

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

Medical History Project

Medical Experience

O. H. 110

LELAND GEORGE COE

Interviewed

by

Paul E. Zimmerman

on

June 11, 1975

LELAND GEORGE COE

Leland Coe was born September 10, 1896, in Cleveland Ohio, the son of Frantz and Leonette King Coe. Dr. Coe grew up in a farming environment, and at one time thought he would become a veterinarian. However, his father encouraged him to go all the way and be an M.D.; and so he embarked on a career in medicine. Coe enrolled at Ohio State University in 1916 and completed his bachelors degree in 1920 at which time he immediately began medical school. In the 1920's, an individual could complete medical school in two years, and deciding this was the route he would take, in 1922 he was graduated from Ohio State Medical School.

Dr. Coe entered into a practice with his uncle in Youngstown and remained in the area until 1961 when he retired. He saw many firsts occurring in the Mahoning Valley as far as medicine was concerned, such as the use of penicillin, spinal anesthesia, and new techniques in surgical procedures. Living through the Depression was rough for Dr. Coe as doctors were usually the last creditors to be paid. Consequently, he was among the founders of the Medical-Dental Bureau which helped to secure the financial status of physicians.

Upon retirement, Dr. Coe remained an active member of the Canfield Methodist Church and the Masons, and was also interested in gardening.

Dr. Coe continued to take an active part in the Mahoning Valley medical community until his death on August 14, 1976, and his contributions to the advancement of medicine in the valley will never be forgotten.

Julie Di Sibio

YOUNGSTOWN STATE UNIVERSITY

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INTERVIEWEE: LELAND GEORGE COE

INTERVIEWER: Paul E. Zimmerman

SUBJECT: Medical School in 1918, St. Elizabeth Hospital,
Private Practice, Salary, Medical Procedures,
Medical Expenses, Diseases, Epidemics, Penicillin

DATE: June 11, 1975

Z: This is an interview with L.G. Coe, M.D., for the Youngstown State University on the History of Medicine in the Mahoning Valley, by Paul Zimmerman at 4153 Canfield Road on June 11, 1975, at 3:00 p.m.

Dr. Coe, who or what influenced you to become a doctor?

C: I really believe that my earliest interest was aroused by admiring a physician in Elyria, Ohio, who was attending me when I was very ill with pneumonia. I so much admired the bright instruments in the bag because I was only a lad of about eight years of age then. I thought that would be nice to have a nice white shirt and go around with a good horse and buggy. It was still horse and buggy days in those times. That was about 1903 or 1904.

Later it was that we were on the farm, that is, my family. I remember very well the scene. I can remember the stanchion number of the cow that I was going to milk next. Dad was about to leave the farm and enter the Bureau of Indian Affairs as a supervisor. I was a senior in high school; and I remarked to Dad that I thought that I would like to go ahead and go to college and be a veterinarian. He said, "Well, if you're going to do that, why 'don't you go all the way and be an M.D.?" I said, "I think that's a good idea." The

die was cast right then.

Z: Where did you go to high school then?

C: Garrettsville, Ohio.

Z: And what year did you graduate?

C: 1916.

Z: Did you enter medical school right away?

C: Oh, yes, that fall, with about a \$149.00 to start.

Z: Was that enough?

C: (Laughter) Well, it had to be supplemented during the year by remittances from my dad, who was chief clerk on the Indian Reservation in South Dakota. But the total amount that I spent in six years in medical college down there, some of these boys now spend in one year.

Z: Then you went to Ohio State?

C: Yes.

Z: What was the medical school like at Ohio State then?

C: When I was a junior in high school in Garrettsville, the Ohio Department of Agriculture put on a competition among us farm boys to go down to the Ohio State Fair. Those who would grow a measured acre of wheat and get the best yield would report on it. Two from each county were going to be selected to be chore boys down there at the Ohio State Fair and live in tents. I thought that would be swell, so I entered the competition and I grew this measured acre of wheat and I won the right to go to the Ohio State Fair in the summer of 1915. During that time, they took us on a tour of the Ohio State Campus. I liked the looks of that place. I thought I would like to go there to college. That was in my mind when I was talking to my dad the next spring in the cow barn and saying that I was going to try and be a veterinarian. Well, that's the reason I landed at Ohio State.

Z: That sounds like a good one!

C: Now it's of interest to note that this being the fall of 1916, automobile traffic was not very heavy. You couldn't hitchhike from Garrettsville to Columbus in much less than six weeks maybe! (Laughter) We always took a train. An interesting observation in that line was that Dutch Chalker and I used to commute by train. He was a schoolmate of mine in Garrettsville High School. He was one year behind me and then a year later he enrolled at Ohio State to pursue a medical career. We would take the Erie Railroad train out of Garrettsville and go up to Cleveland. We would each buy a sleeper, Pullman reservation, with our regular railroad ticket. We would get on the train and we would both get in one bunk and save one Pullman ticket. We would sleep together. The conductor would come along and we would just give him one ticket and we would save one, then we would cash that in later! But we didn't figure we were cheating anybody if we only occupied one bunk. (Laughter)

Z: That's right, there was room for everybody else.

C: Well, here are my impressions at Ohio State. I landed there just a raw farm boy and didn't have any connections or acquaintances down there at all, but I was fortunate in getting a room right close to the main entrance of the university there at Fifteenth Avenue. There was a restaurant right there at the corner of High and Fifteenth. I began eating there, but I soon found that my budget wouldn't cover restaurant eating for very long so I looked around and got a meal ticket at a boarding club. The cost was three and a half dollars a week and that was more economical. So I ate there at that boarding club all that year. Interestingly, Coach John Wilch, who was just in his early career, was eating in the front room of the same boarding house, but he paid five dollars a week. I couldn't afford the front room. (Laughter)

At that time, of course, it was quite impressive to me, but as I look back at it it was just a village compared to the city that's down there today. The total enrollment then, as I remember, was 7,200. Today how many is it on campus? Around 49,000 I believe. There was no problem with automobile parking. They didn't have any reserved places for parking because there was only an occasional automobile on the campus. The parking facilities consisted mainly of a bicycle rack at U. [University] Hall.

Bear in mind now that this was the fall of 1916. War clouds were gathering over Europe and officials of the United States recognized that there was probably a coming shortage of physicians and a need for them. At Ohio State they outlined a program whereby one could complete the necessary premedical studies in two years if they took assigned subjects, no electives. Those subjects were mainly scientific and necessitated sixteen hours of foreign language. So I had no electives, just chemistry and biology and similar subjects. Then suddenly, during the spring of 1917, the American Medical Association tacked on a requirement of an increase in the number of hours of physics that were required; namely, they were now going to require a four-hour requirement in physics. Previous listing of credits necessary for enrolling in the medical school did not include any physics.

So the majority of the premed students had to hire a professor and take a special course during the summer in order to meet that requirement. We did that, and unfortunately we got a tough-minded professor of the College of Engineering who had no sympathy for premed students. He expected us to be able to handle logarithms, et cetera, which we only knew by name. I, not having had any mathematics since being a sophomore in high school, and some of the other boys in a similar fix, out of the twenty-one of us that hired him, he flunked seventeen and passed four. Well, the dean of the medical school approached this professor evidently, and told him he would like to have a class in the fall in the medical school. So the professor reconsidered and he gave a reexamination and he passed all of us.

- Z: What were some of your impressions after you graduated from premed, after you got into the graduate school and school of medicine? What was it like?
- C: In regard to the requirements for entrance to medical school, as I said, there were no elective subjects. Unfortunately, I elected to study French as my second foreign language. I was doing all right in German, I liked German, but French just about sunk me. One semester of that and I got a--I don't know what it was--deferred pass or something like that. I knew I couldn't keep that up. There I was, I had wasted one semester of work in attempting to master French. So I had to just chop that off and take a

double course in German then the following semester. That made me take twenty-one hours of work. I was kind of busy, but that was the only way that I could meet the necessary requirements. My schedule was really heavy; I never took less than eighteen hours. One semester I took nineteen and this one semester I took twenty-one hours plus the summer course in order to meet the requirements to get into medical school in the fall of 1918.

