

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in the Mahoning Valley

Early Medical Practice

O.H. 45

DR. PATRICK KENNEDY

Interviewed

by

Paul Zimmerman

on

May 29, 1975

DR. PATRICK KENNEDY

Dr. Patrick Kennedy was born in Youngstown, Ohio on February 3, 1893, the son of Stephen and Jennie Kennedy. He attended the Front Street School, from which he graduated in 1908. He then attended the Rayen School and graduated from there in 1914. While at Rayen, he was president of his class and was a member of the football and basketball teams.

When Dr. Kennedy finished up at Rayen, he then went on to Washington University in St. Louis, Missouri, where he received his Bachelor of Science degree in 1918. In 1920, he earned his M.D. degree from that school. From March of 1922 until June of the next year, he was sent to Russia to perform medical relief work. He then went to Vienna to study Obstetrics and Gynecology. From 1924 until his retirement in 1961, he was employed by the Youngstown Sheet and Tube Company as their company physician.

Dr. Kennedy currently resides at 1403 West Liberty Road in Hubbard, Ohio with his wife, Natalie, whom he married in 1923. He is a member of the Mahoning County Medical Society, Ohio State Medical Association, American Medical Association, and Industrial Medical Association.

DONNA DEBLASIO
July 1, 1977

YOUNGSTOWN STATE UNIVERSITY

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INTERVIEWEE: DR. PATRICK H. KENNEDY

INTERVIEWER: Paul Zimmerman

SUBJECT: Early Medical Practice

DATE: May 29, 1975

Z: This is an interview with Dr. Patrick H. Kennedy for the Youngstown State University project on the History of Medical Practice in the Mahoning Valley by Paul Zimmerman in Liberty Township, Trumbull County, on May 29, 1975, at 1:00 p.m.

Z: Dr. Kennedy, who or what influenced you to become a doctor?

K: Well, I dropped out of high school and worked on the railroad for a couple of years. Then I worked at the Christ Mission settlement leading the singing and helping with the school in the evenings. I was very much under the influence of some very fine people who were in charge of this Christ Mission settlement. At that time, I thought maybe I would go into the ministry, but the further along I got in high school, the more I felt that I wanted to get into a scientific calling. That was the reason I went into medicine.

I graduated from Rayen in 1914 and went to Washington University in St. Louis, Missouri, where I had two years of pre-med work. I then went to medical school for four years. I stayed on for two years at the university teaching hospital and then I went over to Russia with the American Relief Administration during the famine there. I helped in the medical program, vaccinating the people and distributing medical supplies. I was there for fourteen months during which

I got married. My wife and I went to Vienna and spent six months at the University of Vienna medical clinic. Then we came back to Youngstown to practice. I was fortunate to get a part-time job with the Youngstown Sheet and Tube Company and that carried me along until I was able to establish a practice.

At that time, it took about five years to establish a practice that sustained you. During the first year or two, about all you got were the people who didn't pay other doctors or people who came in to see you about getting abortions or narcotics. You also answered calls for doctors who were away or who could not be reached at night.

It was very fortunate that I had this part-time job with the Sheet and Tube Company because I went to post-graduate school in Vienna where I spent all that I had saved while I was in Russia. I opened an office and accepted general practice calls while I worked for the Sheet and Tube. My hours at the Sheet and Tube, to start with were every other twenty-four hours for the first year and a half. Then there was a recession in business and they reduced the medical department by one doctor. That enabled me to be away from the Sheet and Tube Company for four hours in the middle of the day, and then to be on call from 6 p.m. to 6 a.m. for any night cases. That went on until the Depression in 1932, when there was a great reduction made at the Sheet and Tube Company. We went from five doctors down to one. When the chief surgeon resigned, I was made supervisor for the medical department and I was the only doctor left on the payroll.

Z: What was medical school like at this time? Was it tough?

K: It was very tough. Washington University started out to make their medical school the "Johns Hopkins of the West." They got all of the big businessmen in St. Louis interested in promoting this medical school, and it was the only school, at that time, with the exception of Johns Hopkins that had full-time professors at the head of each department in the medical school. The teachers in other medical schools in the country were very good men, but they were not full-time employees of the medical schools. Washington University had full-time professors.

The work was particularly difficult because the school was out to make a reputation for itself. In our freshman year they just dropped the lower third of the class. Those of us that remained were scared to death because we didn't know how many of us would be dropped at the end of the sophomore year, but not many were dropped after the freshman year.

It was a day and night job going to medical school in those days. Every professor thought that his session was the only one that amounted to anything and he expected you to be perfect in his subject. It was difficult. I went to Washington University because a local doctor, who was coach of athletics there, heard that in high school I had gotten good grades and that I played football and basketball. He was the one that influenced me in coming out to Washington University.

My first year in Rayen wasn't a very good year because it was just impossible for me to have any interest in Latin, but I liked the sciences. I liked English too. I had to take Latin in summer school, in order to go into the sophomore year without any conditions.

Z: Who was this doctor?

K: Dr. William P. Edmunds. He was a graduate of Ann Arbor and he had been a great football player there. When he finished medical school, he wanted to make money right away so he accepted a job coaching. He went down to the University of West Virginia and coached for a couple of years and then accepted the position at Washington University in charge of athletics. He stayed there until 1917 when the war began, then went into officers training corps and because he hadn't followed up in medicine for several years, he went into the infantry. When he came back, he took a job coaching up in Vermont for a couple of years. He went back to Ann Arbor and worked in the student health service for several years. After that he went into practice down at Washington Courthouse. He did general practice there for a couple of years and then he was offered the job of athletic director back at Washington University.

He went back to Washington University and a short time later they had a new chancellor who was the former governor of Missouri. Dr. Edmunds was one of those "Simon Pure" athletes, and the new chancellor was anxious to get more publicity and reputation for Washington University in the athletic world. He and Dr. Edmunds didn't agree, so Dr. Edmunds came back to Cleveland and took a job at the White Motor Company and then transferred to the Standard Oil Company. In addition to the medical work, he was given the job of looking after industrial relations. He had that job until the second war broke out when he tried to get back in the service. He was too old for that, but he took the job of Manpower Commissioner in Cleveland. He decided where laborers went to work. You couldn't get new employees without going through the Manpower Commission. He was on that job then for the rest of WWII.

