YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in the Mahoning Valley

Personal Experiences

O. H. 348

DR. A. W. MIGLETS

Interviewed

by

Paul Zimmerman

on

November 19, 1974

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INTERVIEWEE: DR. A. W. Miglets

INTERVIEWER: Paul Zimmerman

SUBJECT: Youngstown Hospital, Internship, Staff, Flu epidemic, Medicare

DATE: November 19, 1974

Z: This is an interview with Dr. A. W. Miglets, M.D., for the Youngstown State University History of Medicine in the Youngstown and Mahoning Valley, by Paul Zimmerman at 803 East Indianola, Avenue, Youngstown, Ohio, on November 19, 1974, at 2:00 p.m.

Dr. Miglets, just what influenced you in becoming a doctor?

M: Well, actually, the birth of my brother influenced me to become a doctor. In the middle of the night, Dr. Booth came to our house. My mother was in pain, and I realized that he was responsible for the pain leaving. I felt that I would like to be such a person.

At that time, I was four years old. Many years later, I realized that that was the night my brother was born.

Z: What course of study did you take in college when you went in?

M: Oh, I was out of school for about three or four years working in the mills, and when I went to college I went with the idea of taking premed and going into medical school. Incidentally, I had to work my way through both colleges.

Z: What were your impressions of school at the time?

M: Well, having been out of school for about three or four years, at first it was rather difficult to

become acclimated to studies. But in a way, it was better because I was a little older than the average student.

Z: Do you think that's an advantage sometimes?

M: I think so. Well, this is my opinion. I think every youngster, after he gets through high school, should go out and work in the world for a year or two before he goes to college. It helps to settle their minds and I think they really appreciate college more.

Z: How many other premed students did you meet with the same idea at college?

M: Well, at that time, quite a few because it was during the Depression days. There were, in my class actually, students that were much older than myself even. At that time I believe it was felt that a youngster wasn't quite mature to become a doctor.

Z: How many years was med school at that time?

M: It was seven years. Well, med school was four years and three years premed.

Z: And the internship?

M: One year internship.

Z: What was your internship like? What were the conditions?

M: Well, in the first place, we were on duty twenty-four hours a day, every day, except on Sunday; we could have Sunday evening off, and one afternoon off a week. We were paid very handsomely. It was ten dollars a month. However, this did include our meals and our laundry. Then, of course, we were promised a bonus of twenty-five dollars at the end of the internship, which we never got. The hospital just didn't have any money.

Z: Did you serve your internship in Youngstown?

M: Yes. Youngstown Hospital.

Z: Any pranks or anything you would like to tell us

about while you were in school? Any big movements you were involved in or anything?

M: Well, many, many things happen to a young medical student or an intern , the usual run of mill things, of course. However, never in a person's life is a doctor cockier than when he is an intern. So you can take it from there. Many things can happen. I can't relate any specific things. Certainly, we were a breed of people who were pretty independent. We weren't pushed around by anybody, not even the senior doctors at that time. And, of course, we all had to go through a certain stage in which we were set down a little bit, and we found out that we didn't know as much as we thought we did.

Z: Do you think there is any special distinction to having graduated during the Depression and doing it the hard way, so to speak?

M: Well, I think we appreciated our education more because we had to. Of course, at the same time, everybody was in the same boat. I don't think that one was trying to lord it over another because of financial difficulties and what have you.

Z: Did the government provide any help to any doctors during the Depression?

M: None whatsoever. No programs.

Z: So the New Deal didn't have a whole lot to do with the doctors?

M: Well, the New Deal, of course, helped the ones that were already out in practice, yes. At least we were getting some returns for taking care of people. Of course, it didn't amount to very much. I remember making house calls. I got sixty cents because they had to prorate the money. They were supposed to get three dollars. They only got sixty cents.

I remember delivering a pair of twins for eight dollars in the home. Later on I tried to figure it out and it cost me almost eight dollars to deliver those two kids.

Z: Were you able to go into practice right after your internship?

M: Yes. Yes, I did. I started in Youngstown and I've been here since.

Z: Did you start in this neighborhood?

M: No. No, I started on the east side. An old doctor, Taylor, W. Taylor, died and I took his practice over. It might interest you to know that I had a girl working for me at the time. I was paying her fifteen cents an hour.

Z: This would have been in what year?

M: 1931. 1931, 1932. Somewhere along in there.

Z: What was the neighborhood like that you were located in?

M: Well, at that time, it was a fairly nice neighborhood. It was on Wilson Avenue. The people were poor; they were honest. Later on, in the following five years, the neighborhood started going down and I moved up on the hill, which is called Lansingville. It was called Lansingville.

Incidentally, Indianola Avenue here, at one time, was called Japan Avenue. About that time there was some difficulty with Japan and the Orient. It was about the time, I guess, that Theodore Roosevelt was President. They changed the name of it to Indianola Avenue.

Z: I think there's an Indianola Road out in Boardman. Then there's Indianola Avenue here.

M: I don't know why they called it Indianola, but it was Japan Avenue.

Z: In your practice, what was a typical day like in the 1930's, say 1931 or 1932?

M: Well, at that time, I was having office hours three times a day: Nine to ten in the morning, one to three in the afternoon, and seven to nine, ten, eleven, or whatever at night. At that time, transportation wasn't as good as it is now. We made many more house calls than we did. We delivered all the babies in the homes, and you put in a full day's work.

