

Oral Memoirs

of

Hoyt Smith

An Interview
Conducted by
Clinton M. Thompson
February 4, 2016

Development of the Tulsa Medical College:
An Oral History Project

Schusterman Library
University of Oklahoma – Tulsa
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Interview History

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The Development of the Tulsa Medical College Project was conducted by the Schusterman Library at the University of Oklahoma-Tulsa from January 2016 to June 2018. The project focused on the development of the Tulsa Medical College, which later became the OU-TU School of Community Medicine. The project consisted of 28 interviews with former and current employees of the University of Oklahoma-Tulsa.

Hoyt Smith was the Director of Medical Records at the Tulsa Medical College He was later employed by OU-Tulsa as a Lecturer by the Public Health Department.

Clinton M. Thompson was the first Director of the Tulsa Medical College Library and went on to become the Director of the Robert M. Bird Health Sciences Library at the University of Oklahoma Health Sciences Center.

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Hoyt Smith
Oral History Memoir
Interview Number 1

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Tulsa, Oklahoma

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THOMPSON: This'll be February 4, 2016. Would you like to introduce yourself?

SMITH: Well, I'm Hoyt Smith, former director of Medical Records at [the] University of Oklahoma, Tulsa Medical College [TMC].

THOMPSON: You want to talk a little bit about your education?

SMITH: Okay. From 1957 to '61, I was at the University of Tulsa [TU] on a four-year Scholastic Arts Scholarship, got a B.A. in commercial art. I also did publications photography for the journalism department. Nineteen-sixty-one, I started my M.A. degree in fine arts at the University of Tulsa. Then I up and joined the Peace Corps, and that was from '62 to '65; and that was Peace Corps Ethiopia. I taught drafting and industrial arts program, and I did photography for Peace Corps administration. I took hundreds, and probably thousands, of portraits of people and places in Ethiopia because they were just my thing. I came back, and I finished my M.A. degree in fine art, enrolled at—got bored stiff. You want to know the truth? After being, really around the world. So, I enrolled in TU's life sciences graduate program, and there I took mostly pre-med type courses; and I was interested in probably doing, like, a PhD work and doing work with research. And a friend of mine, who was one of the professors there at TU, had been to Johns Hopkins; and he told me about a program there in medical illustration, which I had never heard of. He said, "That might merge your career in life sciences and medical field perhaps with art because it's basically doing artwork with a medical theme." So, I thought, well, that sounds like an interesting way to get in the back door at Johns Hopkins so I can do research. (laughs) So anyway, I did apply and got accepted, and did a portfolio and went to Hopkins in Baltimore, and the program was really quite interesting. So interesting that I stayed with it and graduated with a master's degree from the University of, well, Johns Hopkins School of Medicine a couple years later. Meanwhile, summer of '75 I did an internship at Mayo Clinic, and Mayo Clinic has a huge medical illustration department. Lots of medical illustrators, and, mind you, never, no one ever had a computer. I mean, Johns Hopkins, Mayo Clinic, nobody; none of the artists had computers.

They were doing it the old-fashioned way. And matter of fact, I might as well put this in, Max Brödel was the father of medical illustration, and he was a German that Hopkins imported to do—he was a lithographer, and so Hopkins brought him in, and he’s considered the father of medical illustration. Mayo Clinic wanted to get him, but I guess they didn’t put up enough money or something. (laughs) Anyway, I’ll show you some samples of some of the types of work that Max Brödel used to do.

Okay. Nineteen-seventy-seven, I received an M.S. degree and was hired by the University of Oklahoma, Tulsa Medical College. I came back to Tulsa, and I just heard that they were starting a medical college, or had already started I guess. So, I just went right in, came over, and saw Dr. Plunket because he was filling in for the dean there at the time. And, I said, “Well, I’m a medical illustrator, got my degree from Johns Hopkins, wondered if you might be interested in, I mean, my services?” Dr. Plunket said something like, “Well, you know, what do you do?” (laughs) Or, “What does a medical illustrator do?” (laughs) And, let me give you a list of things that I, services offered here, and I pointed some of these for Dr. Plunket: medical art for publications, slide lectures, poster presentations, courtroom presentations, 3-D model making, and cosmetic prosthetics for medical _____ (??), and we also edited the graphic art for educational slides, charts and graphs, resident poster presentations, volunteer faculty lectures, resident recruitment brochures, and newsletters. And also I had done a lot of photography, and I had been _____ (??). So, did photography for publications, resident recruitment brochures, copy-scan work, lecture slides, faculty, staff, and resident events, PR type stuff. So, Dan Plunket said, “Well, you know, we might be able to use you.” So, Leeland called me in later, Leeland Alexander, and we negotiated a contract, and so I worked for OU Tulsa Medical College for fifteen years. You might’ve had some other questions.

