

DOCTOR JACK'S STORY

**The McNulty Family
Pharmacy, Internal Medicine
Palliative Medicine, Hospice
Wine Appreciation and Travel**



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PROLOGUE:

Almost everyone wants to tell their life-story as they grow old. The chance to share memories and the events and accomplishments that enriched their lives helps to validate and strengthen their self-worth. Approaching the end of a long life, many individuals begin to sum up what has happened over those many years, often asking these two existential questions: “Was my life worthwhile? What have I accomplished in my life”?

To have had the opportunity and privilege to spend seventy of my nearly ninety years serving the public as a healthcare professional is very unusual. A Loyola University Pharmacy degree at age 18 led quickly to Tulane University Medical School, induction by Alpha Omega Alpha Honor Medical Society in 1950, and to my MD degree in 1951. Six years later, after completing a rotating internship, three years of residency training in Internal Medicine at Touro Infirmary in New Orleans, and two years of military service, I began a busy medical practice at Touro Infirmary in 1957. It is only in retrospect that I can appreciate how deeply satisfying medical practice was for me during the twenty- one year period, 1957-1978, when there was a balance between the art of medicine and the science of medicine. That balance changed in the mid-seventies with the advent and wide-spread adoption of evidence-based medicine, the specialization of Internal Medicine, insurance industry control, and the effects of the business of medicine. It was frustrating and disturbing for me to see the unintentional flaws and gaps in how medicine was practiced, especially in the care of patients and families at the end-of-life. At the end of forty-two years as an internist, I closed my practice in 1999: I was no longer satisfied to practice internal medicine.

After moving to Covington, LA in 1999 at age 72, I wondered how to find another way to serve suffering people in need of care. Then, due to a combination of personal tragedy and serendipity, my life took a unique and exciting career path for the next eighteen years. I became a leader in championing the development of palliative care in Louisiana and Mississippi, teaching physicians how to relieve intractable chronic pain, improving the empathic care of patients and families, and helping to restore the balance between the art and science of medicine.

I believe that if you ask the McNulty children who was the most important member of our family, they would all say their mother was, and it’s true. Margaret was, in many respects, an ideal mother, a loving, unselfish, devoted, organized, multi-tasking bundle of energy, taking care of our five children and me. She was the quintessential doctor’s wife, who had managed a medical office and understood the challenges of my career. Margaret and I were a team, coping with the counterculture social changes of the 1960s and 70s which influenced many children as they were growing up.

Telling the story of my careers and the intertwined, important story of the McNulty family is best expressed, for reasons of coherence and continuity, in four sections:

Section One: The Early Years: Education, Marriages

Section Two: Internal Medicine; Palliative Care

Section Three: The McNulty Family

Section Four: Travel, Wine, and Wine Adventures.

I hope you find interesting the chapters which follow, telling the story of our family as I remember it.

John P. “Jack” Mc Nulty, MD, FACP, FAAHPM

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SECTION ONE

The Early Years: Education, Marriages

CHAPTER ONE

GROWING UP; PHARMACY; FINDING A CAREER 1927-1946

New Orleans in the late 1920s and 30s was serene, pleasant, and comfortable in the mixed neighborhood where our family lived, until the Great Depression, which began with the collapse of the Stock Market in 1929-30. The hard times and poverty which followed affected nearly everyone. McNulty's Pharmacy, at 3800 Magazine Street, survived those hard times by the resourcefulness and energy of my father, John, and grandfather, George, who were both pharmacists.



I was born uneventfully on December 13, 1927, delivered by the doctor and nurse in our home behind the family drugstore. Named John Petty McNulty, I had a normal delivery, infancy, and childhood. I was called Jack. My parents, John Perkins McNulty, born 1896, and Edith Petty McNulty, born 1894, married in 1925. Mother had been divorced, and she and her daughter, Mary, had been living with her parents, the Petty family, near our drugstore. Mary was 9 years old when I was born. My sister, Ann, was born in 1936 when I was nine. I was a happy child who adored my father and irritated my mother, Edith, who coped with my spoiled behavior. Mom was frail, and we had a cook, Orelia, who served the main meal of the day at noon. Mom helped in the store, waiting on customers. Pictured here are my sister Mary, on the left, and my sister Ann.



My grandfather, George (“Dad”) and my father, John (“Pop”) were partners during the hard times of the Depression. They kept the drugstore open from 7a.m. until 10 p.m. Customers depended on their pharmacist when sickness struck, because they had no money to pay doctors and only went to Charity Hospital for the most serious illnesses or injuries. I watched Dad and Pop “counter prescribing”, dispensing medications to control common upper respiratory and gastrointestinal symptoms. In the middle of the night, a customer might knock on the side door with prescriptions from Charity Hospital for an urgent condition. Dad or Pop would get up and fill the prescription. If the customers had no money, they paid when they could. As I grew up, I was impressed by Pop’s devotion to the customers he served. I spent much time with him behind the prescription counter, watching and learning. His work-ethic, wisdom, and care for his customers helped me embrace his qualities of empathy and the desire to serve others.



Schooling was good. I enjoyed school, and rapidly advanced through public grammar school. My favorite teacher, Mrs. Martha Buckman, in the seventh grade at McDonough No.7 School, became a life-long friend. Years later, when I began my medical practice, she brought her mother and father to be my very first patients. As a student at Alcee Fortier High School, I was a bit uncomfortable and felt out-of-place socially among the students because I was younger and not assertive. The classes were not challenging. I graduated from high school in 1943, at age 15.

My teen years were filled with games, sports, friends, girls. One careless, thoughtless episode nearly ended my life. Meeting with several close friends one evening, the group and I decided to celebrate the return of a friend from active military duty by drinking a bottle of whiskey. I had never drunk alcohol, but foolishly drank my share. Within an hour, I was inebriated and vomiting. I passed out, and was deeply asleep for nearly four hours before recovering. Thereafter I learned how to control

alcohol carefully. I never smoked or used street drugs, following the example of my father. An avid reader, I regularly checked out books from the local public library. When I was 17, the local draft-board granted me a deferment from military service (4F) due to flat feet and bilateral perforated ear-drums. The latter resulted from purulent otitis media at age 5, before penicillin and sulfa drugs were available.

On summer vacations, I visited my Petty grandparents in Mandeville. My grandfather, James A. Petty, who was my favorite, taught me about country life. He died suddenly of a heart attack in 1935 while he was sitting across from me on their front porch. I was 8 years old when I witnessed death for the first time. I also traveled to Covington to spend time with my grandmother, Isabelle Waugh McNulty. Years before, she had a chest condition suspicious for mild tuberculosis, and lived in healthier Covington as part of her treatment. My grandfather spent part of each week to be with her, traveling by train from New Orleans. He died unexpectedly from pneumonia in 1936, when I was nine years old. Growing up, I hunted and fished a bit, not very successfully; played sandlot touch football; and made lifelong friends in the neighborhood near Touro Infirmary, a few blocks from the drugstore.

It seemed natural for me to become a pharmacist like my father, and I enrolled in the College of Pharmacy of Loyola University in New Orleans in February 1944. During World War II, the federal government began an Accelerated Education Program, enabling a student to conclude a 4-year college degree more rapidly by scheduling three trimesters each year rather than the traditional two semesters. The time flew, and 30 months later, in September 1946, at age 18, I had a degree in Pharmacy. After quickly passing the exam to be a Registered Pharmacist, I became the fourth generation of pharmacists in our family: great uncle A.K. Finlay, grandfather, father, and me.

Not sure if I wanted to spend a career as a pharmacist, I discussed this uncertainty with my father, who encouraged me to apply to medical school. He would provide the tuition. He told me that my grandfather had wanted to become a doctor, attended all the necessary classes at the University of Louisiana (which became Tulane University), but had no money to pay the tuition. His uncle, A.K. Finlay, with whom he was living, was a pharmacist in New Orleans. He refused to help my grandfather. My father had a similar disappointment as a young man, and had to fore-go a medical career due to inadequate funds. Pop graduated from the New Orleans College of Pharmacy in 1913, and served two years as an Army quartermaster during World War One.

As I was lacking two course credits for the pre-medical requirements for medical school entry in the fall of 1947, I remained at Loyola to acquire them. In 1946, Loyola decided to re-organize a baseball team for intercollegiate play. Left-handed, too small

for football, too short for basketball, I had been an outfielder in 1943-44 with an award winning American Legion team. I applied for the Loyola team and became their center-fielder, lettering in 1946. My baseball coach, Jack Orsley, offered me a scholarship to play on the Loyola team in 1947, and I happily agreed. While at Loyola, bowling became a frequent pastime when not in class. With one dollar, I could spend an afternoon, bowl five games at 16 cents each, buy a candy bar and a Coke, and tip the pin-boy. When my bowling score averaged nearly 200 pins, I joined an adult bowling league for several months. In 1946, I began a relationship with the lovely Dot North. I was 19, she was 21 years old. When she told me in December that she was pregnant, I wasn't ready for marriage. As a nervous, naïve, immature young man, I turned to my father for advice. He and I agreed that, because of the unintended pregnancy, I should act honorably and marry Dot in early January, 1947. Whew!

CHAPTER TWO

MARRIAGE and MEDICAL SCHOOL

1947-1955

On January 3, 1947, Delores Adelaide North and I were married in a quiet, brief ceremony. The marriage began well enough, as we liked each other and had no personality clashes. Dot told me in our second month of marriage that she had had a miscarriage. I never thought to ask for the details about her pregnancy or the miscarriage. Life went on.

When I began my medical classes in August, Dot and I lived with her family. During my freshman and sophomore years, when the stress and intensity of medical studies was nearly overwhelming, I developed, for the first time, an organized and disciplined method of studying. From 7 p.m. to 11 p.m. each weekday night, I read my assigned homework in anatomy, physiology, etc., then I summarized it in my own words. It worked well. In the first two years, the marriage was a normal one, with a balance between school and home life. That balance changed dramatically in the third year. The third and fourth years were hospital-based at Charity Hospital, dealing with patients, specific diseases, diagnosis, treatment, and laboratory and technical procedures. I loved this, and was so happy that I spent long hours at the hospital, even on some weekends. Dot resented my preoccupation with my studies and my neglect of her, and we grew distant. Within a year, she had found another soulmate, and we began divorce proceedings. The divorce proceeded amicably, and in April, 1951, it was over, a clean break. Dot subsequently married and had two children, who, as teenagers, were treated by me for minor ailments. I was saddened to learn that she developed cancer of the cervix in 1970. She committed suicide shortly thereafter by gunshot.

Admission to medical school was difficult and competitive. There were hundreds of veterans applying for admission who were older, more mature, and hungry to learn. The 1947 class of 140 students was one of the largest ever at Tulane. I managed to keep up, thanks to an excellent memory and study plan, and finished in the top 10% of the class at the end of the sophomore year. The third, or junior, year was inspiring and challenging, dealing with education that prepared one to be a dedicated clinician. I was rewarded in 1950, at the end of the third year, to be inducted into Alpha Omega Alpha, the prestigious national honor medical society. Graduating from Tulane in June, 1951, I began an internship at Touro Infirmary in New Orleans, spending that year rotating through several of the major medical and surgical fields of practice. I loved the challenge of Internal Medicine, and began a three-year residency program at Touro in 1952. In retrospect, that rotating internship was an effective way to know and understand the mind-sets of the specialist physicians who might consult me in the future to participate in the care of their patients.

CHAPTER THREE

Margaret De Mouy, Marriage, Touro Infirmary

1950s

I met the love of my life in 1950, while I was waiting for the divorce from Dot North. I was talking with a friend across the street from Touro Infirmary, when we noticed a very attractive young woman leaving the hospital. I asked my friend "Who is that!" Bobby, my friend, said "that's Margaret De Mouy. Want an introduction?". We met, gradually became friends, and after several weeks, she became my girl-friend. Margaret was born in New Orleans on December 7, 1925. She lived uptown with her English-born mother, Margaret (Mirrie), her stepfather, Harold Deemer, and her brother, Edward, who was 7 years younger than Margaret. Her father, Edward R. De Mouy was divorced from Mirrie when Margaret was a teenager. He was the chief engineer on large ocean-going passenger ships traveling from America to Britain and Europe. When Margaret was a little girl, she and her mother traveled several times by ship to visit relatives in Liverpool. The family moved often. Before settling in New Orleans at age sixteen, Margaret had lived in New Orleans, Liverpool, New York, Mobile, Staten Island, Brooklyn, and Baltimore.



As a young adult, Margaret worked as an administrative assistant at Touro Infirmary. In 1949, Margaret had saved enough money to travel alone to England by ship

to visit her relatives. She loved traveling. She also loved dancing, (I do not dance) and had spent several evenings each week during the war, dancing with young servicemen at the Roosevelt Hotel as a volunteer in the USO program. To those young men who hoped to know her better and escorted her to her home after the dance, she soon was called "door-slaming Maggie". I began courting Margaret: late nights in the French quarter; Dixieland, with Papa Celestine, Pete Fountain, George Lewis, Al Hirt; dining in the patio at Commander's or at Etienne's on Maple Street; hanging out with life-long friends at the H&F restaurant across the street from Touro, sipping Dixie or Regal (Margaret drank Coke). As our friendship grew and deepened over the next few months, we became inseparable. Margaret and I were married on April 5, 1952 at Rayne Memorial Methodist Church by Reverend Ben Petty, our friend and my first cousin. I once asked Margaret if she had ever considered marriage when she was younger (she was twenty-six when we married). She replied that she and her brother had very stressful childhoods. Both father and mother drank too much and fought too much, often violently. On one occasion, Margaret had to intervene during a serious quarrel, taking away a pistol from her father. Her brother was, for the most part, raised by Margaret. Having lived through those stressful family experiences, Margaret had no interest in marriage until we met.