Z: Did you have an office staff and everything? Were you able to hire a nurse?

M: No. In fact, I just had this one girl who was, as I told you, we paid her fifteen cents. She's still a patient of mine, by the way.

Z: How extensive was your practice? What ills did you cover?

M: Well, of course, general practice is what it amounted to, including OB. I did all my fractures and minor things that nowadays the specialists do.

Z: How often did you have to send someone to the hospital?

M: Not very often. Not very often in those days. Number one, people were afraid of hospitals. They had the attitude that if you went to the hospital, you died, period. So we didn't send very many people to the hospitals. You took care of them at home.

Z: Was there any particular ethnic group that was in the area or was it pretty homogeneous?

M: Well, it was quite homogeneous at the beginning where I started to practice. Later on, there were some colored that moved in. There were mostly Slovaks and also some Italian families, some Greek families, too, by the way.

Z: Did you have any difficulties due to maybe cultural problems with different nationality groups?

M: No, none whatever.

Z: There was a feeling of trust?

M: I hope so, yes.

Z: Did you ever participate in any firsts in medicine in Youngstown?

M: Well, I'm sure I have. Just recently, in the last ten, fifteen years. Accidentally, I decided to give a cortisone type of injection to a patient with hay fever, and it worked. Then I had about six or eight patients that I gave it to that particular fall. The following year, some doctor had written it up in New York State that he had used it. That's just the head on it. Also, for poison ivy I used the same thing. That was the first here. Of course, it was just purely accidental that I tried it and it worked.

Oh yes, I had a first. Many years ago, I had a case of typhoid fever. This was really a good one. I read in the Vindicator that Parke-Davis Company had put out an antibiotic called Chloromycetin. They had sent this Chloromycetin down to Puerto Rico, where they had an epidemic of typhoid fever. It was over a weekend, the fourth of July weekend. I called Parke-Davis in Detroit and they referred me to some doctor in Philadelphia. I called him and he was up in Maine somewhere fishing. I got a hold of him and told him my problem and he said, "Well, I'll call my assistant," or he gave me the assistant's name. He said, "You call him," and he said, "I'm sure we can send a few of the capsules to Youngstown." So I called the assistant. It was the fourth of July and he didn't feel like going down to the laboratory to pick this up and send it to me. And I had to get a little rough with him, use some fancy words. Sure enough it turned out the following day we got six capsules. They flew it in by air mail or what have you. By gosh, the guy, it worked on the man; it cured him, that specific formula. As far as I know, that was the first time that was used in Youngstown.

Of course, Chloromycetin has been used quite extensively since. But at that time, it wasn't even on the market. It was just an experimental drug.

Z: What year was this?

M: Oh gosh, I don't know. It must have been twenty years ago.

Z: So it would have been during the early 1950's?

M: Yes, early 1950's, or even before that. I just can't tell you exactly what year.

Then, as strange as it may seem, we found out about it from the Vindicator.

Z: That's hardly a medical journal, is it?

M: Well, I can give you a better one than that. There's a drug that's called Benadryl. It's an antihistamine. I know this for a fact. It was written up in the Saturday Evening Post that some doctor used Benadryl for an allergy. A person was allergic to cold up in Alaska somewhere, so he writes a big article about

it or they write a big article about it. That's how we found out about Benadryl. It was the first antihistamine.

Z: So you really have to keep your eyes open, don't you?

M: Yes.

Z: Did you ever write any articles for any of the journals?

M: Oh, not very many. I wrote a few. The latest one was an article about the relationship between tetanus toxoid and tetanus antitoxin and Guillain Barre Syndrome. Guillain Barre Syndrome was probably, if you don't know about it, it's a neurological problem that develops usually from some allergic condition.

I wrote a couple other articles prior to that. Those are on pediactrics.

For the first few years of my life, I was very much interested in pediatrics. I was in pediatrics service at Youngstown Hospital for seventeen years, then I changed over to medical service.

Z: So that was your specialty, so to speak?

M: Well, in those days, you didn't have specialties, so to speak. You were specialists in everything almost, see?

Z: But if you would have had your choice, that would have been your specialty?

M: Not really, because I was interested in all phases of medicine.

Z: Did you ever perform any surgery or anything like that?

M: Yes. All the minor surgery I've done in my offices. During my internship, of course, I did some surgery, and I delivered many, many babies. Of course, that's not considered surgery.

Z: Did you ever count them all up?

M: No, I never have. I never lost a baby or a mother, though. Until I quit about ten years ago, I quit

delivering babies.

Z: That's quite a record.

M: I thought it was. I was just lucky.

Z: You always had healthy mothers?

M: Yes. No, the sick ones I sent to the obstetricians.

Z: What were your impressions of the hospital in the 1930's, then the 1940's, then the 1950's? Just general inpressions. If there are any stories you would like to tell us about how things improved or got worse . . .

M: Well, I think, originally, when I started to practice, there was a much closer relationship among the doctors than there is now. Of course, at that time, the county medical society consisted of ninety doctors. Now, it's between three and four hundred. So you can't possibly have that close relationship. At that time, well, every doctor knew every other doctor in town, by his first name yet, you know. Of course, prior to my starting to practice, there used to be--this is hearsay--but there used to be some jealousies among certain doctors, you know, particularly if you belonged to St. Elizabeth's or Youngstown Hospital. But I think that has all gone by the wayside now.

