

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

YSU Medical History Project

Personal Experience

O. H. 55

ELMER J. WENAAS

Interviewed

by

Paul Zimmerman

on

May 23, 1975

ELMER J. WENAAS

Elmer J. Wenaas was born in Mayville, North Dakota on July 17, 1899, the son of Stener and Anna Marie Wenaas. He attended the local high school in Mayville and in 1921 received his AB degree from the University of North Dakota. Influenced by a family doctor, Wenaas decided on his chosen field while still a youngster and was accepted at George Washington University in Washington, D.C.

While in Washington, he worked at the United States Capitol, finished his schooling there and went to the Panama Canal Zone. Later, Dr. Wenaas received an appointment at the New York Eye & Ear Infirmary. He then went to St. Paul, Minnesota after his residency in New York, and finally came back to Youngstown in 1935 working alone for a time, until he became associated with Dr. Stertzbach, and later, Dr. Pugh, Dr. Cinelli and Dr. Gerberry.

Dr. Wenaas received the Sioux Award from the University of North Dakota and is a member of the American Academy of Ophthalmology & Otolaryngology, where he also has taught; the Pan American Association of Ophthalmologists and the American College of Surgeons.

A widower, he is the father of two children, Nancy--Mrs. Jon Love--and John E.J. Wenaas. He enjoys golf, fishing, and cards.

Therese Belloto

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in Mahoning County

INTERVIEWEE: ELMER J. WENAAS, M.D.
INTERVIEWER: Paul Zimmerman
SUBJECT: History of Medicine in Mahoning County
DATE: May 23, 1975

Z: This is an interview with Elmer J. Wenaas, M.D., for the Youngstown State University, History of Medicine in Mahoning County by Paul Zimmerman at 1310 Fifth Avenue, on May 23, 1975, at 1:00 p.m.

Dr. Wenaas, what influenced you to become a doctor?

W: When I was a youngster about twelve years of age, we had a family doctor that took four of us youngsters under his wing, sort of, and influenced us. He convinced us that we should be doctors. As it turned out, three of us did become doctors. We were in just about the same age group. That was the thing that determined or made me resolve to be a doctor and I succeeded in going through.

Z: Were you in Youngstown at this time?

W: No. I was born in North Dakota. A little town, Mayville, North Dakota, on a farm. I went through high school there and then went to the University of North Dakota and got my BA degree and the first two years of medicine. I worked my way through, mostly scrubbing dirty pans, and at the end of the four years I was broke. So, I accepted a job as principal of a high school in a little town and paid off my debts that I incurred there. The biggest change or good thing that happened to me was that I was plowing one day for a farmer toward almost the beginning of the school year and John Larson, the farmer drove by and said, "I thought that you were going to study medicine," and I said, "Well, yes, I am, as soon as I can

get some money." So, he offered and he said, "Oh, well, go ahead and write checks on my account," out of the blue, which was an amazing thing. You never saw anybody hitch those horses in the back of the barn and go to town as quick as I did because I left the next morning for Chicago without an entrance or a place to go. All the medical schools in Chicago were filled up, so I wired a dozen schools and got two answers back, both from Washington, D.C.--Georgetown University and George Washington University. So, I hopped the train for Washington, and chose George Washington. I graduated from the University in 1921 and I started my third year in medicine in 1923. Well, when I got there I got a job as a United States Capitol policeman and worked from midnight until eight o'clock in the morning and finished my schooling. Then I was still broke, so I went to Ancon General Hospital in Ancona because they paid seventy-five dollars a month and the transportation. Well, I enjoyed it very much in the Panama Canal Zone. I came back to Youngstown then because of Dr. Monroe, who had been in Panama and he asked me to stop in and see him. I did general practice here for about nine months; this was in 1925, 1926. I was in the offices of a Dr. Monroe, Dr. Halleman, W.E. Ranz and Joe Ranz, and a dentist by the name of Kirby.