THOMPSON: Well, I was going to ask you. So, that means that you had facilities both on Lewis and Sheridan.

SMITH: Um-hm.

THOMPSON: So, you want to talk about the facilities?

SMITH: Well yeah, matter of fact, Leeland was very gracious in setting up my department because he said, “Well, what do you need to do?” And I gave him a whole range of things, so we had room, one room that had two areas for graph—for illustrations. For me and a possible graphic artist. We had a full darkroom, which was very handy. And we also had another area for three-dimensional work, model making, and prosthetic, cosmetic prosthetics and so forth. And that was on the top floor of the Midway Building. And had a great view, and really, really a fantastic setting. And—

THOMPSON: Now, where were you at the Sheridan facility?

SMITH: Oh, that was an old—remember round building? Yeah, we were—took about a third of that I think. And, Bill Jersey(??) took the other part with his facility.

THOMPSON: Okay. Now, do you want to jump into the show-and-tell to show what you did, or—?

SMITH: Well, let me make a couple of comments here.

THOMPSON: Okay, go!

SMITH: Dean Tomsovic came into my department one time and said, “We’re going to computerize the entire campus.” He said, “Do you guys—would you guys like to have a computer for your department?” And quite naively, I said, “Well, you know, I can’t think of any reason why I would ever need a computer. Was I badly wrong? (laughs) And also, later I started doing—attorneys heard about my services. And so they thought, well, that would be good to have in court, you know, internal anatomy and things like that. So, attorneys walked in, and I was doing both plaintiff’s work and defense work. So, Dean Tomsovic came in and said, “You know, we had a lot of faculty here that we work with. Maybe a number of them get sued,” and he said, “and probably don’t want to do plaintiff’s work with some of our volunteer faculty.” So, I stuck to defense. So, I specialized in—actually I specialized in medical malpractice defense. So, oh, I did product liability, but accidents, I’d do accidents and so forth. And I got to know most, quite a number, of the big defense attorneys in town, and I did quite a few cases for them.

THOMPSON: Now, is that what you did after you left?

SMITH: Yes.

THOMPSON: Is what—so was that the bulk of the business that you did after you left?

SMITH: Mostly, yeah. And I still did mostly defense work because the big defense attorneys had been using me. And so I was strictly computer generated. (laughs) And no more pen and pencil work. And I’ll get to that later, but then I got into animations. So I was doing animations for courtroom presentations, and it was very helpful to show internal anatomy and surgery goes in there and does something. I can give you an example—did a case for a heart surgeon; and he was accused of having cut some of the major arteries and so forth during surgery. And the lady had, I believe it was a female, she had had some adhesions from a prior surgery that someone did. Of course, adhesions just all over. When he did the retraction of the sternum, like this, those adhesions were pulling like that, and they were attached to a lot of the vessels, and the vessels

were a bit weak anyway. So, our contention was that, you know, those vessels got damaged when those adhesions were pulling like that. So anyway, that's something that's a little difficult to visualize telling it by an attorney. So it's a lot easier to show it. So that was a really popular thing. And up until I retired about a year ago, I've been doing animations for courtroom presentations.

THOMPSON: Very good.

SMITH: And I have some show-and-tell things if you'd like to see them.

THOMPSON: Yes, let's. Let's do it.

Pause in recording.

SMITH: All right. This is some photography I did while I was at Johns Hopkins. And, especially during surgery. Johns Hopkins is—well anyway, surgeons knew that medical illustrators were going to be roaming around and taking photographs. And they were very good at letting us take mainly what we want to do. And, the Hopkins, some of the OR, operating rooms, have glass above. They're old-fashioned so people can stand around, look down, and see the surgery. Anyway, this is a photograph that my, one of my fellow students took. And, this is us doing, this is me doing coffee break. And here I am, up on a ladder I guess, taking photographs of a surgery here. And again, we took our sketchpads in, in case we wanted to sketch something. So, here I am sketching some surgery. And this is a photograph of a surgical procedure. And this is a knee repair, and looks like this is probably a torn ligament or something. And we did mostly black-and-white. We did our own processing there. Okay, next.