Then of course, right after the war began the era of specialization. I think the reason for it was that while you were in the service, if you were a specialist you had a higher rank; you got more money. Right after the war they still needed doctors in the services so these young doctors just took up some specialty so that they could get a higher rank. But I think, basically, doctors are doctors just like they were forty years ago.

Z: How about the hospital itself? Were you satisfied with the hospital in the 1930's?

M: Well, yes, I was because I was happy. I got enough to eat, really. In the 1930's it was a matter like my mother used to say, "Five cents is an awful lot of money if you don't have it to buy a loaf of bread with." So I think the quality of the doctors' works are much finer now than they were in those days. Naturally, there has been a lot of improvement and advancement.

Z: Were there any big improvements in the hospital that

you participated in? Any building drives or equipment drives or anything like this?

M: Well, of course, every doctor who's on staff at the hospital, I retired from it last year, has to contribute a number of hours between one hundred and one hundred and fifty hours a year for the welfare of the hospital. So it's just one continous thing, you know, committee meetings and this and that. Everybody had to do his share, so to speak, for which, by the way, we don't even get thanks.

Z: Well getting back, have you seen any change in the types of diseases over the years, say like the big killers?

M: Well, of course, I remember the typhoid fever was quite a killer, and diphtheria. We haven't had a case of diphtheria in Youngstown for forty years. I think we saw more rheumatic heart disease in those days because we had no penicillin. Pneumonias, of course, were notorious. Fifty percent of the people with pneumonia died in those days. We had solfine and penicillin and antibiotics. Why, I think the percentage of mortalities really dropped. I don't think there was much change in the . . . of course, during the flu epidemic, a lot of people died, not really from flu, but from pneumonia. Pneumonia was a big killer.

Z: When was the flu epidemic?

M: Well, there was one in 1918. I was not a doctor at that time, but that was really terrific. People were literally dying. Well, they couldn't bury them fast enough, let's put it that way.

Z: Really?

M: Yes. Have you ever heard of the 1918 flu epidemic?

Z: No.

M: The schools were filled with patients. There weren't enough hospital beds or anything. There would be an ambulance going from house to house. If there was somebody with the flu in the house, they would just pick them up and take them, you know. Then they would die.

I remember my own home. My father and mother, two brothers and two sisters, they all had the flu. I was the only one that didn't have it. These guys

came to our house and they were going to take them all, you know. My father was weak; he could hardly talk. I was taking care of the whole bunch. My father told me, he said, "Now look, if they want to come upstairs to take us, you get that baseball bat we have down there and chase the boy." True story, and I did. They went to the next house and picked somebody up there. Incidentally, they all survived. Yes. Good nursing care probably. (Laughter)

Z: Well, when was this other epidemic you referred to, then? Was that during the Depression?

M: Well, there was an epidemic, a flu epidemic, around, I don't just recall when, but not nearly like the one that I'm speaking of in 1918 because by that time we had sulfur to combat the complications of the flu. We had minor epidemics of the flu almost every spring.

Z: How about polio? Was that a big problem in Youngstown?

M: Yes, it was. It was a scary thing. I might say something about polio that I'm sure is known, but would be interesting. Every fall, there was an epidemic of polio, the summer months particularly. Here in Cleveland some doctor removed some tonsils from a kid in August. The kid developed polio and died. They blamed the removal of the tonsils for the polio. For many years, in fact, some people still feel this way about it, they will not have patients have their tonsils out in the fall. Of course, for many years we used to advise parents to have their kids' tonsils out in July and August. There are the least amount of flu and sore throats and so on. So this sort of put the damper on tonsils being taken out in the fall.

Then, of course, along came the Salk vaccine and that was it. But polio used to be a scary disease. I had a few patients that had it. That's it.

Z: What are your impressions about diseases they have cured, like--well, they haven't cured it, but it's a low incidence--tuberculosis?

M: That's one of the greatest things, one of the greatest things that has happened in medicine. For instance, in New York City, they had seven hospitals, each a thousand bed hospital with tuberculosis patients.

After the advent of the drugs, they had one hospital and that was hardly filled. So this gives you an idea of how important it was during its peak. Nowadays, we treat them at home.

Z: What types of medications were available when you graduated?

M: Well, not very many. Of course, we always had pain killers. Of course, aspirin was a great drug. We had digitalis for heart. We had some sedatives like phenobarbital, chlorohydrate was a good one, and bromides. You don't even hear about them anymore. There used to be a drug called a triple bromide that was given for nervousness and so on. Then, of course, in the beginning, we didn't even have any medications to give women excpet ether for their having a baby, and that's about it. I think most of our medicines, in those days, consisted of probably just the heart of medicine.

In those days, doctors didn't talk too much. I don't think they knew too much in those days. I mean, they didn't have enough things to work with like we do now.

Z: You wonder why it still took two years to go through med school then. You wonder how they get so much more in in the two years they go to med school now. Whereas, it's still a seven year course, isn't it?

M: Oh yes.

Z: You wonder how they can manage to do it.

M: No, it's a three year course now in medical school; they go year round

Z: Oh, you didn't go year round?

M: No, we didn't.

Z: You just went the nine months?

M: Nine months, yes. That's right. I still think that this business of three years is just pushing it a little too much because there is just so much knowledge that they have to put into their brain. Of course, ninety percent of that right after you graduate is just pushed into the background. You're only using ten percent of it at any one time, but it's there; it's available. That's the important thing. I think with all these new sophisticated tests and machinery that we use in medicine today,

well, a lot of it is not really necessary.

