

Ouachita Baptist University

## Scholarly Commons @ Ouachita

---

Creative Works

Faculty Publications

---

4-29-2023

### Deranda and the Pediatrician

S. Ray Granade

Follow this and additional works at: [https://scholarlycommons.obu.edu/creative\\_work](https://scholarlycommons.obu.edu/creative_work)



Part of the [Nonfiction Commons](#)

---

Deranda and the Pediatrician  
by S. Ray Granade  
4/29/2023

The winter after her tenth birthday brought the crisis with it. That crisis compounded a wretched combination of willfulness and unrecognized reality with timing. The compound meant that she might not live to be eleven—however impossible that seemed at the time.

She was a child who loved the outdoors and its beauty, but also loved order, neatness, and cleanliness. Those two loves warred within her, with the best manifestation being a penchant for interrupting her early preoccupation with making mud-pies for frequent trips indoors to wash up before returning to “cooking.” The long walkway from her first childhood home to the street seemed made for tricycling or attaching skates to her shoes to spend hours going end-to-end—as long as light lasted.

Her general nature likewise mixed opposing forces: a desire to please and be liked versus staunch adherence to having her own way. Having young parents (they were twenty when she appeared) perhaps exacerbated that tension. The best example of early attempts to ensure getting her way appeared in her favorite tactic: holding her breath until she won. Her anxious father, Gordon, tried splashing cold water in her face and running through the house while tossing her into the air to make her gasp until, defeated, he would give in. He never seemed able to abide her mother’s oft-repeated logic that if he’d wait the girl out, she’d eventually pass out and start breathing normally.

The timing of her birth contributed to the crisis. A late war-time baby, her arrival coincided with the advent of what seemed a golden age of pharmacology ushered in by military experience. Penicillin and “the sulfa drugs” emerged from World War II as wonder drugs, amazing cures for bacterial infections of all kinds. Word of their efficacy spread through society. Physicians delighted at having cure-alls efficacious in many situations previously impervious to glorified home remedies (or candidates for palliative care only). Society came to believe that anything could be conquered with a pill. Demand from both sides for the drugs’ use soared, regardless of the malady.

As a child, her natural tentative approach to the new and different confirmed definite likes and dislikes about foods based on temperature, texture, and taste. Mental contextualizations likewise fed her approach to food. While not a germaphobe exactly, she had definite personal conceptions of what was clean enough physically and psychologically when she approached all foods.

Starting school as a young first-grader (her mid-August birthday barely kept her from having to wait another year to start; kindergarten wasn’t available in her youth, particularly in rural settings like Evergreen) probably made her a bit more vulnerable to all the childhood diseases one encounters in early schooling. And while the wonder drugs quickly conquered bacterial infections, they lacked any efficacy for virals like cold and flu. Sadly for her, that did not keep small county-seat town physician Rob Stallworth from following common practice in prescribing them in those situations. At nine (third grade), she began having episodes of awaking only to vomit and spend the rest of the day nauseated and sometimes throwing up. The bouts of vomiting and nausea followed no apparent pattern. “Dr. Rob” could not isolate a problem. Her parents took her to physicians all over south Alabama: Brewton, Atmore, Andalusia, Monroeville, Georgiana, even Greenville—most of the nearby county-seat towns. True help remained non-existent. She reached the point of begging her parents not to tell people that she was sick again.

Her mother, Evelyn, and father both came from families already large by the time of their arrival. While Evelyn’s family remained close socially and geographically, Gordon’s did not. As his siblings reached adequate age, they mostly geographically fled their father’s drunken abuse even as they maintained sibling closeness. One of her daddy’s brothers, Roy Riley, worked for the state in Montgomery, up US Highway 31 just over an hour’s drive away from Evergreen unless one exceeded the 60 mph speed limit. She and her parents visited Roy and Emma regularly, not least because they had a daughter (Barbara) her age.

One Friday that late winter/early spring, they had driven up despite the girl’s enduring another bout with the unknown illness. She had become used to her medical condition being a topic of family conversation despite her contrary pleas. That weekend Roy suggested that his brother take her to see one of those rare doctors called pediatricians (the medical community hadn’t establish it as a specialty until 1930) who practiced in Montgomery. This one had a reputed ability to cure children on whom others had given up. That reputation had spread beyond the city; children showed up, Roy said, even from out-of-state. What do you have to lose? he wondered. It was Saturday, but doctors kept Saturday office hours as well as seeing their patients on house calls in the 1950s. So Roy called. The doctor’s receptionist listened, responded that he’d work them in, and they went.