CHAPTER FOUR

Beginning a Family; Medical Residency

1950-1957

In 1950, Margaret had a new job, as office manager for Dr. Oscar Blitz, a successful internist with special interest in treating tuberculosis. I met Dr. Blitz, liked him, and was impressed by him. He became my mentor. Margaret supported us, with help from Pop, as I was only paid \$ 10.00 per month as an intern. My pay increased to \$ 100 per month in 1953 when I was appointed Chief Resident of the entire Touro resident staff. I learned to emulate the practice of the best attending staff physicians, and to avoid the flaws of the less talented ones. Kidney stones and bouts of painful renal colic began in 1953 and continued intermittently for nearly 40 years. A large stone impacted in the mid-left ureter required an open surgical left uretero-lithotomy in 1970. I estimate that at least 20 painful episodes of renal colic required symptom relief, and several episodes required urologic help. The cause of the stones, calcium oxalate, was both genetic (my parents had had a painful stone), and was related to inadequate oral intake of water, especially during busy days at the hospital. Several micro-operations in my twenties to heal my ear-drum perforations closed only the left drum. My hearing was quite good for the next twenty years. Beginning in 1991, I needed an amplified, battery-powered stethoscope to correct the hearing loss due to ear damage.



Margaret became pregnant in 1952 and suffered an early miscarriage. She became pregnant again in 1954, and stopped working on her doctor's advice. When she was in her seventh month, I received notice that, as a physician, my prior 4-F rejection to serve the military was nullified, and that I was to report to Fort Sam Houston, San Antonio, Texas, on January 3, 1955 to become a medical officer in the U.S. Army. Surprise! The timing was unfortunate because I wanted to be with Margaret in New Orleans when our baby was born, and because I would be leaving six months before completing my last year of residency.

SECTION TWO

INTERNAL MEDICINE: PALLIATIVE CARE

CHAPTER FIVE

Military Service 1955-56

Arriving in San Antonio, and becoming acclimated to the life of a budding army officer wasn't difficult, and the time passed quickly. I drove 11 hours to New Orleans to visit Margaret on two weekends, leaving San Antonio on Friday afternoon, returning late on Sunday. The trip was long and tedious, and one occasion I had to drive through flooded highways (no Interstate then) returning to Fort Sam. I was unable to leave San Antonio on the weekend of February 26, 1955, when John Michael was born uneventfully. When the indoctrination at Fort Sam was completed, I was assigned to nearby Randolph Air Force Base to train as a flight surgeon, which in the Army was termed an aviation medical officer. Then, after a short visit home, I was assigned to Fort Rucker in rural Alabama for training in helicopters. My new duty assignment was to be at the Presidio in San Francisco.

In May, Margaret, John Michael, and I drove west, viewing the Petrified Forest and the Grand Canyon on the way to San Francisco. The Presidio was beautiful, and we had a great time in San Francisco. While there, we discovered that Margaret had become pregnant during our trip. Imagine that! I learned that an Engineer Battalion to whom I was assigned would soon leave the Presidio for an assignment to map the territory in mountainous northern Alaska, flying in small planes. I became concerned that the Alaska assignment posed a threat to my hearing. By being exposed to ups and downs over mountains in unpressurized small planes, rapid changes in barometric pressure might seriously damage my hearing and could affect my career as an internist. The specialists at Letterman General Hospital in San Francisco agreed with me, and I was re-assigned to Headquarters Company, Second Infantry Division, Sixth

Army at Fort Lewis, near Tacoma, Washington. Happily, we drove north to Tacoma, reporting to Fort Lewis in May 1955. We lived in a converted barracks on the Army base, shopped and dined in Tacoma, socialized a bit with the other families on base, and visited Olympia, Washington, and the beautiful floral displays at Butchart Gardens in Victoria, British Columbia. The weather in northwestern Washington was gloomy much of the time, with grey skies and frequent drizzling rain. The only events of weekdays for Margaret were the arrival of mail delivery and garbage pickup. We were homesick! As Lieutenant McNulty, I was the medical officer in charge of the dispensary, where I performed an occasional flight physical exam, and held daily Sick Call. I enjoyed working with my team, which included a pharmacist, a chiropractor, and several medics. I had lots of free time, which I used to read almost 5,000 pages of major medical journals that allowed me to stay up to date with advances in medicine. My only claim to fame while there was when I defeated the 6th Army ping pong champion once, after many defeats. After Christmas, when Margaret was approaching near-term, her mother came to help us, staying a few weeks. Marcia Ann was born uneventfully on Feb 3, 1956, at Madigan General Hospital in Fort Lewis. Our little family was healthy and happy over the ensuing months. I was released from active military duty as a Captain on December 16, 1956. Celebrating, we packed up, scrubbed the barracks apartment from top to bottom, left Fort Lewis, and drove our Plymouth sedan to New Orleans. I was anxious to finish the final sixth months of the third year of my residency in Internal Medicine at Touro Infirmary, and to explore the possibility of a partnership with Oscar Blitz, MD, my mentor.

CHAPTER SIX

Evolution from a Trainee to a Practitioner

In continuing the story of my evolving medical careers, a summary of the events preceding this chapter may be helpful. I was discharged from active military duty in December, 1956. Our family returned to New Orleans from Fort Lewis, Washington. I completed the final six months of the third year of an internal medicine residency at Touro Infirmary in June 1957. During that time, I met with my mentor, Oscar Blitz, MD, who has a busy practice in Internal Medicine at Touro. He invited me to become a junior partner in his practice, offering me the opportunity to become a full partner in seven years. I would receive 20% of the partnership's profit in the first year, then I would receive an increase of 5% of profits each year, reaching full partnership in 1964. I was happy to accept his offer. The months passed quickly. In April, Margaret was pregnant again! On July 1, I was excited and enthused, after ten years of preparation, to begin the practice of medicine.

I was happy with the education and training at Tulane, during my rotating internship, my residency in Internal Medicine at Touro Infirmary, and the first twenty-

one of the forty-two years that I practiced in New Orleans. I became a specialist in Internal Medicine at Touro Infirmary, a teaching hospital affiliated with Tulane School of Medicine and with Ochsner Clinic. Many of the admitting staff were prominent internists from those institutions and from the LSU School of Medicine. Not only did I learn from them how to apply the real-world art of medicine and science to manage the medical needs of patients and families, I was an apprentice to some of the most skilled internists as they communicated with their patients, building relationships as they cared for those patients and families. Looking back, I realize now that if there was one word that defined how I cared for my patients, it would be Service. I felt a passion, almost a sense of compulsion, to serve my patients. They came first, if it was proper, appropriate, practical, and did not detract from my personal time and my family. Empathy, a trait with both inherited and environmental origins, helped me to care for suffering patients.

CHAPTER SEVEN

Medical Practice; The First Twenty- one Years 1957- 1978

On July 1, 1957, Dr. Oscar Blitz and I began our partnership in an office near Touro Infirmary. Dr. Blitz was a busy internist, and as my practice slowly and steadily grew, I worked closely with him. This is how we practiced standard-of-care internal medicine in the 1950s and 60s. During the years that Dr. Blitz and I were together, there was a balance between the science and the art of medicine, when newly acquired scientific advances in diagnosis, causes of diseases, and effective treatments were coupled with the ability and the time to listen, to know, care about, and understand the persons who were our patients, to practice the standard of care, and to serve the spectrum of needs of patients through their eventual journey to the end-of-life. We built a practice by referrals from satisfied patients and families. Over a career in one location in New Orleans, an internist might be the personal physician for four generations of his or her patients. An internist could also serve as a diagnostician or a consultant to manage complex cases with surgical specialists, and as a member of the clinical faculty of LSU (1957-1967) or Tulane Medical Schools (1967-1990), instructing students, interns, and resident physicians at Charity Hospital and at Touro Infirmary. When practicing internal medicine in those years, an internist might order only the lab tests necessary to confirm a clinical diagnosis in his or her office. The patient was responsible for the fee; usually there was no insurance. Clergy, fellow physicians, dentists, relatives, and some hospital staff got free care. In 1957, an follow-up office visit cost \$ 5.00; an initial visit cost \$10.00; a home visit cost \$ 10.00. Home visits were common.

A routine weekday began at 7:30 a.m. I made rounds on my hospitalized patients first, then met Dr. Blitz to assist him visiting his hospital patients, planning our day. Office hours began at 9 a.m. I usually saw four patients per hour, using two, sometimes three exam rooms. I spent at least 45 minutes with a new patient. A medical technologist performed routine blood and urine tests. A medical assistant performed electrocardiograms. Occasionally I would see a non-scheduled urgently ill patient on my lunch hour, after regular hours, or visit a patient at their home. I answered phone calls at noon, and, from the answering service, even during the night. After office hours, I returned to the hospital and saw any new patients and the sickest patients with my resident, intern, or student. We visited the radiologists to confer about the day's X-ray procedures. A typical day ended no earlier than 6 p.m. At home, after some time with the children, Margaret and I had a drink and a relaxing dinner, as we shared the day's activities. Although my weekdays were often long, busy, and stressful, I loved it! I was on call most nights and weekends for the first six years. In the early sixties, lack of competent house staff to see the urgent Emergency Department arrival of one of our patients in distress meant that, if I was on call, as I almost always was, that I must get up and drive to the ED. Thursday was my day to rest, spend time with the family, and dine out with Margaret. We were blessed when our third child, Kevin Arthur, was born on December 15, 1957. Margaret's mother moved in again for a few weeks to help.

CHAPTER EIGHT

Recalling Interesting Memories in Practice

During my residency and early practice, as I gathered more knowledge and experience, I had an unusual freedom to apply some of the newest advances in treatment. One example: in 1957, when I learned that neurosurgeons were using a newly available concentrated urea solution intravenously as an osmotic diuretic to rapidly shrink a brain too swollen to fit back into the cranium, I employed urea intravenously, in an emergency, to rapidly increase urinary output of a suicidal patient with barbiturate intoxication, washing out the drug. The patient survived. Similarly, when mannitol concentrate became available, before renal dialysis, I employed mannitol as an osmotic diuretic to prevent the suicide of three patients. Unusual diagnoses that I presented at Grand Rounds include: Hypokalemic paralysis in toxic goiter (1953); Familial periodic paralysis (1954); Tricuspid and pulmonary valve stenosis in carcinoid syndrome (1970); Endemic typhus on the New Orleans waterfront (1971); Interstitial pneumonitis from talc inhalation due to antiperspirant "Manpower" (1975: that product was removed from the market. These cases serve to illustrate the variety and range of organ systems that an internist managed in the years before specialization and evidence-based medicine. As a consultant to my orthopedic colleagues, I managed

episodes of pulmonary fat embolism complicating orthopedic repair of long-bone fractures; the patients survived without sequelae. Some patients with sick sinus syndrome were managed with sublingual isoproterenol for as long as two years, before pacemakers became available.

It can be emotionally devastating to be sued. In 1964, I was sued for the only time in my career, under the legal term “res ipsa loquitur” (the thing speaks for itself). Damage to the leg of a patient receiving a vasopressor through an intravenous line in the leg was the issue. The case involved a male adult patient who was admitted to Touro Infirmary for emergency treatment of a bleeding peptic ulcer by a general practitioner, with a surgeon in attendance. Transfusions were administered through a vein in the leg; the patient stabilized for two days, then hypotension, chest pain, and shortness of breath occurred. The intern was administering transfusions, wrongly assuming GI bleeding had recurred. I was consulted when the patient developed acute heart failure, with pulmonary edema and shock. I rapidly responded, noting that an ECG showed an acute heart attack the day before (unrecognized), and found that no GI bleeding had occurred. I stopped the transfusion, administered the vasopressor Levophed to raise the blood pressure, while, at the same time, carefully removing the excess blood via an arm vein. This balancing act was successful, saving the patient’s life over the next three days. The left leg suffered an area of skin damage and mild muscle damage due to Levophed vasoconstriction at the site of the infusion in the leg. After discharge, the patient did well. At my deposition, the plaintiff’s attorney tried to blame me for using a vein in the leg in my treatment, citing a regulation that prohibited using leg vein infusions. I challenged the attorney, embarrassing him when I pointed out that the regulation was written a year after this case. At trial, my defense was effective. I remained in the trial to help Touro Infirmary in its defense. The patient, limping, demonstrated the leg injury to the jury, lifting the injured leg on to the jury rail. I quietly asked my attorney to have the patient show the uninjured leg to the jury for comparison. As he stood on the injured leg for a few minutes, the judge, and then the jury, began to smile and laugh, as it was apparent that the leg injury was minimal. Though I was happy at the outcome, I was exhausted by the stress and tensions of the trial. Never again!