Z: Do you think maybe we should get back to the art of medicine a little more?

M: We should. We could use a lot of that, of course. As far as diagnosis and so on is concerned, I still think by the use of your fingers, hand, eyes, nose, ears, you can still diagnose patients quite easily. Not easily, I would say, but your diagnostic tests maybe confirm what you find, but it doesn't really rely on it. At least I don't.

Z: Do you feel you can tune it, so to speak, to a patient?

M: Oh sure. I think so.

Z: And you see a movement away from that?

M: Yes, I have. For instance, a patient that goes into the hospital now is seen by an intern. They will order a battery of tests. They will cost a couple of hundred dollars. These tests are not necessary. Maybe they'll find one or two little things in all these tests that might give them a clue as to what the diagnosis should be. They should have an idea about the diagnosis even before you run these tests, you know, but I think they're depending more and more on the mechanical type of diagnosis than what they used to.

And then, you know, of course, this is one problem where your cost of medicine is going up. For instance, you send a patient in, whether he needs it or not, whether he has got an infected finger. You get all kinds of blood work on him. You get an EKG, an electrocardiogram. Maybe he's only nineteen years old. He doesn't need it. You get a chest x-ray. Well, maybe he had one last year. You don't need this, but you do get it. So by the time the hospital bill comes to this patient or to the insurance company, you find quite a bit of it you really didn't need. I think the younger doctors have a tendency to just ignore the cost of these tests. Of course, it makes it easier for them to diagnose things, you know, because here's a little test that was positive. You try to correlate that with the findings and so on. Maybe they come up with a diagnosis. I think it's a lazy way to practice medicine.

Z: Do you think maybe that's because countries become

more affluent and they don't really think about it in terms of money as much as maybe someone like you did, who went through the Depression?

M: I think so. As a matter of fact, I remember the days when we had the Model T Ford. The Model T Ford was a very fine automobile, but it was very delicate. You had to treat it gently in order to get any service out of it. I still drive my cars that way. But younger people, well, you know what they do with the rear tires and so on. Well, in those days, you couldn't do that because the car just wouldn't hold up. Now, by the same token, the practice of medicine was that way. You had to be very gentle in considering all aspects of it, including whether the family had enough to eat or not.

Z: What was your first experience with penicillin?

M: I was in the service at the time it came out, and we used it there. Compared to what we give today, we were giving fifty thousand units every four hours. Now we give two million units in twenty four hours or more. The dosage is different. But it was still a terrific drug. I think sometime we overuse it, but at the same time, it is a good drug. I can't tell you any more about it.

Z: Was it a big help to you?

M: Oh sure, definitely. There's no doubt.

Z: What was the ordinary treatment for a cold? How has that progressed over your practice? What do most people do for a cold? Is it the same today as it was then?

M: I'm going to tell you a little secret on this cold business. I had about three or four young interns and residents working on this. Recently, they had a little breakthrough as to what caused colds and what was the best treatment and so on. Finally, the breakthrough came out last fall. We found out that Sucrets were the best thing for colds. So that's true, as long as there are winners.

Z: I see. How about home remedies? Did you ever have any problem with people taking their own home remedies?

M: Oh, no problem. As a matter of fact, in the early days I learned about many, many home remedies from

the old grandmas. Of course, sometimes the problem would come up, one grandma would say, "Well, you have to use this kind of poultice," and another grandma would say use the other kind. So I got to the point where I would say to one grandma, "Now, you try yours today and let the other grandma try hers tomorrow," and nobody got hurt. Yet, they felt good about it. Of course, in the meantime, I gave them aspirin or codeine or something.

Z: What did you have for treatments of heart attack victims?

M: We didn't have very much. We had only one drug and that was morphine. By the way, they're coming back to morphine again. For many years, they were trying various kinds of other medications. Morphine and digitalis, of course, that was it. They still are two of the basic drugs.

Z: You alluded to house calls before. You said that was the greater part of your practice. When did this start changing?

M: I think it started changing after the Second World War. I think there were more automobiles and the transportation was easier to obtain. In fact, that's the reason that we made so many house calls, there was no transportation.

Z: A doctor could afford a car where maybe nobody else could.

M: Yes. A lot of times we couldn't afford it, too.

Z: You almost had to have it.

M: Yes.

Z: What kind of anesthesia was available?

M: Chloroform and later ether. Ethyl chloride was used for anesthesia, that was a spray. That was a mean one, but it worked. Nowadays, they wouldn't dare use it because it killed people.

M: Now, we get to another sensitive area with doctors. I would like to talk with you about your fees. Just what kind of a fee schedule did you have when you started out?

Z: Oh boy! At that time, office calls were a dollar. You provided the medication and gave a bottle of cough medicine or a tonic or whatever they needed.

House calls, at that time, were two dollars. The problem was that nobody had the two dollars. They didn't have it, not even the one dollar, so during the Depression days, gosh, if I collected a dollar, why, I felt pretty good about it.

Z: How did you make your car payment?

M: It was difficult. It was really difficult. Just to pay the drug bills was quite a bit. Of course, this happened, too. For instance, a patient would need some cough medicine. Well, they would come to the office and we would give them a four ounce botttle of cough medicine for fifty cents. Usually they would pay for that, so that helped out a little.

