

Clayton W. Nesbit, M.D.

by Jennifer Schapp

My father, Clayton Nesbit, was the kind of doctor about whom people today often reminisce wistfully, an old fashioned family doctor in all the best senses of this phrase. He practiced medicine from 1945 to 1965 in his home town of Pittsfield, Massachusetts. He had known many of the people who became his patients and their families since he was a boy. He was strongly invested in the local community as well as in the patients he served.

What did a doctor's daily routine in the 1940's and 1950's consist of? Seven days a week, he would make the rounds at the local hospitals and visit any of his patients who were there. He usually did this in the morning before or after making several house calls. Weekdays, except Wednesdays, he had office hours in the afternoon, and these would often be followed by another house call or two. Then home to supper and afterward he had office hours two evenings a week, and spent another evening at the Naval Reserve base in Pittsfield. Some evenings before he came home there might be still another house call to make. He had office hours on Saturday morning as well as weekday evenings for the convenience of patients who worked nine to five. Although on weekends his work load was lighter there were always bound to be at least one or two house calls that had to be made even on Saturdays and Sundays.

Our home phone was listed, so my father's patients always had access to him, day and night. When he went to bed at each evening he could never be sure he would not be wakened from sleep in the middle of the night by a call. And if someone was worried enough to call at one or two in the morning the symptoms described were usually worrisome enough that my father would feel obliged to go to visit them immediately. As time went on and his patient base aged these calls became more frequent.

My father was deeply concerned about his patients. One special example of my father's care and kindness that stands out to me happened on a Christmas Eve. My mother and I were with him in the car. He said he wanted to stop for a short time at a patient's house. This wasn't an unusual occurrence and we expected he'd be back in about 15 minutes. But over an hour went by. When my father finally came back to the car he did not say much to us at first. Later we learned what had happened. His patient was an elderly man who was dying. My father said he had just had a feeling he should go and check on him. When my father got to the house the man's wife was alone and it appeared that her husband was likely to die soon. He did not want to leave the wife alone at such a time, so he stayed with her at the deathbed, and, after her husband died, made sure she would be all right before he left the house.

When I was a teenager my father taught me the importance of having a sense of meaning and purpose in life, especially for the elderly. An uncle of my mother's, who was in his eighties and my father's patient, developed a serious heart condition. My father worried when he had to tell my great uncle that he should not continue to do his previous chores, in particular carrying coal up to the stove in the second floor apartment he shared with his widowed sister. My father told me that while any chores my uncle had been doing could and would be readily handled another way, it was going to be a blow to his feeling of self-worth if he himself could not perform them. My father said he really hated to tell elderly people - like my great-uncle - that they should not do things. He said being unable to do and contribute as they had all their lives could make old people lose any strong desire to live.

On a lighter note there was the family of young boys who, their mother said, insisted on getting haircuts (a crew cut) like Dr. Nesbit despite the fact they did not like getting the shots he had to occasionally give them, which they called "bee stings".

Since my father, even when at home, was always on call there were many interruptions to his leisure time and our family life together. But he took advantage of the time he did have free to pursue his many interests. He enjoyed solving chess problems and English crossword puzzles; he loved music, played the clarinet, and was a member of the Little Symphony Orchestra at the Pittsfield Music School; he liked relaxing with a mystery story. A neighbor got him interested in bird watching so we had several bird feeders in our back yard and went on occasional bird walks. And he was a staunch and enthusiastic supporter of the Boston Red Sox. If there were a game on when he had to go out on a house call he would be sure to have the car radio on. He enjoyed reading aloud and my mother and I spent many pleasant evenings listening to him orate Dickens and other classics, although occasionally a phone call from a patient would put an abrupt end to an evening reading session.

I'm glad that in my father's day there were no cell phones. At least when he got away from home and office he could feel he really was free for an hour or two. He enjoyed going to the theater and attending Tanglewood concerts, and when the Sterling Clark Museum opened in Williamstown our family became frequent visitors.

It was hard to get my father to take a vacation. He did not like to leave his patients and his practice. But two or three times a year we might take a day trip to places like the American Shakespeare Theatre in Connecticut or museums in New York City. And over the years we did take several family trips that were at least two or three days long.

In the end my father cared too much about his patients for his own health. As time went on more of his patients, some of whom he had known most of his life, became elderly. Inevitably some developed serious medical problems. And, of course, some eventually died. Every time one of his long-time patients became seriously ill my mother and I would know. My father would become irritable, not with his patients, but around our house. It frustrated him so very much not to be able to make them better.

Eventually the stress took its toll. He himself was getting older and the calls in the middle of the night were if anything more frequent as his patient base aged. He developed high blood pressure. Finally, in August 1965, when he was not quite 55 years old he had a severe stroke from which he never fully recovered. A series of smaller strokes followed over the next two years. Eventually my mother, despite her best efforts, could no longer care for him at home. He remained in Edgecombe Nursing Home, unable to communicate or move about unassisted, for 15 years until he died in 1982.

Biographical Data for Clayton W. Nesbit

Born: 10/15/10 in Pittsfield, Massachusetts

Graduated Pittsfield High School, first in class, 1928

Graduated Williams College, Phi Beta Kappa, 1932

M.D. Harvard University, 1936

Internship Albany Hospital 1936-37; Residency St. Luke's Hospital, Pittsfield, MA, 1937-38

Marriage to Marion Bastow, July 2, 1938

City Physician, Pittsfield, MA 1938-1942

U.S. Navy, Active Duty, 1942-1946

Physician in Pittsfield, MA 1946-1965

Incapacitating Stroke: August, 1965

Death: April 6, 1982



Dr. Clayton W. Nesbit, snapshot 1963