Times were good in the 1950s and 60s. Our practice volume and income grew steadily, Dr. Blitz and I were happy working together, and our office staff was efficient and stable. He and I became so busy that we needed a third physician to share the case-load we were carrying. We added Dr. Arnold Lupin in 1964. It was a relief for me to have someone to share weekend and after-hour calls. Our practice continued to grow, and we added Dr. Paul Bagalman in 1969 and Dr. Edward Thornhill in 1970. Looking back, despite six years of the rivalry for control of the practice by Arnold Lupin (which failed), those years of practice were the most satisfying and happiest of my years of practicing internal medicine. In 1978, Dr. Oscar Blitz suffered a major heart attack

and retired from practice, after which our partnership reorganized as a corporation, with Ms. Judy Casey, an accountant, as the practice administrator.

CHAPTER NINE

Evidence-Based Medicine; Flaws and Gaps 1975-1996

In the mid-1970s there was a major change in medical education when emphasis on scientific evidence became paramount, with the publication of research studies that provided evidence-based statistical data, information that often refuted previously accepted beliefs about the value of treatments for some diseases. Evidence-based medicine, defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients, became the standard of care in the United States for the next four decades. Academic educators had shifted the focus of care to the diagnosis and cure of disease, paying little attention to the personal and emotional needs of ill patients and their families. The deficiencies caused by the ways evidence-based medicine was taught and practiced went unrecognized by the scientific community for the next twenty years. In my opinion, academic medical educators over-reacted to the promise of evidence-based medicine's ability to answer the practical needs of practitioners. It failed to limit specialists from "over-diagnosing", which increased the cost of medical care. With the advent of specialization of many internists, my comfortable role in practice changed. Fragmentation of care by specialist physicians caused many patients to lose the personal or family doctor overseeing their care, as some of mine did. The introduction of Health Management Organizations and third-party payer insurance companies complicated how we practiced, and significantly reduced patient-doctor relationships. The Medicare Hospice Act of 1982 was of great value in helping improve end-of-life care, but it unintentionally reduced the interest and involvement of physicians in end-of-life care. Population Medicine and the Business of Medicine added to the increasing communication gap between doctors and their patients by scheduling patients like widgets on an assembly line, focusing on profit and efficiency.

By the 1990s, dissatisfaction expressed by patients, families, academic and hospice physicians with the flaws and inadequacies in the care received by patients at the end-of-life resulted in a broad consensus that change was necessary, and would require the support of the community, philanthropic organizations, the entire healthcare team, and the federal government. Studies soon determined that physicians must be more involved in the care of patients and families facing a terminal illness, and that the care of patients should be addressed by an interdisciplinary team, composed of a palliative physician, nurses, a social worker, and a chaplain. In 1996, academic and

hospice physicians together formed the American Academy of Hospice and Palliative Medicine.

CHAPTER TEN

Championing Palliative Care

1999-2017

Palliative Care is a new medical specialty and philosophy of care that focuses on reducing suffering and improving the quality of life of seriously ill patients and their family members. The key is Unrelieved Suffering, regardless of the cause of the disease or its prognosis. While palliative care is often confused with end-of-life care, it is important to educate physicians as well as families that palliative care is much broader than end-of-life care. It can be provided together with curative treatments regardless of prognosis or treatment goals. Communication by members of the palliative team helps patients understand what is going on and how to set appropriate goals of treatment, while building relationships and trust. Since 2011, there has been widespread acceptance of the palliative care philosophy, with palliative fellowships and hospital-based palliative programs increasing steadily in many countries.

How did this physician, ostensibly at the end of a career spanning 42 years as an internist in New Orleans, no longer formally connected to academia, spark the development of palliative care in Louisiana at age 72 years? Personal tragedy and serendipity each played a role. In 1999, my eldest son, John, died of AIDS at our home two months after I closed my New Orleans practice and moved to Covington, 40 miles across Lake Pontchartrain. Impressed by the care John received by the nonprofit Hospice of St Tammany, I became a volunteer, then served as their Medical Director for the next thirteen years. Serendipity led me to palliative care. During my bereavement, I learned about Palliative Medicine as a new specialty in an article in the New Yorker magazine by the Harvard oncologist, Dr. Jerome Groopman. Excited by the possibility of becoming a palliative physician, I joined the American Academy of Hospice and Palliative Medicine (AAHPM), studied for one year, became a certified Trainer of Education in Palliative and End-of-Life Care (EPEC) to teach palliative care in my community, and was certified in Hospice and Palliative Medicine by AAHPM in 2000.

When my proposal to establish a palliative program in 2001 was rejected by the St. Tammany Parish Hospital in Covington, an “angel” appeared, in the form of an elderly hospice volunteer, Ms. Ellarose Carden, who was the matriarch of a family foundation. She admired what I wanted to do. Her advice: “Don’t get tied down by the hospital. They will control what you want to do. If you create a not-for-profit educational foundation, I’ll give you the seed money to fund it”. Negotiating with the IRS was an unusual experience! The IRS granted a five-year provisional approval to the Palliative

Care Institute of Southeast Louisiana (PCI) in 2002, with final approval as a nonprofit educational foundation in 2007.

CHAPTER ELEVEN

Hospice

2000-2013

The happiest years of my second medical career were at hospice, serving as a member of the interdisciplinary team. It was an ideal opportunity for me to use the experience I had gained as an internist, sharing and teaching this knowledge daily with my team and medical students, making home visits, and collaborating with compounding pharmacist George Muller. He and I taught together, wrote together, and taught each other. When he or I wrote articles for the International Journal of Pharmaceutical Compounding, he introduced me to editor Jane Vail. Jane became my colleague and editor throughout my hospice and palliative care career, volunteering her services without pay. I am indebted to Jane. Several of our hospice nurses and two of our social workers achieved advance practice credentials. The Heart of Hospice Award of the LA/MS Hospice & Palliative Care Organization, given annually for “above and beyond” service to patients, families and the community, was won five of the past eleven years by team members of our Hospice of St. Tammany (the most winners in Louisiana). I am proud of that team. My collaboration and partnership with the Louisiana Mississippi Hospice & Palliative Care Organization to educate and improve care would not have been possible without the efforts of my colleagues, Executive Director Jamey Boudreaux, MCSW, M Div, and Nancy Dunn, RN, MS, CT, my “right hand” and the Chair of the Education Committee. They have my admiration and praise.

CHAPTER TWELVE

Teaching, Writing and Living Palliative Care

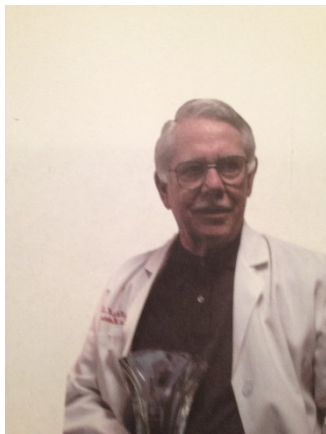
2000-2017

Vox Clamantis en deserto non longus

A voice crying in the wilderness no longer

As a member of the medical staff of the St. Tammany Parish Hospital, and Medical Director of its Hospice of St. Tammany, I had the vision of teaching Hospice and Palliative Care in the Greater New Orleans five-parish region, practicing palliative care, partnering with the Louisiana Mississippi Hospice & Palliative Care Organization, and assisting in the hospice education of LSU and Tulane medical students. A valuable colleague in palliative care, psychiatrist Dr. Steve Taylor, worked and taught with me for

several years and was instrumental in obtaining my appointment to the clinical medical faculty of LSU Medical School in 2004. In 2006, PCI created the Palliative Care Consortium, hosting a dinner meeting during the LMHPCO Annual Convention in New Orleans from 2006-2012. We brought together palliative physicians and team members from Louisiana and southern Mississippi to share their experiences and to learn from each other. PCI and I wrote and lectured extensively about the proper treatment of severe chronic pain in suffering patients, which was not responding to the conventional opioids: morphine, oxycodone, hydromorphone, and fentanyl. We stressed the effective role of the opioids levorphanol, methadone, and the drug ketamine in relieving chronic pain, especially neuropathic pain. The N-Methyl-D-Aspartate receptor in the spinal cord is a major element in producing difficult-to-relieve neuropathic and chronic pain. Levorphanol, Methadone, and Ketamine block the effects of the NMDA receptor, which the conventional opioids cannot do.



With support from three community charitable foundations, the Institute has provided 204 free lectures and seminars to healthcare and community organizations in Louisiana and Mississippi over the past fourteen years. PCI established the Palliative Rural Education Project (PREP) in 2012, in collaboration with the Louisiana Mississippi Hospice & Palliative Care Organization. PREP sent, for two days, a palliative physician and a colleague to small rural communities in both states to provide education about palliative care, end-of-life care, and the management of severe chronic pain to healthcare professionals who want education, but lack the means to attend regional or national conferences. This program visited 34 communities during the next four years, providing lectures and education credits to physicians, nurses, and social workers in local hospitals and hospices, and to community and prison audiences. We served dinner to the physicians to ensure their attendance.

The number of the 2002-2016 Lectures, Seminars, and filmed Video lectures given by the Palliative Care Institute of Southeast Louisiana is summarized here:

Palliative Care Institute (PCI)	123	
Palliative Rural Education Program/LMHPCO	68	
Carpenter Foundation/ PCI Video Lectures	5	
Perception Films PCI Video Lectures (YouTube)	8	Total: 204

The biographical summary listed below provides some indication of my activities and qualifications to teach and practice palliative care and hospice to audiences during the years 2000-2017:

American Academy of Hospice & Palliative Medicine: Board Certified 2000-2008
American Board of Internal Medicine: Certified in Palliative Medicine 2008-17
American College of Physicians: Fellow 1995
American Academy of Hospice & Palliative Medicine: Fellow 2006
Founder, Palliative Care Institute of Southeast Louisiana (501c3): 2002
Medical Director, Hospice of St. Tammany, Covington, LA 2000-2013
Consultant, Palliative Care, St. Tammany Parish Hospital 2000-2012
Certified Trainer, Education in Palliative and End-of-Life Care (EPEC) 2001- 2016
Associate Clinical Professor of Medicine, LSU School of Medicine 2004-2008
Consultant, Ochsner Health System: Chronic Pain and Palliative Care 2002-2010
Member, Palliative Care Task Force, National Rural Health Agency 2004
Founder, Palliative Care Consortium (LA) 2006-2012
Education Committee, LA/MS Hospice & Palliative Care Org. 2009-2017
Cancer Committee, Tulane U. School of Medicine 2009-2011
Chair, LA Governor's Advisory Committee on Hospice Care 2009-2012
Mary Bird Cancer Center, Holliday Award for care of cancer patients 2006
LA/MS Hospice & Palliative Care Org. Heart of Hospice Award 2006
LA/MS Hospice & Palliative Care Org. Lifetime Service Award 2012
Director, Palliative Rural Education Project, Louisiana, Mississippi 2012-2016
Peoples Health Champion for Palliative Care (LA), 2016, recognized at the
New Orleans Saints Football Game, 10/16 2016
LA/MS Hospice & Palliative Care Org. Service Award 2017

Nationally, in a study published in the Journal of Palliative Medicine in April 2016, Louisiana was the only state in the southern United States to have an acceptable palliative care program in over 60% of hospitals having over 50 beds.

Both clinical and academic medical science and practice have now expressed its appreciation of palliative care as a part of contemporary care, including oncology.

I am grateful to have practiced medicine for sixty years, long enough to have practiced primary palliative care from 1957 to 1999 as an internist, then as a palliative care specialist from 2000 to 2016. Having experienced the whole cycle in those sixty years, I offer the aphorism: *What Goes Around, Comes Around.*

SECTION THREE

THE MCNULTY FAMILY

CHAPTER THIRTEEN

The Children: The Early Years

1957- 1978

We continue the story of our family. After completion of my military service at Fort Louis, Washington, and my Internal Medicine residency training at Touro Infirmary, Margaret and I purchased our first home in 1958. It was an exciting experience buying this small, single storey, three bedrooms, one-bathroom house on General Pershing Street in the mid-city Broadmoor section of New Orleans. The only architectural oddity was the square bathroom located in the middle of the house with no windows and three doors! The neighbors were warm and friendly; a nice blend of religions and ages. While there, our fourth child, Brian Robert, was born on June 8, 1959, and our fifth, Susan Margaret (Suzi), arrived on April 10, 1961. Margaret's pregnancies began in 1954 and ended in 1961, presenting us with our five children: John, Marcia, Kevin, Brian, and Susan, as pictured in swim suits. Margaret managed the logistics involved in caring for the children with a little help from her mother, who lived nearby, and a baby-sitter on Thursday evenings. All went smoothly over the next seven years. We were happy and well. The children were all baptized in a nearby Methodist Church. Margaret decided to become an Episcopalian, joining St. Andrew's Episcopal Church on Carrollton Avenue. In pre-school, the children thrived. They were athletic, competitive, bright, and helped each other.



CHAPTER FOURTEEN

Covington Vacation Home

1961-1975

In 1961, the opportunity arose to buy my grandmother's house in Covington as a second home. After she died in 1957, the house had been used as a rental. Her heirs were my father and his five siblings. They agreed to our offer to purchase the house for \$ 11,000. The cypress house was bought in 1925 by my grandparents in Historic Covington on a double corner lot at 240 South Massachusetts Street, three blocks from St. Scholastica Academy. We made repairs and renovations over the next several years, making the home much more comfortable. The kids loved Covington, riding their bikes, exploring this sleepy small town, and fishing in the nearby Tchefuncta River. When he was 12 years old, John persuaded me to buy a rusty, antique 1936 Buick sedan (which



ran well) from the Baldwin Motor Company. The children and I sanded the exterior and renovated the interior during the summer, then I drove it to New Orleans via Slidell to have it painted a metallic silver- gray. Housing the Buick in the garage of our Carrollton Avenue home, I drove it often for several years before selling it. Covington was a wonderful weekend, holiday, and vacation retreat. Reluctantly, we sold the property in 1975 for \$ 37,500, when it became too difficult to monitor the parties and activities of our teen-aged children in two places.