THOMPSON: Now, I quick—did you do a lot of this, for the faculty here, when you came here? Did you do a lot of operating room [work]?

SMITH: I did. I did some for Clingan. I did some for volunteer faculty. I didn't too much other than [for] surgeons, but I know we did a big case where, not a case, we did a big object course(??) that came up one time, video; and we videotaped one of Clingan's procedures. Most of the photography I did was for brochures and things like that.

Pause in recording.

Okay, here's an example. It's called a carbon dust technique, and this is a heart that we actually dissected. And we did cadaver work, and so medical illustrators were right in with medical students. So, this is a heart that we dissected, and this was done in a carbon dust technique, and carbon dust is what Max Brödel actually invented. And it's a matter of just taking a wood carbon

pencil and sanding it down and collecting the carbon and then getting a paintbrush and actually painting on various carbon dust. And we had little erasers, if you want to take up some, need erasers to take it up. So that's the technique that he did. And, oh, a lot of the old textbooks had carbon dust illustrations in them, and pen and ink. And here's a sample of pen and ink along with carbon dust.

THOMPSON: Now is this what you did early in your career?

SMITH: Yes. That's what we were taught at Johns Hopkins. We were taught the old classical technique. No computers. And this is the way we did it after computers. And I'll tell you the beauty of doing it. The line work is something that they seemed to prefer. It was quicker, and I had a client, Dr. Simcoe, an ophthalmologist in town. He did a lot of intraocular lens implants. So, I would, I would do pen and ink work for him that just took hours and hours—days, in fact. So, he'd come in and look at it and say, "Well, that's okay, but why don't you change this." So, then he'd leave, and I'd have to erase that and redo it. Come back in, he might make two or three changes. Where if I had done it on a computer, I could've change it while he was just standing behind me. Just quickly change those lines. So, that's the beauty of computer work.

Here's a carbon dust that I did while I was at Mayo Clinic on my internship. It's kind of interesting. The surgeon came in and he said, "Well, we have—we don't really have photographs of this procedure." He said, "I want you to recreate it." So, this is a stomach of a _____ (??). It's quite extensive, about two-thirds of the stomach was involved, and then the mesentery and the pancreas. It was pretty inoperable, but what his new technique was—doing chemotherapy first, and then doing surgery. So then, when he opened up the stomach, he found it had receded down to this area. And, so this is the type of procedure, again it was quite successful in that respect. So, we did a publication of it in the *Mayo [Clinic] Proceedings*—here's my illustration. And this side. And this is an airbrush, purely airbrush I did, not carbon dust. So you get a similar effect with it. And then we'll go to color. And they did use watercolors for most of the color work. This is a combination of both watercolor and acrylic. Anyway, this is—this was done for Dr. Simcoe, in his intraocular lens work. And this is my eye that I did, just holding a mirror up, looking at my eye, and doing watercolor. And it was at Hopkins, and if you want to get a picture of that later, it might be of interest to you.

THOMPSON: Just a couple questions.

SMITH: Yeah.

THOMPSON: The concept you mentioned, is what made me think about it. You're talking about, no one had ever photographed the surgery, so the only way to show the surgery then was to do a medical illustration.

SMITH: Um-hm.

THOMPSON: Other reasons that medical illustrations were used rather than doing photography?

SMITH: Uh, yes.

THOMPSON: Or is it just a combination based on what the need was?

SMITH: With medical illustration, you can eliminate what you don't—if you just take photograph, it's like my knee surgery that I showed you earlier. You see everything. And with the medical illustration, you can eliminate the stuff that's not necessary and just show the important stuff. I showed you a ligament that they were pulling, and so you can identify that, you can label it. Of course, you could do it with photographs, but anyway it's mainly just cleaning up what you would take with a photograph.

THOMPSON: Thank you.

Pause in recording.

