

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in the Mahoning Valley

Medical Experience

O. H. 349

DR. HERMAN S. ZEVE

Interviewed

by

Paul Zimmerman

on

June 12, 1975

YOUNGSTOWN STATE UNIVERSITY

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INTERVIEWEE: DR. HERMAN ZEVE

INTERVIEWER: Paul Zimmerman

SUBJECT: Navy Urologist, Youngstown Hospitals, Public Health Department

DATE: June 12, 1975

ZI: This is an interview with Dr. Herman S. Zeve for the Youngstown State University Oral History Program on the History of Medicine in the Mahoning Valley by Paul Zimmerman at 273 North Heights Avenue in Youngstown, Ohio, on June 12, 1975, at 1:00 p.m.

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

ZE: I worked on a lot of professions and spent quite a lot of time and then finally Dr. Buechner, Dr. William Buechner, invited me over to the South Side Hospital one morning to look around. The first thing he showed me was a very dramatic scene at the moment of amputation of an arm, which I was not expecting at all. I stood that all right and then we spent the rest of the morning in the operating room. He said, "Well, how did you enjoy it?" I said, "Well, I really didn't expect all of this this morning, but I found it interesting. It looks very interesting." He said, "Well, can you come back again?" And I said, "Yes, I can come back." "So, be back in a couple of days, we'll have a nice lineup of surgery." So, I kept going back to watch Dr. Buechner and others work in the Youngstown Hospital.

I had a brother, Harry, who had always wanted to be a physician, but couldn't make the grade because of financial conditions. His turned into panic, economic panic at the time, and he had to settle for dental school. He had been the very first associate of Dr. Buechner's and other members of the medical profession. He was the first resident of dentistry in the Youngstown Hospital. So I think maybe between

Dr. Buechner and my brother, I decided to study medicine.

ZI: I see. How long had you been in Youngstown at this time?

ZE: Well, I've been a lifelong resident, except for the first three months of my life. I was born in Grove City, Pennsylvania, and moved here at the age of three months. So, I'm practically a native.

ZI: What time was this that you were talking about, about what year?

ZE: This was in 1916 that I was looking over professions. I graduated from South High School in 1916.

ZI: Where did you decide to go to school then?

ZE: I went to the University of Michigan and took my pre-medical course. During that time, World War I broke out. We volunteered for various services, and in 1918, after trying a number of them, we were finally rejected and sent back home to wait for the draft because we were not eighteen years of age yet. So, in the meantime, I had my premedical work and my family wanted me to go to Jefferson Medical College. I transferred from the University of Michigan to Jefferson College and registered. Then I was in the draft. The flu epidemic came along in 1918 and the draft was suspended during the early stages of the flu epidemic. So I took a chance on going down to Jefferson Medical College at the beginning of my freshman year in class because I was already on notice to report to Chillicothe, Ohio. I enrolled in the medical school and started classes there. Within a matter of a few days, we were all sworn into a medical division unit, which was later on attached to the Student Army Training Corps. We were in that organization then, permanently, until the first of 1919.

ZI: What did this corps do?

ZE: The freshman class was being prepared for first aid and ambulance corps. We were under intensive instructions. They never expected us to go on into our second year, but the War ended suddenly, and so we went on and finished the course. But we had to repeat the course. The entire freshman year, after the first of January, between January and May 15th, we were doing a whole year's work over again.

ZI: That was quite an accelerated refresher, right?

ZE: Yes. We had been going through military drills and lectures and so forth every day and evening so that many of the boys were unable to keep up with the class work.

ZI: I see, yes, that would be a problem. How long did it take to go through college and medical school?

ZE: It took me six years. Although I attended one summer session at the University of Michigan with the hopes of getting a B.S. degree, I fell two hours short of that and I never did get around to making up those two hours.

Just prior to that, the requirement was one year premed, but I had two years. I spent, then, two years at Philadelphia General Hospital as a resident intern. In addition to that, I spent the last six months of my senior year there because there was a shortage of doctors at the hospital, and I was requested to come out and give the hospital a lift.

ZI: What kind of internship did you go into?

ZE: I went into general rotating service, including medicine, surgery, and all branches of medicine and surgery, psychiatric and neurological.

ZI: What kind of training had you had in medical school to this end?

ZE: Jefferson Medical College was a school which placed great emphasis on clinical work and produced a large number of good general practitioners and well-informed diagnosticians. We had to attend a lot of clinics there. In the meantime, after my freshman year, I spent four months at South Side Hospital in the laboratory. After my second year, I did the same thing at Youngstown Hospital. After my third year, I was substituting on various services for vacations, vacationing doctors. So I had about a year externship experience before I finished medical school.