CHAPTER FIFTEEN

John Michael McNulty

2/26/1955- 3/31/1999

I was shocked and dismayed when I learned recently that, beginning as a preteen, John began to bully, abuse, and intimidate the three youngest children. Because of John's threats, they were afraid to tell Margaret and me. Because John's actions disturbed an idyllic family setting, and because of the changes it wrought, I will interrupt the flow of our story to tell the story here of our first-born from start to finish.

Margaret and I chose to call our first-born son Michael. He was an attractive child, bright, happy, and agreeable. His early childhood, schooling, and family activities seemed normal, with a budding interest in automobiles. However, from the third grade, there was a personality change, when he insisted that we call him John (we reluctantly agreed). He became rebellious and challenged our authority, and, clandestinely, began to bully, intimidate, and abuse his younger siblings, except for Marcia, who could defend herself. John's grades fell, he looked unhappy and depressed during the early teens, dealing with the reality that he was homosexual. We accepted that he was homosexual. We did not realize that John had serious anti-social behavior as a pre-teen, developing narcissistic, at times sadistic behavior, with no remorse apparent. We hoped for him to grow up normally: it never happened. He was clever and able to avoid psychiatric therapy for Borderline Personality Disorder. Multiple changes of schools, including a brief stay at a military school in South Carolina, did not improve his formal education. Alcohol and street drug abuse became a constant problem, with multiple DUI arrests and several accidents. Margaret and I made several early morning trips to extricate him from bars, hospitals, and jails. John spent a year in prison for DUI. We were exhausted by the constant stress. He was no longer welcome in our home.

John was bisexual and a practicing homosexual, beginning in his early teens. He was a physical threat to our family, but was warm, friendly, outgoing, and a popular member of the gay community throughout his adolescent and adult life. He was



happiest among his gay friends and lovers. With the advent of the AIDS epidemic in the 1980s, many of his friends died, especially the younger ones. He was a dedicated caregiver for them. John became HIV positive in 1985, and was diagnosed with active AIDS several years later. During those years he visited his uncle, Arthur McNulty and his wife, Matilde Haik McNulty at their Covington home. Matilde (Teal) had inherited valuable property from her father, Elias Haik, including the A & P Supermarket building in Covington. After Teal's death in 1982, Arthur befriended John, and treated him as his son. When Arthur died at age eighty years in 1988, John inherited Arthur's property, including the A & P building, estimated value nearly one million dollars, When the A&P building was sold in 1997, John was ill and not capable of managing his inherited wealth, and he agreed to place the funds into a Special Needs Trust, with Margaret as trustee. As John's health continued to decline, and his friends could no longer care for him, we brought him home. Margaret and I cared for him, with the assistance of the Hospice of St. Tammany, until his death on March 31,1999. He was forty-four years old. His psychiatric diagnoses include: Anti-Social Behavior Disorder; Borderline Personality Disorder; Drug and Alcohol Abuse Disorder.

CHAPTER SIXTEEN

Social Life; Church; Wine Interest

1960s-70s

Now we pick up the story in the mid-nineteen sixties. Margaret was active at St. Andrew's Episcopal Church and rapidly became a fixture behind the scenes, especially helping the rector, Father Ralph Kimball, his wife, and other volunteers in her favorite place, the church kitchen.

With our lifelong friends, our new friends at Touro Infirmary, and the members of St. Andrew's Episcopal Church, we had an active social life, with frequent parties at home, and at Touro Infirmary, with the house staff, younger medical staff members, wives and dates. As I don't care to dance, I became the bartender for the hospital house staff events, bought the liquor and supplies, and arranged for strip-teasers from the French Quarter to perform for house staff parties. One of our favorite events at Touro was the costume party. I won first place one year by dressing as a "uterus". My costume, made by Margaret, covered me with a red-brown cloth fabric from head to ankles, with the rounded top formed from a clothes-hanger. Two eye-holes allowed me

to move about. My arms, outstretched, became the fallopian tubes. From each arm hung an oval gray-white balloon, representing the ovaries. Dropped from my hands, a white ping-pong ball simulated ovulation! The costume was so popular that friends asked to borrow it. When I loaned it to Margaret's brother, Ed, I never saw it again! I drank beer in moderation in those days; Margaret drank Coke. Our favorite restaurants with the children were Kolb's, a German restaurant near Canal Street, and Turci's, an excellent small Italian restaurant on Poydras Street. We became interested in wine while dining in those restaurants.

By 1965, the family had outgrown the General Pershing house in New Orleans. Dr. Blitz contacted a friend, Dr. Louis Monte, who agreed to sell his home at 3216 Louisiana Avenue Parkway. A two-story four-bedroom house with a fully furnished bottom floor with a 40-foot den, kitchenette, bathroom, two bedrooms, and a mud room, it was a perfect home for entertaining. As we were moving into the property, powerful Hurricane Betsy struck New Orleans, causing damage and flooding to other areas of the city and suburbs. Our home suffered only some minor flooding downstairs, allowing us to provide shelter for a young policeman, his wife and son, whose home had been badly flooded. They stayed with us for several days. One morning, all seemed normal, until both families suddenly realized we couldn't find Suzi and their son, both aged four years. We searched and searched inside and outside the house, becoming more and more concerned and anxious. Finally, Marcia thought she heard a faint, muffled noise in the mud room. Opening a closet door, we found them sitting inside a large unzipped storage bag. They had been exploring downstairs and decided to hide in the bag. What a relief!

Soren Knudsen, a young engineer from Denmark, was our guest for nearly a year while he worked with Waldemar Nelson, owner of an engineering firm, who was a member of the vestry at St. Andrew's. Margaret volunteered to house Soren, who soon blended into the family. Our children still remember another friend, Ray Hester, the Saint's young linebacker, who was our neighbor. Ray became ill with Hodgkin's Disease, a malignancy which caused his death a few months later. This was the first time our children experienced the loss caused by the death of a young adult friend.

The house was roomy and comfortable, allowing us to entertain our friends, our church groups, and increasingly, the members of wine clubs we had joined. We began our fascination with wine in 1968, joining clubs devoted to education about wine and the countries producing wine. The meetings held at our house were in the downstairs den, seating 20 to as many as 60 guests. I converted the space beneath the elevated front porch into a cellar for our wine collection. Marcia and Suzi helped Margaret serve the wines, food, and cheese during the educational program, then they helped cleaning up.

CHAPTER SEVENTEEN

Uptown Life: Carrollton Avenue; Nashville Avenue

1975-1998



In 1975, Margaret and I moved into an uptown neighborhood near the church. Margaret found a large two-story columned house with six bedrooms (two bedrooms in the attic), two and a half bathrooms, at 2029 South Carrollton Avenue, three blocks from South Claiborne Avenue. We used the proceeds from the sales of the Covington house and the Louisiana Avenue Parkway house to acquire this fine property. We had many parties and wine tastings here. At that time, John was twenty, Marcia was nineteen, Kevin was almost eighteen, Brian was sixteen, and Suzi was fourteen years old. During the seventies, our children grew up with the cultural and social changes in society that were stressful for all of us. Margaret was very involved in church activities until 1983, when she opened the McNulty Travel Agency.

There were two events, or happenings, that occurred during this period: one was good, and one was disturbing. The good one was an invitation for me to ride in the Krewe of Bacchus parade, a first for me. My friend, Joseph Young, offered me his place in Bacchus in gratitude for my services to his mother, who had been ill. It was a great ride I'll never forget! The disturbing event occurred two nights after the local cable television company installed their service in our home. We were burglarized while we were asleep. The burglars entered through a large window facing the front porch which was unlocked. That window had been used to pass equipment for two installers from the cable company. We believe the workmen deliberately left the window unlocked. The burglars came upstairs, entered our bedroom while we slept, and removed my wallet and Margaret's purse from our night-tables. When they left, the burglars stole a television and two automobiles. It was frightening to have our privacy violated. We were lucky that nothing worse happened. Our Carrollton Avenue home was, for thirteen years, a great place to entertain our close friends, our children's friends, members of St. Andrew's church, and members of our wine clubs.

When my Uncle Arthur died in 1988, I inherited his Covington home. Margaret and I no longer needed the "empty nest" of our large Carrollton Avenue home in New Orleans. We planned to move to Covington in a few years, after she retired from her travel agency and I closed my internal medicine practice in New Orleans. It seemed logical for us to live in a smaller home in the city until our permanent move. The small, well-appointed, two-bedroom house on Nashville Avenue uptown served our needs for the next ten years. The Nashville Avenue property was sold in 1998, and we left New Orleans and moved to our permanent home, 752 North Columbia Street in Covington. I

commuted to Ochsner Clinic in New Orleans for one year, and then I resigned from Ochsner and closed my internal medicine practice in February, 1999.

CHAPTER EIGHTEEN

Our Covington Home: 752 N. Columbia Street

1998-2017

We were excited to move into 752 North Columbia Street, across from the site where the St. Tammany Justice Center was to be built, in the Historic Covington neighborhood. The property was 1 1/3 acres in size, fronting 900 feet on North Columbia Street, with the columned center-hall Greek Revival house set back from the street, with a garage behind the house. It had been built in 1888 and purchased in 1912 by Elias Haik, a “rags to riches” Lebanese businessman. He made improvements in the property in the 1920s. His daughter Matilde (Teal) married my uncle Arthur McNulty in 1935. She inherited the Haik property in 1936, after Elias and his wife died. Teal and Arthur lived in the house, with Teal managing the Haik clothing business and her real estate investments. Their home was extensively renovated in 1964, when they enclosed portions of the surrounding porches to create a larger double parlor and a larger master bedroom suite, decorating in the style of Colonial Williamsburg. She had only one child, Arthur, Junior (Butch), who died tragically in 1941 at age four of a cerebral hemorrhage due to an accidental fall from the family automobile. Teal was unable to have more children. Butch’s death was devastating to her. She became chronically depressed and an insomniac, taking sleeping pills too often, drinking too much, and smoking too much. During the last twenty years of her life, I was her physician, hospitalizing her many times in New Orleans at Touro Infirmary for progressive chronic obstructive pulmonary disease due to smoking. Teal died in 1982. When Arthur’s health began to decline, I became his physician. Arthur developed cancer of the larynx and a lung mass, almost certainly a cancer. He died comfortably in Touro Infirmary in 1988.

CHAPTER NINETEEN

THE FAMILY GROWING UP

1975-1988

Most of us are old enough to remember our childhood, our adolescence, our early adulthood, before the frontal lobes of the brain matured, and what it is like to be a mature adult. You may well remember the hormonal, physical, and emotional changes of puberty, the drive for sexual identity and acceptance, and the danger of alcohol, drugs, and reckless behavior during the teen years and early adulthood. Growing up during the 1960s and ‘70s exposed teenagers to even more radical counter-cultural

behavioral and social changes, resulting in weakened parental influence on their children. Importantly, it encouraged the rejection of traditional social and sexual behavior and allowed the onset of reckless, impulsive, and experimental use and abuse of tobacco, alcohol, street and mind-altering drugs. These changes affected some of our children during their formative teen years and early adulthood, but, except for John, they did not interfere with their normal, productive family life. Pictured are Kevin, Susan, Margaret, Jack, Brian, Marcia, and sitting, Richard and Robert (Kevin's sons). The stories of Marcia, Kevin, Brian, and Susan follow.



CHAPTER TWENTY

Marcia Ann McNulty

2/03/1956

Marcia was a pretty child and a beautiful young woman, who was independent and outgoing, and made friends easily. She was a tomboy, athletic, mechanically inclined, an avid hunter, and most comfortable in the outdoors, often stating that she preferred animals, especially horses and dogs, to people. At Ursuline High School, she clashed with the nuns about inflexible Catholic rules. As a result, in 1974 she spent her senior year abroad at the American High School in Barcelona, Spain, living with a Spanish family. Adjusting to a very different environment, she had an enjoyable year, able to converse in Catalan and Castilian dialects. Moving to north Louisiana for her college studies, Marcia gathered credits at LSU Shreveport and at the University of Louisiana at Monroe before enrolling in 1977 at Northwestern State University. She graduated with a degree in Equine Science in 1981.



Marcia spent the next two years as an Assistant Trainer at the local Dorignac Racing Stables, traveling to various racetracks in the western states. She had a reputation as a “horse whisperer” for her ability to communicate with skittish horses (and anxious dogs), calming them. Returning to Louisiana in 1983, Marcia accepted a position at LSU Shreveport as a Medical Research Specialist in the Departments of Pharmacology and Psychiatry. Over the next ten years, her responsibilities there increased as her skills increased, which included the training of medical students in

special research procedures. Her CV contains eleven research published articles listing her as one of the authors.

