

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in the Mahoning Valley

Personal Experiences

O. H. 347

DR. M. W. NEIDUS

Interviewed

by

Paul Zimmerman

on

December 12, 1974

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

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INTERVIEWEE: DR. M. W. NEIDUS

INTERVIEWER: Paul Zimmerman

SUBJECT: St. Elizabeth Hospital, Staff, Additions,
Tuberculosis, Cancer, Government Regulations

DATE: December 12, 1974

Z: This is an interview with Dr. M. W. Neidus for the Youngstown State University Oral History Program on the History of Medicine in the Mahoning Valley by Paul Zimmerman at 367 Indianola Road, Boardman, Ohio, on December 12, 1974, at 10:00 a.m.

What influenced you to become a doctor?

N: When I was in high school we lived in Cleveland. My father became sick and he was at Lakeside Hospital for about 26 weeks. He had four operations during that period, and the doctors at Lakeside Hospital allowed me to nurse him. I stayed with him nights and I saw the type of service the doctors, the nurses, and the whole hospital staff gave the sick people and I decided that medicine was the type of life I wanted. I'd intended to be a lawyer to begin with, but I changed my mind after viewing the art of medicine.

Z: Where did you go to medical school?

N: St. Louis University in St. Louis.

Z: What kind of a course of study was it?

N: It was a four year course.

Z: Did this include your undergraduate work?

N: No, I had four years as an undergraduate at Baldwin-Wallace College in Berea, Ohio, in the liberal arts course.

- Z: And then how long was the medical school?
- N: Another four years.
- Z: What was it like in medical school at that time? How hard did you have to work?
- N: It was all work and very little pleasure. The only recreation I had, since I had no money, or very little of it, was on Friday nights, a five mile hike to Thompson's Restaurant for donuts and coffee, and back to the rooming house. That was about the size of it.
- Z: That's amazing. Did you go to school year round?
- N: No, I went nine months out of the year. Then I worked for the East Ohio Gas Company in the summertime in Cleveland, reading gas meters throughout my college and medical school days.
- Z: So you put yourself through?
- N: Yes.
- Z: When you came back to Cleveland, did you go to Cleveland for your internship?
- N: No, I came to Youngstown and I interned and had my residency at St. Elizabeth Hospital in Youngstown in 1927 and 1928.
- Z: What made you decide to come to Youngstown?
- N: I was going to stay in St. Louis for my internship, but my folks wanted me to be near home. By that time most of the internships were closed and the openings were in Youngstown and Dayton, and I chose Youngstown. That's how I came here.
- Z: Do you think it has been a good decision?
- N: It's the best decision I made.
- Z: When you were an intern in Youngstown, what were the conditions like for interns at St. Elizabeth's?
- N: We were on call 24 hours a day, 7 days a week. We got ten dollars a month pay, room and board, and a uniform, and plenty of experience.
- Z: Did they make you do everything?
- N: Well, about everything that had to be done.

- Z: Could you compare what it's like for the interns today, recent interns, as to how hard it was for you?
- N: Much harder. I had no automobile. I was not married and had to live on ten dollars a month. If I wanted to go downtown, I had to use my legs to get there and back. Now the intern gets about \$10,000 a year and many other fringe benefits and doesn't work as long either.
- Z: Were there any particular incidents of your intership that stand out in your mind?
- N: Nothing remarkable, except for the care of the patients.
- Z: When you went into practice, what year was this?
- N: I went into practice in 1928. I became associated with Dr. A. M. Rosenblum of Youngstown and later Dr. Firestone joined, then Dr. Zlotnik next, and later on Dr. Young, young Dr. Rosenblum, and then Dr. Gregory. The group is still intact. Then as time went on, I became Chief of Medicine at St. Elizabeth Hospital for a number of years. I also became Chief of Staff for a number of years. Then I was in charge of the cardiac service and I was active until 1972.