Well, I got into an accident where I hurt my hip a bit and at that time I was living with Dr. William Evans on Lincoln Avenue. He talked me into going to New York to get a residency at New York Eye & Ear Infirmary. Well, I did. I went to New York and waited around for about three months and got an appointment at the New York Eye & Ear Infirmary in eye. I finished that and I didn't want to do the ear, nose and throat parts, so I specialized in eye alone. What else do you want to know?

Z: That sounds like a good beginning.

W: Then I had an offer of a job in New York City with Dr. John Wheeler, who was supposedly the finest eye surgeon in the world at that time, but I did not want New York. So, I went with Dr. Frank Burch in St. Paul, Minnesota, who was head of the department of the University of Minnesota and stayed with him for a year. I worked around and then Dr. Evans wanted me to come back here to Youngstown. That was in 1935. I stayed with him and Dr. Odom until after the war. I had a commission also, but they declared me essential and Evans and Odom went to war and I stayed home. Then,

when the war was over they both came back and I opened my own office. I worked alone for awhile and then Dr. Stertzbach came with me, until 1955. Then, Dr. George Pugh became associated with me and we worked together until about eight years ago when Dr. Cinelli came. And then we built our own building here last year and Dr. Stertzbach rejoined the group. So, there are four of us in the office now--Pugh, Cinelli, Stertzbach, myself and an optometrist by the name of Gerberry. Well, we're in our new building and love it.

Z: Was that your dream for a long time, to have your own building like that?

W: Well, this was built when I was semi-retired, so really, it's fine, but the younger men are the ones that . . .

Z: You don't get the benefit?

W: Yes.

Z: Back in medical school, what were some of the conditions like? What was the class load like and the professors, things like this?

W: Back at George Washington, we had a record of no one failing the state boards and they made a great deal of didactic, that is, the knowledge that was found in books and could answer any questions. Of course, we had some clinical work and the professors were quite strict. It wasn't as hard to get into medical school back in 1921 or 1922 as it turned out later, but it was difficult. I think it was easier for me because I'd had two years of medicine before. To get into the junior year was easier because there had been drop outs.

Z: How did the school compare with the school in North Dakota?

W: We got excellent basic training at North Dakota. We had no clinical work, but, oh, lab work and class work. At George Washington we had good clinical work but like any medical school, I think at that time they expected you to pick up your practical training after you were through school. You got some, but I think now the tendency is toward more clinical training as you go along.

- Z: Right. And they're also cutting the years down, too, I believe.
- W: Yes. Well, it really shouldn't be necessary for those four years of art school before you get into medicine, although, I think that you'll find a person that probably could think a little bit better and [is] more developed.
- Z: I guess it's just a matter of time, too. By the time you're out of the basic art school, you're a little older, too.
- W: Yes, and it takes a lot of backing to go through medical school, now, because tuitions are high, living expenses are high and it's more difficult than it used to be.
- Z: How about the internship? Was there anything specifically special about the internship that's different now?
- W: I think you have more in-hospital doctors that are in charge of certain branches who have full-time jobs of teaching the residents and interns, that we didn't have then.
- Z: I see. You were more or less just left on your . . .
- W: Well, you made rounds with the doctors that were doing their cases. We spent so much time in surgery, so much time in obstetrics, so much in medicine, and some in ear, nose and throat. But I think that you had more specific restrictions by a certain man. For example, in charge of a hospital now--there's somebody in charge of medicine, somebody in charge of surgery, somebody in charge of heart, and so on. That's where the advances have been made.
- Z: Yes, I see. There's more pressure to specialize earlier, well, more opportunity anyhow.
- W: Yes. We're short of general practitioners. Most of them want to go into a specialty, which I think is going to have to be changed. We're making an attempt here at Youngstown with a medical school coming up.
- Z: Have you been involved with the planning of the medical school at all?
- W: Not much, no.