Z: How much money did it cost to go to school then? Do you remember what it cost?

C: Interestingly, I've got a little notebook here. Would you want any figures out of it?

Z: We can look at that later. I'll remember that.

Getting to the medical school now, how tough was it? Was it harder than this grueling grind you had been on?

C: Medical school was tough, especially that first year. It seemed to be their policy to weed out other than dedicated individuals, particularly in the anatomy course. We had a professor there who really, I think, was sadistic in his approach to students, and he so irritated me that I learned less anatomy than I would have learned if I would have had an individual with a little empathy.

To go back a step to what we call the "on campus" premedical work when the trains regularly were met by fraternity men. They would get an automobile load of ignorant neophytes and take them up to the fraternity houses and look them over and see if they were good prospects. At this one fraternity--I forget now the exact name of it, but I can remember very well the location of the house--I was very much impressed. Interestingly, now to look back on it it was an experience inasmuch as a young man sat down at the piano and started to play and entertain these neophytes. What we played was "Fight That Team Across the Field." He had just written it that summer and it had not been played or heard in public. So it was that we got a first audition of that song which became so famous. Incidentally, he also wrote "Beautiful Ohio". Bill Daugherty, attorney of Columbus, who in my greatest knowledge is still healthy, he played his song on a platform, "Fight That Team Across the Field", at my fiftieth reunion at Ohio State in 1972 before

the crowd assembled in the Ohio Stadium.

Z: What was medical school like then compared to what you see it as being now?

C: Well, it was indeed far different. The boys that attend medical school today . . . I toured the facility down there when I was at my reunion three years ago and I was amazed and greatly impressed by the facilities that they had for learning and studying, visual and audio. Those facilities are opened to the students twenty-four hours a day, if you please. If a man wakes up and he's wakeful at 2:00 a.m., he can go over to the study room and can turn on tapes of visual aids and pursue any line of work that he wants. He has an assigned desk there for the entire year and is free to go up and work there at any time. In our day, we had no such facilities; we sat on hard benches. In fact, a considerable part of the time that I was in medical school for the clinical teaching and observation, I sat on the same benches at old St. Francis Hospital in downtown Columbus that my uncle Dr. E.W. Coe sat on when he attended Sterling College of Medicine and he graduated in 1896, the year I was born.

Z: So they hadn't done much between then?

C: The facilities for teaching medical students at that time really consisted of your textbooks and the professor who was dedicated to the work and interested in teaching. That's the reason he was doing it. It wasn't because of the recompense that he was receiving. It was a far cry from the facilities and teaching methods that they have down there today.

Z: How long did it take to get through medical school?

C: Four years. As I said, it was this two years accelerated on campus premedical and then four years in medical college.

Z: Where did you serve your internship?

C: I came here in the summer of 1919, three years before graduation. I was taken on up here at St. Elizabeth's Hospital as an extern and assigned the duty of doing the urinalysis the first thing in the morning, and then doing a blood count. Believe it or not, I could do all those for the entire institution at St. Elizabeth's Hospital at that time and then have free time in the afternoon. They put me on as the assistant in the

anesthesia department. Today, I don't know how many people are employed with machinery to help them to just run all the urinalysis and blood counts that are done in that institution today. It has grown enormously. It's something compared to what it was when I served there as an extern in those early years.

Then, the following summer, I was fortunate enough to get an appointment as an extern at St. Francis Hospital in Columbus. I say fortunate because that helped out the budget greatly. I got room and board for the entire senior year, and served there as an extern that year and then stayed on as an intern at St. Francis Hospital in Columbus the year after my graduation. Then I applied for a residency at Mount Sinai Hospital, Cleveland, and was accepted as chief resident in surgery and served my year residency there.

Z: While you were an intern in Columbus, what kind of pay did you receive for that?

C: Oh, room and board! What else?

Z: Was this normal?

C: Yes. That was normal pay for an internship in those days for an intern. If you please, here, I was chief resident at Mount Sinai Hospital, a leading institution. The following year here I was a full licensed practitioner, and I received twenty dollars a month, room and board.

Z: Did you specialize in surgery then?

C: Oh, yes. My training, fundamentally, was entirely in surgery.

Z: You specialized while you were still in med school?

C: Yes. But when I first went into practice with my uncle I did everything.

Z: When did you start private practice then?

C: I met a nurse up there, fortunately, on the floor at Mount Sinai Hospital. That was the best move I ever made, going up there, because I found her and got married. The day that I left Mount Sinai, I went over to the west side and by prearrangement married Catherine Kline. We went on a honeymoon

out to my parent's residence out in South Dakota on the Indian reservation, came back here, and it had been arranged that I would go in practice with my uncle, E.W. Coe, who had been practicing here in Youngstown since 1902 and had a well-established practice.

Z: What kind of a practice did your uncle already have in Youngstown?

C: He had general practice. He expected his associates to really handle the surgical end of it. I was glad to do that, but he was sort of a taskmaster, and when I wasn't busy operating, I was expected to help out in the general practice. I really had to handle the cases that I wasn't quite qualified for, I didn't think. I didn't want to handle them, but I had to.

Z: What did you think about Youngstown when you came here?

C: Well, I thought it was just a good place to make a living and I was glad to come here and be associated with my uncle and not have to worry about working up a practice. There was plenty of work there right away. I got in town one evening and he had two operations scheduled for me the next forenoon.

Z: This wasn't the norm for doctors at this time?

C: Hardly. Would you care to know how much money I made?

Z: Oh, yes.

C: Two hundred and fifty dollars a month. I furnished my own automobile and all side expenses.

Z: What kind of car did you drive?

C: An old secondhand Ford.

Z: What was a typical day like when you first started out in practice in Youngstown? When did you get up in the morning?

C: My uncle expected me to be down at the office at eight o'clock in the morning, but he usually got there at seven. He drove down Belmont Avenue from his house that was practically next door to St.

Elizabeth's. The expressway is there now. Then we started. Calls that were left over from previous attending of patients were lined up first thing. And we agreed he would go and take certain calls and I would take certain calls. Usually I would go to the hospital first because we always had a certain number of patients in the surgical ward and the obstetrical ward.

Then after I was finished at the hospital, I was expected to go and make a certain number of house calls and be in the office then for office hours promptly at one o'clock in the afternoon. Those hours ran until about three-thirty or four o'clock. Then we went out and finished up whatever calls had come in in the meantime, and then be back in the office at seven o'clock and hopefully finish up by eight-thirty or nine o'clock.

Now as I said, my uncle was quite a taskmaster. That went on for six days a week, including Saturday. On Sunday, though, we only had to work from one o'clock until two o'clock in the office. That also went for Christmas and New Year's and the Fourth of July. Those days it was just one until two, official office hours.

- Z: So you earned your two hundred and fifty dollars a month. Where was this office?
- C: Home Savings and Loan Building, second floor, right in the front.
- Z: Did you perform any surgery in the office?
- C: Oh, yes. We performed procedures then that no physician would dare to do today on account of this malpractice situation. We would give anesthesia and perform relatively minor operations including tonsillectomies and debridements, et cetera. And, oh yes, a constant source of revenue in the cold weather was fractured wrists and kickbacks trying to crank these Ford automobiles.
- Z: Really! (Laughter) That's interesting. How often did you have to hospitalize people then?
- C: Well, now that's a good point. In the delivery of children, for instance, almost every woman expected to have her baby at home in those days. If she was taken to the hospital something was wrong, and it was serious if she had to be ordered to go to the hospital to have her baby delivered.