When I first came to St. Elizabeth Hospital there was one building, the north wing. With the completion of this present unit, we're going to have eight hundred beds. I have seen the development of a very fine laboratory, a very fine cardiovascular laboratory, surgery, coronary care unit, a very fine anesthesia department, and a very fine x-ray department. This is a tremendous change for the better.

- Z: What role did you play in any of these advances?
- N: Well, when I was Chief of Staff, we put up two new units of the hospital.
- Z: How long were you Chief of Staff?
- N: We have a rule of five years. We can hold it down at the hospital for five years.
- Z: When you went into practice with Dr. Rosenblum, was it an established practice or was it just a growing practice?
- N: It was an established practice.
- Z: What were the conditions like? What was a typical day?

N: We started about six o'clock in the morning. Since I wasn't married, I went downtown and had breakfast, either at Raver's or Clark's, then went to the hospital and made rounds, saw the sick people, and spent time in the outpatient department, the free clinic.

Then I would start making house calls all over town. Sometimes I would go as far as New Castle, Warren, or Sharon. Even once I went as far as Ashtabula. I loved it. They had lovely people there and fields and farms wherever you looked. Then we would have to leave for office hours. In the evening we went back to the hospital because it was common practice to see all the sick patients again. You would see a patient two times a day. Generally, I went to bed about ten o'clock. Perhaps two or three times a week I had to get up at night to make a house call at any hour of the night.

Z: How extensive was your practice? What areas did it cover?

N: Mostly internal medicine. The first couple of years I did some obstetrics, delivered babies, but since that time, it has all been internal medicine.

Z: How often did you use the hospital?

N: Most of the time we had, on the average, about ten patients daily.

Z: What kind of things could you perform in your diagnostic and medical treatment?

N: Our office was well-equipped. We had x-rays, a laboratory, and an electrocardiogram.

Z: When did you expand the office?

N: When I quit there were four of us, and right now there are four. We have about sixteen technicians and secretaries. There was a constant demand for service at a rapid pace, especially after World War II.

Shortly after I joined Dr. Rosenblum, the Depression came and we had a hard time until World War II. With the War, I went into the service for about four years. The office was closed, but the kind people at the Home Savings & Loan kept our office rent free until we returned in 1946.

Z: You almost have your own clinic there, don't you? Did you have any "firsts" in Youngstown in medicine?

N: You might call it a clinic.

- Z: How about journal articles, have you ever had a chance to share with other doctors in journals?
- N: Just locally in the hospital staff.
- Z: What were some of the big killers when you first started to go into practice?
- N: When we first started we had a lot of tuberculosis, heart problems, cancer, contagious diseases, and we had typhoid and polio. I haven't seen a case of typhoid in 25 years. I haven't seen polio since Salk's vaccine came out. I haven't seen scarlet fever in 25 years. Most of the contagious diseases are well-controlled through immunization. Now lobar pneumonia used to be a great killer; 40 to 50 percent of the people who developed pneumonia used to die. We don't see deaths from pneumonia anymore. There are reports that people died of pneumonia, but most of the time it's usually something else, pleurisy or cancer or heart condition. In other words, at the end, at the turning point, pneumonia is terminal, but I bet we don't see very much of that anymore. As far as deaths from infectious diseases, that has been reduced tremendously.

As far as cancer, there has not been much progress, unfortunately. We talk statistically about early diagnosis, but it's questionable. The surgeons have helped a great deal. Some patients are fortunate enough that we are able to remove the disease, but we have not been able to find the cause, and without knowing the cause of disease, there is no cure.

As far as heart, heart surgeons of many degrees are artists with heart surgery. They've done a remarkable job at stopping heart failure with bypasses and other procedures. There has been excellent work on surgery of arteries, transplants, and artificial hearts. New arteries have saved the lives of many.

Tuberculosis has been practically eliminated through drugs. I used to be Chief of Staff at the TB hospital. Dr. Joseph Kehoe, the chest surgeon at the TB sanatorium, did many, many lung operations on the tuberculosis patients. Rest was another method of treatment, as well as isolation. Today there are few sanatoriums left and very little surgery done. That's progress.