SMITH: Okay, here's an example of computer-generated charts and graphs at Tulsa Medical College. And very clean line work; we did an awful lot of this, a lot easier than trying to do with pen and ink. And one thing I guess I haven't mentioned is we did three-dimensional work. This is a very large exhibit we did for a cardiovascular surgery incorporator. So, we did three-dimensional models here and built all these things. And that was a display they were using, well, in a hospital, I think. I think it was up at St. Francis.

THOMPSON: Now, I—let me—if you don't mind just a second.

SMITH: Um-hm.

THOMPSON: You didn't do a lot of modeling then because you mentioned a while ago that you had a studio to do modeling in.

SMITH: Yeah.

THOMPSON: But that was a minor?

SMITH: Yes, it was.

THOMPSON: Okay.

SMITH: I remember doing a heart one time for probably either plaintiff or defense; I'm not sure which. They wanted to show the difference in an enlarged heart and a regular heart, normal heart. So, I actually did a model of the two and the jury could hold them. We actually weighed them, showing the right weight and so forth. Here's a sample of, actually it's a three-dimensional brachial-plexus model, which is my master's thesis at Hopkins. And what this shows is the brachial-plexus spinal cord levels, and each one is color coded differently. And this has a hood on it, so you can see it, plug it in, and you can flip these little switches and it'll show each different spinal-cord level separately. And brachial-plexus was a little bit difficult to teach. So, I thought there has to be a better way for that, so I made one model, and one model's all it was. And these are samples of poster presentations that we did. We did quite a few of those for our residents, and once a year the residents got together and put their publications, papers, and so forth and posterized [sic] them. We had contests probably for the best ones.

THOMPSON: Now, did you do any of that while you were here? The poster contests, and that stuff.

SMITH: Oh, yeah. Oh, yeah, we did lots of it. I'm talking about—

THOMPSON: So, that's what you did—

SMITH: —right now, Tulsa Medical College.

THOMPSON: Okay.

Pause in recording.

SMITH: And here are some of the promotional things. We did a lot of resident recruitment material. And I'm not sure why this is all in black-and-white; it's probably a budget thing. Anyway, this is a type of tear sheet here. Our theme was "Hands-On Medical Education." And we'd send this around to all perspective students and residents. They'd tear it off and ask for certain other brochures for specialties. Here's some samples of other resident recruitment. This is a brochure, and, mind you, this is back in the days when we were limited on budget. This is a two color printing process. Anyway, it shows all of our faculty and some of our volunteer faculty and so forth. Children's Medical Center was one of our volunteer faculty groups. And, few colors only, and the same thing, this was another year. Same thing here, and actually the one promotional piece for my department that shows some of the services that we offer including photography. Photography for surgery as well. And, I'm not sure, we got too many here. The spine is from this, but here's cosmetic prosthetics. And I did maybe one or two cases, and that was it. So, my three-dimensional stuff was not big. Oh, here's my department. Fairly good-sized, and it's—Nancy Jones was my graphic artist; here I am back here, including skeleton. And then

we got wise. We were competing with other medical schools. We decided to go four color. And ever since we had been doing it four color. So, there was much better.

And here's our _____ (??), Cheryl, she's on a little brochure here. Hands-on medical education. Here's another brochure we did. I recruited my son to be the kid. So, it's my son with one of our residents. At least we did the cover in color, and the rest of it was two color. Dr. Medina was one of our volunteer faculty; he's a real nice guy to work with.

Okay, I'm going to show a few medical legal things. This is a poster, and this is a poor guy that fell off of a stairway or something and hit his head on the partition. And he got several fractures. These are scans that they took, and it shows, one, two, three, and four, shows the different sections of the head. This is not the victim, the client; it's a computer-generated man. Another type of illustration, I tried to do real simple things. This is a case where a surgery—a surgeon had extracted some of the intestine. And so, I like to show the normal. I label it first. That's a poster, second poster. You can actually pull it back and see what the surgeon took off. That's part of the colon, and here's another section of the colon. And, it's designed so that the surgeon can actually pull it all. And then this last one shows repair because that's where it gets suturing, two areas. And these posters were large. They're thirty-two by forty inches.

