a strep throat [*Group A Streptococci* infection], I could diagnose it.

I remember one time I had a child with scarlet fever, temperature was 106, she was desperately ill and had membranes in her throat and I told the mother it was scarlet fever. She said, "You know, doctor, let's send her to the hospital and get a culture." So I said, "I'm usually confident that my diagnosis is right." So it came back negative. I don't believe it is possible on this earth to get a negative throat culture unless they have had penicillin for 72 hours. You send them in and it comes back negative. That's the craziest thing.

That's another thing. I started out before we had any medicine. All we had when I started out was just castor oil and things like that, paregoric. We didn't have any medicine until when we began to get penicillin. Do you know when that was done?

DR. OUELLETTE: Penicillin started to be used for the troops in World War II and became generally available after the war for the most part, I think.

DR. DENMARK: I know that we weren't using it when I started. We weren't using the sulfas when I started. But I know this one thing. When you use penicillin it says it is an antibiotic. What does "antibiotic" mean? To stop life, stops production, that is what it does. If you get a germ under the influence of an antibiotic and you keep it for the life of the germ and it can't reproduce, then you are well. Your body can cure you. The medicine never cured anybody. It just stopped the thing that was killing you.

So when this first started we would give that penicillin every three hours around the clock and test it. If you even broke it you had to start all over because that germ could multiply and then his children could go another 72 hours, the life of the germ. So everybody had the penicillin every three hours around the clock. It was magic. It really did work. Then we put it up in some oil so that it would stay in your body and feed in, you know. Didn't work, made big abscesses. Tried every other way. Gave huge doses, big shots of penicillin; it didn't work. But you'd go back to giving it every three

hours around the clock, it was perfect. But now they go to get the doctor and give it twice a day. If you'll check that blood in three or four hours after there is no antibody response. If they'll give it around the clock it's as good today as it ever was.

Today thousands of little kids have taken penicillin. They'll go to the doctors with an abscess or a bad throat, they'll give them a little twice a day, 14 days and come back and they've still got it. But if you'll give it every three hours around the clock for 72 hours, it's over. I don't believe you could do this and not choose right. But it is something the way medicine is thrown away today. Now today so many children go to the hospital. The other night somebody called. I don't know why they keep doing it, but they called me.

DR. OUELLETTE: Patients are still calling you?

DR. DENMARK: All day long. But they called me and said "I'm down at [Children's Healthcare of Atlanta at] Scottish Rite. My child has a temperature of 104. There's 40 babies ahead of me." Could you imagine such a thing? "What am I going to do?"

Well, I teach every mother when a baby gets a fever to check his neck to see if it's stiff. Go over, feel his throat, feel his stomach, see what you find there. I said, "You go all over that little thing and if you don't find anything wrong except the fever then you go home and give that baby a little hot bath, give it a little aspirin and let's see how it is in the morning. Temperature comes right down; next morning found his glands enlarged, had a sore throat. But now they go and they'll say, "He's got a little virus." I wish they'd never learned that word. "He's got a little virus." And the mothers got so they say, "I can't believe what doctors say at all." They all say the same thing. "They've got a little virus." Just give him a little spray in his nose or a little something like that. A little bit of steroids; they'll all give a little steroids and, "Come back in 14 days." Well, the baby's gotten well in 14 days. The average baby, if you feed it right and take care of it, in 14 days that child is going to be well. Mothers nursed their babies back to health a long time ago, but now they don't do that.

Today, I don't know, they don't let the doctor have but 15 minutes with the baby. You can't do that. The history on that baby is the most important thing. That was one of the main things that I was taught in Augusta. I wish I could give you his name, a great pediatrician. And also Hines Roberts; those were two great pediatricians. He said, "Find out what's wrong before you start giving him something. You have to find out what you're treating. Set him down and find out what's making the baby sick."