- Z: How about the incidence of cancer when you first started out?
- N: It was not diagnosed as much as today. You have to evaluate it properly. You see, at the beginning of this century the average age was 49; now it is

about 72. In other words, people didn't live long enough to get cancer. So, statistically, we can't compare those periods. People are living longer so that they reach the cancer age, see? Relatively speaking, there's a higher incidence of cancer in people because they're living longer, just like there is a higher incidence of heart disease, hardening of the arteries. That's the wearing out process. In answer to your question, there's a greater incidence of cancer, numerically speaking, because people are living longer, and that makes the problem more urgent. When a person died at 49, say a woman, her chance of having cancer of the womb wasn't as great as a man now getting cancer of the prostate or colon at an older age. So that's our great problem. As far as heart disease, you shouldn't expect to live forever. Prevention may delay only the wearing out process, which leads to problems of old age.

Z: About some of the medications, what were some of the other medications that were big advancements and when did you start using them?

N: Well, we had the antibiotics and other sulfa drugs. I used to see patients before we had these drugs who had infections of the valves of the heart. We could diagnose, but this didn't help us and most of them would die. They may have had rheumatic fever when they were young. They used to get strep throat and then rheumatic fever and it would affect the heart. In rheumatic fever caused by strep infection of the throat in children, valve heart disease developed with death at an early age. Antibiotics cure this condition and valve surgery has further helped. Antibiotics have cured many other conditions such as syphilis, gonorrhoea, and have made possible many operations.

We haven't been able to stop diabetes, but diabetics live longer, live better, and there's a tremendous improvement. When I started, insulin was just discovered in Toronto, Canada, for the treatment of diabetes. Prior to that, diabetics died at an early age of coma due to failure to metabolize sugar. Most suffered from malnutrition, many became blind, all had progressive hardening of arteries. A higher incidence of TB insulin has prolonged and made life more useful.

Z: Have you ever been able to find anything to treat the common cold? Did you do the same things when you started as you do now?

N: There is no specific treatment for colds. We treat symptoms as the cause is not known. Many types of vaccines have been used without definite results as the disease is self-limited. We can do more for

complications such a pneumonia. Researchers are more concerned with finding the cause of crippling diseases such as multiple sclerosis, cancer, and many other conditions. People don't die from colds so there is little research.

Another field of medicine is psychiatry. Prior to the time of Freud, the father of psychiatry, emotional and mental disturbances were attributed to the devil, whoever that is. Religions from time immemorial have tried to cope with its problems. In recent times that function has been taken over by trained psychiatrists, psychologists, counselors, and so on. Life has become very complex. Genetic studies have shown man to be an unexplorable being. We do this with everything now. You call up to get a guy to look at your furnace or refrigerator and if he can't find what's wrong, it's you. They always say on television that if a car is going over a mountainous road, or rocky roads, railroad ties, it never goes out of alignment, but if your car gets out of alignment and you take it back they say, "Did you run into a curb?" In other words, they don't want to take responsibility--they want you to be responsible. One of the bad things is, whether we're too busy or what it is, I don't know, but people are health conscious nowadays. They run to doctors too much. But the doctors don't sit down and talk to them. I was in a hospital a year ago, and next to me was a patient. A nurse was talking to her. She was young, and they thought she might have a tumor of the lung. I had lots of time, I wasn't busy so I listened, although I'm probably as guilty as the people I'm talking about. She was telling me that the surgeon and the doctor that take care of her won't talk to her. I thought, "Gee, that's queer." After all, she's sitting here, she doesn't know what's going on, she's worried, and she has children. So I waited for her doctor to come and I said, "Doctor, sit down. I want you to talk to this girl. Tell her what's going on here. Tell her what your plan is, what your diagnosis is, what you plan to do with her." He thought it over and was more respectful and sat down and talked to her. Then I met her later and as it turned out, it wasn't anything serious.