He took a job examining veterans who were applying for pensions and disability and after that he became Health Commissioner in a little town just outside of Cleveland, and he was there until he retired. He was a "Simon Pure" athlete. Today, they call a fellow who goes to school at his own expense and goes out for athletics a "walk-on." Every school now tries to recruit and give scholarships to athletes.

Z: Did you get any kind of scholarship for the first two years?

K: Yes, I had a scholarship which the university gave me because of the record that I had at Rayen. My grades weren't too good during my first year at Rayen. I quit and worked for two years and then went back. I got top grades in everything for the remaining three years. Because of that I got a scholarship, which was good only for tuition in the college. When I went down to medical school, I had to pay tuition.

Z: Did you have any problems with money in medical school?

K: Well, I worked. I borrowed six hundred dollars and I inherited six hundred dollars. That was the extent of any outside help. I earned my own board by washing dishes and waiting on tables while I was in college and I worked two summers on the playgrounds in the River Bend district. Then I fired engines on the railroad for the other summers.

Z: After you got out of medical school, you served your internship in Barnes Hospital, the teaching hospital of Washington University.

K: I stayed there and took the two years for obstetrics and gynecology at the university. We got nothing the first year except our meals and our white uniforms. We were on twenty-four hour duty seven days a week unless somebody signed in for us. You didn't leave the hospital without getting someone to take your calls, if you were on call there twenty-four hours a day, seven days a week.

During the first year you got nothing and during the second year you got \$20.13 a month. If you managed to be asked to stay a third year, you got \$500.00 for a whole year. Interns, today, get about \$1,000.00 a month as soon as they get out of medical school.

Z: How do you account for this lack of money at the time? Didn't they need doctors then?

K: Well, we didn't have the specialization that you have now. Then mostly all doctors went into general practice. After they had been in practice for four or five years, they could go away for a year or two to learn about surgery. Usually, in those days, they went to Berlin or to Vienna. When they came back they would do some general practice while they were developing a clientele for their specialty. It was nothing like it is today.

They advised us to do some general practice work before we specialized. You didn't know people until you got into their homes and knew their problems and their difficulties. Nowadays, these fellows come out and open up their offices and they're specialists with hours by appointment. We were glad to get any calls, day or night.

Z: What made you decide to go on the mission to Russia?

K: Well, in medical school, each student had to deliver fifteen babies in the homes before graduation. I enjoyed this work and decided to specialize in Obstetrics and Gynecology. The first world war was not over until November of 1918 and there was a shortage of doctors until most of 1918. Some of us students lived in the hospital during our third and fourth years and spent our time outside of classes working as interns. I worked in the division of Obstetrics and Gynecology. After graduation in 1920, I stayed on in this division until March of 1922, when I left to go to Russia.

About fifty percent of surgery was done in Obstetrics and Gynecology. Much of the surgery involved operations on ovaries and uteri. Infections had to be taken care of and relaxed ligaments had to be tightened up. Some doctors felt that the general surgeon should have training in Obstetrics and Gynecology, so in February 1922, it was announced that Gynecological Surgery would be taken over by the Surgical Department.

The professor of surgery, Dr. Graham, was a real pioneer in lung surgery and he persuaded the administration that any doctor who opened the abdomen should be prepared to do any conceivable operation necessary. This meant that in my case I would have to spend several more years in hospital work before I could start to practice. At about the same time the opportunity to take a job with the American Relief Administration in Russia was available and I took it.

Mr. Brookings, the president of Washington University Corporation, who later founded the Brookings Institution in Washington, D. C. wrote to the dean of the medical school that Herbert Hoover, then Secretary of Commerce,

wanted some able-bodied, healthy doctors to go to Russia to do relief work. There had been a severe crop failure and epidemics of typhus and cholera.

The Russians asked for American aid and Congress appropriated them about twenty million dollars for food. All of the medical supplies that were left in Europe were shipped then to Russia.

The dean of the medical school told the resident in surgery about the situation in Russia. The resident went over to the library and looked up the statistics on cholera and typhus and found that there was a terrible mortality rate for some of these epidemics in Russia. He didn't care to go over, but I heard of it and applied. They were just going to take surgical doctors so I applied and got the job. I thought that when I got through, I would go to Vienna and get some specialized training in surgery. That's how I landed in Russia and I was there for fourteen months.

The medical work there consisted of distribution of the medical supplies and vaccination campaigns. I was located at Rostov-on-the-Don River and had the territory from the Don River to the Caucasus Mountains and from the Black to the Caspian seas. At one time we were feeding about fifteen million people.

Z: What were your impressions of Russia at that time?

K: As one fellow said, "It was civilization collapsed." There was starvation, typhus and cholera all over the country. People just desperately tried to get something to eat. Every train that moved was covered with people on top and in between the cars. There was always somebody falling off and getting ground up. The railroad stations were just covered with people waiting for a train to take them somewhere to get food. It was terrible. There were always a great number of deaths around each railroad station every day. They used to come down with pitch forks and take these bodies and toss them into the wagons and haul them away.

Some of these towns had no money to pay for the labor to bury the bodies and in some places they just dumped them on the railroads. Then the railroad health division had to pick them up and bury them.

Z: Was there any improvement after the year or so that you were there.

K: Oh, yes there was improvement because we had these feeding stations scattered around. People here could buy food packages and have them delivered there. You paid ten dollars over here for a food package and you could

designate to whom that food package was to go. Then our food division over there would deliver it. A package of food would cost us \$7.50 and the other \$2.50 would go for special children's feedings.

Z: Was there any problem with the government at that time?

K: At that time there was no organized opposition to the Communist government. In some districts the Communists tried to make the people believe that they were the ones who were furnishing the food and medical supplies. We did not detect that in our district. The government furnished the laborers for unloading the supplies which they had agreed to do before the work started.

Z: How many of you were there in the district?

K: The district director and a male secretary were in charge of the food supplies and I was in charge of the medical work. The clerical and warehouse employees were all Russians. There were about ten of these. They received about \$3.00 a month plus a food package.

Z: How many patients do you think you saw in the fourteen months you were there?

K: Well, I didn't really see any patients. It was my job to inspect the hospitals, the dispensaries and the children's homes. If these places looked like they could take care of the people adequately, then we gave them supplies. In those fourteen months, we gave away between seventy-five and eighty carloads of medical supplies in my district.

Z: Did you get money for doing this from our government?

K: Yes. We didn't get anything from the communist government. From the American Relief Administration we got two hundred dollars a month salary and six dollars a day for subsistence. Whenever I travelled I had to have an interpreter. We had cars that were not much more than boxcars that were made over. There was a fellow called a provotnik who looked after the car. The doctor that looked after that section of the railroad also came along while I was in his section and sometimes his wife came, too. I was the only one that had any provisions. That's where the six dollars went.