- Z: When you first started practicing back here in Youngstown then, what was a typical day like? What time would you rise?
- W: We worked hard and our fees were small. I got to the office at eight o'clock and we worked all day and sometimes six, seven. In fact, it got so that after 1935, we didn't make very much money.
- Z: The Depression?
- W: The Depression. And it stayed that way for a couple of years. Then, in 1938 and 1939 things started to pick up a little bit. For example, I started out and I got two hundred and fifty dollars a month after two or three years of experience and complete training. Now, when you talk to a young man who has finished his eye work, you're talking about thirty thousand, thirty-five thousand to start with. That's not only in my field, but in other fields, too.
- Z: The cost of living hasn't gone up that much, has it?
- W: No, not quite. But they live differently, too. These younger men seem to buy the big houses and drive the big cars, and they seem to splurge all of a sudden.
- Z: Well, one thing, at least they spend it, don't they?
- W: I guess so.
- Z: It helps the economy out! Going back to the typical day now, how much time would you spend in the hospital on that day? Have you always done surgery?
- W: Yes. When I first started, I didn't do so much. But then during the war, I was about the only man in town that did eye surgery and I used to spend two afternoons a week doing nothing but surgery. We'd do six or eight cases each afternoon: cataracts, glaucoma, muscle surgery and what not. So, we were pretty busy. I know on my surgical days or other days, too, I'd get home and the children had gone to bed because it was that late.
- Z: I see. Were there any kind of firsts that you ever participated in Youngstown, a new kind of operation, anything like that?
- W: Yes. I have a first to my credit and that is an

operation for glaucoma and cataract in one procedure. That was the first one that was ever done and published. You know, it's very difficult to do a first. I also have an instrument that bears my name, for muscle surgery, and I designed a method of treating dislocated lenses which we see in certain types of congenital conditions. I have several papers published.

Z: Being a surgeon, how extensive was your practice outside of the surgery? Did you intend to just do the surgery?

W: No, you're busy all day.

Z: How extensive was your practice then?

W: What do you mean extensive?

Z: Well, you specialized in eye and that was it, right?

W: That's all, yes.

Z: What kind of things would you perform in your office that maybe you would hospitalize for now?

W: Oh, I think many times we're doing probably more things in the office now than we were then. We'd do about the same things locally, without hospitalization.

Z: What were the conditions like in the hospital?

W: Pretty good.

Z: Has there been any significant improvement?

W: Oh, I think it's an improvement. The anesthesia departments are better because they are prepared to take care of heart conditions, for example, that develop. In fact, now it's a requirement that certain people are in there monitoring their heart condition and so on, that we never had before.

I think that things are improved. There are many new instruments that we didn't have then. There's been a change, especially, in cataract surgery, for example. When I first started training, we didn't take the whole lens out. We cut the capsule and took the contents out; that was the old extracapsular method. But when I first went into training in New York, we didn't even use sutures, that is, we didn't stitch

the wound after and as a result there were quite a few combinations. The patient had to lay with his head still with sand bags in between and you can imagine how that affected these older people. It's not good for them. Then we started using sutures and we were able to let the patient up the next day, which was a big advance. We started taking out the whole lens and the capsule, called intracapsular extraction with an iridectomy, that is, an opening in the iris. Then we stepped up to where we didn't do that, make that deep cut in the eye, just made an opening at the edge, or we just made an incision to widen the opening. That technique improved. I think we did it better up until a point came along when they started a thing called vapor emulsification where they introduce a vibrating instrument into the eye and shake the lens apart and irrigate it out. Well, that's been going on for a few years and it's getting to be quite successful, although, it's not completely accepted by all eye surgeons because you have some serious complications, too, although the patient is up and maybe is going home the next day. Whereas the regular technique of suturing and so on, the patient goes home in a few days and he has to be careful for awhile.

Then there's another new method that was used a few years ago where they took the lens out and put a plastic lens in place of it, and inserted it into the eye. Well, that worked all right for awhile except that you've got some terrible complications from that. The lens would get loose and fall into the eye. Now they've started it again with plastic. I think the first ones they used were glass. Now they are lighter in weight and they seem to go for it.