We have become so that we're depending too much on laboratory procedures, just like a garage. You drive in and you tell the mechanic, "I don't think my car idles well." He says, "I'll put it up on the machine." Instead of listening to it with his ear, he comes back and says the machine says it's okay. In medicine you should listen, because in the first place, the patient can tell you some things. If you don't listen, you don't know what's bothering him.

Z: Are the patients becoming any smarter over the years?

N: Yes, oh yes. They read. Of course, the news media may give them information. Since you brought that up, you read in the paper that there was a breakthrough in cancer! They've tested it on only six mice. All the work had to be done, but already the headlines say a breakthrough. After that first article, you never see it again. Our media, that's all they want, something to make headlines and they publish it. Meanwhile patients call up the doctor, and say, "Hey doc, did your read that in the paper?" Maybe there is someone in the family who has cancer. So our news media is not doing a good job in selection. I don't know what it is. I have a feeling that it's not only medicine, it's in everything else where a headline is involved. It's more publicity and our research suffers from it. The researchers shouldn't report unless they're sure of it.

Z: Do you think that's because they are so used to having medical breakthroughs, you know, because they came in such rapid succession?

N: I think they're pressured by news people. There are news men who come up and say, "Hey, doc, what did you do in the laboratory this week?" The guy looks at him and thinks maybe I can get a grant from someone if I give them something for a headline. So he says, "We're working on cancer." And meanwhile it breaks your heart.

Z: You mean it breaks the doctors' and patients' hearts?

N: Yes, because you're looking for something to help the patient, you're anxious. A doctor should be humble. You know one of the things that has hurt religion today is the loss of humbleness of ministers, and they're having trouble. They don't want to get involved anymore. They went through the Second World War, which was the greatest crime of all because fifty million people got killed, infants and old people, and they kept quiet and all of them are wrong.

Z: You think doctors see themselves the same way sometimes?

N: We get frustrated because we don't have the answer to a lot of problems, especially cancer and heart disease. That's probably the reason we look as though we don't care. We care, but we get so frustrated. You know, people say, how can you take it. You can burst. You take care of a patient and it is a great tragedy to see a man of thirty-five with five children die. You know that this is a tragedy, but you have to be stoic, keep a stiff upper lip because you're supposed to be above all else. It breaks your heart, but you

can't show it. A lot of our stuff is misunderstood. We're frustrated. When I have a patient with cancer, and we can't do anything for him, except to relieve the pain, I feel terrible. Yesterday we got a letter from the American Cancer Society, "We're gonna lick cancer in your lifetime, give us another year." I feel like weeping and saying, "What are you talking about." You would be better off if they would say, "Give more," because that's all they're after is the big buck. So you see, doctors suffer from a lot of frustration.

Z: That has been your biggest problem?

N: It has been a big problem. Fortunately, most people are religious. Under those circumstances the ministers have been very good, especially the priests. Throughout all the years they're prompt when you call them, they're very comforting. Somehow or other they have rapport with their families. I have tried to console at times, but somehow or other most of the clergy know how, so I'll give them one hundred percent on that. They do a pretty good job.

Z: What are some of the other bad things you're talking about? What else beside the idea of it being too impersonal?

N: Well, I'll tell you, I think the biggest problem is that patients don't sit down and talk to you and that's one of the reasons I made house calls, first. Second, when I made a house call on my patients I learned how they lived and I quickly knew their financial status. If they come to the office, you don't know how they live. They can dress up to look like millionaires. So you really don't know much about them from an economic standpoint, but if you go into the house and see how they live, and you see the children, you know their economy and solve their problem.

Z: Did you ever have any problem collecting fees?

N: I never had any problem, never sued anybody and was never sued by anybody.

Z: How about during the Depression, did you have any particular problems then?