The doctor’s office resembled nothing the girl had experienced or expected. Evergreen medical personnel generally had offices above street-level stores in the two-story buildings that comprised its one-block, railroad-divided downtown. True, Evergreen doctors made house calls regularly, but only as follow-ups or in emergencies. Like most small rural towns, Evergreen lacked a hospital until after the Hill-Burton Act, getting one in the mid-1950s; the nearest hospital-like facility before that was private Stabler Clinic in Greenville. Again like most small rural Southern towns,

Evergreen was under-doctored and over-churched. The office to which her parents took her in Montgomery bordered downtown—in the 100 block of Adams Avenue, just off Court Street, some two blocks south of Dexter Avenue as it rose eastward from the Court Square Fountain to the state capitol on Goat Hill and just around the corner from the Gothic First Baptist Church. But while it occupied near-downtown real estate, the office sat at ground level in what looked like a former small private residence.

Her father drove them. The three mounted the few steps and entered the centered door into the foyer space, turned right, and opened another door. The room, probably a former parlor, was not large. Across it, in front of the bay window and behind her desk, sat Mrs. Sheldon, the pediatrician's only employee and hence general factotum. She offered and retrieved what forms the visit required once they had been completed. At her direction, Gordon remained behind when time to see the doctor arrived. The mother and daughter went alone through the door connecting the waiting room with the doctor's office, probably a former dining room.

An autoclave softly burbled and hissed in one corner; a rolltop desk held up a wall fronted by the doctor's desk chair. Facing it were two straight-backed chairs, one of which the visitors occupied. Sick as she felt, the daughter crawled into her mother's lap. Against a nearby wall perched a medicine cabinet filled with various kinds and sizes of bottles behind wood-framed glass doors. Like his office, the doctor resembled nothing the girl had experienced or expected.

Harris Pickens Dawson, almost exactly sixty years her senior (sixty years plus seven months), was a native Montgomerian who acquired his medical training at Tulane, then returned to his hometown as its first pediatrician. He'd practiced there ever since, probably in that same office. Dr. Dawson eschewed the lab coat she'd anticipated in favor of a three-piece suit, across the vest of which stretched a gold watch chain. His white hair was immaculately coiffed. If an examination table adorned the room, the girl never graced it. While he checked her weight, listened to her heart and lungs, and took her pulse, everything of real importance took place in the space created by the chairs.

Dr. Dawson's mien was that of host, inviting them to be seated and then sitting across a bit of empty space facing them, desk behind him. He focused his entire attention on them as time seemed to stand still. Deft questions elicited the whole story of the girl's years-long illness, complete with details he obviously considered pertinent. His demeanor more resembled kindly grandfather than doctor; every one of the few remarks directed to the girl personally began and/or ended with a term of endearment. Concluding his interrogation of Evelyn, he asked if there were somewhere they could stay overnight away from Roy's; he wanted the girl quietly rested without the distraction of playful cousins. The mother told him that she had an unmarried sister, Ora Lee, who could put them up for the night. "Stay with her, then," he urged.

The interview concluded, he walked to the connecting door to the waiting room and "fanned" it open and quickly shut again. High heels sounded as Mrs. Sheldon hurried across the floor and entered with steno pad and pencil. She sat in an unobtrusively placed chair the visiting pair had not previously noticed. When she was ready, Dr. Dawson dictated his observations about the girl's general appearance and demeanor, symptoms, directions for care, and next appointment—speaking to the pair. When he finished, Mrs. Sheldon exited to type up her notes and have a single sheet (later, sometimes two) waiting when he finally ushered them out.

Dr. Dawson had said that overuse of medicine had led her body to enter metabolic acidosis—her system produced too much acid and her body could not restore normal pH balance. The vomiting was its way of emptying out acid, and the nausea its way of avoiding acid-producing situations (i.e., eating). Her body had reached a critical juncture, which the girl later believed that he recognized, great diagnostician that he was. The parents would discover that he unerringly knew if his directions had not been followed to the letter between visits. And gentle as he may have been with the girl, he was not gentle with those who chose something other than what he dictated.