Another thing, they've designed microscopes that are very good. You work under a high magnification and the sutures they use are very fine, the needles are very fine. Of course in any surgery, especially on an eye, if you can do the procedure without any sutures, without puttering, every time you grab a hold of that tissue with a forceps, you cause irritation; the less you can manipulate, the better your eye will be and heal quicker. Under the microscope with the very fine sutures, very fine needles, I think that the patient's eye quiets down quicker.

Z: Have there been any changes in diseases of the eye over the years?

W: Oh, they've discovered that some of the things can be helped by certain drugs which we didn't have before, especially the steroids. We use the steroids in certain inflammations in the back of the eye by injection and sometimes we give it by mouth; we use it in drops in patients with very severe allergic conditions. Some restrictions that have to be watched. We've gotten, for example, a drug now that will cure or tend to cure a virus infection which we didn't have before. We have better drugs for control of glaucoma, both by mouth and by installation. We have learned a little bit more about control of cross-eyes without surgery by using certain types of drugs. I think there have been general advances all along.

Now of course they have the laser beam, which is being used in certain conditions. I think that some people had the impression that they use it on the removal of cataracts, which I don't think is done. Certain types of retinal detachments, you know, that used to be a very, very serious condition. When I finished training there was a man in Switzerland that came out and he had the feeling that you could see the hole or the tear in the retina where it was detached and he used caustic soda to close the opening and it was successful. From then on it went to cauterizing--heat to produce a scar and then pins that were used to surround the tear in the retina and then it got around to shortening the eyeball with a band around it to bring the retina, the choroid, that is the sclera, together and that worked better. Now in certain types of retinal detachment they use the laser beam. If it's not too far they can cauterize the opening just by an instant exposure to the beam. The laser beam also now is used in certain types of retinal conditions where you have diabetic bleeding, for example, or other conditions where you have an overgrowth of blood vessels that tend to bleed. You can cauterize those and eliminate them. It's not all successful but it's been a big advance.

Z: Have you found that people tend to bring more of their children in with cross-eyes now than they used to?

W: I think so. That's because of the preschool examinations. These nurses do a fine job. They pick them up and sometimes the kids don't need anything because they sluffed-off when they were taking their exami-

nation. They weren't paying attention. But they do a good job in picking them up.

Z: Okay, let's get into another field now. Have you had any experience with industrial accidents in your work?

W: Yes, we've always done a certain amount of industrial work and there isn't too much to say about it. Most of them are foreign bodies, that is, foreign bodies that are imbedded in the cornea. We used to have more penetrating foreign bodies before they were compelled to wear safety glasses with discs of screens on the side and then we had a lot of metallic foreign bodies that were removed with a magnet, some of them successfully, some of them not. But we don't see many of those anymore. They're well protected. We see the ordinary foreign bodies. Yes, that's been a big improvement in industry.

Z: About what time did they do this?

W: When did they start?

Z: Yes, with the safety glasses.

W: Oh, at least ten years ago.

Z: Has it been that recent? Oh, I didn't know that.

W: People have had to wear these safety glasses that are hardened and they've saved a lot of eyes.

Z: Who were some of the other leaders in Youngstown medicine during your career?

W: Well, Sherbondy, for example, was one of the leading general surgeons and Dr. Brandt was the younger man with him. Also, Dr. McNamara. Then there was in medicine Dr. Clark, Dr. Morrison; well Dr. Harvey was coming along then and Dr. Noll was coming along. Dr. Nelson came in about the same time as I did. Dr. Washburn and Piercy were old-time ear, nose and throat men. Washburn, I think, also did the eye and there were the Goldcamps and Gibson. You caught me unaware.

Z: I know. That's a tough question.

W: There were a lot of good ones.

Z: Which hospital did you do most of your work at?