I was paying office rent, fifteen dollars a month; for a time I couldn't pay it. Yet, I was working fifteen, twenty hours a day almost.

Z: You had to make your rounds at the hospital, too.

M: Oh sure.

Z: How did you go about collecting some of this money? Maybe people couldn't pay you. Would you just write it off?

M: No. For many years, I never sent bills out to patients. I had a philosophy about that. For instance, if a patient wanted to pay me, I knew they would pay me or they wouldn't pay me, period. Those that didn't pay me or weren't going to pay me, sooner or later, when their bills became high enough, they went somewhere else, sort of good riddance. So actually, I wasn't really suffering from that standpoint. Eventually, it got to the point where, as I say, I didn't send out any bills. I considered a patient who is honest, he's going to pay his bill.

Z: Do you think there's too much money floating around in medicine today?

M; You mean among the doctors?

Z: Yes.

M: Probably. Of course, there's more money needed nowadays. I do think, though, that a young man starting out in practice today certainly had a different . . .

Of course, today, the young doctor's usually married, and usually has two or three children. He usually has to have a beautiful home. He has to have two cars. Naturally, when he starts practicing, he's going to have to consider that he has got a big overhead. He has got to get that money somehow, somewhere. When I started to practice, it was a little bit different. We didn't consider money as the major thing in practice.

Z: It would have been hard to because it wasn't there.

M: That's right, it wasn't there. There were still opportunities to make money illegally, so to speak, but a decent doctor wouldn't do it. They were still paying for abortions in those days. They were still paying what they give to help somebody out with his morphine problem, you know, and all this stuff. For those things they were willing to pay.

Z: The money is always availabe for that.

M: I never run into it, so . . .

Z: Who were some of your associates that you dealt with early? Who were the big men in the hospital when you were an intern?

M: Well, yes, that's a good one. Of course, Dr. C. R. Clark was one of the older members. He was a fine, stately gentleman, who had a beautiful bedside manner. Then there was Dr. Morrison, Bob Morrison, they called him. He was a little bit cruder, but he was well liked. Then there was Dr. Patrick. He was my favorite. I think I tried to pattern my practice after him. Of course, prior to that, we had doctors like Dr. Booth, Dr. Buechner. More recently, Dr. Skipp and Dr. Fuzy. Those were two really great doctors in this town. Dr. Skipp was a very, very popular doctor. He was a thyroid specialist. Incidentally, Dr. Elcesar was in that, too. He was a thyroid specialist.

Z: Dr. Elcesar was a thyroid specialist?

M: Yes, but Dr. Skipp was a politician. He really went all out for medicine. If he knew what was happening now, I think he would turn over in his grave, really. He just fought for medicine and against government interference.

Z: Well, some of the men you mentioned previously like Dr. Clark, what was he involved in?

M: He was an internist. He was a very fine diagnostician, fine gentleman. Maybe too fine according to what my idea of a person should be, but he was great, highly respected

Z: Then Dr. Morrison, what was he in?

M: He was an internist, too. He was a doctor of very few words and he was very well liked among his patients, and even among his colleagues. He was down to earth.

Z: Did these men have private practices?

M: Oh private practices, yes. All private as far as I know.

Z: Your favorite, Dr. Patrick?

M: Dr. Patrick. Well, he did general practice more or less. He had also done quite a bit of OB work. In fact, sometimes they considered him an OB specialist. Dr. Patrick has two or three sons who are doctors and he had a large family. During the Depression, he bought a farm just so he could raise food to feed his family. That's how difficult it was to get money in those days. He was really down to earth, and a clear thinker. He was the kind of guy that called a spade a spade.

Z: Where was his practice located?

M: His office was on Lincoln Avenue, and he was in with a couple of other doctors.

Also, there was an A. W Thomas who was the first pediatrician in Youngstown. He later moved to Cleveland and became a public health man up there.

Z: Dr. Elcesat was in thyroid. Was thyroid a big problem?

M: Yes, it was. This was known as a thyroid belt. Almost everybody had a thyroid. They did thyroid operations at South Side Hospital every day. Of course, after the Morton Salt Company started putting some iodine in the salt, why, no more thyroid. Isn't that remarkable!

Z: Something that simple.

M: Simple, yes.

Z: Who were some of the people of your generation that

are still in practice maybe, or aren't around here anymore that were outstanding?

M: I'll tell you frankly, a few of the boys that I interned with are no longer here. See, I'll be seventy-two. We've had some terrific men in Youngstown in certain specialties, but this is of my generation. Except for myself, I can't think of another person who's outstanding. Well, I had to put that in. (Laughter)

Z: We want your side of the story. There's a question Dr. Melnick wanted me to ask you. Do you know anybody that was involved in early radiology besides Dr. Hebberding?

M: Dr. Hebberding and Dr. Baker. He was a fine radiologist. He just recently died, by the way. I don't know anyone else. I knew Dr. Hebberding well.

Z: X-rays, when did they come into being a tool, so to speak?

M: I can't give you the exact date. Dr. Hebberding made a lot of his equipment by hand, by himself. He was really a pioneer. Not being my specialty, I just don't think I could give you an answer on that.

Z: Dr. Melnick was looking for other things that he didn't know about it, I think. On the hospitals now, who ran the hospitals?