As for admission for surgical thing, the surgical schedule in the hospital today looks entirely different from what the surgical schedule looked in my earlier days. In my days, there were so many infections of the pelvis with operations from the female organs of the pelvis to the taking of them out, which you rarely see on the schedule today. There were, in the springtime, operations secondary to infections, which were more prevalent in the springtime. That is, on the schedule then there would be the acute mastoid operation, the taking out of a rib for a draining of an accumulation of pus resulting from a lung abscess. You hardly ever see those! A student today, if he gets an opportunity to see an operation on an acute mastoid, they come from far and wide to see that operation, it is so rare today. We used to have three or four of those a forenoon on the schedule.

- Z: So there's quite a difference in the types of diseases?
- C: Oh, yes. Of course, there was no heart or vascular surgery work at that time, and many other types of operations. They weren't even known in my earlier years.
- Z: What were the conditions like in the hospital? Which hospital did you use?
- C: St. Elizabeth's Hospital was the one that I was always associated with throughout my professional career. As to conditions in the hospital, they were different. It was more like a close-knit family between the nuns and the hospital workers and the attending doctors. The doctors had time to sit down and talk and even joke in the social room. I've had many of the men up there speak about the difference. They just dodge in and out; they don't have time to hardly say hello up there anymore.

As to the physical facilities up there, there is a very great difference in that each floor had a large ward. It was more economical to occupy a bed in a large ward. I'm trying to think just how much it cost then. It was something like three dollars a day, I believe, in my earlier days. If you had a four-bed ward, it would cost around \$3.75 or maybe \$4.00. Heavens, you don't

get anything anymore except a urinalysis up there now for \$3.00. And that was the way in all large hospitals.

I remember being out at Cook County Hospital in 1942. I never saw such big wards. But today, they all expect at least a semi-private room. I know of no large wards in any hospital today, as compared to the wards that we had in the 1920s, 1930s, and into the early 1940s. In the large ward at St. Elizabeth's Hospital I can visualize it. There were four beds that way, four beds one way, four beds another way, four another way, four more another way, and sometimes two were temporary; that's eighteen.

Z: Then the patients knew each other a little better, too, at that time?

C: Yes. They had draw curtains. At times, for privacy, they would pull the draw curtain.

Z: Did you ever treat things that are treated by other professions now? Did you ever operate on teeth or anything like that?

C: Oh, yes. They even operated on the brain.

Z: Really?

C: Yes. A man working in a foundry, as I remember it right, ~~was~~ a heavy piece of machinery dropped down just as he was leaning over the tip of a crowbar. The tip of that crowbar crushed in his skull. He was taken into emergency up at the hospital and assigned to me. We had no neurological surgeon, per se, in Youngstown at that time; it was just up to some general surgeon to do what he could. I operated upon him, and then that evening took the opportunity to call up a neurosurgeon in Pittsburgh and had a telephone conversation with him about what should have been done. He agreed that I should have done just as I did except not leave in a rubber wick; that might lead infection into the brain. So early the next morning I took the rubber wick out and the man made a good recovery.

Z: What were the big killers at this time?

C: As to big killers, well, it immediately pops into my mind that they had an epidemic of smallpox here

in the year just before I started practice here. So they got at it and with the assistance of the Board of Health they got most of the population of Youngstown immunized against smallpox. That pretty well stomped that out and there hasn't been any, only a very rare, sporadic case of smallpox since. As I said, that smallpox epidemic was in the summer of 1923.

Tuberculosis was a problem in those days. I even had to attend two or three cases of tuberculosis of the brain and that was almost one hundred percent fatal. The tubercular sanitarium out here on Kirk Road was fully occupied.

As to other killers, well, all the children's diseases practically were still rampant. Poliomyelitis, or infantile paralysis, would become practically epidemic occasionally and was a threat every summer. I saw some very sad cases of terrible deformity resulting from the infantile paralysis of those days. I remember one case that afflicted a very athletic young man that I was called to see in his mid-twenties and he was just almost totally paralyzed.

- Z: Do you remember anything about any of the flu epidemic?
- C: Oh, do I! I was in chemistry lab on the campus in the spring of 1918, doing a laboratory experiment. The laboratory hour for me was from nine until eleven and then I was to take the streetcar down to Fifth Avenue down near town and go up to the fraternity house. I was thinking maybe I would splurge and go on downtown and go to the Keith Theater that Saturday afternoon for recreation. But as I proceeded with my experiment I wasn't feeling so good and I decided I wouldn't go downtown. I got to feeling worse and hurried up and put my things away and quit the laboratory a little bit ahead of time. By the time I walked over to get the streetcar on High Street to head south, I stopped in a drugstore and got some pills that I thought might help me. I rode the two miles on down to Fifth Avenue and got off the streetcar and I felt so bad I stopped in a drugstore again and got some more pills. I walked one block to the fraternity house, which was just west of High Street at that point, I entered the door, said hello to the fellows, and went unconscious. I never got to use my pills at all. I didn't wake up for about thirty-six hours. That's the way the

the flu hit me.

Then I, of course, knew of tragic deaths and multiple deaths and stories of the flu epidemic, and the shortage even of caskets, and the conversion of school buidlings into temporary hospitals; but I was not in any way in hospital work at that time, I was just a student in medicine. That's about all I know about the flu epidemic at that time. But I barely lived through it.

Z: Do you recall any of the stories that tell about that in your hospital?

C: Oh, yes, stories of being overworked, just almost worn to death and of wearing a gauze mask all the time and going around and seeing the patients. Whether that did much of any good, I doubt, but that's what the doctors were doing at that time to try to protect themselves from the influenza virus. The doctors, the physicians, were all overworked. I knew of some physicians here in town, one of them particularly, had pneumonia himself and he was still making house calls.

Z: Really? That's something you don't see today, that's for sure. What kind of medications were available then to you?

C: Medication armament was pretty limited. We had but few specifics. We had quinine for malaria, which didn't occur very often so I didn't get to use that very often. We had calomel. And, by the way, aspirin came in while I was a sophomore in medical school. Previous to that, they didn't even have aspirin in that little black satchel, whatever physicians carried in those days. There has been greater progress made since I graduated from medicine in drugs and in medicine than had been made in two thousand years up to the time I graduated.

Z: So the pharmaceutical courses weren't too crowded with information when you went to med school?

C: No, they weren't.

Z: When did the sulfa drugs come in? Did they help you?

C: Oh, that's interesting, the subject of sulfa drugs. Most interesting is that I was attending a post graduate lecture course at Cleveland Clinic in the spring of 1936 when one of the staff physicians there at morning conference announced to the assembled group that a shipment of German-made drugs had arrived in Baltimore the preceding day with the information that it was very effective against many of the common organisms. It was almost like a miracle the way it would solve some cases of peritonitis. Peritonitis was a big problem to us in those days. I encountered numerous cases of acute appendicitis and salpingitis, which infected female organ tracts. So it was that in the afternoon of that same day, Dr. Rosenblum called me and told me that he had a very ill girl, age about fourteen, that he judged had a ruptured appendix and already a peritonitis and asked me if I would come down and operate. So I drove down and that evening operated on this girl and she did have an abdomen full of pus and a ruptured appendix. I told Dr. Rosenblum about what I had heard that morning. He said, "Let's call Baltimore." We did. They put some of that sulfa drug on the plane that night or early the next morning and we received it the next afternoon and I administered it to her that following evening about twenty-four hours after the operation. It was Prontocil, the earliest form available in this country, a form of sulfa. So it is that I had the pleasure of administering the first sulfa compound west of the Alleghenies.

Z: Did you have any other firsts?