W: I was on the staff of St. Elizabeth Hospital ever since I came to Youngstown. But my surgery was done almost half and half at St. Elizabeth's and North Side Units. I seldom worked at South Side. I always got beds at both places. I was more closely associated with St. Elizabeth's because I was on an executive committee and in charge of the department, and so on. And that hospital that's in business has changed in one way. In fact, it happened during my tenure. It used to be that any doctor, if he was on the staff, could come in and say he was a surgeon and do almost any procedure that he wanted to. We passed a rule at that time that a man had to be qualified to do certain types of surgery or he was limited doing, say appendices and hernias. Some of them were doing stomach work and gallbladder, which they weren't qualified to do. We passed a rule that they had to be qualified before they could be allowed to do anything you wanted to. Also, we set up a tissue committee which still is in effect, that if somebody sent an emergency, say that it was hard to get a bed and there's some emergency appendix in. Then we found it wasn't an appendix at all, that the appendix was normal, he'd be questioned about it and if it happened too many times, he'd be limited. That still goes on.

Z: About what time did you start doing this?

W: Back in 1950, about twenty years ago.

Z: This is what they're talking about doing everywhere now.

W: Yes. They're talking now about having to pass license boards every few years.

Z: What do you think of that idea?

W: Oh, it might be all right but I think they'll find a lot of the older men will just drop out if that's what they have to do. I know I wouldn't take an examination again for the license. The big problem of course now is the malpractice business. The rates have gone up to the point where we can't afford to have an office in some places. My son-in-law, who is an orthopedic surgeon, knows a man--one of the best in the country--and he said that his malpractice insurance mounted to forty-two thousand

dollars, so he just closed his office. That's happened in a lot of places. What they're going to do about it, I don't know. The public is going to have to get used to the idea that they can't give these million dollar verdicts without costing them something themselves, and that's the idea. And they think that well, their insurance will pay for it, so what. Well that isn't true. Somebody has to pay for it.

Z: Have there ever been any cases in Youngstown of big malpractice suits that you can remember?

W: I don't remember really any outstanding ones. There are some that are pending now. What they'll do with them, I don't know.

Z: Was this a very big thing back in the 1930s? Did anybody ever get sued for malpractice?

W: No, no very seldom.

Z: It's amazing that as things get better, people sue more. When you were at St. Elizabeth's, St. Elizabeth's has developed quite a bit in the last twenty, thirty years.

W: Oh, tremendously. I think that St. Elizabeth's--now I'm not criticizing the Youngstown Hospital--but I think that the patient at St. Elizabeth's gets more personal attention because of the sisters. I mean the sisters make it a point to visit there I think every patient every day to see that things are moving along just so and going right, because that's their life. It's entirely different than I think when somebody's working completely for a dollar even if they're dedicated.

Of course, it's grown. All the departments that have been added. In fact, I've always thought since I've been here that the Mahoning County Medical Society is probably one of the better in the United States. We have more well-trained men that are capable of handling any situation that comes up right here and probably just as well as they do in New York or anywhere else.

Z: And we have good hospitals, also, you would say?

W: Right. Excellent.

- Z: So there's no reason for all these people going to Cleveland Clinic all the time?
- W: Well, the reason that people go to clinics is when you have a puzzling case then you need to consult a neurologist and then the X ray and internal medical and all the rest of it. It's easier to have it done under one roof, rather than to call in or go to see all these various specialties with appointments. They can go there and they could probably get the same thing from the hospitals but it's more difficult here. Then you get an opinion that is expressed by all of them together, rather than individually.
- Z: St. Elizabeth's, now who runs that hospital? Has it been doctor-run or is it administrator-run?
- W: Administrative, sisters. Always has an administrator. We've had a board of directors of course and an executive committee of doctors which made a lot of the rules and they made them up and the administrators carry them out.
- Z: But the doctors have a lot of input?
- W: Oh, yes, they have a lot of influence.
- Z: Would you say that's one of the reasons why it's a better hospital?
- W: I think a combination of all three. The doctors and the sisters and the board of directors, who are lay people. Mr. Cushwa, who died recently, was one of the most active members. He did a great job up there.
- Z: When you talked before about having published some papers of your own, in some of the medical journals I would imagine, what other ways have you kept up with medicine other than your writing?
- W: Oh, you don't keep up with medicine with your writings! I'm a member of various organizations: Pan American Society, well that's not too much, but the American Academy of Ophthalmology which you have to have certain training and you take a rather rigid examination to belong to it. It's held every year and that's one of the most instructive things because you have a variety of courses you can take. I've taught at the Academy, read papers, and so on. But I also attended regularly and you learn a lot of

things, American College of Surgeons--I belonged to that. I used to attend that and hear about the eye end of it. That's where you get your ideas, and of course, reading and the eye journals, where things would come out, things that were discovered. But a lot of it you learn by experience. You find out what works and what doesn't work. Maybe you're doing something different than anybody else that works.