Living in Stonewall, LA, near Shreveport, Marcia befriended an elderly couple, and when the wife died, she helped take care of the husband for several months. When the elderly gentleman died, since he had disinherited his only son, he bequeathed his estate to Marcia. Using this money, Marcia resigned from LSU, and moved to Henderson, Texas, with her partner, Jay Wilder, to become a cattle rancher in 1993.

Living on the ranch with Jay's family proved to be uncomfortable, and the market for cattle fell. A ray of sunshine for Marcia was meeting Carl Adams, who was an Inspector and Airframe and Powerplant Mechanic, the owner of Adams Aircraft Salvage. Carl was an older overweight arthritic diabetic who was delighted to meet someone he could train to work with him. As an Apprentice Aircraft Mechanic, Marcia helped Carl rebuild wrecked airplanes and engines. He taught Marcia to fly small airplanes and helped her acquire her own rebuilt plane at no cost. When the cattle ranch was not profitable, and the relationship with Jay was strained, Marcia left the ranch in 1998. She put the dissembled plane, with the wings detached, in her truck and came home to live with us in Covington.

Once she was home, it was pure luck that I saw a notice that Delgado Community College was offering a course in Aviation Maintenance Technology. Marcia enrolled and led the class. In 1999, she received an award to study the United Airlines Boeing 757/767 Systems in San Francisco, graduated with honors from Delgado Community College as an Airframe and Powerplant Mechanic in 2000. and was Certified by the Federal Aviation Authority in 2001. Marcia worked as a mechanic in Covington until Margaret's disability in 2009. Since that time, she helped me provide for Margaret's care and has managed our household,

CHAPTER TWENTY-ONE

Kevin Arthur McNulty

12/15/1957-7/09/2003

Kevin, born December 15, 1957, was an active, sweet-tempered, happy-go-lucky child, who had a penchant for impulsive, occasionally reckless physical activities. He was a typical teenager and young adult, with an active social life and a passion for golf.



He learned to play golf at the Audubon Golf Club, improving his game while working as their groundskeeper, eventually becoming the Audubon Golf Club Champion on two occasions, and the Champion of the Eastover Country Club as an adult. When he graduated from Sam Barthe High School in 1975, Kevin enlisted in the United States Navy, spending two years in San Diego, training to be an Administrative Specialist. From 1977-81, he served aboard a Navy cruiser based at the Island of Sardinia, Italy, patrolling the Mediterranean Sea. Kevin quickly mastered the Italian language. Once while traveling in Europe on vacation, Margaret and I spent three days with Kevin in Marseilles, where his ship was docked. Kevin received an honorable discharge from the Navy in 1981.

Kevin was living with us in New Orleans, working at the Audubon Golf Club, when, in 1984, he met and fell in love with Lillyn Bennett Kincaid, who had traveled from her home in Alaska to visit her mother in New Orleans. In an unhappy marriage, Lillyn planned to divorce her husband and leave Alaska with their three children, Ian, August, and Molly, to return to her family in New Orleans. On returning to Alaska, she was pregnant, delivering a healthy son on March 16, 1985. She left the marriage in Alaska a short time later, taking her son to be with Kevin. After confirming paternity, Kevin and Lillyn named their son Robert Lawrence McNulty. They moved into the house at 7327 South Claiborne Avenue, owned by me and my sisters.

Over the next few years, Kevin worked at the Audubon Golf Club, then at McNulty Travel Agency, providing the financial support to enable Lillyn to study at the LSU Medical Center to attain a B.S in Occupational Therapy. Richard Petty McNulty, their second son, was born May 22, 1988. Kevin adopted Robert and Richard. In 1993, when Robert was eight and Richard was five, Lillyn moved to her mother's house nearby to concentrate on her studies, but the family remained close, with Kevin and the two little boys remaining in their home. He was a devoted father. Now, Robert, aged thirty-two, lives in Covington, and works for a large construction company. Richard, aged twenty-nine, is an actor and musician in New York City. Kevin was an excellent executive and manager at the travel agency for fourteen years, until the agency closed in 2000. Kevin excelled at golf, traveling to the Kentucky Derby and the Indy 500 (with Brian) as the guest of Delta Airlines to play golf with the Delta executives. The story of the McNulty Travel Agency will follow in Chapter Eleven.

Needing a new career, Kevin hoped to become a court reporter and began studies in 2002 at the Institute of Court Reporting in Metairie. Kevin came to visit us in Covington in 2003 to spend a few days during the 4th of July holiday. He was happy with his progress in learning shorthand and seemed satisfied with his studies.

Shockingly, Kevin died in his sleep on July 9, 2003. His unexpected death was attributed to accidental drug overdose. At autopsy, the relationship to Kevin's death of his heretofore unrecognized enlarged heart due to idiopathic hypertrophic cardiomyopathy was undetermined.

I chose to tell Kevin's story without detailing his episodic struggles with alcohol and street drugs to emphasize that, despite a genetic disease causing intractable substance abuse, he was a good man. As a father, a loving family member, and a hard worker who supported his family, he bore the burden of carrying a genetic flaw until it caused his untimely death. We love and miss Kevin.

CHAPTER TWENTY-TWO

Brian Robert McNulty

6/08/1959

Brian, our fourth child, was born on June 8, 1959. He blended easily into the family as a congenial, mild-mannered and even-tempered child. Left-handed and ambidextrous, he became a good athlete in baseball and in golf, which he played right-handed. He proceeded through his early education at St. Andrew's Episcopal School and Sam Barthe High School in good fashion. Enrolling at Loyola University in 1977, Brian vacillated about choosing a major field of study, graduating with a degree in Business Administration in 1984.

Beginning in his early twenties, Brian worked at Shanahan's Tavern in uptown New Orleans. He was there for several years, moving up in supervisory positions. Brian was affable, popular, socially active, and self-sufficient, living modestly, with a steady girlfriend. In his thirties, Brian had a position in management at Fat Harry's Bar on St. Charles Avenue. At age thirty-seven, realizing that this environment was unsuitable for him long-term, Brian began a new career path. He enrolled at Loyola University to pursue a Master of Science in Counseling. He reached that goal in 1996 and, with a colleague, opened an office in Mandeville to help clients recover from substance abuse. The practice grew, and when the colleague moved away, he joined Townsend Recovery in Mandeville. Over the ensuing years, Brian has exhibited fine communication skills, an organized, analytical mind, and effective teaching techniques in helping his clients. Brian created improved teaching tools for the clinical staff members of the other branch offices of Townsend Recovery, and has an excellent reputation as a therapist and counsellor.



Always popular socially, when Brian met Jane Catalanello in New Orleans in 1996, they fell in love. They were married in 2001. Their son, Jack William McNulty, was born in 2005, and Harry Petty McNulty was born in Mandeville in 2007. Adorable Molly Jo was born in 2014. Janie, with a Master of Arts degree from U.N.O, teaches in the St. Tammany Public School System., and is an actor in local theatrical productions. Jack and Harry attend public schools and are fine scholars. Musically talented, Jack plays the piano in the middle-school jazz band, and Harry plays drums. Jack is a runner; Harry plays basketball. Brian and I meet often for lunch.

CHAPTER TWENTY-THREE

Susan Margaret McNulty

4/10/1961

Our fifth child, Susan (Suzi), born April 10, 1961, was a healthy, pretty baby. Growing up with her older siblings, she soon blended into the family. She was bright, competitive, a quick learner, and a fine athlete. At Ursuline Academy, Suzi was an excellent student, graduating in 1979 with a 3.85 GPA. While there, she studied classical piano for nine years. As a young adult, she developed a passion for horses, becoming an award-winning rider of quarter horses. A multi-tasker, she attended Loyola University for six months, majoring in biology, then transferred to LSU Shreveport to train for the 1984 Olympics in kayaking. Suzi unfortunately suffered a severe injury to her right wrist, which required a carpal tunnel release operation. She graduated from LSU in 1984 with a degree in general studies. Over the next six years, she worked for one year at McNulty Travel Agency; was employed by Anheuser-Busch for two years, then began a career as a self-employed personal trainer, certifying in 1990. Suzi was an active volunteer at Hospice of Saint Tammany.

As a child and young adult, Suzi had several accidents or events causing loss of consciousness or concussions. There was a near-drowning episode at age two requiring resuscitation; a concussion when struck by a car at age ten; concussions caused by falling from horses; and, as an adult, concussions from falls due to syncope, perhaps due to hypoglycemia. None of these events resulted in residual cognitive problems. Two minor knee operations in 1989 were caused by long-distance running. Suzi was married to Sam Liljeberg in 1991. The marriage was unworkable, and was annulled after one year. Soon after the annulment, Suzi met John Clausen, a senior geologist at Chevron/ Texaco, who had two children from a previous marriage: Amanda, aged ten, and Matt, aged six. Suzi and John were married in 1995 and lived in Mandeville. She was near completion of a Master of Social Work program at Tulane University in 2002, planning to become a member of a hospice interdisciplinary team.

On February 16, 2002, Suzi, in their home in Mandeville, remembers standing in her kitchen, alone, planning breakfast. Next, she is confused and disoriented, phoning Margaret and me that her left side is very painful, and that her head hurts. I rushed to her home to help her. She had had sudden syncope, of uncertain cause, causing an unprotected fall onto the tiled floor, striking the left temporal region of her head, with swelling of the scalp site, without laceration or bleeding. No motor damage was present. Time of syncope and post-traumatic amnesia was estimated at 30 minutes. At the hospital, after neurological evaluation, CT and MRI of head, her diagnoses included acute traumatic brain injury, post- concussion syndrome, three fractured left ribs, and transient neurogenic bladder. Over the next few weeks, her clinical psychologist recorded significant cognitive deficits in Suzi's short-term memory, attention, and concentration, especially regarding capacity and processing, and inability to remain focused and complete activities. There was weakness of Suzi's hand grip, worse on the right. Post-visual syndrome included high exophoria causing difficulty focusing and reading, which required prism reading glasses. Suzi was unable to continue the Master of Social Work program because she had difficulty finding the classroom, recognizing her classmates, and keeping up with lectures.



As she resumed light activities and driving, Suzi grew more confident with her physical recovery. Progressive improvement in brain function over the next several years resulted in recovery of most of the deficits caused by the accident in 2002. Suzi credits significant improvement to a series of 40 hyperbaric treatments. Now, fifteen years since the brain injury, remarkable improvement has evolved, Suzi's high IQ has recovered. She alone knows what few deficits remain, but her family and friends now view her as having a very bright, introspective, analytic mind. Suzi has a new passion: photography. She has a fine eye for photography and for hunting. Her husband, John, has retired, and they live near Hayden, Colorado, with elk and deer living on their large property.

SECTION FOUR

TRAVEL, WINE

CHAPTER TWENTY- FOUR

The McNulty Travel Agency

1983-2000

To alleviate Margaret's "empty house syndrome" resulting from her children growing up and moving out of the family home, she decided to become a travel agent at age fifty-eight, enrolling in a course taught by the Gartrell Agency in New Orleans. She excelled, receiving a job offer before graduating. Her employer and mentor, Clive Robertson, saw Margaret's potential, transferring ownership of his agency to her at no cost, as he retired.



McNulty Travel Agency was a small, family-owned general service travel agency located in uptown New Orleans. Begun April 1, 1983 as a sole proprietorship, Margaret kept expenses to a minimum, employing several outside travel agents on commission only, and paid no salaries until her sons Kevin and Brian joined her in 1986. The business was incorporated in that year. Surviving a recession and Desert Storm (as many agencies were unable to do), the agency slowly grew, employing a staff of three, plus as many as eight outside agents. After a short time, Brian left the agency to accept a full-time job.

Gross sales in 1993 topped \$ 1,000,000, with airline tickets accounting for 80%; the remainder of sales comprised hotel reservations, auto rentals, cruises, land tours, and travel insurance. Gross income was \$ 107,000. Salaries comprised 40%, agent commissions 32%, office expenses and overhead 28% of total expenses. Kevin rapidly became the manager of the agency, using his computer skills dealing with the Computer Reservation Systems of Continental, Delta, and American Airlines, and supervising the outside agents. Margaret's personal attention and skill pleased her clients, including: WWL Channel Four, the Regional Transit Authority, Newman School; Freeport McMoran executive travel, members of the Mardi Gras Krewes Bacchus and Endymion, Jazz Fest entertainers, and many others. In 2000, after seventeen years, the travel agency closed, when travel reservations for the public became available on the internet

Margaret, all five children, and I took complimentary tours, cruises, and trips to the Caribbean, Europe, Britain, Ireland, Alaska, New Zealand, and Australia. Wonderful perks!

An interesting note: Margaret did not want to receive any of the income earned at any time by McNulty Travel. Any income due to her was delegated to Kevin to help him support his family. When Margaret applied for Social Security benefits, the agents there questioned her about no income for those seventeen years at the travel agency.

Margaret explained what she had done. To her surprise, the local Social Security personnel gave her credit for income in those years, boosting her retirement benefits!

CHAPTER TWENTY- FIVE

Margaret's Gentle Death

1/28/2016



As Margaret's health declined in 2008, with confusion and some memory loss, Marcia took over the management of the Covington household and property. After Margaret had a severe paralytic stroke in 2009, she was invalidated and was unable to speak. She did not lose the ability to see, hear, or understand speech. She was affectionate, serene, and comfortable, requiring no medications after recovery from the stroke. She watched movies and TV with wonderful caregivers Leslie Legendre, Dawn Delatte, and Marcia. We were still in love. A slow decline occurred in the weeks before her peaceful death on January 28, 2016. Words do not express how deep was our love for Margaret. She truly led a good life.