C: Yes indeed! I was lucky in that I was in the right spot at the right time, now again, as to penicillin. I had a brother-in-law by the name of Pat Cisine, who had been afflicted with an infection of the lower end of the femur and osteomyelitis, and it had been going on for a few years and was getting rapidly worse to the point that if it wasn't brought under control, he was apt to lose that left lower extremity. Now I had read about this coming drug, penicillin. There was not any of it available to the general public, it was so new. It was wartime and it was under investigation and was used only by the armed forces, so I wrote to a man up in New England, a doctor at Massachusetts General Hospital, who had charge of the investigative work on penicillin and described

our need to save this leg if we could have some penicillin. He kindly sent me five thousand units.

We administer twenty-five thousand units with one dose, but I was expecting to cure this case with a total of five thousand units. I set up a slow intusion drip into a vein to stretch it out as long as possible, just to drip about a drop, and administered that penicillin to him. It was written up in the Vindicator. I've got clippings upstairs on it. It was the first administration of penicillin in this area, and it saved his leg, and he is well and healthy today.

Z: Any other firsts?

C: You speak of firsts. This one isn't so much a mark, but it's rather interesting to me in that I was quite interested in gallbladder surgery and gallbladder tract surgery; that is, injuries to and obstruction of the gallbladder ducts. And constantly, when my eye would catch an article on that subject in medical literature I would file it; and I noted that up in New England they were using for repair of the injured bile ducts vitalium tubes, which were noncorrosive and were noncumulative to salts of the bile and were much better than the rubber tubing that had been used for affecting a repair of a bile duct.

So I sent up there, to New England, and got a small collection of various sizes and shapes of these tubes in order to have them on hand in case the need came for it. And so it was that it wasn't very long until I had a case that needed a repair of a common bile duct and I used this vitalium tube. It was rather interesting to me that it was the first use of vitalium tubes in this area. And it was one year later that the Mayo's reported their first use of the vitalium tube.

In my work at Mount Sinai Hospital, Dr. Bland, head of surgery there at that time, had just come back from a tour or postgraduate study in Europe. In those early 1920's, it was that for further advanced study in surgery one went to Germany. Over there, he became much interested in spinal anesthesia and local anesthesia, and so was really a leader, when he came back in Cleveland and particularly at Mount Sinai Hospital, in the use of local anesthesia and particularly spinal anesthesia. Since I was working with him as chief resident in surgery, I became much interested in it. When I

came down here to Youngstown, no one here was utilizing that type of anesthesia, so I got Dr. J.M. Ranz here further interested in it and he worked along with me. For quite some time J.M. Ranz and I were doing the spinal anesthesia work. And then J.B. Nelson was quite progressive and he began using it. Gradually, very gradually, it was three or four years before other physicians in this area gained confidence enough to use spinal anesthesia.

Z: Any other firsts?

C: One afternoon, a physician called in to our office telling us that the sister of my office nurse, Mary O'Neill, was very ill out in the home and, in his opinion, that she had a ruptured appendix and would we come right out? We hurried up and got rid of a couple of patients and went out to the house on the south side. As I walked in the room I noted that she was almost as pale as the bed sheet. That made me suspicious that it wasn't a ruptured appendix. And she had a rapid pulse. I quickly came to the conclusion that she was bleeding internally, probably from a ruptured ovarian cyst.

I telephoned from the home to the operating room supervisor and asked her to set up for an auto transfusion, that is, for recovering the patient's blood from her abdomen and putting it through a certain process of adding a chemical to prevent coagulation putting it through a sieve and immediately putting it back into the patient's vein. That was a quick way to get blood that you knew would do the patient no harm if you didn't have time to do cross matching and find the proper donor, and so on. You just immediately used the patient's own blood. This procedure, to my knowledge, had never been done. I know it had never been done at St. Elizabeth's Hospital and I don't think it had been done in this area. It was a relatively new procedure, so I believe that was another first in this area.

When we took her to the hospital she was pulseless when we put her to bed; she had bled out that much. And as I said, she was almost as white as a sheet. We wrapped her lower extremities with elastic bandages and got enough blood squeezed up that she had some pulse as we put her on the

operating room table. We opened up her abdomen and it was completely filled with blood. We put the suction in, drew the blood out, went through the procedure that I mentioned, and gave her back her own blood. She left the table in good condition, made a good recovery.

Z: That was another first. What did they do for the common cold?

C: For the common cold, in my estimation the situation remains about the same as it was when I was a medical student. My professor told us that with good care and plenty of medicine it would clear up in a fortnight; or if you didn't do anything, you would be well in two weeks.

Z: (Laughter) You said something about heart attacks before. How often did you see a heart attack?

C: I didn't see and recognize heart attacks very often. But I regret to say that way back there about 1932, I was called about midnight to see a woman who lived only a couple of blocks from our house, and she was having a lot of pain across the lower chest. I thought at first that it was a gallbladder attack, and I gave her an injection of morphine. I might as well have given her a sip of water, as far as any relief was concerned. After waiting a reasonable length of time, I gave her another injection of morphine and that didn't do any good. I still thought that this was a gallbladder stone attack, and pretty soon I gave her another injection of morphine. You see, severe pain is counteractive to the action of morphine. The patient that is having a severe pain can tolerate large doses of morphine. I gave that woman about four or five times what would be a normal dosage within two or three hours. The custom was in those days you stayed with a patient and you didn't send them into a hospital. You took care of them unless there was something definite that you had in mind that you were going to accomplish in the hospital. You just didn't send them in otherwise. If you knew you were going to have to operate, sure. I mean, if you were going to have to operate right soon. I didn't see any indication for any special hospital care. At this time, all I had to do was stay there and relieve the patient. I stayed with her until after sunrise giving her morphine after morphine injection. She, gasping with pain, was only relieved of the pain by dying at about 7:30 a.m. I know now it was a coronary attack. I had no vague idea; I never heard of a coronary attack at that time.

- Z: What kind of advances came along as people started finding out about this? How did doctors come to know about these things?
- C: About coronaries and so on? Well, that's getting a little bit out of my field. Shortly after this incident that I speak of, I ceased, entirely, any general practice work and confined my work only to surgery. I did not follow the literature in regard to heart conditions. I don't know so much about that.
- Z: What were some of the popular home remedies that you saw that maybe people took to doctor themselves before they would call you?
- C: Each family had its own cough medicine recipe made out of onion and honey, and then there were some of them that wore garlic bags around their neck to ward off the flu. There were brass bracelets to wear for arthritis, and common oil poultices for a bad boil. And so the list was almost endless of things you might use.
- Z: Did you find any of them harmful or most of them basically harmless?
- C: Most of them were rather innocuous. They didn't do any harm, didn't do much good.
- Z: How about the topic of house calls?
- C: Oh my! Has that changed!
- Z: What kind of things were performed in the house at that time that wouldn't be now?
- C: Well, even an occasional appendectomy. I never happened to be in on a house-performed appendectomy, but my uncle was. When he practiced up in the country, up in Welshfield, Ohio, I guess the majority of his appendix operations were done by calling Doctor Lauer or one of the men from that group down, and they would set up and operate on a patient on the kitchen table. But that's in the early turn of the century. Now I'm talking from 1924 on; I never knew of, or took part in, an appendectomy on the kitchen table. I had my own tonsils taken out on the kitchen table at home.
- Z: Did you ever have to perform any surgery in the house?