M: Now, that's a very good question and I can answer it in just a few words. At the time I started interning, every Sunday morning in the staff room there was an informal meeting among the top four who were Dr. Elcesar, Dr. Sherbondy, Dr. Clark, and I think, Dr. Patrick was involved. These four men, in fact, we were advised as young interns and young doctors to just sit around and listen to these guys talk. They would discuss everything from politics on down to why on K ward there weren't enough sheets on the beds. Okay, so the problem would come up say on one of the wards. All right, they know the problem; they discuss the problem. Then Dr. Patrick would say, "Well, I'll take care of that problem." It didn't have to go through many committees and all kings of wrangling among people, you know. He would go to the floor the next day and it was taken care of. There weren't even any minutes

of these meetings. I mean it was just all informal. Then there would be some problem in the OR, or emergency room. Or if one of the younger doctors was doing something out of line, they would discuss it. They would get this young doctor and one of them, not the whole bunch, just one would take him aside and say, "Hey, now look, this isn't quite kosher what you're doing." Then the young doctor would listen to them. Of course, if he didn't, pretty soon that young doctor was no longer at Youngstown. That happened quite a few times to certain doctors. But you don't have that sort of thing now among the professionals. I don't think there's that closeness between the older doctors and the younger doctors.

Z: Do you see a need for the self-policing type of policies that the medical associations are coming out with as sort of a replacement to that?

M: Yes. We need a thing like that, but it's going to be on a cold-blooded basis.

Now, in the olden days, well, I'll give you one example. I made house calls, all kinds of house calls. It got to the point where I would take any call, where I would be going out three or four times a week on cases in which there was a miscarriage, maybe an abortion. I would send these patients into the hospital and I would have one certain surgeon do the D and C. Well, pretty soon it came to light that I was sending two or three patients every week to this surgeon. The big four had a little meeting about this thing and Dr. Patrick asked me one day if I was really doing abortions or not, you know. He told me what was happening. Then it dawned on me. Then he told me there was a certain woman in Campbell who was doing abortions and she told these people that if they get into trouble, call me. I didn't know anything about this. I was dumb. This didn't have to go through a lot of committees to bring it up in front of the medical society. He and I just realized what was going on and it was straightened out. So I think now this is policing, this is policing, but policing in the sense that you're going to do it now. It's a different story. It's a cold-blooded situation. I think most doctors are reasonable. If they're doing something they shouldn't do, somebody should be a representative of a group to go and talk to him about it. They

should always wait and hear his side. As I say, in those days, if someone didn't conform, they just left town. They had to leave town because if not for any other reason, the medical profession just wouldn't have anything to do with them.

Z: Could they be drummed out of the hospital, off the staff?

M: Yes, that was done.

Z: What relation did the doctors have with the administrators of the hospital?

M: I think they were very close at first, very close. In the first place, the administrator didn't have very much to do with the running of the actual hospital because these doctors were right there. Of course, a lot of the busy work the administrator had to do. Now, there has been a tendency though for some administrators to head the government, of course, to stick their noses into the actual practice of medicine in the hospitals, which is not good.

Z: How is it run now?

M: I think this Youngstown Hospital is being run very well now because it has grown to the extent where you have certain departments of the hospital that are run by heads of that department. I don't think it's quite as centralized as it used to be.

Z: So they have delegated authority now, so to speak?

M: That's right, yes.

Z: Getting back to your training, what method did you use to keep up with medicine over the years?

M: Of course, medical journals. Being a GP, we had to attend at least fifty hours of lectures over a year. These were obtained, of course, at the hospital or we would go away to various centers to get it. Of course, we would still have our medical journals.

Z: Did you ever have a chance to teach any?

M: Well, actually, when you're of staff, you're teaching interns and residents. Of course, the way I have taught was very informal because a lot of things that . . . Well, I made it a double-edged sword. I would try to learn as much from

the interns as they would try to learn from me. Maybe I could give them a little gem about one thing or another, and then I would pick their brains about something else.

Z: Trying to get that ninety percent that they're not using?

M: Yes, that's right. It's a fascinating profession. I've been happy with it because I interspersed a little bit of humor in it. Now, from Dr. Fuzy I learned one thing that is tremendous; he said that every patient he came in contact with, supposing it was for fifteen minutes, two minutes of that he owed for himself. He had to get two minutes of enjoyment out of it or three minutes. So I've practiced medicine that way. Every patient I see I must get at least two or three minutes for myself, maybe just a couple of words that patient said or responds to something I have said or what they mean. Isn't that terrific? So I learned that from Dr. Fuzy and I've tried to live up to that. In fact, when a patient leaves my office, if they're not smiling, then there's something wrong with me. Maybe that's the reason I'm seventy-one years old.

Z: Keeps you on an even keel.

M: Oh I think so.

Z: We would like to look at some of the other problems. We know that there were a lot of serious industrial accidents in the 1930's, especially in Youngstown because of the mills. Did you have any experiences with those?

M: Yes, I have in a small way. In the first place, I worked in the Sheet & Tube for many years. I worked in every department there was, so I know it from that side, also from the standpoint of being a doctor. I happened to be the doctor for Jones & Laughlin down here. Although it's a small plant, we certainly stress safety. One time we went 1500 days without a lost time accident, which was damned good.

Z: Was this over three years?