I've given papers in Hawaii and Mexico, South America, Norway. I gave the original paper on this cataract and glaucoma surgery in Oslo, Norway for the Norwegian National Ophthalmological Society. It was first published over there and then it was published here. But you have to keep on reading. I mean, we have various journals that come out every month. You can keep track of what's going on.

Z: I see. Have you ever been involved in teaching at all other than at these seminars?

W: At the American Academy, yes.

Z: And you've probably had charge of interns, too?

W: No, we've never had an eye, ear, nose and throat resident here. In fact, the regular residents hardly ever come in even to see what an eye operation is like.

Z: Really?

W: They don't seem to be interested. So, I had my own nurse for thirty-five years that assisted me. We were sort of a team that worked alone. Very seldom any residents or interns.

Z: How do you account for that?

W: I'll be damned if I know! I would think, at least, that they would come in and see how it's done so they could actually know what goes on.

Z: How about yourself? Have you been curious about other men's work?

W: Oh, yes. I've observed a lot of them. I've decided that the men in Youngstown do just as well as they do or better.

- Z: Well, that's nice. What were some of the things that people have done to their eyes over the years or things like maybe some home remedies that people used to have that they don't have now?
- W: Those are hardly talkable, even. (laughter) In some farm communities, for example, when you get an eye infection, they use cow urine in their eyes to clear it up.
- Z: Does it work?
- W: No. (laughter) That was a presumption that it did. That's one of the worst that I know of. But that's been used in Iowa, I know. Or they let it go until it gets better itself. Sometimes they wait too long.
- Z: Have there ever been any fads or anything like that in dealing with the eye?
- W: Offhand I don't recall any.
- Z: I would imagine that people take better care of their eyes today than they used to.
- W: Oh, I think they do. I think when they get in trouble they go and see either an ophthalmologist, who is an M.D., or an optometrist. I think they take more care of them than they used to.
- Z: How would you rate the optometrists? This is probably where you get most of your referral work?
- W: No, it isn't.
- Z: It isn't?
- W: No. You have some good ones and some bad ones like in any field. Some of them will sell glasses and under every circumstance. Others will send them to the ophthalmologist for consultation and treatment and we have a lot of them here that do that. They know that if they need glasses that we'll have them make them for them and so they feel free to send them. Other ones are afraid that if they send them to an ophthalmologist they won't get the glass sale. So, many of them sell glasses even if they don't need them, before they send them and that's not quite honest. But, on the whole, I think we get along very well with them. Most of them are good, honest workingpeople.

- Z: How many other eye surgeons are there in Youngstown? Are there quite a few?
- W: Yes, there are. Bill Evans used to do it. Maybe he doesn't do it anymore. And Dr. Paul Ruth in his office. Dr. Goldcamp, Dr. Peabody, Dr. Sovik--and he has an associate, I don't know his name--Dr. Bloomberg; Petaro, an Italian doctor, an osteopathic trained man. And of course, in my office now there are Dr. Pugh and Dr. Cinelli, who are excellent surgeons. One or two others, Paul Mahar, young Mahar; and they're all doing all right.
- Z: How about back in the 1930s when you started. Were there very many in town at that time besides Dr. Evans?
- W: Dr. Biercamp and the Goldcamp office. Surgery was not done by all of them. Not too many.
- Z: Have you ever been involved in any civic affairs in Youngstown?
- W: Oh, not an awful lot. I've been on Sight Saving; I used to be on the board of the Legal Center, and of course I've done a lot of the charity work for them. We used to do that for free until welfare came along and that wasn't any better.
- Z: Still basically free?
- W: Yes.
- Z: How much of a percentage of your work was welfare or the charities?
- W: Oh, not a tremendous amount. A good bit. Nurses, preachers, nuns, families, doctors, their families; some days it amounted to a good bit!
- Z: Oh, I see. How about the poor people in Youngstown?
- W: I think they've had good care. Some offices won't do welfare cases or those things because there's so much paper work and such poor pay, but we've never cut them off. And we won't send them bills.
- Z: Okay. You were saying something about the younger men?
- W: The younger men that have come out in the last few