ZI: What were some of the conditions of your internship?

ZE: Well, it was a very large hospital, one of the oldest in the United States, approximately a census of somewhere between 2,500 and 3,500 patients at all times. It was largely for injured patients. We treated anything and everything. We had special wards for every type of rare or common disease. We had a contagious hospital, a children's hospital, tuberculosis ward, extensive obstetrical gynecological wards, both venereal and so-called "clean" obstetrical gynecology.

We had a radium emanation plants there and we had a special service for cancer patients, which was the first service I had. It was the second emanation plant in the United States, the first one being at Memorial.

ZI: Which Memorial?

ZE: The Memorial of New York. It was under the direction of Dr. Bradley and a group of consulting specialists from medical schools in Philadelphia. Rounds were made every day by the staff and clinical conferences. We did the first implantations of radium in many cases. Various types of disease were treated, advanced and modern advanced, and very few early ones. We had wards for 150 men and 150 women.

ZI: That's just from the radium section?

ZE: Yes.

ZI: How long did it take for this kind of thing to be used in Youngstown, or was it ever?

ZE: Yes, we used radium here in Youngstown afterwards, but we used a different form. The technique of the use of radiation was greatly improved and for many years we used radon seeds and we still do use a certain amount of radium. But at that time, we used glass beads containing the radium emanations. They were very destructive because we got a lot of gamma rays and so forth, which were very bad.

ZI: What were some of the monetary rewards in internship?

ZE: Our monetary rewards, in the first place Philadelphia General was a very well-known hospital throughout the United States, and internship was based upon civil service examinations. The average number of positions taken each year were somewhere around 75 to 85 and the competition was quite keen because some 300 to 400 took the examination, a three-day examination. I was fortunate enough to get the number one appointment.

The remuneration was excellent food, straw mattresses, and straw beds, a one hundred dollar allowance for two years for your uniform, thirty-six hours on and twelve hours off, and each service had a minimum of 150 patients. You were responsible to three teaching institutions, and your histories and physicals on all new admissions had to be completed before the next day, and the laboratory work and everything ready. so, we were kept busy well into the night.

ZI: After you completed your internship, how many years did you say this was?

ZE: Well, I had a total of 24 required months there and I was there approximately 30 months. After that I came to Youngstown and started a practice on June 2, 1924.

ZI: Where in Youngstown?

ZE: I started in the old Dr. A. M. Clark's office on the corner of Bryson and Lincoln Avenue, which now is part of the Youngstown State University property. This was his old residence and immediately adjacent to it was Dr. C. R. Clark's, Dr. Shabonti's, and Dr. Brant's office. Across the street was the old Erroll home, where John S. Orr and later Shriver-Allison Funeral Home was located. After two years, I moved down to the Keith Alby Building when it was completed. I stayed there until 1942 and I went on active duty with the Navy, the United States Navy. I had taken my physical on January 2, 1942, immediately after Pearl Harbor.

ZI: Where was the Keith Alby Building?

ZE: The Keith Alby Building was across from the Dollar Bank. It's now a parking space. It was adjacent to the Stambaugh Building. It had the Palace Theater in there, which was a very beautiful theater and should have never been destroyed in my opinion.

After the war, I returned and I moved back to Lincoln Avenue, took over my brother's old office at 228 Lincoln, which is now occupied by Youngstown State University. In 1950, I was recalled to active duty by the Navy and remained on active duty and retired on January 1, 1960, from the United States Navy with the rank of captain in the United States Naval Reserve. I believe that's the highest rank that any Youngstown doctor today had ever attained in the Navy while on active duty.

ZI: Captain, that's equivalent to what in the Army?

ZE: That's a colonel in the Army. I never passed over for admiral because there were no provisions for it. There were no funds available to pay the rate of an admiral.

ZI: Where were you stationed--let's take it back to the war--in your Navy experience?

ZE: I was first stationed at Great Lakes Naval Hospital, where I participated in the expansion and screening

of mostly enlisted personnel, but officers also. As a urologist I might say that I had trained as a urologist prior to World War II.

ZI: Maybe we're getting ahead of ourselves. We should go back to the practice. When you came to Youngstown and set up your practice, what service did you go into right away? Were you in general practice?

ZE: I was in general practice, including industrial work and industrial surgery. I worked at the clinics and became a member of the staff after one year of probation, required probation. I was the only associate for about eight years, and this meant that I was on call and was required to take care of all the injured patients that came into the service. I actually served an apprenticeship under Dr. Lewis during the late years. Later on I went to Columbia University and did some special work in anatomical surgery and cadaver surgery and also in special prosthetic recession techniques, which were new at the time.