Z: After the work was done in Russia, did you go to Vienna then?

K: Yes. In 1923, there was trouble in the Ruhr. The French had a lot of Moroccan soldiers patrolling the Ruhr district after the first world war. The Bolsheviks wanted

to stir up some trouble in there and they began to ship supplies to them. The Turks and the Greeks were having a war at that time and the Russians started to ship supplies to the Turks, so Hoover cut the program off then and we got out.

Z: What year was this in?

K: 1923. I went over in March of 1922 and we came out in June of 1923.

Z: Then you went to Vienna and started to study in surgery.

K: No, I studied in Obstetrics and Gynecology. I took a bunch of lectures and watched them operate and we had a lot of classes.

Z: How did you rate what you learned there with what was available in the United States?

K: Well, I don't think the teaching was as good as it was in the United States. This hospital in Vienna, the "Allgemeine Krankhaus," got all the problem cases from Austria-Hungary. They had a half dozen or more hospitals in this great big section. Almost every day, you'd hear the bell in the chapel which meant that there was a death and also that there would be a post mortem. If the doctors wanted to see the post mortem they could. There were one or more post mortems every day because it was such a huge hospital. A lot of research was done there. They had one building there in which all the women's operations were done through the abdomen and another building in which women's operations were done through the vagina.

Everybody that went in there had absolutely nothing to say about their treatment or what happened to them. There were no malpractice suits. In fact, while a professor was going through the ward, if he got close enough for a patient to grab his hand, they would kiss it.

Z: How did you react to that kind of treatment?

K: Well, I thought it was very nice that they thought so much of their professors that they'd kiss his hand. I've never seen that happen here.

Z: How many students were there?

K: Well, they were from all over. We had students from Ireland, England, Scotland, and always a lot from the United States. Some of our Americans went over there after the first World War and paid two or three hundred dollars a month to learn surgery. The European professors would let the Americans do the operations while the surgeon acted as his assistant and told him what to do. A few of our surgeons got their training over there.

Z: Who were these surgeons?

K: Well, I wouldn't care to mention their names. They're both dead now. They had gone to Europe to study, then came back to the United States and did only surgery.

Well, you see, in Europe they taught surgery the way surgery was taught here before they started to have interns. Internship is a development of this century. Years ago most of the doctors that did surgery had the general practitioner help them. With the interns the surgeon wouldn't be obligated to have the general practitioner as his assistant. The general practitioner felt that one way the surgeon could pay him for referring the case to him was to split the fees.

Until just recently, one of the big hospitals in Florida still had general practitioners who referred the case and acted as assistant surgeon. The general practitioner submitted his own bill directly to the patient.

Z: I see. Much of that still goes on today. There are a lot of consulting bills still going through the mail.

K: Well, with all the interns they have now, they just don't have a chance to have the general practitioner help. It was good training for the general practitioner to assist in surgery. They made their diagnosis and followed the patient to the operating room. Surgery then was entirely different from today's surgery. The surgeon was responsible for everything including the anesthesia and any drug administered during and after the operation. The anesthesia wasn't the anesthesia given today. It's miraculous what they're able to do in anesthesia now.

A friend of mine that I play golf with has severe emphysema and gets short of breath if he walks across the room. He was on the operating table here a few years ago for about three hours while they dissected out a big piece of his bowel for cancer. I was right there in the operating room during the operation and the surgeon never had to ask once, "How's the patient doing?" In the old days the surgeon selected the anesthesia and was responsible for the patient.

It's remarkable what they're able to do in anesthesia today. They have tubes inserted in every opening where they can put one. They even have a tube that goes into a vein in the arm and all the way around to where the blood is returning to the heart, so they can check the actual pressure of the blood as it's going back to the heart.

There's a tube which goes through the nose and down into the stomach. It pulls out the fluid as fast as it forms in the stomach. It used to be that this fluid wasn't relieved until after the patient was put back to bed and then if he had a lot of distress, you put a stomach tube down and washed the stomach out. Now, that fluid is lifted out as fast as it forms. There is another tube in the mouth that goes down the windpipe so you are absolutely sure there's no mucous or anything else obstructing it. This tube makes it impossible for the patient to have his tongue go back and plug his windpipe.

At the same time, there's an electrocardiogram continuously showing what the heart's doing. You don't have to count the pulse; the heart beat is being sounded to you all the time. It's remarkable what they're able to do now.

When this friend of mine walks across the room to answer the phone, he has a hard time getting his breath to say hello. Then he goes through a three hour operation like that and the next day he looks fine. Of course, they put him into this intensive care unit for a few days and he had to get all of his nourishment into his veins. He waited for days to get something to eat. It's remarkable what they're able to do.

Z: What made you decide to come back to Youngstown then?

K: Well, more than anything else, I came back because my father and mother lived here and they were getting up in years. I missed the big city for quite some time. One of the fellows that I got acquainted with in Russia came back to this country before I did. He was going with a girl whose father was one of the directors of the Rockefeller Foundation, so when we got to New York, he asked if I'd be interested in this Rockefeller Foundation work. He was pretty sure that he could do something to get me in. Well, I got back here and was lucky to get a job right away.

I was the only part-time doctor at the Sheet and Tube. At that time, they got fellows who had finished their internship and who would work for one or two years at the Sheet and Tube to accumulate enough money to buy a car and open up an office. When I first got back here, one of my friends insisted on me going down to the mill. I went down there, but they were hiring only full-time doctors. I told him that I didn't care for a full-time job. I went up to McDonald and relieved for the doctor there while he took a vacation. Before he got back, Sheet and Tube sent for me because one of their doctors quit in the middle of the year to take a surgical residency in Cleveland. The Sheet and Tube took me on with the understanding I could take care of any private work I could get.

When I first started there were two of us up at the Brier Hill plant. We had a room to sleep in and we were there on duty every other twenty-four hours. I could run out and make a call and hurry back, but I worked for a full twenty-four hours every other day. That lasted for about a year and a half.

Then they cut down to one doctor. I worked from 6 a.m. to 10 a.m. and from 2 p.m. to 6 p.m. From 10 a.m. to 2 p.m. I could be in my office and see patients. At night I was on call from 6 p.m. to 6 a.m.

Z: Where was your office located?