If you don't feed him right, nothing is going to work. Here is a little case of this. I had a man call me, this was 18 months ago, and he said, "My baby's

four days old. That baby has cried four solid days. That baby has screamed. I've carried it to the doctor and he's given it medicine. I've been back again." He said, "Somebody told me about you. Could you please tell me something that I can do for my baby?" I said, "Well, I don't know. Did your wife smoke while she was carrying this baby?" "No." "Did she have any trouble carrying the baby?" "No." "Is the baby breastfed?" "Yes." "Is the baby gaining weight?" "Yes." "How many stools does it have a day?" "It has three stools a day." "Are they yellow and they soak up in the diaper?" "Yes." I said, "How often does your wife feed him?" "Oh, he's on demand feeding." I said, "Is he sleeping on his stomach or his back?" "On the back."

I'd gone over all that with the man to find out what was happening. I said, "I'll tell you what, you go in there and tell her to quit nursing the baby. Make up a bed with the sheets tight so it will be nice and smooth. Put this little baby right down on his stomach right now and then look at the clock. Four hours later call me back." Four hours later he called me back and said, "Dr. Denmark, you wouldn't ever in this world believe what's happened." That baby hadn't moved. He slept solid, four solid hours. That poor thing. The thing that the Academy is going to be in real trouble in, I know that, by ever sanctioning that back sleeping. Don't you think that was the worst thing that ever happened?

DR. OUELLETTE: Well, but the incidence of sudden infant death syndrome has gone down 40% since they started having babies sleep on their back.

DR. DENMARK: I don't believe it. I don't believe a word of that. I don't believe you can practice medicine that long, I never had one had SIDS in my life. Not one. When you swallow, what happens to your eustachian tube? It drains. If it can't drain, it will puff up and come back. By the time that baby is three or four weeks, well, I'll say a month old, they've got fluid in the back of the ear, can't drain out. How does your nose run? It slides back like this. You suck it into your lungs. If you spit up, what would happen? You would drown. There's nothing in your body works right on your back.

That poor little child, that was 18 months ago and she said, "We'll just have to let you see this baby." They brought him in; he was the happiest little fella. They hadn't done anything else but just fed him every four hours. Demand feeding, now that's the dumbest thing anybody could ever do. Great grandma, she got up and nursed the baby before she got up. Then she got up and cooked breakfast and got everything cleaned up. Then she nursed it again, then she had to go get up lunch. She got that all fixed, it was two o'clock and she nursed it again. Milk getting in your stomach doesn't just go right through into the intestines, does it? No. It's got to stay until it's completely digested and that takes four hours. If you put cereal and everything with it, it takes 5-1/2 hours. So if you feed a child on a good schedule, I don't see how women ever could do anything with babies wanting

to be fed all the time like that. Forty percent of women lost their husbands because they never have time to comb their hair, they can't cook for him because they got to let the baby suck. And the longer it sucks it never goes out of his stomach because you are always adding fresh milk to it.

Back to the feeding. When I started out there was only a few things you could let the babies have except what the mothers made for it themselves by chewing and nursing. There was no such thing as formula when I started. You had cow's milk; you had goat's milk. That was it.

DR. OUELLETTE: At what age did you put babies on cow's milk when you first started? When did you switch from breastfeeding to cow's milk?

DR. DENMARK: I never did switch from breastfeeding. The cow knows when to wean the calf. Cat knows when to wean the kitten. Every baby should be weaned at seven months. If you give a calf milk after his feeding period, he gets so anemic he makes veal and he dies. Breastfed babies, when they go off, I don't just take them off one day. When they get off of the breast, they go on to water and that's all. They never drink anything else. I never give my patients anything to drink except water after they are weaned.

DR. OUELLETTE: So they didn't drink milk in their childhood?

DR. DENMARK: Never had it. I've never had a glass of milk since I was born. Since my mother weaned me at seven months, I've never had any more milk. And my bones today are as perfect as anybody.

DR. OUELLETTE: That's great.