The Saturday night at Ora Lee's was a quiet one for them all, but by the morrow the girl was nauseous again and actively vomiting. Late in the afternoon, her father called Dr. Dawson to report. He ordered them to meet him at Jackson's Hospital. As that Sunday's light began to wane, they entered through the emergency entrance, where he waited to take them upstairs to the girl's room. Her father carried her; Dr. Dawson carried her teddy bear. The couple stayed with their daughter through Monday; neither they or Dr. Dawson saw any change; once the IV drip (probably saline solution to fight dehydration) started, the girl slept most of the time. Tuesday came and went as the week turned into a waiting game while the girl slept on. On Wednesday, Dr. Dawson indicated that the crisis had arrived. Gordon called their pastor. Sam Granade in turn revealed the situation at the usual Wednesday night prayer service and activated the Evergreen Baptist Church's prayer chain.

It could go either way, Dr. Dawson said. Even in this crisis, he refused to subject her to any medication, however efficacious one might be to suppress her nausea. The girl's body had to right itself as it had so many times before, but the battle pitted a depleted defense against the acid foe. To believers, the outcome lay in God's hands.

By Thursday afternoon, the girl was sitting up. When Dr. Dawson came to see her, he smiled and asked if perhaps she felt like eating something. She allowed as how she might like some toast and grits; buttery grits were a favorite. When the accompanying nurse apologetically informed him that the hospital kitchen was closed, Dr. Dawson

had a quick and sharp response: “She’s hungry! She wants toast and grits! You bring her some even if you have to cook it yourself!” The nurse scurried off, returning soon with the required food.

As suddenly as it seemed to have come, the crisis disappeared. The girl seemed instantly well. Though relief washed through all concerned, what seemed true masked continuing danger. She would see Dr. Dawson monthly for well over a year. When she went home that Friday, her parents carried with them, on the inevitable instruction sheet, what and how much she would eat at each meal, instructions for activity and required responses to various common situations, and a daily regimen of a tablespoonful of Dark Kayro Syrup each morning at arising and each evening before bed—with an additional dose at point of need if nausea returned. She came to hate the taste of the dark liquid that oozed from the refrigerated bottle. And the family came to swear by the curative properties of Catoma Creek, which marked the southernmost extent of Montgomery when approached along US 31 from Evergreen. If the girl felt unwell as they approached Montgomery on their way to see Dr. Dawson, once upon the bridge over the creek she would pronounce that she was feeling much, much better—indeed, felt fine!

After a year, Dr. Dawson lengthened the time between visits to every three months; after another year, he only saw her semi-annually. He continued to track her weight, activity level, color—all the things that provided a holistic view of her health—and to dictate what she could eat. The sassy little girl with the Shirley Temple curls ceased swinging her legs at interviews when her feet began to reach the floor when she sat. She suffered no more prolonged bouts of acidosis, and no prolonged illnesses of any kind, after the crisis. She had already suffered through most common childhood diseases, and when she contracted red measles (rubeola) Dr. Dawson provided instructions by phone.

Dr. Dawson always asked keenly after two potential problem areas during her visits. He always asked if she had experienced any pain in her lower right abdomen, seeming to hope for an excuse to take out her appendix and appearing a bit disappointed at each visit when the girl reported no pain. He had more luck with her tonsils. Eventually, somewhere between the fourth and sixth grades, he declared that the tonsils had to go. He walked her to the operating room, holding one hand while her other clutched her teddy bear. He applied the ether himself, and her last memory, as she thrashed against the sickly sweet ether smell, was of Dr. Dawson telling attendants to hold her legs. She woke to a Ricky Ricardo doll that she had seen and coveted while staying at Ora Lee’s before the surgery.

Visits with Roy’s family, particularly Barbara, continued after the girl celebrated her sixteenth birthday. But she no longer saw Dr. Dawson on Adams Street; his patients “graduated” at sixteen. At their last visit, he looked at her, said “We’ve come a long way, Deranda (which he always pronounced De ran dee rather than the family’s usage of De ron da)!” and accompanied his traditional hug with a kiss on her cheek. She would not see him again.

Six years later, as Deranda planned her wedding, her mother urged her to send Dr. Dawson an announcement. It seemed an appropriate gesture to the man that the whole family believed had saved her life twelve years before—seemed a combination of “thank you” and notice of where her life had gone and the joy that filled it. He responded with a gift that perfectly fit a man of truly unusual talents: a unique decorative antique box useful for containing many things.