K: Well, the first office I had was in the Mahoning Bank building with two other doctors. I went down there in the evenings.

Z: Who were these two doctors?

K: Dr. Henry Osborne was one of them. Dr. Pearson was the other one and he took care of the Truscon Steel. He was out there in the mornings and he was in his office in the afternoon. Dr. Neidus later looked after the Truscon Steel when this doctor retired. I paid one-third of the office expenses. Neither of them had evening hours, so I had evening hours.

Z: How successful were you at first, in your practice?

K: Oh, I depended almost entirely on the Sheet and Tube salary. I was there for four years and nine months, starting in January of 1924. During those years I saved about four thousand dollars and with this I made a payment on a home up on Madison Avenue. The people that sold me the home got a mortgage on it for five thousand dollars. They sold the home to me with the mortgage on it.

Z: Were they allowed to do that?

K: Yes. Yes. If I didn't pay, the bank could sell the house and the original owner would have to pay.

Z: That's complicated. Did you ever establish a strictly private practice or did it just evolve into full-time work?

K: No. I joined the staff of the Sheet and Tube during the depression. I worked there full-time. I closed my office and I never went back into general practice. It was so much nicer to be working for a corporation. At that time, you didn't have hospitalization. Whenever

you sent someone to have an x-ray, and the report came back negative, your conscience bothered you because these people spent money for an x-ray and it didn't mean anything. When an x-ray came back negative, I'd think of how many pairs of shoes that fellow could buy for his family with the money I just wasted for him.

Z: Today they don't consider that because of the hospitalization.

K: Yes. Today you can put a man in the hospital and run all the tests you want. It doesn't cost the patient anything but it costs the country. You just can't compare the practice of medicine to what it was in the old days.

Z: Would you say that most doctors were as concerned as you were about the patients?

K: Well, I wouldn't enjoy practice the way it's done today. I think what may eventually happen is that you will go in and tell a machine what the problem is and the machine will tell you what tests to take.

Z: Then if you need to see the doctor, you may.

K: Yes. At the University of Florida, in Gainesville, I read in the St. Petersburg Times that they are making complete physical examinations for only \$35. They hope to get the price down to \$25. Another doctor and I decided to take the examination and see what it's like.

A long list of questions had to be answered first. This was done by making a short horizontal line in the columns marked "Yes" and "No". If you were a user of tobacco an additional questionnaire had to be completed in the same way. An x-ray of the chest was the start of the actual examination. A urine test was next. Then a sugar tolerance test was run. In this test you drink a glass of water containing a definite amount of glucose, and blood samples are taken thereafter at regular time intervals to determine how well you handle sugar.

Then I was sent down a corridor with small rooms on each side. In each room a definite single examination was made by girls. These examinations consisted of measuring height, weight, thickness of fat in different areas, blood pressure, pulse, vision, ocular tension, and electrocardiograph tracings. All of this information obtained by these examinations is fed immediately into a computer. It was very interesting to find that the computer detected the evidence of a slight coronary attack

that I had had several years ago. Within a few minutes from the time the examination was made the telephone rang and the girl was told to repeat the examination.

The girls who made the examinations were not trained nurses or laboratory technicians. They were hired and taught to do one thing.

- Z: That sounds like it was a thorough examination, for \$35.
- K: Yes, it was. They hoped to get the price down to \$25. Well, that was four years ago. They took nonmedical people and trained them to do a certain job.
- Z: It sounds like an assembly line. That could revolutionize things.
- K: Our hospitalization insurance program at the Youngstown Sheet and Tube was begun by the Employees Benefit Association in 1934. In the late 1920's there had been studies made regarding hospitalization insurance. The big depression had greatly affected our hospitals. Many had hard times trying to pay for food. In Youngstown nurses worked for a dollar a day plus meals. In 1934, the Rosenwald Foundation of Chicago had an expert on hospital financing named Rufus Roren going about the country promoting the idea of hospitalization insurance. The Sheet and Tube Employees Benefit Association sent three of us to Cincinnati where he was to address the Ohio State Hospital Association.

We managed to get a private meeting with him and as a result of our conference with him we started an insurance program that covered most of the cost of hospitalization. At that time the cost of a bed in the wards that contained about twelve beds varied from \$3.00 to \$3.50 a day. Our program covered 75 percent of the ward rate plus operating room charges. X-ray and laboratory charges were not covered. The employees paid \$0.25 a month and this was sufficient to have a surplus at the end of the year.

After a while, the hospitalization insurance agreed to coverage for the wives and children. Later the company agreed to pay for the hospitalization and eventually for the whole bill. That was part of the union agreement. Then a ward bed wasn't good enough. They had to have a semi-private room and that raised the rates a lot. It used to cost \$3.00 to get a ward bed. Now you can get a bed in a two-bed room for about \$70.00.

- Z: What hospitals were you on the staff at?
- K: I was at St. Elizabeth's for eight and one-half years, then I went to the Sheet and Tube Company full time; all

of their cases went to the Youngstown hospitals. A lot of the directors of the Sheet and Tube were trustees of the hospital and they wanted their accident cases to go to the Youngstown hospitals.

Z: When you were at the Sheet and Tube Company, did you notice any difference over the years in the type of accidents which occurred and the rate at which certain accidents occurred?

K: The biggest change came in the production of flat rolled sheets. Before the invention of the continuous rolling mill, the sheets were rolled from pieces of steel about 18 inches long, 6 inches wide and one-half inch thick. Putting these bars into the furnace, taking them out when heated to the proper temperature for rolling, passing them through the rolls a number of times, returning them to the furnace for reheating, and taking them out to be rolled to the proper gauge was all done by human labor.

In the continuous mill, slabs of steel about 6 feet long 30 inches wide and about 5 inches thick are put into one end of a long furnace, gradually pushed through and out the opposite end of the furnace and heated to the proper temperature for rolling. This slab is then passed through a series of rolls and reduced in thickness to about one-twenty-fifth of an inch. This wide ribbon of steel is travelling at about twenty miles per hour as it leaves the last set of rolls. The front end drops into a slot and is coiled. The coil is turned up on end and placed on rolls that carry it to the storage area. As it travels to the storage area, a man wraps a wire around the coil to keep it from uncoiling. This is the only time that any human labor is used.

Z: When did they start the safety program in the mill?

K: There was a police department that manned the gates and patrolled the mill. In 1912 the first Industrial Compensation Act was passed. This resulted in the companies instituting physical examinations of employees and studies of safety measures. The safety work was placed under the police department and the patrolmen were under instructions to watch for unsafe practices. Later the Safety Department was established as a separate organization.