- C: No major surgery. Some minor surgery like lancing of a bad abscess in the throat, something of that type.
- Z: I see. How long did it take to recuperate from surgery?
- C: They used to believe that you had to spend two weeks in bed no matter what, after any major surgery procedure. A major surgery procedure included any looking into the abdomen. I went through that experience personally because when I was a sophomore I had an attack of appendicitis and they got to it really early. It was a very simple removal of an appendix. I was in White Cross Hospital, which was associated with the medical school down there at Columbus. That attending physician did not let me out of bed for fourteen days. I was feeling perfectly all right. They wouldn't even let me sit up. I was feeling so good that I thought I was going to, when they let me out of the hospital, I was going over one block to play a game of pool with the boys. I was getting out on Saturday noon; I knew several boys would be over there. When I got up on the edge of the bed, I was dizzy, and when I tried to stand up to dress, I pretty near fell over. That was the effect it had on you by laying flat for two weeks. The best I could do was to get to the telephone and have one of the boys up at the fraternity house call a taxicab and come down and help me to get taken up to the fraternity house and recuperate further. If I would have been allowed, under today's program--in fact I had my patients doing it long before I retired--I would have been up about the day after the operation. It was that type of a procedure. They would be home in six or seven days. Here they kept me flat on my back for fourteen days and I was weak as a kitten.
- Z: Have the death rates changed due to surgery any?
- C: It has greatly changed in the different categories. I'm not well versed and not acquainted enough with the different categories to talk much about that. But I know in different categories they certainly have changed.
- Z: What were some of the other big medical advances that might have helped you in your work that weren't firsts, so to speak?
- C: What would help me in my work? Well, advances in drug therapy, and advances in X-ray technique, ability on the part of the X-ray man to particularly give more

accurate information in regard to the presence or absence of gallstones. Their technique greatly increased in those early years that I was working.

Z: And then the anesthesia and the penicillin definitely helped?

C: Oh yes. The advances in anesthesia were very great. The supplemental use of spinal anesthesia and local anesthesia in addition to the old-time use of the ether mask and the chloroform mask greatly helped, especially in those cases where the patient had a respiratory infection; you didn't need to give them the inhalation anesthesia and further aggravate the respiratory tract infection. You could get by with a local or with spinal anesthesia.

Then too, came in the use of gas. That came within my time. It got so that the use of ether was rather infrequent and the use of chloroform almost ceased, because chloroform was dangerous to administer, very tricky. In giving a chloroform anesthesia, first thing you would know sometimes was that a heart wasn't beating and it never did start.

Z: What kind of a procedure did you have to monitor things like the heart?

C: Just your hand on the pulse.

Z: That was it?

C: The anesthetist, at that time, didn't reach down to feel the pulse at the wrist; he was very adept at doing it up there at the temple, the forehead.

Z: What kind of help did you have in the operating room?

C: Well, we had dedicated help, and good for the tools that they had to use.

Z: What did you have? How many nurses in the operating room?

C: We would always have a scrub nurse and a hike nurse and a first assistant. And on a large operation you would have a second assistant, and then the operating room supervisor. You would have operating supervisor, scrub nurse, hike nurse, and one assistant, and an anesthetist. Today you'll have probably two anesthetists

and first and second assistant and a hike nurse and scrub nurse. Then on the more difficult vascular operations, you would have two more assistants.

Z: Was a surgeon then more on his own than he is now?

C: Oh yes. Yes, very much so. The surgeon, in my earlier days, was captain of the ship, as it were. He was considered to be entirely in charge and entirely responsible for the patient's welfare. That included helping to keep watch how the patient was doing under the anesthesia and checking on the instruments, that there weren't any of them left in the abdomen or any stray towels left in there, and so forth. But today, the load and responsibility is taken off of him greatly in that the very expert anesthesiologists that they have today, the surgeon doesn't have to concern himself with that.

Z: I see. Well, getting away from the work in the hospital, I have another interesting question. How were you able to collect your fees during the 1920's and the 1930's? Did you have any trouble with that?

C: Did we have trouble in collecting fees? I'll say we did! My uncle was of the old school, who didn't believe in pressing a patient for payment of his bill. For one thing, a patient might get mad at him and never come back again. He didn't want that to happen, so he wasn't very much one for sending out bills. If a patient came in and paid, why, okay. So it was that when the Depression came on, we had a terrific backlog of accounts. Some of them that we were still rendering services to that hadn't paid on account in five years, they were still receiving service. When the Depression hit it got to the point where we could hardly pay the rent, and keep the automobiles going. We had a partner in with us, Doctor Smith; there were three of us in the office. Upon later analysis we found that we washed down the drain accounts amounting to two and a half years of solid work by the three of us, meaning that we had paid all the expenses and bought all the drugs and supplies, and given free medical attention for two and a half years. That's the amount of accounts that washed out. So that was a factor in my becoming interested in the problem of what physicians were going to do in order to get recompense for their labors as it were. The doctors of that old school, including my uncle, were so competitive that they didn't want to offend anybody by sending them a bill. It got to be the general public's opinion that a physician's bill was uncollectible. I heard that remark made by numerous individuals.

It got so that a group of us decided that we would have to reeducate the public, the general public. We met in Doctor Nelson's office near Himrod Avenue, a group of us. Most of us were officers in the Medical Society. We decided that we had to organize a Medical-Dental Bureau primarily for the purpose of educating the public and getting these accounts in proper shape. Most of us had that terrific backlog of uncollected accounts, that as I say many, many people were ignoring, paying no attention to them. I was a charter member and helped organize the Medical-Dental Bureau and was on the board of that organization for several years. It did a good job. It reeducated the public, because we hired an attorney and we convinced him that contrary to the general public opinion, a medical bill has priority next to any type of bill for payment.

Z: I see. That puts your profession on firm financial footing.

C: It greatly helped.

Z: What was your fee schedule like?

C: An office call was two dollars and we furnished a large part of the medicine. The medicine then wasn't as complicated and as expensive as it is today. Largely aspirin and calomel and quinine, and relatively inexpensive medications like that that we could afford to give them, an antidote for the two dollars. The house call was three dollars. A night call was quite expensive; that was five dollars. A night call was considered from 10:00 p.m. to 7:00 a.m.

Z: If you got him before 10:00 you only had to pay the three dollars?

C: Three dollars, that's right.

Z: Did you have any kind of a credit setup where people did pay you eventually? Did you extend credit to people?

C: Oh sure! What do you mean, extend credit to people! We did before to an extreme, before the Medical-Dental Bureau was organized. We continued to give credit to people, but we ceased giving credit to those individuals and families when information came in at the Medical-Dental Bureau that they owed at one physician's office. If the physician got tired of extending credit, then

they went to another physician's office, and then to another physician's office. We found cases of families rotating, going from one office to extend their credit to the limit there. We had cases where they had overextended their credit at five different offices maybe. When we found those, we put a red mark by their name, and when they went to a physician that belonged to the Medical-Dental Bureau, the secretary there noted the red mark beside their name, and they were told that there was no credit at that office. It didn't make any difference what office they went to.

Z: During the Depression, because of the lack of money, probably a lot of people didn't have the money to pay for anything like they wanted to.

C: That's right, sure.

Z: But did you get most of your money, eventually?

C: No, heavens no! That's what I say. We washed down the drain two and a half years of work at the end of the Depression.

Z: This was at the end of the Depression?

C: Yes, when we analyzed our situation. Then we got at it and organized the Medical-Dental Bureau. We were coming out of the Depression and doing all right. I mean, we were making progress and we were out of the Depression before the Medical-Dental Bureau was organized. The Medical-Dental Bureau was not even conceived until 1934. It didn't get into operation until 1935.

Z: How about charity cases? Did you ever have to do much charity besides these people that weren't charity but became charity?

C: Oh, yes. Practically every active staff member at the hospital gave his time regularly and was assigned according to his specialty, to work in the free clinic at the hospital. North Side, St. Elizabeth's, and South Side, they all had quite active free clinics.

Z: These would have been the ones that would see maybe the welfare patients then, right?

C: Yes. Surgical fees did vary according to the patient's ability to pay. Roughly, for a major procedure such as a hysterectomy, something of that type, or gallbladder operation, we charged what that individual would earn in two weeks. That is, now for a hysterectomy, an

individual would get charged a hundred and fifty dollars.