DR. DENMARK: Other animals can't take it. Ask the vet [veterinarian], I think it teaches us a lot. Vet says you give that calf milk, he'll get so anemic he'll die. Have you ever eaten veal?

DR. OUELLETTE: Oh yes.

DR. DENMARK: Look at it. What does it look like? Almost like chicken. It is so anemic. I remember somebody bringing some babies to me one time. They hadn't had anything but milk. The hemoglobin was five. Could you imagine so low? They were as pale as death. You don't give milk to any other animal after it is weaned. Why in the world? And there have been worlds of research on what makes it. I don't know; the iron is lower, the iron is not high enough. I wish I could be young again. The research I could do. Why it was good for that calf for seven months and after that it wasn't good for him.

I think breast milk is good for us for the time we need it. Mothers long time ago didn't have anything to give them except what she chewed for them. And no baby should be fed until food—you have to puree everything that goes in your stomach. And if you start mashing up food when the baby starts drooling you'll see it in the stools. One of the great things that happened with that milk business, used to be you could see curds of milk in the baby's stool, some of them as big as a bean or something like that. Hard white curds. They decided maybe buttermilk would work a little bit so they tried buttermilk and that seemed to be pretty good. And then the real thing was when they began to pasteurize that milk and put lactic acid in and cool it fast. That was like magic. That really changed the whole use of cow's milk when they put lactic acid in.

Then Mead Johnson [Nutritionals], boy, they were great people. They started making cereal that we started when they were 12 weeks old. They used that lactic acid milk and it was great. I tried another thing with them. I tried using lemon juice to curdle that milk to make fine curds. It's got to be fine though so the protein can be digested. All that digestion takes time in the stomach.

If you just eat every five and one-half hours, nothing between meals, I've never had a stomachache. I've never had any heartburn or anything like that. Because my mother fed us when we had good food, I learned how to eat because there was no other time. When I was a child there was no such thing as screen doors and things like that. We ate at breakfast; we ate at lunch and supper. If you had food left over from breakfast, put it out because you didn't have any way to save it. So we learned how to eat, you see what I mean. And if you don't eat lunch, you couldn't save it to supper. So everybody ate three times a day and nothing in between meals. All these people taking TUMS®, if they would just eat a good meal, wouldn't have any problems. You have got to have protein at every meal to keep from having hypoglycemia. That's another thing, if you would eat a breakfast just of carbohydrates, in two hours of time you are shaking. If you can just get a piece of bread or a glass of orange juice or a Coca-Cola® you are good for another two hours, but if you don't get that . . .

I had a man call me not too long ago and he had a son who was four. The child had been on milk for two years and when he began to feed him he began to have seizures. I never heard of the person before. He called and he said we had MRIs [magnetic resonance imaging] and CT [computed tomography] scans and every kind of test. He was going to a doctor I knew and I knew he was a good doctor. He had everything he could have for those seizures but they just kept coming. He couldn't do a thing and he said, "Somebody told me about you." And I said, "Well, now you should have done everything you've done. You should have gone through all the good things we have to try to help your child." But he said, "None of it has

helped.” I said, “Let’s try this. Let’s put him on the ketogenic diet and see what happens. Just cut out his carbohydrates and just use vegetables. Vegetables have everything in them. Just use the vegetables and be sure to leave out the corn and the potatoes.” He tried it and he never had another seizure. Then the grandma said, “That’s not good. That baby’s got to have some bread.” So she gave him some bread and he had another seizure. So now that has been about two years and the child has had no more seizures. But every time he gets the carbohydrate, he builds up too much insulin and then in a short time he’s got hypoglycemia and then he is in trouble.

DR. OUELLETTE: You mentioned before how pediatricians have to try to do everything in 15 minutes. How much time did you allow for patients?

DR. DENMARK: I left it until I find out why they were there and what I could do for them. I never did give medicine till I found out what I need to give.

DR. OUELLETTE: How many patients a day did you used to see?

DR. DENMARK: I just didn’t pay any attention. Some of them would wait for hours and that was all right. And I stayed there. They knew I always got there at eight o’clock and stopped at about eight.