CHAPTER TWENTY- SIX

Wine Appreciation, Education, Adventures

Margaret and I began our interest in wine in 1966, when we first tasted and sipped Liebfraumilch and Blue Nun wines instead of Lowenbrau beer at the German restaurant Kolb's, during dinners with our children. Little did we know that this early interest would lead us to a lifetime of study, learning about the wines, food, and countries of the world. After a few years, we practiced wine tasting at home when we sat down for dinner. I would select a wine, pour us a glass, and invite Margaret to discuss the wine's qualities and flavor profile with me. She had a good "palate". We traveled on wine education tours to Europe and California, and became active members of wine clubs and organizations. More than a hobby, wine study and appreciation became a pleasurable and important component of our social, vacation, and leisure times.

After joining the wine club, Les Ami du Vin, which was sponsored by Martin Wine Cellar, we traveled in 1971 with a group to France to tour Bordeaux, led by three wine professionals. That experience stimulated our desire to visit the wine countries of the world. In 1968, we were invited to join the Physicians Wine Appreciation Club by its leader, Dr. James (Jeems) White. I quickly was immersed in activities of the club, and I became the club's president two years later. Other friends led us to the American Wine Club, in which we were active participants for almost sixteen years. In 1970, Jeems White proposed the formation of the Second Sunday Claret Club, and invited me to become a founding member.

The Second Sunday Claret Club:

Jeems White, an enthusiastic wine lover and collector, proposed the formation of a club limited to seven members studying and drinking claret, the red wines of Bordeaux, France. He envisioned seven members meeting monthly at the home of a member, with one guest, for a tasting of eight red wines "blinded" to the tasters, with no identifying information. Selected by the host member, the theme of the tasting might be wines of the same vintage year from different communes (St. Julian, Margaux); wines of different years from the same commune; or tastings requiring the identification of specific grape varieties in the wines being tasted. The occasional inclusion of a "ringer", a California Cabernet, Rioja, or Chianti, could add to the challenge of identifying the theme.

The members spend about forty-five minutes tasting and making notes about each wine's characteristics, with an opinion of the identity of each wine, its place of origin, age, maturity, and quality. Then each wine is discussed, one at a time, by each of the members. The wines are then identified by the host. It is usually a blow to one's ego to learn the results, but much fun. Competitive blind wine tasting is tough love! Of course, it is rarely possible to be very successful in identifying the wines, but is fun to try. The host (the wife, usually) serves dinner, with two unknown red wines. A dessert and a Port, Sauterne, or Cognac might follow. The original members were: Dr. Jeems White, an ENT physician, living in New Orleans, then Alexandria, LA; the British wine expert David Milligan, working in New Orleans; Pete Schneider, a Slidell wine collector; Dr. Tom Canale, an ENT physician in Metairie; the British expatriate Gerald Kendal, a wine company representative; Earl Cobb, a wine retailer and distributor in Gretna; and me. Subsequently, Dr. Steve Taylor replaced Pete Schneider after Pete's death, and Fernand Picou, an architect living in Thibodaux, replaced David Milligan when he relocated to New York. The Second Sunday club was where I learned the most about wine and had the most fun. The Second Sunday club closed in 1986.

La Grande Revenge:

The wine community was surprised to learn that a rebel group of female wine tasters, most of whom were our wives, had formed their exclusive club, La Grande Revenge, as a response to the male dominated wine clubs. Eight members discussed four wines, with food and cheese at the home of a member each month, in the format rather like the Second Sunday club. Men were not allowed to attend or to disturb the members. It was a happy group, improving their palates. As the attached photo shows, they were much more attractive than the men. They are, from left to right: Rita Zanki, Aysen Young, Margaret Colomb, Margaret McNulty, Beverly Van Pelt, Linda Cobb, Julie Post, Jean Willoughby. We were proud of them!



The Commanderie du Bordeaux

Chapter: Nouvelle du Orleans

The Commanderie is a prestigious wine organization of France representing the wines of Bordeaux. Established in the United States in 1959, there are over 30 chapters and 1200 members in this country, and 86 chapters in 26 countries world-wide. The New Orleans Chapter was formed in 1963. Its maître, Lyell Aschaffenburg, owner of the Pontchartrain Hotel in New Orleans, wanted to increase the membership of younger wine-lovers. He recruited David Milligan, a young English wine expert, to submit candidates in 1970. Over the next several years, David was instrumental in the acceptance into the Commanderie of several of my wine friends. I was inducted in 1974. There are usually fifty members in the New Orleans chapter, who meet twice annually. At the Parlement dinner meeting in the spring, members conduct spirited discussions about the wines and food served that evening. The dinner in the fall includes our ladies. Meetings are often black-tie, and are held in fine restaurants serving a menu selected by a dinner committee of our chapter of the Commanderie. Each chapter has its cellar of various vintages of fine red and white Bordeaux wines to serve at these events. After forty-two years as a member, I resigned in 2016. It was a wonderful privilege and

opportunity to enjoy great wines and great food in very fine restaurants with convivial fellow members led by Harby Kreeger, our maître,



The members of the Second Sunday Claret Club are pictured here, left to right: Pete Schneider, Tom Canale, Jack McNulty, Jeems White, David

Milligan, Gerald Kendal. Earl Cobb took the photo.

Collecting Wine, Our Wine Cellar

Margaret and I began collecting wine om the mid-sixties, storing them in rudimentary air-conditioned spaces until 1988, when we bought an air-conditioned upright wine cellar and began to fill it with wines. Some were purchased before they were released into the marketplace. We bought some “futures” from a local wine distributor of Bordeaux wines of the vintages 1966, 1970, and 1982. I remember buying seven cases of high quality 1970 Bordeaux reds in 1972, for an average price per 12-bottle case of \$ 43. Those were the days! Keeping the cellar reasonably full, I hoped to drink my last great bottle before my death, with Margaret, Earl and Linda Cobb. I “miscalculated”, and in 2016, with Margaret no longer with us, Linda and Earl Cobb and I enjoyed the last of my “keepers, the 1982 Chateau Haut Brion, (Graves). Remember: One Should Never Drink a Great Wine Alone!

Having the opportunity to sample, study, and teach about wines made from many different grape varieties from many different countries has been a constant and rewarding pleasure. The most noteworthy wine tour that Margaret and I enjoyed in France is described in the notes which follow in Chapter Twenty-Seven.

“The Only Way To Go” Touring Wine Regions of France May 7-22, 1977
Four Couples, a Mercedes Mini-bus, and a Portuguese Driver

CHAPTER TWENTY-SEVEN

“The Only Way to Go”

Touring Wine Regions of France

May 7-22, 1977

Four Couples, a Mercedes Mini-bus, and a Portuguese Driver

Our adventure began in the airport in New Orleans, where nearly one hundred eighty members and guests of Codofil, the Council for the Development of French in Louisiana, assembled for our flight to Paris. If one believes in such things, it was a good omen of things to come when we departed ahead of schedule, all in high spirits, fortified by a couple of drinks at the bar. Our little group of four couples planning a tour of some of the wine regions of France included: Earl and Effie Cobb of Gretna (Earl is a wine professional with many years of experience in tasting wines, and is an importer and

wholesaler; Jack and Margaret of New Orleans (Jack is a physician and enthusiastic wine-lover); Edmond and Jean Deramee of Thibodaux (Edmond is an attorney, gourmet, and sportsman, venturing into the wine country for the first time); and lastly but most importantly, Fernand and Georgie Picou of Thibodaux (Fernand is an architect, gourmet, wine- lover, and experienced traveler in France). Fernand was our leader and organizer, who accepted the challenge of selecting the right blend of participants, hotels, restaurants, art, and history to satisfy our varied individual tastes. That he succeeded beyond any reasonable expectation will be apparent to the readers of this report. We owe him much more than we can repay for his having the wisdom and experience to handle such a complex burden. It should be noted here that nothing has been said of our wives who accompanied us. To do this justice, to describe their many appealing talents and charms would leave no room to describe the events which follow (this disclaimer is obviously added to avoid the inference that the writer is a male chauvinist pig!).

The flight to Paris was serene and uneventful, with brief turbulence high above the Atlantic. We arrived at Orly on schedule at 10 a. m. Sunday morning after ten hours flying time plus a refueling stop in Hartford, where Mass was held in the airport terminal building. While the Codofil group assembled for bus transfer to our PLM Hotel St. Jacques, we were met by Fernand's cousin, Renaud Picou, his wife "Pukky", and Christian, young son of their closest friend. We all piled into their three cars for the ride to our hotel. We were told it would be three hours before the rooms would be ready. At Reynaud's suggestion, we adjourned to his home in the Vincennes area of Paris, near the ancient chateau of Vincennes. Their home, a building constructed partly in the thirteenth and fifteenth centuries has a tunnel connecting it to the nearby castle, and is being lovingly restored by Reynaud. It is charming, on several levels, with a true wine cellar, and a ground- floor shop which is Pukky's hobby (she has a medical degree, but prefers to be a housewife). Apple wine laced with Calvados and a variety of snacks were served, and three glasses later, we were beginning to feel like part of the family. After a brief rest at the hotel, we returned for dinner, meeting their "Oncle", who was really Christian's father and very much a part of Reynaud's family. The meal, to put it simply, was sensational. The finest pate' de fois gras imaginable, with chunks of fresh truffles as big as one's fingernail was served with an Alsatian gewürztraminer. The medallion de veau avec morilles (a delicious wrinkled mushroom unavailable in our area) in a rich and delicate sauce of cream flavored with Calvados, was served with several bottles of Chateau de Pommard '72 (this consistently was the best Burgundy of the trip); an impressive array of cheeses (Reynaud is a food consultant and specialist in cheeses) included Brie, Reblochon, Rochefort, goat cheeses, and a wonderful Camembert, better than those reaching the U.S, The wine with the cheeses was a mature, mellow St. Emilion '62. Dessert was a soup bowl of strawberries marinated in liqueurs, accompanied an extra-dry champagne and a sampling of old Calvados. When

we arrived back at the hotel at 2 a.m., happily stuffed and inebriated, we were unanimous in our praise for our Parisian friends who had treated us so royally. What a way to spend one's first day in Paris!

The next two days in Paris were spent sightseeing and touring for the Cobbs and McNultys, who toured Versailles, lazed along the Seine in a "bateaux mouche", visited the Eiffel Tower, and enjoyed traveling on the Metro. The Deramees had a "French Connection" who graciously loaned his car and driver to them to tour Paris; they dined in restaurants each night. The Picous had one day filled with Codofil and Radiofrance activities, including two cocktail parties; one day was spent visiting the country estates of their French relatives, dining in the nearby town of Meaux, and partying until the wee hours.



Wednesday was our day to leave Paris by our specially chartered small Mercedes bus. It was quite comfortable, with lots of room for passengers and luggage, and was driven by Mario, a Portuguese whose French was hard to understand. In general, he tolerated us rather well. Renaud, "Oncle", and another friend came to our hotel at 8 a.m. to see us off properly. Such thoughtfulness and dedication to our comfort and well-being by our Parisian friends was appreciated by us all.

We headed southwest by autoroute toward the Chablis area, arriving two hours later in a small village near Chablis to the Domaine La Roche, where we met the elder Mr. Laroche, who offered us his Chablis '75 and Chablis Fourchaume '75 (the latter, a premier cru, was especially well-made). A few minutes later, Martin Forde arrived. He is a young Englishman who lives in the city, and who is half-owner of a new distributing firm in Chablis. Earl had agreed to meet him, taste his wines, and perhaps import some of his Chablis. This helped assure a warm welcome from Martin, who served several of his wines. We enjoyed these, particularly the Vaudesir '75 grand cru. As we were to find everywhere we traveled, the wine-makers all over France are very happy about the 1976 vintage, calling it the best for many years, and Chablis was no exception. At Martin's insistence, we were treated to a light lunch in a nice restaurant, Etiole-Bergerand. An excellent Chablis les Clos '71 accompanied the meal. While Earl and Martin talked business, we visited the office and wine shop in Chablis, where we were presented bottles of Vaudesir '75 autographed by Michael LaRoche and Martin Forde. We planned to stay in Chablis for two hours, but we had such a nice time we stayed twice that long. Because our trip to Mionnay near Lyon was to take three hours, we wisely called ahead to advise our next hotel of our delay.

Chez La Mare Charles, owned by Alain Chapel, perched in the hills north of Lyon in the little village of Mionnay, was a little hard to find, and it was 8 p.m. when we arrived. As dinner was to be served no later than 9 p.m., and because this was a three-star restaurant of highest repute, we hurriedly dressed and assembled for the evening festivities. It began something like this: "Would you like an aperitif?", purred our waiter. "Yes, please, I'll have a gin straight up", sweetly replied Jean, the others tensely awaiting their turn. His lips tightened as he composed himself, then he firmly answered, "Mais non, Madame, it will hurt your palate". "That's all right, my palate isn't really that good", parried Jean, as her face reddened just a trifle. Rolling his eyes, he sidestepped the impasse, and skillfully gathered the rest of the orders. Jean never did get her gin, and we learned it was easier to have the aperitif of our choice at the bar.