Z: So there was more or less a sliding scale on what the people were able to pay?

C: Yes.

Z: Would you say that most everybody in Youngstown got good medical care?

C: Yes. A couple of the unions, for instance, started to make a big issue about the deplorable medical care available to the poor in Mahoning Valley. We put an advertisement in the Youngstown Vindicator asking that a report be made to the Medical Society office of any individual or family that had been refused proper medical care or had not been able to get medical care after this needling by some of the union officers. We sent, of course, a letter of inquiry to the union leaders to please report to us any such cases. Strange to say, we never got one reply authenticated of any family that was unable to get proper medical care.

Z: That was a fantastic record.

C: It was covered. If the need for it was called to the attention of the family physician, the free clinic, or the visiting nurse's association, they helped to cover it.

Z: Did you have anything to do with the institution of the Blue Cross program in Youngstown?

C: No, I don't believe so.

Z: Who were some of the doctors in Youngstown that were the leaders of medicine when you started here?

C: There was Dr. Sherbondy in surgery, and Brant was associated with him. Then Dr. Gordon Nelson joined the group. In medicine, Dr. Harry Welch was the venerable old man of medicine. Dr. Blott was one of the old-timers, Dr. Zimmerman, the brothers, Dr. William Ranz and Dr. J. M. Ranz, and Dr. J. B. Nelson. Of course, Dr. McNamara was the outstanding one associated with St. Elizabeth's Hospital inasmuch as he was the institution's first intern the year that they opened, which was 1911. He was the entire intern force. And, of course, then he was a principle man of the medical-surgical staff there until his retirement a few years ago.

Z: Who were some of your contemporaries that started about the same time you did?

- C: Dr. J. B. Dreiling and I and Reilly and Kocialek were residents and interns in that summer in 1919 up at St. Elizabeth's. As I remember it, they had about four interns and I've named three of them. I can't think of the other one. Those are my earliest associates. Then, when I came here for active practice five years later, it was Drs. Ranz, J. B. Nelson, Smith, Kocialek, Dreiling, Dr. Poling, Dr. Joe Nagel, and numerous others, if I had time to stop and think.
- Z: What did you think of the doctors as a whole in Youngstown, coming from the big city as you did?
- C: (Laughter) Coming from the big city! I don't know. I led a very cloistered life both at St. Francis, in Columbus, and at Mount Sinai Hospital in Cleveland. It was strictly professional; it wasn't on the city at all. What did I think of the doctors? I thought they were a right friendly group. They were strongly competitive, but friendly.
- Z: How about as professionals; how did they stack up with the doctors in hospitals such as Mount Sinai?
- C: Well, you had men at Mount Sinai that were leaders in medicine. For instance, Dr. Lower, who was the brother-in-law of Dr. Crile, he was chief of staff there at Mount Sinai. Dr. Blaud was a progressive leader. Dr. Strauss was in surgery. They were men that were in the forefront of medical advance. Some of the men here in Youngstown weren't far behind.
- Z: Did you find that the doctors in Youngstown were willing to learn?
- C: Oh yes, very much so, very much so. Their going away and attending national and international medical assemblies was very much the thing to do in those days.
- Z: What else would you be able to relate to us about early medical history, before you started practicing in Youngstown? Do you know anything about Youngstown's medical history, who some of the earliest doctors were in town?
- C: No, not really. I was not a native of the Youngstown area. I was Cleveland-born and went to high school in Garrettsville. I only rarely had a short visit down here at my uncle's place. Interestingly, on one of those early visits I had the opportunity of driving his horse and buggy when Fifth Avenue, starting there at Spring

Common, was still a dirt street. I remember that. I was on a horse and buggy on Fifth Avenue and it was dirt.

Z: Let's get to the development of the hospitals then. Who were the people that ran the hospital, like St. Elizabeth's? Did the doctors run it, the nuns, or the board of trustees?

C: Well, I was under the impression that the Sister Superior ran the hospital, period. I found out later that she worked under the direction of the Bishop. (Laughter)

The doctors pretty much stayed within their own field and the nuns had complete running and charge of the facilities of the hospital, including the student nurses. At that time, St. Elizabeth's Hospital had a good and fairly good-sized nurse's training school, and also South Side Hospital.

South Side Hospital gave up their nurse's training school several years ago. St. Elizabeth's Hospital still operates, I understand, a nurse's training school in conjunction with some courses at Kent State University.

Z: Basically, the nuns had the last word in the hospital?

C: Yes.

Z: Did you have any run-ins with any nuns over particular patients?

C: Not particularly. We always got along pretty well together.

Z: What role did the doctors play in the planning of what went on at the hospital and things like this? Did the doctors have any staff organization?

C: Oh, yes. They always had their monthly staff meetings in which they pretty well confined themselves to professional talk, analysis of cases, discussion of deaths that had occurred in the previous thirty days, and the like of that. They didn't concern themselves in any way with hospital administration.

Z: What are your impressions about what has happened in the hospitals in Youngstown?

C: I happen to know a little bit about that because I was on the board at St. Elizabeth's from 1935 to 1951.

Members of the staff elected a physician that sat in with the Sister Superior on a monthly meeting basis and discussed problems between the staff and administration as they would arise.

Z: How did the staff develop at the hospital? This is a fairly technical question, but how many doctors per patient were there back in the 1920's and 1930's?

C: I knew, at one time, the figures as to the physicians per patient population in the Mahoning Valley, but that figure has escaped me. It has always been fairly high in ratio of physician per patient as compared to the general population of the state of Ohio because of our highly industrialized valley here and the need for physician attendance in traumatic cases and physician supervision of industry problems.

Z: How many people were on the staff at this point?

C: On St. Elizabeth's staff? That's a little bit difficult for me to remember just offhand, but I would say about thirty-six to thirty-eight. They've got that many interns and residents up there now.

Z: Well, look at the size of it now.

C: Yes, it has constantly grown. It has been an amazement to me. They've had building cranes up there constantly for the last ten years it seems to me.

Z: Did you ever imagine it would grow like this?

C: No.

Z: What was the hospital like in the 1920's as far as the physical building? How big was it?

C: It was just that north wing, as it's known today. The north wing today is entirely occupied by offices of the chiefs of staff and personnel, not even by the offices related to the admission of patients and the collection of the bills, but just the offices relating to teaching instruction of the resident staff, coordination of such activities, and the like of that, the entire north wing. That wing was the entire hospital when I was first there. Today, it's just an insignificant office annex.

Z: You mentioned before that many people in Youngstown were quite willing to go and continue their education. How

did you personally keep up with the advancements in medicine?

C: Well, in those days, it was that a physician was much more inclined to attend his monthly county medical society meeting at which we, having a well-organized group, got good speakers and good attendance. We used to have a monthly attendance of eighty to ninety percent of the physicians of Mahoning County. Today, it's disgracefully low. I can't say how low, but today it is so low because of the numerous demands on the part of the hospital for staff rounds and scientific meetings of one type or another and specialty meetings and so on to the extent that the physicians are just tired out of meetings. The county society meeting is entirely voluntary in attendance, and they just skip it. At the hospitals, you have to attend or you don't remain on the active staff. Then there are these peer review requirements that are coming up. You just can't take it easy--nowise.

Z: Were you an officer in the Medical Society?

C: Oh, yes. I started in what was the chairs as it were and I got the gavel of being a past president of the Mahoning County Medical Society in 1936.

Z: What other ways did you keep up with medicine? Did you go to seminars? You mentioned Cook County Hospital.

C: I used to make it rather a habit the first few years to go for a couple of weeks each summer up to Cleveland Clinic for refresher work because I was friendly with a number of their staff members. I had been working with Dr. Lowen of the Cleveland Clinic at Mount Sinai Hospital. I became associated with some of his associates, and so I was inclined to go to the Cleveland Clinic.