DR. OUELLETTE: So you were working a 12-hour day. And then you would make your house calls after that?

DR. DENMARK: Well, if they needed it. Course the house call now is a thing of the past. I found out it was so much better for that mother when they got automobiles and ways to come. It was foolish for me to go to their house because I didn’t have any equipment, didn’t have anything to work with there. I quit making house calls after World War II. They used to bring them on the streetcar and that’s it.

DR. OUELLETTE: Well, I know you have a doctor’s appointment and I have to go back to a meeting but I want to thank you so much for being willing to be interviewed for the Academy.

DR. DENMARK: Well, if you can just get the pediatricians to quit telling that “He’s just got a little virus.” He’s got a strep throat or he’s got something wrong. Find out what’s wrong with that child before he goes home. If he’s not eating right or he’s going to day care. Going to day care they are going to be sick for seven years.

DR. OUELLETTE: OK, well thank you very much Dr. Denmark.

Index

- A**
- American Academy of Pediatrics, 1, 8, 12, 15, 18
Atlanta, Georgia, 3, 4, 5, 6, 12
attention deficit hyperactivity disorder, 10
Augusta, Georgia, 2, 3, 14
- B**
- back sleeping (infants), 15
Bessie Tift College, 2
breastfeeding, 7, 15, 16
Bulloch county, Georgia, 1
- C**
- Central Presbyterian Church, Atlanta, 6
Children's Healthcare of Atlanta at Scottish Rite, 14
Children's Hospital of Philadelphia, 4
- D**
- Davis, Marvin, 5
day care, 4, 5, 6, 7, 10, 18
demand feeding, 15
Denmark, John Eustace, 3, 4, 5, 6
- E**
- Eli Lilly, 11
Emory University, 11
Emory University Hospital, 8
Every Child Should Have a Chance, 5
- F**
- First District Agricultural and Mechanical School, 2
Forsyth, Georgia, 2, 6
- G**
- Georgia, 1, 3, 5, 8, 12
Grady Hospital, 6, 12
- H**
- health insurance, 11
Henrietta Egleston Hospital for Children, 3, 5, 12
house call, 18
- Hutcherson, Mary, 1, 4, 5, 6
- I**
- immunizations, 8, 9, 12
- K**
- Kenny, Sister Elizabeth, 9
ketogenic diet, 18
- L**
- laboratory, 13
- M**
- Mead Johnson Nutritionals, 17
milk, cow's, 16, 17
- N**
- nutrition, 9, 14, 18
- P**
- penicillin, 13, 14
polio, 9
- R**
- Roberts, Madison Hines, 3, 5, 6, 14
- S**
- scarlet fever, 13
smoking (cigarette), 7
Statesboro, Georgia, 2
sudden infant death syndrome (SIDS), 15
- U**
- University of Georgia, 2, 3
- W**
- whooping cough, 9, 11
- X**
- x-ray therapy, 8
- Y**
- Yampolsky, Joseph, 12

Leila Daughtry-Denmark, MD
Biographical Data

Name: Leila Alice Daughtry Denmark
Parents: Elerbee and Alice Cornelia Hendricks Daughtry
Date and place of birth: February 1, 1898 in Bulloch County, Georgia
Marital status: Widowed. Late husband was John Eustace Denmark who died December 6, 1990. He was a retired vice president of the Federal Reserve Bank of Atlanta.
Date of marriage: June 11, 1928

Family:

Daughter: Mary Alice Denmark Hutcherson (b. 1930), m. H. Grady Hutcherson (b. 1927)
Grandchildren: John Stevenson Hutcherson and James Daughtry Hutcherson. Steven (b. 1958) is married to Stephanie Kline Hutcherson (no children); James (b. 1964) is married to Karen Smith Hutcherson and has a son, Joacob Amaziah Hutcherson (b. 1994) and a daughter, Hayden Kathryn Hutcherson (b. 1996)
Siblings: One brother is living; five brothers and five sisters are deceased.

