

Caring for the Ages

A Joint Online Publication



February 1, 2026

The Horse and Buggy Doctor

By Jerald Winakur, MD, MACP, FRCP, CMD-R

“Protect us, O God, From Diphtheria!”

So begins the book, *The Horse and Buggy Doctor* (Harper & Brothers, New York), written by the rural Kansas family physician, Dr. Arthur E. Hertzler, and published in 1938. These words, this prayer, had been uttered daily by Dr. Hertzler’s father because, in the 1870s, when Arthur was a child and before any vaccination existed for it, children were dying in droves from this disease.



Dr. Arthur Hertzler was a workaday GP—he did everything that a physician was able to do for his patients during his practice years in the late 19th and early 20th century, including surgery, orthopedics, obstetrics, and the medical treatment of diseases with the limited science and pharmacopeia available at the time.

The Horse and Buggy Doctor became so popular when it was first published that it displaced Dale Carnegie’s *How to Win Friends and Influence People* from the bestseller list!

And that is because this doctor is so engaging, so honest and open. At a time when patriarchy ruled, and doctors were taught and encouraged to hold themselves above their patients, he wrote:

“The more intimate relations between doctor and patient have never before been discussed in print but I am going to come nearer to doing it than has yet been done. Only an old doctor who has lived with people knows this relationship and only one who has cussed and discussed man for half a century would dare to do it. The more nearly the doctor’s experience of life has paralleled the patient’s before him, the better is he able to understand that patient.”

This was a very radical statement for the time.

And read Dr. Hertzler’s graphic description of children with diphtheria:

“The child is dumpy, listless and feverish. It may or may not complain of sore throat...the membrane (caused by the infection) more or less covers the tonsils and the adjacent regions of the pharynx, even into the nose. The pulse rate becomes rapid...and thready until it is uncountable. The membrane gradually clogs the...windpipe. The child, fevered and delirious, becomes bluer and bluer as the windpipe fills up. He is too busy breathing to cry. The appearance of the deeply blue face is made more terrible by the bulging unseeing eyes. The head and shoulders pull back, the hands twitch. Then the entire body relaxes and the face becomes less livid. The child is dead...the effect of the poison produced by the bacteria. This caused the death of ...a fourth of the patients by the sixth day.”

A vaccine (the “D” in the currently recommended childhood DTaP [Diphtheria/Pertussis/Tetanus] vaccination series) was developed in 1894, and a refined and improved version was widely available in the 1920s. In the United States, the number of deaths from diphtheria fell from 15,000 per year (1921) to only a few between 1996 and 2018. But it has not disappeared.

I attended medical school in Philadelphia beginning in 1969. I never saw a case of diphtheria. I arrived in sunny San Antonio for my residency at the Robert B. Green and Bexar County hospitals in 1973 to find a medical staff freaked out over this disease. The reason was understandable: In 1970, 165 cases of diphtheria had been treated here, mostly in unimmunized patients, among which were 3 children who died. Antibiotics, not available in Dr. Hertzler’s day, now saved many of these patients because diphtheria is a bacteria and thus susceptible to them. This was unlike so many viral diseases we fear and can now immunize against like polio, mumps, measles, rubella, chickenpox, influenza, RSV, Covid, Shingles, herpes, hepatitis, and others.

Again, I want to emphasize that it was only because antibiotics developed over decades of scientific research against bacteria that saved the day in my region’s 1970 diphtheria epidemic. But antibiotics cannot and will not save the day if “herd immunity” is lost to diseases caused by viruses should “vaccine skepticism” encourage too many of us to forego routine vaccinations.

And this is happening. Childhood DTaP immunization rates have fallen to 92% in kindergarten-aged children. This is below the rate needed for herd immunity (95%).

We are now seeing a recurrence of measles (rubeola) virus in children (in 2025, almost 1,800 cases in America, including over 200 hospitalizations and 3 deaths in school-aged children). Other devastating complications from measles include pneumonia, seizures, encephalitis, and blindness. These cases are also a direct result of declining measles vaccination rates—now only 91.26%, a decline of 2.67% since the COVID pandemic. Again, the further our population falls from the 95% needed for herd immunity, the more cases we will see. (JHU HUB)

If the polio virus returns—and it certainly could—I shudder to think what will happen.

For me and my geriatric-aged patients and friends, let us all be reminded that alongside the chronic illnesses so many of us have accumulated over our lives—diabetes, heart trouble, lung problems like COPD, cancers, and many others—our general immunity (even if we think we are healthy) to fight off infections has declined and will continue to do so over time. That is why doctors like me do our best each fall to make sure that all of us check in with our medical professionals for the latest vaccine regimens for

influenza, RSV, COVID, Pneumovax, and others. There is no doubt that these vaccines save lives in our age group and reduce the risk of complications. No matter what the vaccine skeptics are saying.

Here is what Arthur Hertzler, that wise, honest, and cussedly fearless “Horse and Buggy Doctor” wrote almost a century ago:

“The freedom from disease that the public now enjoys is the result of the labor of [practicing doctors, nurses, health service and research personnel]. It is all right for those with minor ailments, or with none at all, to consort with the cultist. It is all right to do fool things if someone is standing by able to protect us from the fruits of our folly. But, let it be emphasized, if the cultists inherited the earth the epidemic diseases would be upon us with their original pristine terribleness...A doctor, an M.D., must think the truth. Perhaps it would be better if he sometimes proclaimed it.”

Let us all proclaim it.

Jerald Winakur is a retired geriatrician and an adjunct faculty member in the Division of Geriatrics at UTHealth--San Antonio.

<https://paltmed.org/news-media/horse-and-buggy-doctor>