years are inclined to specialize and they're inclined to limit their practices. And they're inclined to, after hours or house calls--they just don't do them. In the old days it didn't make any difference when the call came in, there were very few doctors that refused to go. We'd answer any call that came. And our charges were not what they are now. I feel that some of the younger men coming out now charge exorbitant fees. I think they charge too much.

Z: Do they do this because of supply and demand?

W: I don't know. I suppose it's because of supply and demand, but there's still some of the older men that stay with the old principle and make house calls and charges are reasonable. I think they're happier.

Z: What would you say the general attitude of doctors has been like? Have you noticed any change?

W: Maybe I shouldn't say that, but I don't think they're as dedicated as they used to be. It's more of a commercial setup than it was in the old days. Maybe I'm wrong.

Z: Well, if you would think it, how would you account for that?

W: Well, you can see now even the residents in hospitals, for example, go on strike because they only want to work eight hours and they're paid now considerably more--anywhere from, I don't know, nine hundred, six hundred dollars a month up to thirteen hundred dollars a month as an intern. Why we weren't paid anything! And we worked as long as we were needed. These fellows want to work so long now. It seems to me that they would want to learn as much as they could, and that isn't limiting yourself to eight hours. No, I think there's a different group of young men going into medicine. I'm afraid it's too commercial.

Z: How would you get the other group back in?

W: Well, teach them in medical school and the hospitals. Get more family physicians trained, which is the purpose of this new medical school. Let them forget a little bit about the money part. I always had the idea, and I told my son when he started doing practice: "You take every call there is, whether they have any money or not. You'll find that you'll build up a practice from people who have relatives and they

have friends that can pay you and you'll get busy. Whereas, if you turn down everybody or won't go when you're needed, why it's going to be slow." Well, he did take every call and still does and he's been a tremendous success that way. And I know some of the doctors who started during the Depression. They worked their tails off and there was no hope of payment. But when people recovered, they were the busiest men in town.

- Z: Yes, like money in the bank. Would you say that maybe young people have changed in general? Maybe that's part of the problem?
- W: You shouldn't have to ask me. You know that!
- Z: Yes! (laughter)
- W: You know more about that than I do.
- Z: There's another question I'd like to ask about the freedom of a doctor. Do doctors feel more restricted now than maybe he did when you first started?
- W: I think so. In other words, the hospitals are looking into things more about things being done that shouldn't be. I think that's the main thing. And of course, now with all this malpractice business going on, you've got to be careful that you do just so; whether you use your better judgement or not and you just will maybe do tests that you shouldn't necessarily have to do at all. I think that their activities are more restricted than they used to be.
- Z: Have you ever had any interesting semiworking vacations? I know you said you did go to Norway that time.
- W: Well that was just for a meeting. Yes, I've had a couple; I was on the Hope in Ecuador back in either 1963 or 1962, somewhere in there. That was very interesting. And I went around the world once with the Overseas World's Church Service. I started out in New York and landed in Spain, where I picked up one of the new medicines that helped to remove cataracts; it's an enzyme, alpha chymotrypsin at that time had just come out. And I got some and took it with me and I stopped in Greece and the first work I did was in Cairo. I visited the hospital there and talked to the young men and helped them with certain types of surgery and showed them how I did it.