Z: What kinds of accidents did you see most often as a doctor in the mill?

K: During hot weather we would have lots of heat cases. Nearly all of them recovered in a few days' rest away from work. The introduction of large electric fans to blow on those working in hot places eliminated some of

the cases. Later the introduction of salt in the drinking water reduced the number of heat cases significantly. The use of salt, amounting to one level teaspoon to the gallon, was the result of research work done on our men by a group from the Fatigue Laboratory of Harvard University.

They studied the men right on the job. They weighed them in the morning and again at the end of the day. Even with the amount of water these men were drinking, they still lost about five pounds each per day.

Z: Didn't they know about putting salt in the water before this time?

K: Yes, they knew about it, but they didn't have any scientific evidence. In Youngstown, the U. S. Steel Corporation was run by the chief surgeon in the U. S. Steel, who was stationed in Pittsburgh. The company wouldn't pay anything to have the Harvard Fatigue Laboratory study our cases. We had to raise a few thousand dollars to pay the expenses of this Harvard group coming here. They wouldn't contribute anything because they felt that if they needed any laboratory work, they could get it in Pittsburgh. They were giving out gumdrops to the men up there. The Republic was giving out salt tablets and glucose tablets. Down at the Sheet and Tube Company they gave out glucose for a while and then they gave out salt for a while. My predecessor did that.

Well they knew about the salt having something to do with it, but it wasn't generally known. A doctor from Harvard came out to work for the Corrigan-Kinney Steel Company in Cleveland and he would corrigate all the Otis Steel Company. While he was there, he saw some of these heat cramp cases. These fellows would come with their muscles all tightened up and suffering pain.

He talked to some of his friends back at Harvard the next summer when he was back on vacation. One of the fellows looked up and told him about a mining engineer in England who had noticed these coal miners being carried out of the mines with cramps. He had an idea it was from the amount of sweating they were doing. He got a bicycle and he had some of these fellows ride the bicycle and he collected their sweat. He found what the percentage of salt was in the sweat. He had these fellows take salt water with the same concentration of the salt in the sweat, which was quite strong, down in the mines with them and they would drink this salt water and he practically eliminated cramps. Well, he wrote this up and it was in the engineering journal and it was in the medical journals.

These heat cramp cases had been in the mineral mines out west and in the coal passers on the steamers before they started burning oil. Those fellows used to get these cramps and we had them in the steel mills, in any hot work. We had them in the summertime. There are times here, in the summertime, when we used to shut down the plant because there'd be so many men affected by it.

We averaged at least one death every year for about ten years prior to the time that we put salt in the drinking water. The Sheet and Tube engineers got together and added salt to the drinking water. If you drank any water any place in the Sheet and Tube, you actually got some salt. That took care of you if you were already acclimated to working in hot conditions. If you just started in fresh, you had to take 3 or 4 salt tablets 5 grains each for the first few days. From then on, your body adjusted to it and you could get along with the salt you got from the drinking water.

Our heat cases practically disappeared. Then we found that if a fellow did get the cramps, we could cure him by having him drink a glass of water with a teaspoon of salt in it and have him wait around for a half an hour and maybe give him another glass of salt water. Before, we used to have to ship him up to the hospital and give him salt water intravenously. We didn't have a death, then, for the next twenty years and then we had one down there.

The fellow was a big husky Greek; he couldn't speak English. They needed a man in a hurry on a hot spot and they put him in there where he had to work in intense heat all day. At the end of the day, he didn't go home and he was found wandering around in another part of the plant. He died before we got him to the hospital in time to inject enough salt into him to cure him. That was the only heat death we had in twenty years.

Z: How long did it take for the other steel mills to pick up on this idea then?

K: Well, there was a lot of publicity for one thing and people outside the mills were taking the salt during the summertime. And there were other companies that put the salt in the drinking water.

Z: So Youngstown has a first in that respect.

K: The Sheet and Tube Company was the first to put the salt in the circulating drinking water. Other companies followed suit. In reading some mining engineer's journal one of the Harvard Professors learned that in the 1920's

one of England's mining engineers had eliminated heat cramps in coal miners by having them take salted drinking water down into the mines. He passed this information to a doctor working for one of the steel mills in Cleveland. He then had the McKesson-Robins Drug Company make salt tablets which he persuaded the mill men to take when on work that made them sweat. These salt tablets were hard and when swallowed whole were sometimes very irritating to the lining of the stomach, especially in those who already had a stomach problem.

Z: You were the first ones to really have a scientific study done.

K: Yes. Well, the Republic Steel, Sharon Steel, and Sheet and Tube put up the money, but most of the people that were studied were our men. At that time, there were very few patients in the North Side Hospital and we had one whole ward on the first floor for these heat cases that summer. We used to get them sometimes when they didn't have cramps, but they were just exhausted and we'd put them in the car and shoot them up there. These fellows would get their blood samples, and run them through immediately. When they got one there that had real cramps, they tried first other things that were suggested as the cause to see if they could relieve these cramps, before giving salt.

There were no malpractice suits for using those fellows as guinea pigs.

Z: What was a typical day like say in 1934? What time would you have to be on the job and how busy would you be during the day while you were there?

K: Oh. I would go to the Brier Hill plant at eight o'clock in the morning. Then when I finished there, I was over at the city hospital to see whatever patients we had there. Then I'd move down to Campbell and I'd be there the rest of the day. If we had anybody that we were concerned about in the hospital, I'd stop at the hospital on the way home. If anything of any magnitude happened during the night, I'd get called out.

Z: How big of a staff did you have? Did it grow any?

K: Oh, when business started to come back, I didn't have anybody for about a year. Of course, we weren't doing very much. Then I was allowed to have a doctor take night calls two nights out of the seven. I'd take the night calls the other five. Later on, in 1946, we started x-raying the chests of all of the men that went to work for us. Then I got a specialist in lung diseases, Dr. Kravec, who came down and diagnosed the

the X-ray films. During the time that he was there, he would also examine the new employees during that hour that he would be down there. That's all the help from the outside.

I had the privilege of turning our serious cases over to the specialists in Youngstown. We had four general surgeons that we sent our abdominal patients to, our hernia cases, et cetera. We sent our fractures of course, to the outstanding orthopedic men in town at that time.

Z: Who would these men have been?