The food was of the highest quality, beginning with hors d' oeuvres of fingerling-sized whole fish, something like a large minnow, which was eaten, head and all. The variety of entrees and fish courses included soufflé of trout, squab in an aspic with truffles, Poulet de Bresse en vesicle, fresh salmon, veal sweetbread and kidneys, and delicious desserts. Wines included three bottles of Chassagne Montrachet "Les Ruchottes" '73, and a bottle of Blagny '72, a red wine from Meursault. It was by far our most consistently excellent meal from start to finish, and the most expensive. Chez La Mare Charles was a little gem, very prettily landscaped and artistically illuminated at night. Our rooms were tastefully furnished, with flowers in each room. It was simple, tasteful yet elegant, with an undeniable class. This was also our first experience with the



fast-moving, industrious French maids who carried our luggage in the smaller inns and hotels. We departed from Mionnay Thursday morning with our wallets noticeably thinner. Our plan Thursday was to drive northward through the Beaujolais country toward Beaune, stopping in the afternoon for a short visit in Macon. Fernand detoured us to a nearby medieval village, Perouges, which would be a delightful place to stay for a day. We prowled the cobbled streets, visited the rustic hotel, and spent a pleasant hour in the ancient town. Traveling toward Macon, we stopped along the way at a large and well-kept ornithological park, which contained birds from nearly every part of the world. Lunch was on the bus, with cheeses, crusty French bread, and a bottle of Cotes du Rhone '75. We arrived in Macon in mid- afternoon to keep an appointment with Mr. Didier Mommessin, director of the wine firm which bears his name, which ships Burgundies, and which owns the great Clos de Tart vineyard in the Cotes de Nuit. While Earl and Mr. Mommessin conducted their business, we had a little taste of their Beaujolais-Villages '75, and arranged to visit Clos de Tart on Friday. Reaching Beaune after a long day, we checked in for three nights and two days in the

famous Hotel de la Poste, hosted by Marc Chevillot, who had met several of our group while he was in America promoting his wines. It was a pleasant place, which will be remembered by the Cobbs and Deramees as having rooms the size of large closets, and by the McNultys and Picous for their huge suites, whose bathrooms were almost the size of the rooms of their friends.

After drinks in the bar, we had our worst dinner of the trip, described by some as an adventure in garlic. Garlic was everywhere, especially as the same coarse garlic butter sauce served with the escargots was liberally poured over the mushrooms served with the veal entrée. The wines were Meursault '73 (Chevillot) and a light Beaune red '72. It was a long and uncomfortable night, with much dismay that our daily room charge included breakfast and dinner, and we foresaw garlic for the next two nights as well.

Friday was cold and windy, with scattered rain, but we had an excellent reception in the morning at the fine firm of Joseph Drouhin, where we were greeted by Robert Drouhin, head of the firm. He presented us with an array of his white and red Burgundies, topping it off with a taste of the Chambertin Clos de Bezes '76, which was full, rich, dark, with lots of fruit and tannin. He strongly advised buying 1976 Burgundies for keeping. Robert was a very articulate and personable host, and we felt fortunate to visit with him.

The afternoon was spent in the Cotes de Nuits, with the highlight being a visit to Clos du Tart. We inspected the vines, and, in the cellar, tasted the incredible rich '76, which was so tannic that it must be spit out. Then we tasted the Clos du Tart '73 and '74, which were fine; the '74 was the better wine. We concluded the afternoon at Clos Vougeot, viewing their ancient crude wine press, mingling with a crowd of tourists. Back at the hotel, Marc Chevillot was preparing "something special" for us (perhaps our remarks about the garlic were overheard). Our dinner that evening was truly excellent, highlighted by an exquisite rack of lamb. The wine was a Puligny Montrachet '73. Things weren't so bad after all!

On Saturday morning we visited the bustling marketplace, which was erected in the large, open square near the entrance to the Hospice de Beaune. Stalls containing fresh foods, flowers, clothing, and household items had been erected overnight, and it seemed as if the whole town was shopping. We gathered enough cheese, bread, pastries, and wine for lunch at the hotel, then spent the rest of the day visiting the Hospice de Beaune and browsing around the town. Dinner was again excellent, with fresh turbot and chateaubriand specially prepared for us. With it we had a very fine Meursault '73 and a big, full Nuit St. Georges '72 (Chauvenet).

Sunday was a day of travel to Alsace, with a morning stop in the wine area of the Jura Mountains at the town of Arbois; a visit to Audincourt to see their famous modern

church in the afternoon; finally stopping in Alsace at Colmar, very near the wine villages nestled at the foot of the Vosges Mountains.

The day was sunny and warm, allowing us to appreciate the lush countryside filled with green fields of grain and vegetables, contrasting with bright yellow fields of safflower. Arbois is a nice town, and it was here that we found some unusual wines. Our “degustation” in mid-morning at the firm of Henri Maire included, besides their red, white, and rose’ wines, a first taste of “Vin Fou”, their sparkling wine, which is clean, dry, very pleasant, and a good choice as an aperitif. We also tasted a liqueur, “Macvin”, reddish in color with a coriander flavor, which appealed to the ladies. It was promptly bought by some of us when we learned it had mysterious properties, called “paradoesiac”. It sounded enough like “aphrodoesiac’ to give it a try. So, loaded down with bottles of Vin Jaune and Vin de Paille (their well-known specialties). Vin Fou, and Macvin, we moved on toward Audincourt.

As noon was upon us, Fernand consulted his trusty Kleber guide and decided that the Chateau d’As in Baume des Dawes would be worth a try. We found it, parked the bus, and blithely walked in, only then realizing that it was Sunday noon and we had no reservations! After a few expressions of dismay and consternation greeted us, the chef himself graciously permitted us to stay. It turned out to be a fine meal. The fish courses of Quenelles de brochet in a cream sauce, and salmon in a slightly tart, rich Hollandaise sauce were excellent. Quail with raisins, Coq au vin, and a baked chicken specialty were fine, Wines were a Alsatian Reisling ’75 “Les Muraille”, and a light and off-flavor Eschezaux ’72 (Domaine). Very agreeable meal, excellent service considering the crowd, and most reasonable price. We’d go back anytime.

It was a short drive to Audincourt, where we visited the “Eglise Moderne”, a marked contrast to the immense vaulted ceilings and spires of the classical Gothic churches. The simple lines, the harmonious flow from the exterior mosaic to the striking stained glass, to the restrained and muted backdrop behind the alter, conveyed the sense of reverence one experiences inside a church.

In keeping with the modern theme, our destination in Colmar was the Novotel near the small airport, where we were greeted by the sight of amateur parachutists floating to the ground. There was much merriment in our rooms, helped along by wine, as we celebrated Fernand’s birthday. Edmond, led by Margaret to a “shortcut” to gather provisions for snacks, found himself among the rabbits in the scrubby area between the hotel and the airport before finally finding his way. At the nearby grill, Edmond retaliated, getting his revenge by “teaching” Margaret how to ask for ice in Italian, which consists of forcefully extending the right hand upward, and at that moment saying “Ice-a”! She fell for it, and, with her usual good humor, gathered her rolls and ice, and returned to the motel. Meanwhile, back at the motel, I was expounding to the group that Margaret had

never failed to scrounge food, no matter where they went, but, I added, "I've never been able to teach her to root for truffles"! Henceforth, Margaret was known to all as "Truffles". She retaliated by using her magnificent command of Spanish to proclaim Edmond "El Finko". The night concluded with some miserable soup and omelets at the motel restaurant, but it really didn't matter by then, for it had been a wonderful day.

Monday dawned bright and warm. All about us were acres and acres of vineyards as we took a short drive to Hunawihir, where we visited an old church and its surrounding graves planted with spring flowers. Some Alsatians certainly were "pushing up daisies". The storks of Alsace, which have their nests on tops of chimneys in a most unusual custom, were visited in a small park nearby, then we drove a short way to Riquwihr. This was the most picturesque village, with its ancient half-timbered houses, flowerboxes, cobblestone streets, kept beautifully by its inhabitants, who apparently thrive on a brisk tourism. Lunch was in Kayserburg, a few kilometers away, at the Hotel des Chateau, where we enjoyed the typical hearty food of Alsace. Particularly fine was the choucroute garni. Other dishes included ham, a creamy cucumber salad, veal round steak in a piquant, almost German cream sauce, washed down with a crisp, dry Reisling, which blended beautifully with the very different food.

The afternoon was spent at the Hugel wine firm, which boasts of twelve continuous generations of Hugel ownership, begun sometime during the seventeenth century. They have reason to be proud, as their wines are extremely well made. David Ling, an affable young Englishman, conducted a tour of the facilities, and gave a lucid dissertation on the production of Alsatian wine, with heavy emphasis on quality as their main goal. Wines from the seven grape varieties of Alsace were tasted; of special interest were the Muscat d'Alsace and the Tokay d'Alsace, plus the familiar Pinot Blanc, Reisling, and a great Gewurztraminer Exceptionnel '71. The elder Mr. Jean Hugel visited with us, and seemed agreeably inclined about the possibility of a Louisiana chapter being formed of the Confrerie de Saint Etienne, which is devoted to the appreciation and promotion of Alsace wines. We concluded our stay with Hugel by sampling a bit of Eau de Vie, and left loaded down with bottles of Kirsch, Mirabelle, Framboise, and Poire William. Earl added a bottle of Marc de Gewurztraminer.

Dinner was at the Auberge du Schoenenbourg in Riquewihr with David as our guest. The terrine with fois gras; the filet de boeuf Dow Jones en crouete (like the best Beef Wellington ever); Chicken Kiev; and grilled lamb were enthusiastically received. Wine furnished by Hugel were the Hugel Sporen N.V., their Reisling Exceptionnel '75, and a Beaune-Villages '74. Another beautiful day ended with everyone full and happy.

It was an early departure on Tuesday for Strasbourg, an old but dynamic city, which we all enjoyed, especially the pink cathedral, with its very old stained glass and delicate, almost lace-like spires. Jack learned to wear a hat, not carry it (most

embarrassing to have some people drop coins in the hat!). We had a light lunch on the bus, with Hugel Muscat. We were on our way to the Champagne region via Nancy, capital of Lorraine.

The side trip to Nancy to visit the Place Saint Stanislaus, reputed to be the most beautiful in France, was a disappointment, especially as we had passed up a visit to Baccarat. We arrived at the Royal Champagne Hotel perched high above the vineyards around Epernay. Here we learned we had reservations for one night, instead of two, but were consoled by excellent rooms at the back of the hotel, with a magnificent view of the vineyards. Heavy downpour of rain and a brief power failure failed to dampen our spirits, and fortified by a magnum of Mercier Brut, we dined sumptuously at the hotel. Among our favorites were the ris de veau in a delicious white sauce, the exquisite grenadine de saudre (very delicate fish), filet de bouef Bordelaise, delicious lamb, and veal kidneys. The wines included Mercier Brut and two bottles of Ch. du Tallon '70. General appraisal: rich and elegant food (and expensive).

Wednesday, we departed the Royal Champagne in mid-morning with an appointment to visit the Krug Champagne firm, arranged by Earl. The day was largely spent with Remy Krug, of this prestigious Champagne firm which remains small in sales, but is a giant in their achievement of quality. We were introduced to the intricacy



of grape selection and wine making by those old methods which are traditional (and still necessary) to produce a superior wine. We tasted their non-vintage Private Cuvee, blended from selected old and young wines to match closely “the taste of Krug” year after year. Vintage Krug uses only the wine of a year of high quality. At the cellar we tasted the '69 Vintage wine vs. the non-vintage Private Cuvee. Both were marvelous! We adjourned for lunch at the

excellent L'Assiete Champenoise where Remi selected our menu. Their special salad of asparagus, mushrooms, celery hearts, pate', and carrots was very fine. A light and delicate crepe filled with red wine sherbet was next, followed by the entrée of crawfish and turbot in a beurre blanc sauce. Magnificent! The assortment of desserts included apple mousse, flan, and four varieties of sherbet. We drank seven bottles of Krug Private Cuvee! Our glasses never stayed empty. During the conversation, Margaret liked the unusual square bread and butter plates, and asked about them to Remy, who was sitting next to her. He offered to drive her to a local shop for the “plaque au beurre” while we drove to the Hotel de la Paix. As Remy and Margaret drove off in his black gull-wing Mercedes coupe, my friends in the bus consoled and teased me that

Remy had run away with her! I was more than a bit tipsy, played along, announcing gravely, but facetiously, that I would trade Margaret to Remy for two cases of Krug Champagne every year for life! Much fun ensued when Remy returned with Margaret and a set of bread and butter plates. With a gift bottle each of Krug Private Cuvee, an autographed hard-cover biography of the Krug family, and other little souvenirs, our eight travelers warmly expressed our gratitude to Remy Krug. In the group picture with Fernand, Edmond, Jack, and Earl, Remy Krug is the third from left. His generosity and willingness to spend time with us was unparalleled among the many generous, thoughtful, and courteous wine-makers we met.

Wednesday evening was quiet. The Cobbs and McNultys had a light meal in the room with perhaps the finest wine of the trip, the '55 Cos d Estournel, which Earl, with his talent for finding old wines, discovered in a nearby Nicolas wine shop.