Then came the war, and in the summer of 1942, Youngstown was faced with not having any genitourinary specialists in this city. Dr. Mermis had been doing some work along that line. He was joined by Dr. Johnson who was about to join up with the armed services. And Dr. McConnell, the urologist at St. Elizabeth's, had already joined. The urologist at South Side Hospital was in the armed forces. And I thought, my golly, somebody better kind of take over a little bit in that field. Well, I had some experience working under Dr. Lowen, who did a lot of genitourinary work at Mount Sinai Hospital. I hadn't pursued that specialty because I went into general surgery. Now I thought I better take a refresher course, and so I signed up for going up to Cook County Hospital for six weeks in the summer of 1942 to be able

to handle some of that type of work, which no one else was apparently going to be able to do at St. Elizabeth's. I took six weeks out there at Cook County Hospital and came back, and did sort of fill in. I did do some service in that field until Dr. McConnell got back. And Dr. Mermis got back ahead of him.

Z: Were you ever able to do any teaching in your career?

C: Only a very short time in the subject of anatomy at the nursing school at St. Elizabeth's Hospital. I guess I wasn't much of a teacher because they let me go in about two summers. (Laughter)

Z: Did you ever have any interns work under you at the hospital?

C: Oh, sure. On every operating case there would be one or two interns as assistants. In that way, yes.

Z: You've been a constant teacher then in that way, haven't you?

C: Yes, in that way, as all the surgeons were.

Z: Did you ever publish any articles or any journals or anything like that?

C: No, I never got around to do any. I had ideas once in awhile, and then the time passed and I never got it done.

Z: Let's turn to another area, now. One of the problems in medicine, especially in Youngstown, is one of industrial accidents. Was this a very big problem when you first started into practice?

C: Well, it was not a very big problem to me because all the steel mills had their own physicians full-time. I was physician for the Ohio Bell Telephone Company starting about 1924 until I retired in 1961. Practically all of their accident work, of course, I handled, including also the preemployment examination. But as far as getting very much accident work from Ohio Bell, you didn't. They are very safety conscious. Their motto was, "Accidents don't just happen." (Laughter) They didn't have very many accidents.

Z: I see. Were there any public health problems which you dealt with?

C: Not particularly, no.

Z: Any public health campaigns?

C: Only as it came incidentally to my work with the Medical Society.

Z: Have you ever had an experience with any faith healers?

C: Oh, yes, an amusing one. He had an office just around the corner from my office there on the second floor of the Home Savings Building.

Z: Who was this?

C: He was a reader and leader for the Christian Scientists. One day he kind of sheepishly came into my office and he told me he knew that some of his clientele were patients in my office, and he kind of sheepishly admitted and said he hoped that if I took care of him that I wouldn't talk of it or speak of it to any of his clientele. I agreed. (Laughter) In other words, he came in, this faith healer, Christian Scientist, he had to concede that his faith wasn't enough. He was having terrific renal calculus pain. That is a stone in that little tube leading from the kidney down to the bladder. There isn't anything more painful than that is. He had to give up and seek a medical relief.

Z: I see. Have you ever had anybody do themselves harm by trying to go to a faith healer or anything like that?

C: I've known of it, but I have not been directly associated with it, except when I had a husband of a niece of mine, that I know very well. She, being a reader in Christian Science, kept him from seeking adequate medical aid and he unnecessarily died.

Z: We'll start talking about the foreign people.

C: Well, there were a number of patients that we had, especially up in the Brier Hill area and over on the west side that had come over from the old country in their old country boots and tended to segregate themselves in their own community. Up in Brier Hill were the Italians, over on the west side were the Slovaks and over on the east side were the Irish. Those old-timers just kept to themselves pretty much and did not bother to pick up the English language particularly. I went into homes quite often in my earlier days and none of the younger children would be there. They would be at school and there

would just be old pop and mom there at home and neither one of them would be able to talk English. So it was that I quite soon did pick up a few phrases in Italian and Slovak, particularly in Slovak. I can still say, Hde boli, [where does it hurt?] and Co boli, [what hurts?] and pod jazyk [under the tongue] and a few phrases like that, that I had to pick up in order to get along, central phrases to communicate with them.

It was interesting. In those days, on Saturday night-- now I'm talking about the 1920's--you could walk up West Federal Street and you could hear practically every known common language of the world: Turkish, Arabic, Greek, anything except the unusual dialects. It was really a melting pot.

Z: Youngstown was a real polyglot town.

C: It really was.

Z: Did you find that the foreign-born people were less often likely to go to a doctor?

C: Well, rather so, but they had unbounded respect for the physician, and frankly, my uncle and I would rather get a call from their home than a call from a prestigious home on the north side as far as getting paid was concerned.

Z: Really?!

C: When you left the Slovak home, you had the money in hand, almost invariably. And when it came hard times, it was much better to get a call from a Brier Hill or a Slovak home on the west side. (Laughter)

Z: Were there any other problems in your practice that you can think of that you came across?

C: Along with the question of communication with the individuals that didn't speak English and I didn't speak their language, the physician of those days did depend so much more on his own facilities of observation than does a doctor today. The doctor today, he sees the patient and he begins to check on the chart, run this test, run that test, and he makes seventeen check marks, and then he expects all the lab reports to come into him before he even asks the patient a second question. And then when these reports all do come back and he begins to question the patient again, he pays more attention to the chart reports, the lab report, and the X-ray reports that he had already requested far too much of in my opinion. Instead of relying on getting close communication with the patient and

close attention to the patient and close attention to the patient's complaints, I think that the physician of today just doesn't compare in that type of observation with the old-time physician that took the time to sit down at the bedside and really observe and communicate with the patient.

But there again, the language barrier of times did kind of limit your communication with the patient so it accentuated your facilities of observation in listening to the chest and percussion of the chest and noting the type of pulse and the general appearance of the patient, the pallor, and other little signs. Many of us got to the point that we felt that we could recognize by smell certain ailments. I could walk, occasionally, in a room in the hospital and smell cancer. Actually, I could make a diagnosis on that patient who was lying in bed that they had cancer just by the smell. There were a couple of other smells that we used to occasionally get a clue. Anyway, it did make us utilize our powers of observation by sight, hearing, smell, and touch. Really, I had to be, in many cases, almost like a veterinarian to make a diagnosis.

- Z: What are your feelings on government regulation of medicine? Was there any regulation in the 1920's? What did you have to do?
- C: Oh, very, very little. There wasn't any that I know of.
- Z: Did you have to pass a medical board?
- C: Oh, yes. Licensure was started, if I remember, right about 1896. We had to pass the state board.
- Z: Was there any kind of requirement for continuing education?
- C: No, none. It was that if you passed the state board, you received a license to practice medicine in the state of Ohio, and you did not even have to attend a hospital for internship or further training. You did not have to attend any Medical Society meetings or report to anybody. You had a license to practice medicine, period. It was of their own volition that the great majority of those who graduated in my time did take further hospital training, anywhere from one to three years. Today, very few of them are satisfied with one year and most of them are anywhere from two to eight years in hospital work.

Z: You ended up doing mostly hospital work?

C: Well, yes and no. I did quite a bit of minor surgical stuff in the office, and physical examination work.

Z: Okay, I see.

C: Training.

Z: What are your feelings about various things like the national health insurance that they are talking about now and the PSRO review and everything?

C: Well, at the start of investigative government regulation, a vast majority of physicians were strongly against the entire concept of "socialized medicine" and everything that smells like it. As events have unfolded and problems that are economic and social have developed, I have to recognize that there have arisen grave problems associated with the care, adequate care, and ability of the average individual to pay for the care. I am distressed by the fact that the frequency of malpractice suits has added billions, not millions, billions, to the cost of medical health care in the United States, not only by the careless doling out of other people's money by the juries, because it's just the insurance companies that are going to pay, but the big expense there is in the doctor's need for practicing "defensive medicine".