K: Well, Dr. Morral is dead now. Dr. McElroy is now retired. Dr. Cook is the head of that office right now. Doctors Sherbondy, Brant, Turner, and M. P. Jones were the general surgeons.

Z: Were there any problems with any epidemics or anything while you were working there?

K: Not while I was there.

Z: How about heart attacks? How did they deal with heart attacks?

K: Well, heart attacks, we got them up to the hospital. While I was there, I could call in anybody I wanted for any of our cases. If I had a coronary case, I would call in one of the outstanding interns.

That was a nice thing about doing industrial work. Nobody ever objected to me spending the company's money to get top men. I had patients that I took to New York, Boston, St. Louis, and Kansas City for special work. We traveled in the company plane, and we never had a bit of trouble. As long as I was down here, I used a specialist on all of our serious cases and never once got criticized for spending too much money. That made the practice really attractive. You could do the best for the men and feel that you were really doing good work.

Z: What kind of attitude did most of the doctors in town have toward industrial work?

K: Well, while I was there, you see, we were self-insured. We had the right to furnish the medical care. We had to furnish adequate medical care. Now, as long as we furnished adequate medical care and we had an employee that didn't want us to take care of him, we said, "That's all right. You can go out and have anybody you want, but we won't pay the bills."

It was our practice that if the fellow had to go to the hospital for an operation and he wanted his own surgeon to operate on him, we would pay the hospital bill, but we wouldn't pay the doctor bill.

Now that was true up until about 1958 or 1959. They changed the law down there. Now anybody that's hurt can go to any doctor he wants, and the Sheet and Tube has to pay the bill.

Z: Did you ever treat any of the families of any of the men?

K: No. No, we didn't get into that. Only during the Depression for about two years, we had a dispensary down there. They could come in and see us and we'd examine them and prescribe for them and give them medicines, if they were just ordinary medicines that we would have on hand. We did do that only during the Depression.

Z: Was this because they couldn't afford to go to a doctor?

K: Yes.

Z: Well, if you don't mind me asking, how economically rewarding was this work?

K: Oh, it didn't compare to what you could make on the outside. It didn't compare at all. No, especially after 1940. See, in 1940, the government began taking these fellows, when they finished their internships, into the service. There was a shortage of doctors started from about that time, 1940. No, the industrial work never paid what you could make on the outside. There was good reason. It was a lot different work. They allowed you to do anything you wanted and they paid the bills. It's a lot more satisfactory work.

Z: I take it you enjoyed it.

K: I did. I did. I didn't enjoy the money part of it, but I did enjoy the kind of work that I was doing.

Z: Did you ever have any charity cases or anything like that?

K: Not after I went full time at Sheet and Tube.

Z: But before that you did?

K: Well, yes. I was on the Crittenton Home staff. I used to deliver babies there, at the Crittenton Home. Now they're sent to the hospital to be delivered.

- Z: Who were some of the doctors in town when you first came back from Vienna, back in the 1920s?
- K: There were perhaps about a hundred doctors in our Mahoning County Medical Society and it would be quite a job to name them all.
- Z: What did you think of Youngstown doctors on the whole when you came back from all this wandering all over the world?
- K: Well, they were doing practically everything here that they were doing in St. Louis. We had a lot of good men in this town. They were quite capable.
- Z: Do you know anything else about early medical history? Do you remember any stories that you heard when you first came out here or anything?
- K: Oh, I only heard of a couple of malpractice cases. One of them I didn't know anything about personally. There was a child that had an infected eye, and the eye specialist said the eye ought to be removed. The family couldn't stand the idea of taking the eye out and they wouldn't let them remove the eye. The kid just got an infection in the other eye and then he got blind. The story was out that they settled for I don't know, five or six thousand dollars because they felt if they went into court, the parents would claim that they were not sufficiently impressed that the infection would spread to the other eye and result in total blindness. Apparently, they felt if they went to court, they might get some more, but I understood there was about five or six thousand dollars paid.

The other one was a fellow that had what we call an aneurysm, a ballooned up artery, in his groin. He was sent into the hospital. This Dr. Beuchner, who was the first well-trained surgeon in town--in fact, he was the number one man in the Youngstown hospital--said that if he operated on the kid, all he'd do is kill him. So he wouldn't operate. He sent the kid home to die. Well, the family called Dr. Osborne and Dr. Osborne was on the staff of St. Elizabeth's, but he also operated in the Youngstown hospital facility. He put the young fellow back in the same hospital and he operated. His attitude was that he was going to die if you don't operate and if you operate, there's a chance you may save him. So he put the fellow back into the hospital.

This is all heresay with me. One of these fellows was telling me the story about how all of those that believed Dr. Buechner was God in surgery gathered in the operating room to watch this fellow die, and watch Dr. Osborne kill

him. Dr. Osborne opened him up and there was just barely room enough between the aorta and the aneurysm for him to tie off the aneurysm. You see, the big artery, the aorta, that runs down on top of your spine divides into two parts, one going to the right side of the pelvis and one going to the left. Each gives off branches to the back part of your buttock and your legs. The aneurysm was in one of these two divisions where this aorta divided, there was just room enough here to slip a tie around there and tie it off.

Well, the fellow's leg down below his knee died and he had to have it amputated. He got an artificial leg. Then he went into this school that the Y.M.C.A. had at this time for training automobile mechanics. He came in to see Dr. Osborne one time and I was in his office. After he left, Dr. Osborne told me that the fellow came in to see him about suing Dr. Buechner because he didn't operate on him. Dr. Osborne told me that he told him "You can't do anything. You're living and you're getting around and you're learning a trade. How are you going to prove to the jury that Buechner did anything harmful to you?" The fellow was convinced by Dr. Osborne that he didn't have any suit.

Those are the only two malpractice cases I ever heard of.

Z: Okay. The hospitals developed basically after the first world war. I know St. Elizabeth's has grown immensely since then. What role did the doctors have in this? Did the doctors run the hospitals in Youngstown, when it comes down to the basics?

K: The nuns ran the hospital at St. Elizabeth's when I was there. There was nobody over there that was the chief mogul. You didn't have to tip your hat or bow down to anybody over there while I was there. During the eight and a half years that I was there, I never felt as though I had to bow to anybody. The nuns, I thought, were wonderful. That was my first experience with nuns.

Occasionally, you'd hear about some nun that cancelled a doctor's orders. They felt, very, very responsible for the care of the patient. If the doctor wrote an order that the nun, the supervisor didn't think was the best thing for the patient, the nuns wouldn't hesitate to cancel it. That got under the skin of some of the boys. That's the way the things were when I was there.