ZI: Let's go back to the 1920's when you first started back here in Youngstown. What was a typical day like in your office? What time would you get up in the morning? Let's take it from there.

ZE: I usually got up in the morning and went to my office to see if there was any mail or anything. Then I went to the hospital and watched the surgeons work and other people. I made rounds with medical staff, and I also took part in the clinics. After a while I had some patients, and I would make the hospital calls on patients and also the house calls, which were very common then. I had a large practice up in the Girard area, which took up most of my mornings after my second year. Then I had some industrial work, which kept me very busy. I did the industrial surgery for the contracting companies from the Stambaugh Auditorium, some on the Central Tower, and the Union Bank Building, and various other places here in the city. We had, I believe, two or three killed on Stambaugh Auditorium during the construction. So I had a large practice in industrial work within three or four years after I started.

As I became more proficient in my urological work, of course, there was more of that put upon me. And as time went on, I dropped everything else except those two. I went into the service in 1942 as a urologist.

ZI: On this industrial work, what particular things did

you have to do? Did you have to do pre-employment physicals and things like that?

ZE: No. We did some pre-employment physicals, but most of it was traumatic work. I recall sitting up at South Side Hospital as an extern with Dr. Fusey and Dr. Skip and some of the other men. We would sit up there until twelve o'clock, one or two o'clock in the morning waiting for accidents to come in from the mills. We took care of everything from simple lacerations and burns to amputations. But when we weren't doing anything, we were practicing sewing and tying knots and things of that nature. Of course, Dr. Skip and Dr. Fusey both went on to become very fine surgeons. This training was very valuable to me because when I did get to do some industrial surgery, I had already had some experience in traumatic surgery. So I had an awful lot of practice, some very serious cases involving fractures of skulls, severe burns, amputations, and so forth. It is very exciting work and I enjoyed it.

But when the Depression came along in 1929, suddenly it all stopped and there was no more industrial surgery to be done and this preceded the collapse of the stock market. It should have been a tip-off to all of us, but we were too preoccupied to even recognize it. The economy fell off in June and the stock market break wasn't until the following year. By that time I was down to making a bare living.

ZI: Really? Boy! Would you classify what you did then as what modern emergency rooms do now?

ZE: Yes. It is very similar to what the emergency rooms are now. You must keep in mind that when emergencies arose, people didn't run to the hospital with an accident. They called a doctor and you had to go to their home and take care of the emergency. Most emergencies were done right in the home. Then if you decided they needed hospitalization, you would take them into the hospital. But much of the emergency work was done right at home. So this is the great change in the practice of medicine.

ZI: Well, then these contractors that hired you, you were on call for them?

ZE: Yes. We worked under the State Industrial Commission Rule. They would select you on the basis of information that they would gather from the Industrial Commission, I suppose, and some personal inquiry as to your fitness and character and so forth.



ZI: Did you have to spend very many nights on call, like you said, waiting? Was this a normal thing?

ZE: No. But when one does emergency surgery, it's a little bit like obstetrics, everything happens at night, it seems. A greater number of accidents do happen at night in various plants for some reason or another. There's enough to keep you busy all day. Sometimes you would leave your office in the middle of office hours and have to go out to an emergency. You took care of a lot of emergencies right at the site. They didn't bring them to the hospital from the mills or the places of work, the industries and so forth, or the sites of the accidents. You had to go down there and take care of them there. If you decided to take them to the hospital, you would do it. Once in a while they would recognize there would be too many hurt at one time; they would call the ambulances and send them all in and call you and tell you they were sending them into the hospital. But most of those cases were taken care of right at the site of the injury.

ZI: What kind of a service did you perform in your office?

ZE: Minor surgery, all kinds of diagnostic work, and ordinary laboratory work, medicine in the line of chemistry or that nature, the blood count, and so forth, and urine analysis.

Medicine, at that time, wasn't developed to the degree that it is now. Differential diagnosis was an art and a skill. Today, that's largely taken over by the computers. They put the symptoms in the computer and come up with a diagnosis, let the computer do the work. Well, we had very little to go on except what we could use for our natural senses and our experiences and our background as given to us by our teachers in medical school. That, plus your own personal motivation and sincerity, was enough to get you by in the vast majority of instances. Even today, most of the major diseases can be diagnosed that way, but we at least suspected.