The next morning was filled with a visit to the Cathedral in Reims, and for Fernand, Earl, and Jack, a mid-morning appointment to visit the cellars of Veuve Cliquot Champagne. They were picked up by one of the three directors of the family-controlled company, Mr. Henri-Marc D'Harcourt, who gave them the grand tour of their acres of underground caves. Then Mr. Harcourt inducted Fernand into the very exclusive "Widow's Circle". A stimulating discussion of French and Louisiana history, politics, children, and life in the French and American styles was helped along with two excellent bottles of the Veuve Cliquot Vintage '70 Champagne. We were one hour late returning to the Hotel de la Paix.

Departing at 1 p.m., the drive from Reims to Brussels was an uneventful three hours. Here we unloaded our bus for the last time (no mechanical problems whatsoever on the trip), and bade farewell to Mario, who took with him a very large part of our wallets.

At the Hotel Astoria, a quiet and comfortable old hotel with efficient and courteous staff, we relaxed and unpacked for our final two days in Europe. That night we visited the Place Grande, where we dined at La Couronne. The menu included delicate crawfish in beurre blanc with tiny vegetables, grilled turbot, ris de veau in cream sauce, steak, and grilled lamb. General impression was very favorable, but prices not cheap. The wines were Mersault '73 (Louis Latour) and Chateau de Pommard '72, both excellent.

Friday and Saturday in Brussels were spent shopping, sightseeing, and shivering, with chill winds and rain. Friday night was party night, with Margaret, our provider (pack-rat would be a better term), shopping for an assortment of ham, sausage, cheeses, bread, et cetera for the party that was held in our hotel room. It was a rousing success, with harmony provided by Georgie and Jean, who sang a French

church hymn to the tune “Old Black Joe”. Wines were two bottles of Krug Champagne, a bottle of Tokay d’ Alsace Hugel, then three older red wines reverently presented and consumed: the Pichon Lalande ‘53 (Nicholas), which was light and graceful, and quite mature; the Gruaud Larose ‘53 (Nickolas), which was really lovely, with well-balanced fruit, acid, and tannin, with lots of life remaining (it was the favorite wine of the trip for Fernand and Edmond); and finally, the Clos de Tart ‘62, the great Burgundy: its rich, lush, still young flavor a fitting end to the evening’s wines. Those still thirsty turned to Johnny Walker Black Label before calling it a night.

Saturday night was a variation of Friday’s party, with a wider selection of cheeses, including one from Chaume and one from the Pyrenees, plus a Pate’ du Marsassin and a variety of cold cuts. The wines included another bottle of Krug, a fresh Beaujolais ‘75, the Croizet Bages ‘64, which was very nice, and a lovely Nuits St. George, which was smooth, mature, and flavorful. Fernand’s find, a ‘37 Clos Rene (Pomerol), had a bad cork, and sadly we learned it had died a long time ago. We refreshed ourselves with a Lafleur ‘73 (Paulliac), and closed with the Taylor Porto Vintage ‘71. Our round of parties and festivities had come to a most enjoyable conclusion.

The return on Sunday to New Orleans with a short stop in Newfoundland was easy and effortless. Even the Customs people were nice to us. This was a trip hard to top, a memorable two weeks, “The Only Way to Go”.

EPILOGUE:

As my life winds down, its burden of stresses, heartaches, tragedies and losses have been more than counter-balanced by the joy, happiness, and accomplishments of a lifetime. I have been privileged to share with you these stories of Margaret and our children, of my careers in Internal Medicine in New Orleans and Palliative Medicine and Hospice in Louisiana and Mississippi. I am sustained by my memories of Margaret, her love of life, of her McNulty Travel Agency, of our adventures in wine and travel, and the wonderful friends and colleagues who have enriched our lives. The story, of course, is not quite over. Stay tuned.

Appendix

Acknowledgements

In this account of a long and productive life, it is appropriate to recognize the many individuals and institutions who were important supporters and dear friends to me and my family.

I admired many individuals during my career in Internal Medicine in New Orleans. These deserve special praise: Drs. Oscar Blitz, Edward “Buddy” Matthews, Tlaloc Alferes, Paul Bagalman, Sam Threefoot, William Ogden, Sam Zurik, John Ball; administrator Judy Casey, and secretary Gerry Orso.

In my career in Hospice and Palliative Medicine in Covington at Hospice of St. Tammany, Ms. Ellarose Carden was an outstanding supporter, inspiring me to create the nonprofit 501c3 Palliative Care Institute of Southeast LA (PCI) to help champion palliative care. Her Salmen Family Foundation provides annual grant support.. I am indebted to Laurant LeBien, Director of the Louis and Virginia Clemente Foundation, and to Betty Estopinal of the the Joe W. and Dorothy Dorsett Brown Foundation for their grant support. Earl and Linda Cobb provided me with invaluable computer and technical support.

The Board of PCI has teamed with me to provide seminars and lectures to healthcare and community audiences to advance palliative care. They are dear friends: Drs. Susan Nelson, Chris Blais, Alexandra Leigh, Dominique Anwar and Steve Taylor; Susan Rodriguez, RN, and Deborah Bourgeois, APRN; Delaine Gendusa, LCSW; and Rev. Jeff Sims..

At Hospice of St. Tammany, dedicated Interdisciplinary Team standouts include nurse administrators Judi Garcie and Paula Touns; hospice nurses Cheryl Bays, Shirley Timmons, Linda Stringfield, Donna Berbling, Alden Tryforos; and Lisa Linville; Social Workers Delaine Gendusa and Ada Marion; Chaplains Walter Heine and Gerald Knighton, and especially, office secretary Charlotte Chauvin.

In Palliative Care, I begin with the three nationally acclaimed palliative care physicians who encouraged me, inspired me, and refined my teaching: Dr. Charles von Gunten of the Journal of Palliative Medicine, who is my mentor, after a fashion, and improved my published work; Dr. Diane Meier, leader of the Center to Advance Palliative Care; for her early encouragement and leadership in palliative care, Robert Arnold, superb clinician and teacher at the University. of Pittsburgh, as a role model. I was fortunate to teach with nationally recognized healthcare lecturers for several years. Deborah Grassman, APRN, is the leader in the management of emotionally damaged veterans, and is the author of *“Peace at Last”*. Dr. Kathleen Rusnak, PhD, has a scholarly background in philosophy, psychology, and theology. Her book, *“Because You’ve Never Died Before”*, deals with spiritual issues at the end-of-life.

Institutional support to our educational foundation (PCI) by partnership with the Louisiana Mississippi Hospice & Palliative Care Organization enabled us to provide widespread teaching in LA and MS cities and rural communities. The vision, energy, and passion of Executive Director Jamey Boudreaux, Journal Editor Susan Drongowski,

and Chair, Education Committee, Nancy Dunn expanded and enhanced out teaching efforts.

Thanks go to Dr. Cindy Leissing, Tulane hematologist, for appointing me to the Tulane Cancer Committee. One of my favorite colleagues, Dr. Dominique Anwar, the Swiss palliative care expert, collaborated with me in teaching palliative care at Tulane. Thanks go to Dean Richard Di Carlo and Brian Jakes for my LSU Clinical Faculty appointment to teach about hospice. I am grateful for the advice, support, and video expertise of cinematographer Francis James.

I applaud Susan Rodriguez, RN, the administrative nurse who was the catalyst in palliative care development at Ochsner Health System, together with Drs. Edward Martin, Chris Blais, Gretchen Ulfers, and Deborah Bourgeois, APRN. Dr. Lawrence Durante and Robin Rome, APRN are my dedicated colleagues in Greater New Orleans. I was fortunate to practice with the administration and staff of St. Tammany Parish Hospital, with special thanks to Drs. August Suarez and Jack Saux, Chaplain Jeff Sims, Kerry Milton, RN, Chryl Corizzo, RN and Deborah Miller, RN.

Dr. Benedict "Joe" Semmes thoughtfully sent me the motto of Dartmouth College: *vox clamantis en deserto* (a voice crying out in the wilderness), which he adapted to characterize my teaching efforts: *vox clamantis en deserto non longus* (a voice crying out in the wilderness no longer). Thanks to Joe, I have a motto.

We remember these steadfast, loving friends of our family, and who, over the years, have a special place in our hearts.: They are Jerry and Betty Modenbach, Norma Stratz, Ford and Jean Willoughby, Jeannette and Bill Ogden, Millie and Buddy Brodtmann, Carmen Bovee , Mark Hatfield, the Casey family, and the Mortelman family..

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McNulty J: J Pall Med 10 (May): 293-96, 2007 Can levorphanol be used like methadone for intractable refractory pain?

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McNulty J: J LMHPCO< August 2007: What's the Better Model of Care? Interdisciplinary Team versus Traditional Care

Family History

McNulty

My great-grandfather, John McNulty, born in 1825 in County Donegal, Ireland, emigrated to the United States during the Potato Famine in 1845, traveling through New York and Pennsylvania, finally to Wisconsin. He was ordained as a minister by the Presbytery of Milwaukee on February 24, 1854. Later that year, he met and married

Esther Finlay. My grandfather George was born in 1855. After the death of his father, Reverend John McNulty, due to tuberculosis, George, then a teen-ager, moved with his mother to the Finlay family home in Ohio. She soon remarried, and George was unhappy in that family. He moved to New Orleans to live with his uncle, A.K. Finlay, a prominent pharmacist. George married Isabelle Waugh, the daughter of Arthur Waugh and Isabelle Harris, in 1891. Living in southeast Louisiana, their marriage produced six children: George Jr., John, Isabelle, Mae, Arthur, and Kathryn. George, Jr. was difficult and rebellious as a young adult, and abandoned the family to live in North Carolina. When the children were grown, my grandmother moved into their new home in Covington in 1925, and my grandfather commuted to the McNulty Pharmacy in New Orleans.

Petty

The ancestors of the Petty family have lived in England since the 1600s. The Petty family and the Fly family, living in Centreville, MS were connected by marriage in the first half of the nineteenth century. My grandfather, James Andrew Petty, born 1856, the son of George Brown Petty, carried on the Fly connection by marrying his first cousin, Harriet Fly Petty, in 1880. Of their ten children, eight survived to adulthood: Annie, Tracy, Helen, James Andrew, Jr., Maurice, Mamie, Edith, and Boyd. My grandfather was a prominent construction contractor in New Orleans, building many churches and schools. His sons worked with him. During the Great Depression, the firm became bankrupt due to nefarious dealings by a rival firm and a corrupt city inspector. My grandfather lost his business and his lovely home. In his 70s, he retired, moving to Tracy's second home in Mandeville, with my grandmother Hattie, and their daughter, Helen, age 45. Helen died tragically in 1934 of burns when her dressing gown accidentally caught fire. After my grandfather's cardiac death, in 1935, my grandmother moved to New Orleans. She died in our home in 1939 of diabetes and a cerebral infarction. I was close to many of the Petty family. I am indebted to my cousin, Robin Kotchan Doyle, for the McNulty and Petty family information.

De Mouy

The De Mouys came from Mouy, a commune in northern France, 78 Km. north of Paris. Some of their descendants were living in Mobile County, Alabama as early as 1742. Margaret's father, Edward Raby De Mouy, was born in a small village north of the city of Mobile in the late 1880s. He became the chief engineer of large transatlantic steamships traveling from the United States to Britain and Europe. He met and married Margaret Miriam (Mirrie) Cowley of Liverpool, England in the 1920s. Their children, Margaret Lillian, born in New Orleans in 1925, and Edward Henry, born in Liverpool in

1932, were raised in various cities in the United States, as their father moved from place to place. The marriage of Margaret's parents was a stormy one, intensified by alcohol abuse and violence. After her divorce, Mirrie and the children returned to New Orleans in 1941. A few years later, she married Harold Deemer, a longshoreman, who also abused alcohol. While in her sixties, Mirrie was happy living nearby, helping Margaret with the children, who loved her. She died of a acute heart attack in 1969 at age 70. Margaret was estranged from her father, living in the Poconos, who died of pancreatic cancer in the 1970s. Margaret and her brother, Dr. Edward H. De Mouy, were close throughout their long lives. A highly regarded radiologist, a former head of Tulane Medical School Department of Radiology, Ed died in 2016. He is survived by his wife, Sally D. Tamplain De Mouy, and by sons Edward and Jeffrey De Mouy, MD.

Cowley

During the early years of World War II, when the German air force was unable to overcome the Royal Air Force in daylight air battles, bombing focused on Liverpool, the main Atlantic port through which came ships loaded with military supplies from America. The Cowley family, living in Liverpool, survived the Blitz, even though the building in which they lived was damaged by a bomb. Margaret's grandfather, Henry Jabez Cowley, a theatrical stage manager, was injured. Her grandmother was Margaret Cowley. Their children were Connie, Winifred, and Margaret Miriam Cowley (my Margaret's mother), and Henry James Cowley.

Winifred and Henry Hayden Langley had three children: Connie, Hayden (Ben) and Catherine. Their parents Winifred and Henry Langley died of tuberculosis (1941, 1943). Due to the chaos and deprivation caused by the war, the three small Langley children were placed in an orphanage from 1943 to 1949, until their uncle Henry brought them, as foster children, to live with him in Liverpool. Their Aunt Mirrie was very loving and supportive to them during those years in the orphanage. Connie lives in London; Ben live in South Carolina; Cathy lives in South Carolina. Our family and their families are close. Cathy Connolly shared with me these memories of the wartime Cowley family.

FINIS