I don't know of that ever having happened in the Youngstown hospitals. No one would have the nerve to cancel a doctor's order.

Z: Do you think that's good or bad?

K: Well, in some instances, it apparently was good, because sometimes a nurse would know a condition of the patient that the doctors didn't. Some of these nuns had a lot of experience with patients and you might say that they had some knowledge that no doctor could possibly have had. They knew some of the side reactions of drugs and how the different personalities reacted to certain things.

Well, there was an Irish woman living down over the hill east of Wick Avenue from between Spring Street and Lincoln Avenue.

Z: Down in Smokey Hollow.

K: Right. I had taken care of her. She had had an abscess under her arm just below the shoulder. When we open an abscess, we invariably put a drain in, so that the two edges wouldn't come together and seal the infection. To keep the thing open so it would drain. I had put a rubber drain in.

When I dressed the wound the next day the drain was not present and I assumed it had dropped out. I let the patient take care of the dressings and instructed her how to sponge the area with alcohol when she changed the dressing.

About a year later I was making a call at her neighbor's home, and she came over to see me. She told me about the condition under her arm after I had last seen her. This infection had repeatedly healed then recurred and broken open a number of times until finally the rubber drain came out and then the condition cleared up permanently.

I told her I was at fault in not making certain that the drain had fallen out and that I had insurance and she ought to sue me. She thought I was terrible to think that she would ever do such a thing.

Z: That is such a different attitude. People today are ready to sue at the drop of a hat. Well, at the other hospitals in town were there any bosses as such? Who was the boss of the doctors and the surgeons? Was there anybody who was considered to be top dog?

K: Well, in many hospitals you had a clique. You felt the presence of it at the Youngstown hospital. I understand that it was not only a peculiar thing about Youngstown, but I talked to other doctors, even doctors from Europe. They said it was the same thing over there. The trustees of the hospital have faith in certain doctors and whatever those doctors say, they take as gospel truth. The result is that those who have influence with the trustees

of the hospital will be on the executive committee. The same condition exists in corporations. It's true I think in any organization you go into. You find out who are the ones whose recommendations go the highest and it's only natural that you avoid having differences with them if you expect favorable consideration.

Z: Who were some of the doctors that did get promoted to the Youngstown Hospital Association that got this? After all, they did go to the North Side unit during the mid 1920s, didn't they?

K: Well, I think it opened up in 1928, late 1928.

Z: That must have taken quite a bit of promotion to do that.

K: Well, the South Side Hospital had very few private rooms. The north wing, they're working on it right now, that whole limestone building, those were the private rooms up there. In the wards, we originally had eight one-story wings over there. They would have, maybe, two private rooms right close to the main hall. Then the rest was a big ward. Then, at the end, there was a little space there for what they called the sun room. Practically everybody was in a ward bed unless you were somebody. There wouldn't be very many people that would get a private room, so there was quite a demand for private rooms.

When they built that North Side Hospital, it was nothing but private rooms. There wasn't a single ward in it. There wasn't a single two-bed room. It was all private rooms. The trustees felt for once they had enough private rooms. They didn't have single rooms for very long until the Depression came along. There was a question of whether they were going to close that hospital entirely or close the South Side hospital. For quite awhile, there was quite a number of those floors that didn't have any patients in them. In 1934 they opened up one of the floors for our heat cases, you see. One of the floors wasn't being used.

During the 1930s, there was the big merger fight when the Bethlehem Steel and Sheet and Tube wanted to merge. Eaton, a big financier in Cleveland, was very strong in the Republic Steel and opposed the merger. So they had one hell of a fight on that.

There was a bunch of attorneys staying at the Ohio Hotel. It was in the summer months that the trial was going on. One of the New York attorneys got sick and they called for the Sheet and Tube chief surgeon to take care of

him and he was on vacation. So I was sent up to see him, and I put him in the hospital. Well, the room they had that they could give him was right across the hall from one of the Wicks. The Wicks were lined up on the opposite side of the battle. They were with the Republic Steel. They didn't want to have an embarrassment there so they opened up one of the wings on the second floor for Mr. Moore.

He didn't want the news to get back to New York that he was hospitalized, so he gave his name as Hamor. His name was H. A. Moore, and he gave his name as Hamor. Well, John Tod, who was president of the trustees of the hospital and the largest single stockholder in the Sheet and Tube Company, went up to the North Side to call on him and they said they didn't have anybody by that name, Moore. He was ready to fire everybody in the hospital because he knew damned well that this attorney was there.

Z: I take it they lost.

K: Yes.

Z: Do you have any other impressions on the developments of hospitals in Youngstown? Have they pretty well kept pace with hospital development throughout the country?

K: Well, this Hill-Burton Act, do you know about that?

Z: No, I don't.

K: Well, it was an act they passed a good many years ago, that Congress supplies a certain percentage of the money that's spent for building hospitals. So the hospitals have been using that Hill-Burton money to help them out.

Now, we just got so many hospital beds anymore that it's just phenomenal the number they have. When I started to practice, I don't think St. Elizabeth's and the Youngstown hospital, the two of them together, had more than one hundred and fifty beds. Now we probably have two thousand beds. St. Elizabeth's is putting another addition on and Youngstown is putting another addition on.

Well, everybody goes to the hospital for everything now.

Z: Did you ever have any problems with any people medicating themselves for things that maybe they'd get sick on the job or something?

K: Oh yes. Most people save their medicine. Then when their neighbor got sick they would want to heal them and say

"Dr. So and So gave me this when I had the same thing." But, oh yes, people save their medicine and the doctor would get blamed if it doesn't cure.

Z: How about home remedies? Did you ever have any experience with any people's home remedies?

K: Oh, you hear about these things, but I never had to take care of somebody that had got really sick from taking something that somebody else told them about. Of course, if they did get sick, chances are they would not tell you. They'd want to keep it a secret. They wouldn't want the other person to get into trouble. No, I never had any trouble with that sort of thing.

Z: Did you ever notice any medical fads? You know, some people wear copper bracelets for arthritis, things like that.

K: Oh, yes. Yes, that was quite the thing. Negroes, especially were great on having them. It was usually a copper wire wrapped around the wrist. Sometimes you'd see a fellow with a rope around his belly.

Z: What's that supposed to do?