N: No, no problems at all. They didn't have anything and I didn't have anything. I'll never forget, there was a Dr. Howser in Youngstown, old Dr. Howser. He was sitting in the doctor's office in the hospital one day and some of the younger doctors were complaining that they couldn't collect because of the

Depression. They were going to get tough and Howser spoke up and said, "Boys, if I were you, I'd worry about work instead of collecting because if you don't work, you'll never collect." People had nothing to pay. About six weeks ago I walked into the Valu King and a little old woman that I hadn't seen in, oh, forty years came up to me and said, "I owe you forty dollars from the Depression." I said, "Forget it." I got a check from her. They'll pay you somehow. I always tell them about the businessman who has to spend money, maybe even about five to ten percent of his income for advertisement. We doctors don't advertise but do it for goodwill.

Z: Who were some of your other associates when you first started out?

N: In the office there were Dr. A. M. Rosenblum and Dr. Paul Kaufman, Dr. McNamara, Dr. Rosenblum, Dr. Arthur Smith, Dr. Waleand, Dr. Charlie Howser, Dr. Joe Nagle, Dr. Elmer Nagle, and Dr. John Hardman.

Z: What influence did they have on you?

N: Everybody has an influence somehow, both from the positive and the negative way. From the good ones you learn what to do, from the bad ones you learn what not to do. You see, you always learn from somebody.

Z: Do you know anything about the history of medicine prior to when you started practicing? Are there facts about early medical history in Youngstown that maybe we don't know about?

N: Well, you see, I've been connected with St. E's. The only thing I can tell you is that they had this one building, and the interns lived in the little cottage in the back of the hospital where that big parking place is now. Right across the street they just bought the Stambaugh Building and the nursing home. Then South Side Hospital was the only one there. It wasn't big, but it was there.

Z: Is there any kind of a friendly rivalry between the hospital association and St. Elizabeth's?

N: I wouldn't call it a rivalry. But St. E's was looked upon as the junior hospital. The South Side Hospital came first. It was established by the leading citizens of Youngstown and the Youngstown Vindicator sort of leaned toward the Youngstown Hospital. Every time one of their doctors said something they would have headlines and so forth. I'll never forget the staff

at St. E's used to get so upset whenever the Youngstown Hospital got publicity. I used to say, "Don't worry about it, just take care of sick people. Try to improve and try to do good work. Sooner or later you'll get it. You've got a really fine institution at St. Elizabeth."

Z: Were there any differences between the patients in the two hospitals?

N: Well, the North Side Hospital was established mainly by wealthy rich of Youngstown who endowed it. So the rich people used to be up at the North Side Hospital, St. Elizabeth and South Side were the poor man's hospitals, but that has broken down. It's like a style; it changes.

Today most people are covered by hospital insurance or government aid, and all hospitals depend on their resources from them. When I first began my practice there was little hospitalization insurance. Charity cases were taken care of by religious and private philanthropy. There was little government aid. The Sisters at the hospital fed the derelicts in town, although they themselves were poor. There was a greater humane concern for one another.

Z: Who were some of the bosses in the hospital? Was it the doctors in the hospital or the order in the hospital?

N: The hospital is owned by the Sisters of Holy Humility of Mary, Villa Maria, Pennsylvania, and is under the Pittsburgh diocese. It is governed by a board of trustees consisting of Sisters, lay people, and doctors. At present Sister Consolata is superintendent and Sidney Moyer is chairman. The doctors have a staff with a chief and heads of many departments who have representation on the board of trustees.

The chief of staff was elected by all the doctors to represent them at the trustees meetings. He coordinated the work of staff in assigning doctors to teach interns, residents, and nurses, assigning doctors to work in our free clinics and emergency rooms, helping the trustees in selecting new staff members, disciplining problems, helping to select diagnostic equipment for the hospital, and advising on new buildings. A chief of staff could hold the job for only five years.

Z: Was it run this way back in the early 1930's too?

N: It's different now.

Z: How were you able to keep up with medicine over the years? What methods did you use?