Then I went to Beirut and the next thing, I went to Tehran and worked with the men there for quite a little while--a very interesting time. And from there I went on from Iran to India and landed in Apsilom--that's actually a Christian hospital which is close to the Chinese border--and worked with the man that's in charge, a Dr. Christian. They did a tremendous amount of work. Patients came in there from [a] hundred miles away, traveling by camelback or walking or somehow. And we used to do forty and fifty cataracts in the morning and at that time they only had two tables, but only one operating light. The patient would sit over in the corner then and when you'd put one on the table, why the nurse would scrub them up and while you were doing this one, we injected the other one and when you finished this one, you injected the other one when you were working on this one, so that you went from one injection to cataract, injection, cataract, and rotated them. I stayed up there a considerable length of time and showed them how to do this glaucoma combination cataract, which was a lifesaver for them up there because if they had both, why you could take care of one but not the other. So they did a lot of it. And we got them to use the sutures in a little different way that helped them overcome their complications. I had a very interesting time.

From there I went to northern India, Lahore, New Delhi, Agra, Calcutta and then over to Burma, to Rangoon; I'd been there before. I went to Moulmein. There was a Christian hospital there run by women and I stayed there for awhile, then worked. In fact, I got a very fine resident for South Side Hospital from there that I sent over; and from Moulmein I went to Saigon and Hong Kong. I stopped and worked at Hong Kong with one of the doctors there at the general hospital. From there I went to Japan and then Honolulu, back to the States.

Z: What year was this?

W: Nineteen fifty-eight or 1959. Those are the only two big trips of that type that I've done. I was going to go again, just last year and Dr. Christian wanted me to come very badly but the Pakistani government would give me only a visitor's visa for one month. And he said if I ever had a regular missionary visa, it would take me eight or nine months and they probably wouldn't let me in. I can't understand the Pakistani government. Last

year they did, what was it, ten thousand cataract operations at that Christian hospital. And that's how they feel about it. My God, they ought to be grateful. At the time when I was there they only had one operating light and I got two additional operating lights and John Stewart out there at the company boxed them for me and sent them over. So, they came through but they had to wait a long time when they were laying in the harbor there because they wanted to tax them. These countries don't appreciate all this stuff we do for them, really. Look what happened in India. India's turning against us and we've done more for India than anybody, I guess.

Z: Yes, I know.

W: In fact, when you stop giving for something, in Pakistan, I believe that it's a question of religion probably more than politics; they don't want any Moslems to be exposed to Christian attitudes. In fact, to Dr. Christian I said, "What are you doing all this stuff here for? Are you trying to get some converts?" Oh, he said, "We maybe got one last year!" And the danger of this, if they do become Christians there and they go home to their own community as Christians, they may be killed or ostracized. They had morning prayers every morning but these fellows would take the blankets and put them over their heads. They still accepted the charity though. It cost them two dollars and a half for a cataract operation, which they thought was a lot.

Z: That's amazing.

W: Yes. Well, I mean I think the same thing can be said of Africa. We've been doing missionary work in Africa for hundreds of years, so look what happened a few years ago. They murdered the missionaries, burned the hospitals. The missionaries are still active in Africa and other countries.

Z: How did you become involved in this missionary work?

W: I just wanted to.

Z: Were there any other interesting sidelights to your career?

W: No, except that I always want to pay a tribute to my

office. The girls who have worked for me, a lot of them were there all the time and my associates are the doctors that are there--couldn't be any better. We've all worked together as a team, and a very happy association. I feel that I've had the best office in town, in Ohio. Not because of me alone, but because of the help I've had. They're nice people. And the doctors in Youngstown have been very kind, in referrals, and so on. You know, you can't be a success anywhere unless you have the respect of your co-workers and I think if you have that then they send patients to you, ask your opinions on this and that. I can't see how you don't have good business. Youngstown's been very good to me.

Z: So you're glad you came here?

W: Yes.

Z: There's probably nothing in your medical career you'd really like to have done differently?

W: I wouldn't change a thing. Wouldn't change a thing, I'd do it all over again.

Z: Well, thank you very much Dr. Wenaas. It's been a pleasure talking to you.

W: I'm sorry I can't give you more information.

END OF INTERVIEW