Take a case that in my generation we would use our common sense and our senses to analyze the situation, make a diagnosis and treat it. Today, because of a danger of being sued in the event of anything going wrong, first, if it's a little bit out of their field, they won't even touch it; they will send it to a specialist. The specialist will look at it, and as I said before, he will start checking off on the printed sheet all the tests that he wants. In order to protect himself against being accused of not considering every possibility, he orders every possible test at an expense where it shouldn't have been any expense if common sense had been used; maybe \$150.00 worth of laboratory tests to start with, and then, he being a specialist, instead of this general practitioner charging \$5.00 for the entire care of this case, he ends up with a \$50.00 fee.

Now that's just one example, simplified, of the way the

expense of defensive medicine has burdened health care. Then, too, I blame hungry attorneys. Hungry not for justice, not really acting as friends of the court, but merely hungry for a hundred thousand dollar or a million dollar verdict. Boy, if they can just get one of those, you know, they can just about retire. In the state of California last year, they averaged over one, one billion dollars verdict per month against physicians. And now you know who's paying that bill eventually; it is the average patient that then goes to the doctor. Those factors just have become almost overwhelming, and something has to be done to straighten it out.

- Z: What would you say your freedom was as a doctor when you started out? How does it compare with today's freedom to practice the way you see fit?
- C: Well, we, may I say, felt and were practically unfettered. Sure, if we went beyond the limits of good sense we could get sued, and we occasionally did get sued, but it wasn't the standard procedure. One of the physicians here that does an immense amount of work in the neuro-surgical field had a standing order of about three suits against him going all the time. Well, three mal-practice suits in Mahoning County in one year would have been unusual in my early days. I practiced medicine all that time and never was sued or came close to being sued. But any general surgeon today expects to be sued about once a year as a minimum.
- Z: I see.
- C: I got out just in time!
- Z: (Laughter) That's probably one of the biggest problems that is facing the profession today.
- C: The problem is the lack of that old-time patient doctor relationship. I know that if I were having to continue practice today, I would be unhappy because I was trained and did practice in the days of friendly relationships and continuing relationships with a patient. If the patient had tonsillitis, I took care of him. If his child had appendicitis, I took care of his child, completely, with that family. For instance, "Little Bobby's got a fever and he gets a bellyache and what'll we do doctor?" Today, they will either sit in their office or if they can't, bring him into the office. They say, "Then take him to the emergency room." They don't go out and see Bobby.

- Z: Were you able to take any working vacations while you were a doctor?
- C: What's a working vacation?
- Z: Like travel and study at the same time.
- C: No, they weren't even known of.
- Z: Okay.
- C: That's a tax dodge!
- Z: (Laughter) Did doctors really need tax dodges?
- C: Well, they need to try and conserve some of what they earn after paying their help's unemployment compensation, their help's other types of insurance, and their help's retirement programs. Now, you know, they have got two, three, or four aids in their office anymore, and all that has to be covered, and the high rent has to be covered, and Uncle Sam has to be paid. Well, there's just no end to it almost. If a physician takes in three to five thousand dollars a month--many of them do these days--everybody thinks, boy, he's getting rich! Well, they have no idea of the amount of expense that's involved.
- Z: It's big business anymore.
- C: And those fellows that are taking in three to five thousand dollars a month, many of them, just to keep on the job and keep on working they can't afford to take time off, because the expenses keep on doing just the same.
- Z: What was your staff like in your office?
- C: I had a general duty high school nurse, really. She did get some medical office training in Dr. Healey's office prior to my engaging her services when Dr. Healey closed his X-ray office and moved to Warren. She was just a good, practical helper. She never went to a nurses's training school or anything of the sort. But she could run a blood count, run a urinalysis; she would get the patients, keep the accounts, and keep most of the patients good-natured; she worked for me from 1935 until I retired in December of 1961.
- Z: What do you think of today's doctors?

- C: I sympathize with them, in the overload, overworked; but most of them are burdened with the need for so much paper work and for so much staff meetings and committee work, demands upon their time, that I know that many, many, many of them would like to have closer contacts with their patients, be able to spend more time with a patient, but it is just physically impossible.
- Z: Were there any variances or anything special about the staff at St. Elizabeth's that you noticed?
- C: Oh, yes. I'll take you even back to St. Francis Hospital in Columbus, which of course, was a Catholic institution operated by the Sisters of the Poor of St. Francis under the subsidy of Ohio State University College of Medicine; the College of Medicine utilizing it was a teaching center. And there I was struck by the fact that there was only one and he wasn't on the active staff, he just came in once in awhile, Catholic physician, and here it was St. Francis Hospital. The others were all WASP's. You know what a WASP is, White Anglo-Saxon Protestant. Yes. Then I came up here at St. Elizabeth's Hospital and the situation wasn't quite that extreme because Dr. McNamara was Catholic; and Dr. Joe Nagel who now had been up there three or four years was a Catholic; Dr. Smythe was a Catholic. You notice I can count them on my fingers. And Dr. Colbert was a Catholic. That's four. And then Koshelack came in a year ahead of me; he was Catholic. And Reilly was a year ahead of me. They're beginning to add them now, just about the time I was coming in. Oh, yes, and B.J. Dreiling, he was with that same group; did his interns at the same time those other previous two were. That's seven. Maybe there was another one or two that I can't think of; but at the time I joined St. Elizabeth's staff, the majority of it, the great majority, two-thirds of it, were not Catholic. And I've wondered about that, and I've wondered about the situation down at St. Francis Hospital. And my own conclusion was that in the earlier day, that is, in the generation preceding me, there was a distinct aversion of the Catholic church to recognize the theory of evolution; and they just were not going to accept the theory of evolution. They wouldn't have anything to do with it. Catholic families didn't want their son to be contaminated by this idea of evolution. They wouldn't send their sons to medical school because there, they were teaching evolution. Then they did organize Loyola School of Medicine and Georgetown University, and somehow or another, they gave those boys an education in

medicine and I don't know how they got around the theory of evolution, but they gave them training and graduated them as physicians. But it was slow in coming. And so it was that in the earlier day, this is prior to 1920, the number of Catholic physicians in this country was very low in proportion to the number of Catholics in the country.

Z: Were there quite a few Catholic hospitals?

C: Yes.

Z: That is strange indeed.

C: Why were there quite a few Catholic hospitals? Because of the interest in the convents among the nuns in the welfare populace in recognition that their services to the sick and ailing were of benefit to humanity. And I give them credit. There were many different orders of the nuns that gave entirely of their strength in life and dedication to the sick, and founded, helped to found and maintain these hospitals, many different orders.

Z: Various sisters.

C: The Jewish doctors--I would say that they were in direct proportion to their ratio of the population. Even today the proportion of physicians, dentists, and attorneys among the Hebrews far outranks their proportion in the general population. For I know it was a fact in the older days that the immigrant Hebrew family on the east side of Youngstown, in their developing years, their ambition was to have some sons; and the first son, get him educated as a physician. Then the next one is a lawyer; the next one is a dentist. Then maybe, we'll set the fourth one up in business.

Z: That's a good plan! (Laughter)

C: (Laughter) Then we can get things wholesale!

Z: Dr. Coe, is there anything in all your years of practice that you would have liked to have changed? Or if you had to do it all over again would you have done it any differently?

C: If I had it to do all over again, I would have gone to Mount Sinai Hospital and found myself a good wife! (Laughter) From there on, well, you know, there are a few incidents. There are in anyone's life. I

can regret losing a few cases that as I look back on, if I would have been a little bit better trained, I would have done a little differently.

Z: Do you like your specialty?

C: Yes.

Z: That's all you could ask for. Okay, thank you very much.

END OF INTERVIEW