- N: I used to go up to the University of Michigan every year for graduate work and then I used to go up to Rochester, Minnesota, every year, sometimes twice a year to get courses. I used to get up to Boston and Cleveland. For courses in industrial medicine, the most interesting was at the Trudeau Institute at Saranac Lake, New York, for the study of silicosis and other dust diseases affecting the lungs. There were great opportunities here and then at the hospital we had an educational system and had visiting professors from Pittsburgh, the University of Pittsburgh, or Georgetown that would come in for a meeting.
- Z: What were some of the other problems you had in medicine, like industrial accidents, and emergency care? Did you have any experience with those?
- N: I was medical director of Truscon Steel Company, part of the division of Republic Steel Corporation. In 1934, I was doctor of Julius Cahn, the president of Trusco. The doctor of Truscon, a fellow by the name of Pierson, died so Cahn called me up and said, "Doc, you have to help us out. We need a doctor down here." They have 2500 employees down there, the largest fabricator in the world. So I went down there and I thought I'd help them out and spend a couple of hours and I stayed for 31 years, until 1964.
- Z: How about some of the public health problems, did you have anything to do with those, like the mass vaccination programs, and things like that?
- N: When I was president of the medical society, we had a program to immunize against polio. We had a lot of children.
- Z: How do you feel about people taking their own home remedies for various illnesses? I know for stomach problems and disorders and things like this, they take home remedies.
- N: I don't think you can stop people from doing things like this. As long as you have advertising you'll never stop it because it's very convincing.
- Z: Is there any value to it?
- N: Most of the drugs they use are innocuous. They don't do any good.
- Z: Have you had any experience with faith healers? Did you know of a patient who went to a faith healer and then came to you and said he was healed?

- N: Oh, yes, I've had those. Most of them are psychosomatic, some of them are helped. But if it's organic, it's just a waste of time. They do a lot of harm if it's organic because they convince the person to try to get another diagnosis. It's important to diagnose whether the condition is curable. But with psychosomatic disorders, they can work as good as some other methods.
- Z: What are your impressions of government regulations on medicine?
- N: Government regulation generally is government dictation and monopoly. We prosecute corporations for monopolistic practices while government can do it with impunity. The paper work involved is enormous and has added to the cost of service. Government can be arbitrary in deciding the value of your service. This is done in communistic countries. No one has published how much the government takes out of the dollar for administering medicine and Medicaid. Remember, the government handles the program through insurance carriers who also have to be paid. The answers are too complex to be left in the hands of dreamers. A coordinated attack on the problem is needed by all the people involved. Diagnostic medicine has made enormous progress. It takes a great deal of money to equip a hospital or a modern office and people are more demanding of medical care and are health conscious.
- Z: Do you see people getting better health care because of this?
- N: They've had good care, but the problem is how to pay for it. The cost is terrific.
- Z: What are your impressions as to the freedom you had as a doctor when you were first going into practice as compared to what it is now?
- N: We had total freedom. You don't have freedom now. Under the present system, people have access to records, where formerly patients' records were between the patient and the doctor. No more. With modern insurance and government forms there is no more privacy and that's a dangerous thing because a lot of conditions that patients are treated for should not be made public because it can break up homes.
- Z: What do you think of today's doctors?
- N: They're pretty well educated. They're well educated, but they have never been hungry. That's one of the reasons they could be a little bit more humble.

Z: In all your years of practice, is there anything you would have liked to have changed?

N: I don't think you could change very much. Life goes right on. Life itself changes. As you get older, you forget the bad things. You remember the good things. Every generation has problems peculiar to its age, good and bad; the worthwhile do not change through the ages. Love of fellow man, humbleness, concern for others, compassion, charity, these are eternal. The bad are of our own creation and can be cured by practicing the above.

Z: Now I'd like to thank you for the interview and thank you for the balanced viewpoint you've given me.

N: I hope you've profited.

Z: Thank you very much.

END OF INTERVIEW