K: Some people think sometime or other that it cured somebody who was cured by throwing a rope around his belly. I don't know what the details were, but I remember one of our fellows who wore a rope around his waist.

Z: You have quite an extensive background in the training before you came to Youngstown. How did you keep up with the practice of medicine as far as keeping fresh?

K: Well, I didn't. I couldn't. I got so involved in this industrial work that you just couldn't keep track of everything that's going on. I had the permission of getting anybody I wanted for anything that I felt that I shouldn't take care of. No, I couldn't go out and practice. When I was down at the Sheet and Tube, I just had too much to do there. When I retired, I was sixty-eight. I thought when I retired, I'd have to spend a year or two around the medical school getting myself refreshed. I'd be seventy and starting out. All I'd get would be night calls.

Z: Well, have you ever had any teaching or any learning vacations or anything like that?

K: Oh, I went frequently to the American College of Surgeons meetings. At that time, they were glad to have the industrial doctors. College of Surgeons had a special program for us, but when their organization got

so big, they dropped that section. The industrial doctors got together and had their own organization. We used to meet once a year, and go over the problems that we had in our work.

The American Iron and Steel Institute had a medical committee. They started that during the second world war. We used to go down to New York every month or two and spend two days together talking about our problems.

Z: Did you ever have a chance to participate in any kind of first or anything like that in medical practice other than the salt experiments?

K: No. We weren't first on that.

Z: Yes. Well, it was one of the firsts. It was certainly a first in Youngstown.

K: Well, the head of the safety department and I got out a little booklet because there were all kinds of stories among our employees of what was happening to them because they were taking salt in the drinking water. So we got out a little booklet with questions and answers and passed it out among the employees. One of those things fell into the hands of the Morton Salt Company. You know, I think it's probably the biggest salt company in the country. They got me on the telephone from Chicago, I think it was and wanted to know if I'd name a price to let them use this booklet because it promoted the use of salt. I said as long as they used the whole thing I did not want anything. If they did not pick out parts of it, why, they could use it. I didn't want anything.

One of my classmates was the professor of physiology at Washington University until he retired. He saw this thing they put out and it was quite a flashy thing and my name was on it. I had nothing to do with the kind of a thing they put out, but it certainly attracted people to the use of salt. He kidded me about that.

Z: So you're an author of a book. That's good. What are your opinions of government regulation of medicine? Was there any type of regulation back in the 1920s and 1930s?

K: No. But everybody said that it was going to come. They were talking about it then, fifty years ago and they're talking about it now a lot. It's getting more serious all the time. Well, there probably will have to be some regulation because this cost of medical care is just getting beyond all comprehension. You just can't see where they can keep on with the cost going as high as it is.

- Z: How do you compare the freedom that a doctor has today with the freedom that a doctor had when you first went into practice?
- K: In what way do you mean freedom?
- Z: Well, is he as free to be his own man?
- K: Well, I don't know just how free these fellows are. I don't know how much they're checked, if any. I never heard of anybody being denied the practice.
- Z: Was there any sort of a self-regulating influence when you first were a doctor?
- K: No. I don't recall anybody overlooking our work. I don't remember anybody being denied the right to practice because of some faulty way of taking care of people.
- Z: What kind of a role has the medical association in Mahoning County had in medicine?
- K: I've had very little to do with it because there was very little in it of interest to me. I don't know of anybody that was barred from the use of the hospital. There was a time when people that couldn't pay their hospital bills were considered what they called "house cases." They were looked after by the staff. If they didn't pay their hospital bill, that is, if they came in as a free case, the doctor couldn't charge anything. If patients came into the emergency room for service the nurse or the intern who would see them might suggest to them that they call "So and So" instead of the doctor who was on regular call for emergency service. Once in a while, well, I only heard of one case where a doctor was supposed to have made a deal with the intern, to pay him, you see, to call him for some of this work. He was denied staff privilege. That meant he would not share in the care of charity cases.
- In those days, you were always glad to get this charity work to do for nothing because there was the chance that maybe these charity cases would have some relatives or some friends that would be able to pay. If you did a good job on the charity case, you made your mark with some of their friends. That brought you paid business. So there was never any trouble getting a doctor to do the charity work because that always meant there was the possibility that he'd get other patients that would pay.
- But now, with everybody carrying hospitalization, there just isn't any of that kind of work anymore.
- Z: How well organized would you say doctors have been over the years? Are they pretty independent people?

K: Oh yes, they've been independent. There's no question about it. But how well they're organized, how well they attend their meetings and all, I don't know. I haven't been going to them for years. I hear them urging their fellows to come out for their meetings, but I don't know how well they attend them.

Z: What do you think of today's doctors as opposed to the doctors that were coming out of medical school when you came out?

K: Well, I don't think they get to know the families the way we did. A lot of them were sons of doctors and a lot of them were sons of ministers. They didn't feel that they wanted to follow on in the minister's calling and they switched to medicine. But that isn't true now.

With the growth of hospitalization insurance and the tendency toward specialization that followed the second world war, the doctors have been rated the highest paid of all the professions by the income tax people. Of course that situation would attract those interested in having a high income.

Z: Have doctors always been able to live fairly comfortably, though, even before this time? Were they middle income people?

K: I would say they were, with a few exceptions, middle income people because when this Depression came on in 1932 and 1933, I know of doctors who had been in general practice for twenty years who had to borrow on their insurance to pay for the groceries.

Z: So they worked for a living, just like everybody else.

K: Yes. They didn't accumulate any great wealth. They might be able to send their kids to college, but you couldn't say that they did much more than that.

To give you a good example: A very fine general practitioner who had served on the Board of Education and was very active in his church had two sons who were fine athletes. Both of them went to a state college. The oldest one wanted to study law but he had to teach high school for two years before he could enter law school. The second one wanted to study medicine and he had to work for two years before he could enter medical school.

Z: That's quite a difference. Have you ever been active in any civic affairs such as school boards or run for any political offices?

K: No.

Z: In all your years of practice as a doctor in Youngstown, is there anything you would have changed?

K: I don't think we'd have so many people in hospitals. I think there are just too many people occupying beds in the hospitals so that they can charge the expense of laboratory and x-ray work up to their hospitalization fund.

Z: Are you glad you went into industrial work after working that long?

K: Yes. I enjoyed all of my time in industrial work. I must admit they didn't pay the money that I could have made on the outside, but there's a lot of satisfaction in industrial work

Z: Well, thank you very much, Dr. Kennedy.

K: You're welcome.

END OF INTERVIEW