Okay, animation. That's a pretty lengthy procedure, and when they describe to me what they want animated, I do rough sketches first. So post-it notes. So I do rough sketches on this. This is called a story board. It's like a cartoon. And this is a story board that I give to a client. So what this is, is bronchial asthma. And it shows the beginning of it, shows the anatomy, zooming in. And this particular person had an asthmatic attack, and EMSA rushed in to help out. And, turns out, that the person, this was a lady, I believe, she was not given what they claim was “proper treatment” by EMSA. It's a plaintiff's case, needless to say. I'm going to read this, turn it around: “Acute asthma attack, emergency procedures give albuterol, inject epinephrine, rush patient to hospital under oxygen.” I think epinephrine was not injected is the problem. So, this person here got brain damage after they rushed her to the hospital. So, anyway, that's basically the way animation is done. And these are key frames, each one. So then you can move it in between all the other frames.

THOMPSON: We've see [seen] what you did in the department while you were here. I guess one of the next questions I would ask is who are some of the people that you remember that you did work for at the college?

SMITH: You mean like faculty and staff? I didn't necessarily work for all of them, but—

THOMPSON: Right. The ones that you did—the ones that come to your mind because you've shown us examples of a lot of stuff. I can make guesses about who some of them were for, but who were the people you remember doing work for?

SMITH: Well, let me get my list here, and I'll tell you.

THOMPSON: Okay.

SMITH: I know we did slides for probably everybody here.

THOMPSON: Well, that's fine.

SMITH: Okay. Well, faculty and staff. We did either, graphs and charts, slides for presentations, for slide projectors for most of these people. Dr. Tomsovic, the dean. Mike Newman, I did a lot of work for him because he was involved with resident recruitment. Dan Plunket. Robert Block. All of these guys gave lectures, so we did slides for. Dan Duffy. Roger Good—slides, I did publications for him. Frank Clingan did slides, did videotaping. John Nettles, I probably did, but I'm not sure. And then we did slides for a lot of the volunteer faculty. Dr. Medina, cardiologist in town. I still see him. He's a very fine gentleman.

THOMPSON: Now, you also have a list of places—because I asked you—where you published.

SMITH: Oh, yeah.

THOMPSON: You want to mention a few of those, or read them? Whichever one, whichever one you want to do?

SMITH: I did a lot of, I did a, I already mentioned Mayo Clinic. It was a, *Minnesota Medicine*, published in *Minnesota Medicine*. I did a *New England Journal of Medicine* project with my friend who was also a student at Hopkins. And he originally got the job. And, they wanted an animation to show proper use of one of their scopes and so forth. And so he could not do animation. And I just kind of have a rough storyboard here. So he could not, he didn't have the capabilities of doing animation; so he did the illustration and I animated. We worked with each other on the storyboard, and you see a lot of drawing and so forth, corrections. And, this is a pneumatic spectrum. They wanted to show how—proper way to use it. So then after it was animated, I think in a, probably a QuickTime movie, and then they put it online to teach that procedure. Children's Medical Center [CMC], I worked there in the, in the lab. We did electroencephalography and clinical neurophysiology with a publication for them. *Biological Psychology* also for CMC. Seminars in family medicine, I think that was Dr. Good. *Journal of Surgical Research*, I don't remember who I did that for. American Fertility Society—that might

have been one of our residents. And also *Journal of the Arkansas Medical Society*. Dr. Weavers—I did several publications for him. *Archives of Otolaryngology*, *Annals of Otolaryngology, Rhinology & Laryngology*. (laughs) Now why they couldn't just say ear? *Laryngoscope* is another publication. Symposium on homograph penoplasty. *Otolaryngologic Clinics of North America*. Then I did quite a few journal illustrations for Dr. Simcoe, and I did a lot of work for him—intraocular lens illustrations. Another publication is *Contact and Intraocular Medical Journal*. *American Intra-ocular Implant Society Journal*. *Ophthalmology Times* is another one I did for him. Anyway that's just a few.

THOMPSON: It's an impressive list, no question. Let me ask you: Are there any other people, including the people that you did work for, are there any people that were on the staff here in those early days that you remember that you know you may have worked with in a different way rather than doing illustrations with them, you just may have worked with them.