M: Over three years, yes. Yet, the things that they work with are razor sharp. They get damned near cut off just like that. But I think it's the attitude of the workmen that plays a great part in

safety. Down there they have to be alert because they know this stuff is sharp, it's dangerous. They're just right on the ball every second. They pay them well. Now that's one reason that I think they don't have as many accidents as someone who's getting two dollars an hour. A lot of these [people] just don't give a damn.

Z: That's interesting.

M: We stress safety down at J & L. I think most of the other plants are, too, more so than they used to.

For instance, everybody in the plant has to wear safety glasses now. You have to have a shield over the side of the glass. Number one, they have to wear safety shoes. I don't know whether you know what safety shoes are, they've got a metal [inside]. They have to wear hard hats in certain areas. Now these are important. Of course, you've heard of of people being accident-prone. Now, these are the people who are too damned careful. When you drive a car, if you drive it casually, you're driving well. When you're driving a car consciously, you're more apt to get into an accident. Now the same way in the mill. They actually train themselves or they get training to work safely, and after they know their job, they do it casually with no accidents. It's amazing how quick these people are. A man may be working, and suddenly a piece of steel comes flying right past him. Now, he doesn't have more than one-tenth of a second to get out of its way, but he does. So I think it's the attitude of these people.

Z: Do they work on this attitude at all, say like when you were working your way through college? Did they ever mention safety?

M: No, not really. The men themselves knew that it wasn't safe to be going over by some hot steel or something. There was not a word mentioned in those days about safety.

Z: So the education along with the higher wages you would say would be the biggest factor?

M: Oh, I think so. Yes, because you see these men know that if they get a lost time accident, they will still be collecting money, but certainly not what they would be earning. Of course, there it goes back to the old almighty dollar, I guess.

Z: Have you seen any public health problems in your office, say like venereal disease or anything like this?

M: You see, I'm practically doing geriatrics now. I should say seventy-five percent of my patients are older. I haven't taken on any new patients now for about ten years. Most of them I've known forty years, thirty-five, forty years, you see. So these people don't get venereal disease very often. I'm not bothered with any of these people having abortions either. (Laughter)

Z: You referred to geriatrics. Now, most people would view that as a public health problem right now because they have so many commissions on aging. We're going to do this for the aged and we're going to do that. What do you think about all these different political footballs, so to speak?

M: Actually the type of practice that I have, these older folks are solid people who have lived their lives and saved their money. They're hardworking people. They don't depend much on any of the things that you're talking about. Now, of all the patients that I have, I have four patients in rest homes. Most of my patients are being taken care of by their families.

Z: That's fantastic.

M: It is. It makes my work that much easier. Some of these old folks, as I said, I've had them as patients for forty years. Those are just a few of the patients that I have on that order, but they're all eighty or older. They had to be over eighty to get their pictures on there. I started on that. My wife got me a camera a couple of years ago, a Canon. I said, "What am I going to do with it?" So a lady in here one day, an old lady sitting in that chair . . . I just snapped her picture. Here's the interesting thing about it, I would take two views. Then I would show them the two pictures. Whichever one they wanted, I would give them. The other I would put on the board. Then I would give them the negatives. Usually, I would give it to the daughter or the son. So then what they would do with these is have a bunch of them printed or made and then send them out as Christmas cards. Isn't that fantastic?

Z: That sure is.

M: Here's an old lady that's about eighty. (Showing pictures) Here's one that is close to ninety. I mean these are just a few more that I have to put up. Of course, there are a couple of little granddaughters that are the same age almost. One's dark and the other one's blonde.

Z: What is your opinion of nursing homes? I have an interest in that.

M: There are certain nursing homes that are horrible; I haven't been into them lately, but there are some that are just A-1. For instance, the Assumption Home. I don't know whether you're familiar with that.

Z: No, I've never been in that one.

M: It's run by some Sisters and it's the cleanest place and the nicest place that I know of. In fact, I asked the Sister out there one day, I said, "How in the world do you keep this place so clean?" I've been in hotel rooms that weren't any nicer than what they have there." She said, "Well, every person here is dedicated." I said, "What if the girl isn't, you know?" She said, "We have only one word for her, out!" They have no union there, you see, no union. These girls, they just love their work. Consequently, they're giving these people just beautiful care.

Z: Do you think the unions are a detriment to practice, say like at hospitals, where they have a strong union?

M: I think so. The only problem is that it is hard to find people who are dedicated to their work.

Z: Yes, I know. In most of the homes, I know, they just pay minimum wage. The turnover's terrific on their help.

M: Yes. Except out at Little Forest; they have some of those older nurses there. By gosh, those nurses are really dedicated. They're really dedicated. I hear that there is quite a commotion about this County Home business.

Z: Some friends of mine own a nursing home in Mineral Ridge; I'm interested in that.

We got through the 1920's and 1930's. In the 1920's

you were going to school and in the 1930's you were in your first year. How about the 1940's? Were you in the service?

M: Yes. I was in for about three years. However, I never went overseas. I stayed at the hospitals here. I was in Chicago for about six months at the U.S. Marine Hospital. Then I was--for about a year--in charge of a prisoner's camp in Fort Mazula, Montana. There were about two thousand German prisoners, about four, six Italian prisoners, and not that many Japanese prisoners, all in the same camp. They were closing the camp. Then I was sent out to Seattle. Here's an interesting sidelight.