Education:

Public schools of Bulloch County, Georgia
First District Agricultural and Mechanical School, Statesboro, Ga.; high school diploma, 1918
Tift College, Forsyth, Ga., AB degree, 1922
Mercer University, Macon, Ga., special work in chemistry and physics in summer of 1924
Medical College of Georgia, Augusta, Ga. (formerly the Medical College of the University of Georgia), MD degree, 1928, the third woman to graduate from the Medical College
Admitted to practice of medicine in Georgia, 1928
Internships: Henrietta Egleston Hospital for Children, Atlanta, Ga., 1928-30 (was the first intern at Egleston and admitted the first patient); Children's Hospital of Philadelphia, Pa., 1930

Employment:

Tift College, Forsyth, Ga., teaching assistant in biology, senior year, 1921-22
High school, Acworth, Ga., teacher of physics, chemistry, and biology, 1922-23
High school, Claxton, Ga., teacher of physics, chemistry, and biology, 1923-24

Private practice of pediatrics in Atlanta, Ga., and Alpharetta, Ga., from 1931-2001

Special services and studies:

Member of pediatric staff of Grady Hospital, Atlanta, Ga.

Member of staff of Central Presbyterian Church Baby Clinic, Atlanta, Ga., 1928-1983, devoting one day each week to this charity

Member of staff, Henrietta Eggleston Hospital for Children, Atlanta, Ga.,

Extensive research in diagnosis, treatment and immunization of whooping cough over a period of some ten years, beginning in 1933. Papers covering these studies were published in *American Journal of Diseases of Children* (A publication of the American Medical Association) in September 1936 and March 1942.

Author of a book on child care, *Every Child Should Have a Chance*, published in 1971. Second edition, 1977; third edition, 1982; now in eleventh printing.

Memberships and Honors:

Member, American Medical Association

Member, Medical Association of Georgia

Member, Georgia Chapter, American Academy of Pediatrics (honorary president)

Member, Medical Association of Atlanta

Member, Druid Hills Baptist Church, Atlanta, Ga.

Selected as Atlanta's Woman of the Year, 1953

Received Distinguished Service Citation from Tift College, April 14, 1970, as "a devout humanitarian who has invested her life in pediatric services to all families without respect to economic status, race, or national origin . . .

Devoted Humanitarian, Doctor par excellence, Generous Benefactor."

Honorary degree, Doctor of Humanities, Tift College, June 4, 1972

Fisher Award in 1935 for outstanding research in diagnosis, treatment, and immunization of whooping cough

Distinguished Alumni Award from Georgia Southern College, Statesboro, Ga., Jan. 28, 1978

Honorary president, Georgia Chapter, American Academy of Pediatrics

Community Service Award for 1980, sponsored by television station WXIA, Atlanta

Distinguished Alumni Award from Mercer University, Macon, Ga., 1980

Distinguished Alumni Award from Tift College, Forsyth, Ga., 1980

Book of Golden Deeds Award, Buckhead Exchange Club, Atlanta, Apr. 17, 1981

Citation from Citizens of Portal, Ga., at Turpentine Festival, Oct. 16, 1982, jointly with husband, John Eustace Denmark, for Outstanding Achievement and Service

Medal of Honor from Daughters of the American Revolution, Joseph Habersham chapter, Atlanta, Ga., Oct. 20, 1983

Selected as member of Gracious Ladies of Georgia, Columbus, Ga., 1987

Distinguished Alumni Award from Medical College of Georgia, May 2, 1987
Honored, with husband, by Mercer University as life member of President's Club,
Dec. 4, 1987

Shining Light Award, Atlanta Gas Light Company, 1991

Honorary degree, Doctor of Science, Mercer University, June 2, 1991

Lifetime Achievement Award, Atlanta business Chronicle, 1998

Honorary doctorate, Emory University, 2000

Retired from practice, May 2001