SMITH: Of course, Mike Newman. Actually, Mike Newman, I keep bringing him up. We both go back a long ways. His cousin actually married my cousin. And so, that makes us [a] little bit related, and then they got a divorce, so then we're no longer related I guess. (laughs) Well, since I worked with him quite a bit, doing publications and so forth, we spent a lot of time together, researching and taking photographs, interviewing residents and so forth. He goes to the same gym I go to, so I still see him quite a bit. Dr. Tomsovic was a very good friend of mine. He liked some of my artwork, and I'll show you my—. I got into a duck stamp art because it's very much related to medical, surprisingly, some of the techniques used. And so anyway, Dr. Tomsovic bought some of my artwork and we were good friends. Dr. Good used to come up and visit the department often and go over some of our procedures. I saw Dr. Clingan, not often, but he was a pretty good friend of mine. I saw him out fishing one time. (laughs) And Della Josey(??), yeah, we went duck hunting together one time. And we just froze to death; I don't I think I could ever get him to go with me again. I even took Leeland striker fishing one time down at low Keystone Dam. I had caught a—before I caught a very larger striker and I took it over to his house and said, “Look here.” So, he said, “I'm want to go with you.” So, we went next few days; we didn't catch a thing, I mean, again we got there before daylight—below Keystone Dam, way down the water. Didn't catch a thing and froze to death, so he never went again. (laughs) Anyway, there are quite a few stories I guess I could come up with.

THOMPSON: All right, that sounds good. Question that I've asked other people: Anybody that you considered to be a mentor during your career?

SMITH: Well, in what respect? I think Dr. Tomsovic was as close as they'd come to that because he was very good at—wanting to know what we need, see if he could—. And matter of fact, Dr. Tomsovic—I think I left this out—was probably responsible for us getting a very expensive slide production system. Doctors' Hospital, Founders of Doctors' Hospital, at one time, they were

giving grants or awards to the university, so we received a \$60,000 grant from Doctors' Hospital to buy a very expensive, sophisticated computer system. So, we made some very nice slides. I think that was Dr. Tomsovic that instigated that. And—you asked me at one time were there any medical illustrators in the area, and as far as I knew back then and probably even now, I'm probably the only one between St. Louis and Dallas. People are doing that type of work, but I don't think they are degree carrying. The departments were very small. In my class there were only four of us. So, might give you an idea of how big the classes are. And they're probably others maybe up to a dozen or so—but they're not huge.

THOMPSON: Now, did you do work for Oklahoma City at all?

SMITH: Uh, some. Yeah, but not, not all that much.

THOMPSON: And they did not—they had an illustrator—but not a medical illustrator.

SMITH: Yeah, Bob Corsky(??) did slide production and a lady working with him did illustrations. She didn't have a degree in that. And now a days, everybody's doing medical illustration on computers. It's completely changed.

THOMPSON: Well, that was another one of my questions. What has happened since you got your degree and now in your profession?

SMITH: A lot. All the departments have become computerized. They're doing animations. What was really interesting to me is that they're doing—they're going down to the macro and microscopic level. And they can actually visualize and animate the functions of the cell that, you know, sort of unheard of before. Some of the universities are producing molecules, visualizing molecules, and how they go together. And then the, the artist has access to all of this on the computer, and so they can show three-dimensional movements and so forth. It's just amazing, some of the things that go on inside a cell that most people don't even know about. It's just amazing. It's so fascinating to me. I think if I had a do over again, I might go that direction, because originally I was interested in research. I think that might be real interesting. It may not pay as well as medical legal. (laughs)

THOMPSON: Are there any other comments you want to make about TMC and those early days?

SMITH: You'd have to let me think about it, but while I was at TMC, you know, I keep referring back and telling you about duck work. And I'll tell you what instigated that. While I was at TMC, my mother-in-law, who lives in Wisconsin, had [published] with a major publication, some sort of an article on duck stamps. So, I picked it up. It's called the "million dollar art

contest.” That really got my attention, and back then, that was probably in the early seventies I guess—no, it was the late seventies. Some of the illustrations were very similar. Let me just get a sample and I’ll show you.

THOMPSON: All right. Let’s do that.

SMITH: Okay, what I wanted to say was, I was doing this type of illustration for medical and sometimes legal people, and this is all done with a paintbrush, maybe a little bit of airbrush. And I thought, “Well, you know, duck stamp art might be very similar.” So, here’s one I did using similar techniques. This is all paintbrush work, and since I’m doing everything on computer nowadays, I don’t touch a paintbrush unless I do this type of work. So, I do, I do duck stamp designs for, mainly for the fun of it, but if you ever win, it pays off. And this particular duck is a cinnamon teal, and it came in second place a couple years ago. So, I missed winning that high award by about three points. (laughs) Three points out of twenty-five. So, it was very exciting. It was very encouraging also.