There was a Dr. Keale in town here. He was one of the first doctors to do cardiac surgery. I'm sure he did cardiac surgery, but he certainly did pulmonary surgery like removing lungs. He had just come back from overseas. I called him up one night and said, "Hey, Joe, how about coming over to the house?" He said, "Oh fine, we just got in." The next day he got orders to be shipped out again. The funny part of it is every time I came in contact with that man, something happened. You know, every time I spoke to him, something happened to him. I was a jinx. In fact, he called me up then when he got his orders and said, you so and so, "If you had not called me, I wouldn't have gotten these orders." He was quite a guy.

Z: You were talking about a general regulation before. Do you have any definite opinions on the PSRO?

M: You know, I don't know if you have much of a sense of humor. The other night when you called me, I asked you when did they spring you, you know, and you didn't know what the hell I was talking about.

Z: No, I didn't.

M: Well, this PSRO. I can sum it up it one world almost, I don't like it. If it gets to be as bad as I think it is, I'm going to retire. I won't have anything to do with it because there's enough greed as it is in the practice of medicine than to be loaded down with all kinds of problems.

Z: What kinds of problems would you foresee for yourself with something like this?

M: They're already starting. A Guide to Screening, under the Department of Health, Education, and

Welfare, is just one book for pediatricians. These are the rules and regulations you have to follow just to screen kids as to how you're going to treat them.

Z: You mean they're going to tell you how you have to treat them?

M: Oh sure.

Z: They're not just going to pay the bills anymore?

M: No, you'll be told what to give and how to give it and so on. Here's some of the plans.

For instance, you have to notify them first that you're going to admit a patient. Then they have to have an eligibility determination. The registration costs are normally down here. And diagnostic study, treatments, if they don't agree with the treatment that you give they won't pay. If I have a patient in the hospital and I keep him in there three days longer than what Medicare says he's allowed, I have to pay the three days. The doctor pays for the hospital bill. I didn't know whether you knew about this or not.

Z: No, I didn't.

M: Yes. What's more, supposing that Medicare pays eighty percent of your bill and you accept it, and you try to collect the other twenty percent from the patient, but Medicare already says that this bill is paid in full. How can you try to collect more when it's already paid? So supposing I say to this patient, "Now look, I'm going to sue you." I wouldn't, but some doctors would. Then Medicare would appoint an attorney for this Medicare patient, free of charge. At least for the patient it is free of charge to fight this particular case. Of course, you probably know they will be eligible to come into my office anytime they want and go through all the records without my permission either. If I don't obey them, why, they can fine me five thousand dollars and all this sort of thing. There's going to be too damned much regimentation. This is just the beginning here.

Z: That would be for the national health insurance, right?

M: Yes. Yes, that's right, and Medicaid. You see, there are a lot of people on Medicaid too. This is only for pediatricians, by the way. The next step, there will be one for medical men and then for surgeons, I suppose.

Z: Who do they have write these?

M: Certainly not doctors.

Z: Certainly not doctors. You don't see a doctor in that at all.

M: No. They lay down the laws.

Z: You don't have a reasonable and proper clause in there anywhere, do you? Even our Constitution has that.

M: Yes. Well, you know, the thing that irks me most is, you know the Constitution this country was founded on, privacy. We are in business. They can come right in here. The next step they'll be going into your house and going through all your drawers and so on. They find a piece of paper there that you shouldn't have, they'll put you in jail. This is not far-fetched either.

I had a little experience with this government business. A couple of them, but one particularly. When I first started practicing medicine, there were a lot of people who were on relief. We were allowed three dollars for a house call and a dollar for an office call. They had x number of dollars. Each month they divided the number of calls or the amount of money that was supposed to have been paid to the doctors into the amount of money they had. You would end up with sixty cents a house call, maybe forty cents for an office call. Many times this forty cents didn't pay for what you gave the patient. Certainly the sixty cents never paid your automobile service. This is what's going to happen.

I'll give you one other example. Two years ago they passed a law where doctors could charge for the dependents of people who were in the service. They were going to pay fantastic fees, fifteen dollars for the first office fee and all that sort of thing when we were charging five. Ohio and Kansas were the only two states that didn't go along with this thing. I had one

patient who was a captain in the Air Force and his family was being flown back to the states from Germany. He had five kids and they all had the measles. I saw them two or three times so I decided I would send them the forms in just exactly the way I was supposed to. Finally they sent it back. I had to send it to the Agitant General in Germany to get his signature. It went through about a half a dozen different channels. Finally, I got a letter back that read, sorry, the ninety days are up and we can't pay you.

Z: Just as a general note to sum up things on your practice, in all your years of practice, is there anything that you would have changed that you've done?

M: Personally, no. I heard something last night when I was watching "The Godfather." By gosh, I've been living by this philosophy all of my life and I never realized it. I don't apologize to anybody. In other words, I don't think I have ever done anything in my lifetime that I wasn't absolutely aware of at the moment and in my best judgment, right or wrong, that I should feel sorry for.

Z: Is there anything you would like to have done differently maybe, like continued an education, or become a specialist, or something like that?

M: I had an opportunity to become a surgeon even while I was in medical school. I spent a year at St. Francis Hospital as an intern and one of the most famous surgeons in Columbus wanted me to be an assistant. I preferred general practice. I like people. I don't like to be regimented. When you're a surgeon, you are, because you're at the beck and call of every other doctor and so on as far as you know. No, there isn't anything. Of course, I would like to have seen the times a little bit different in my lifetime, but that's something I had no control over.

END OF INTERVIEW