THOMPSON: So now, did you duck hunt?

SMITH: Oh, to a certain extent. I mainly took my camera along for photographs of habitat and birds, but I did. I’m trained to duck-hunt, so I go with them sometimes. Not now, but I used to.

THOMPSON: But it was your mother-in-law’s having something in her home that got you started?

SMITH: Yes, that’s what instigated the whole thing. And, I will show you some samples. I’ve done the Oklahoma duck stamp five times. And I’ve got four that I’ll bring in here and show you.

THOMPSON: Okay.

Pause in recording.

SMITH: Okay, these are prints from four of the Oklahoma duck stamp designs I did. The first one I did was in 1982, and this was a—this is the print here, and this is the actual stamp. All of the illustrations show the actual stamp underneath. So, I’ve done four of these. This illustration—I also did a fifth one a couple years ago. I don’t have it framed otherwise I would have brought it along. We, usually the state or the feds, will keep the original art and then make stamps of the original art and give the reproduction rights to the artist. At least that happens in the federal, and that’s where it’s so lucrative because they sell an awful lot of prints. On the state

level, they give the artist about fifty prints and they can sell those, and then the Department of Wildlife keeps all the originals.

THOMPSON: You do the photography, and then from the photography, you do the illustration?

SMITH: Yeah. I go to great lengths sometimes to do photographs. The geese here, geese come in great numbers, so you can photograph geese flying over. Then I'll get on the computer, and I'll—probably will never see birds positioned like this group—so you get photographs of birds and move them around on the computer until you get just what you want and you put habitat in the background. You still have to go in with a paintbrush and do the final design. So, I go to great lengths to get photographs, and a lot of times I go to a duck farm in—I'm getting ready to go next week up to Wisconsin, probably Green Bay, Wisconsin. They have a really nice duck farm up there, but they've also got about six inches of snow, so I don't know how successful I'll be. (laughs)

Pause in recording.

And last and probably not least because of all the work involved, I'm going to show you a publication I just finished on Ethiopia. I did it while I was in Peace Corps. These are some pictures out of my book we just self-published called _____ (??) *Ethiopia*. And we visited because this first poster shows what I photographed back in the early sixties. And I did a _____ (??). I like to take portraits, and I did own black-and-white processing so it was really handy to do. I was really lucky to get these warriors giving a performance in front of _____ (??) Queen Elizabeth and Prince Phillip. And so I have a series of these in the book. This is the book that I published. About two hundred pages—this is my self-pitch—two hundred pages, kind of a before, now-and-then type book. The second poster shows—I went back and I re-photographed the areas that I had been to before, historic sites and so forth, and the capital city Addis Adaba. And this is what it looks like today. A lot of construction going on, a lot of new buildings. People now have—all the people have cell phones. We saw some workers on, digging outside a highway, they'd stop and woop! They got a call on the cell phone. (laughs) But Ethiopia is a fascinating country. So I have photographs that shows what it's like in the good part of the country _____ (??). It's basically, it's a high plateau about seven or eight thousand feet high. Then you get mountains on top of that. And then Grand Canyon type gorges in between. So it's a very rugged type of country, but also then get bush and grasslands like that. And, so I saw both the old and the new, still finding areas where they have a (??), compared with, you know modern construction. This took an awful lot of work and effort to get this together. I didn't intend to do a book originally. I just wanted to put them in slideshows. So it kind of evolved. I have a lot of photographs just lying around collecting dust on my MacBook, you know, on my Macintosh computer, and so I put it together in iPhoto. It's real easy

to do. You can make about a hundred pages and click a button and they'll take all of the information and send you a book in about a week or two.

THOMPSON: Very good. You just completed this right?

SMITH: Oh, you know, pretty recently, pretty recently. And I've put—I've sold these mostly to returned Peace Corps volunteers. We invested a lot of time. The gentleman that was _____ (??) Peace Corps lives here in Tulsa. He did the editing and text writing. He's a retired professor from OSU [Oklahoma State University], history and political science, good friend of mine, and we printed 250 copies. And we've sold most of those to returned Peace Corps volunteers. Anyway, that's one of my other projects.

THOMPSON: Very good.

End of interview.