The refinements of diagnoses have been enhanced mainly because of our greater use and development of chemical knowledge. Chemistry has probably done more for change in medicine than any other science. In my way of thinking, it has accounted for advancement in physiology, bacteriology, drugs, and a lot of our diagnostics implements are the result

of improved dyes and things of that nature. Certainly, chemistry has played the greatest role and it has been developed highly, to a high degree of scale, but it still has a long way to go. It still has a great field that has been unexplored and remains to be.

ZI: How long did it take you to build up a practice?

ZE: Well, that depends. It took me a little longer than the average, simply because I didn't have too many contacts of the right kind. I had lots of friends, but I was quite youthful in appearance and I'd been away for so long and people had forgotten me. In those days, the family physician had a great following, and the people were more loyal to them, and they were specialists too. So it was very difficult to get started. People didn't go to the doctor as readily as they do today. They had less knowledge, generally, of medicine. Most of the things we got were in a stage when it would have been much better if they would have come to you a week or two, maybe even a month before, even months before. So starting a practice was a matter of slow progress. The first ones you got were people who were, more of less, undesirable for many reasons. They shopped around and didn't conform to any doctor's standards. The average doctor took about five years to be well established.

ZI: Was there quite a need for doctors in Youngstown at this time?

ZE: Not in the same sense as it is now. Today medicine has become so highly specialized within specialties, that if you go with one condition to a specialist he says, "Well, that's not my specialty, I don't take care of that. You'll have to go see someone else who does that because I'm just too busy with this part of it." In other words, people are not relying upon a family doctor so much. They have to shop around for specialist more. The internal medical man is doing a very good job, but it's too big a field, and for him to do a complete job, he must have his patients in the hospital.

Hospitalization is getting to be a really terrible situation. I think the whole pace of life, the whole pace of practice or work and everything else, in any field, is too rapid for complete satisfactory service. Today volume is keynote and it has to be done as expeditiously as possible. Any loose ends or anything have to be put aside and maybe given some attention, if time permits, at another date. If you

don't put a bolt on the car when it goes down the assembly line, well, we'll pick it up later on at inspection. The same thing happens in all fields. Lawyers will go into court with just briefs and they'll have to reconstruct the whole story between leaving their office and going to the courtroom. They had taken notes at the time when they accepted the case, and then they have to refresh their memory maybe fifteen minutes before the trial. I think doctors have put themselves on too short a timetable to really cover all points. You can't compete unless you do it awhile.

ZI: Do you think competition was always an important factor in medicine?

ZE: Yes, I think competition, good and healthy competition, is a fine thing. I think it is to the ambitious individual and to the person with personal pride and seeking satisfaction in his chosen profession or his work of any kind. Competition will bring out the best in you. Certainly it's necessary. I don't think competition for dollars, necessarily, is so worthwhile because I think very often quality is much better than quantity.

ZI: Getting back to your practice, how often did you have to hospitalize? Was it a common occurrence then?

ZE: Yes, it was rather common, but I would say sixty-five percent of my practice never saw the hospital in the first ten years, especially in the industrial and the general medical. We began to get into this protective medicine field, and one of the things that drove us first into this protective medicine were the frauds that were being perpetrated on insurance companies and so forth and doctors who were being used. They would treat patients who were actually sick, and then schemers would substitute the patients' names for real patients. Or they would never tell the doctors the truth about the source of their injuries or their disabilities. It was always camouflaged as an automobile accident, a railroad accident, or something else, and so the industrial plants, the doctors, and insurance companies had started being sued.

This was aggravated during the Depression because there were many old patients of mine who made perfect recoveries and went along fine and worked every day, but the minute that Depression came along, somehow or another, they thought of the old broken bone that they had once, maybe six or seven years before, and suddenly it gave them pain and they wanted to reopen their case and claim disability and so on. They became conscious of the possibility of the extortion of money through

legal channels through court actions. This is the extensive form of the practice of medicine today. It accounts for a great deal of the cost of hospitalization and the practice of medicine. Much of it is defensive medicine.

In fact, I quit the city health job here in the City Health Department in March simply because of the malpractice insurance after coming out of the Navy because I hadn't intended to use it, to practice again. I was on disability.

The city asked me to come in and take over the clinic of their's to help out the former director. So I did what I think is a favor, and I took it over. I had it for seven years, but the state changed the law and made the city and the state liable for damages and there was no more protection for the physician. Malpractice insurance at my age you can't get very readily, and in the second place, the average physician at my age doesn't want to work that hard to pay for those terrific premiums. So I gave that up. But I think this is one of the causes of costs. You do a lot of testing, which is absolutely unnecessary, simply because if you don't do it, somebody will pin you to the wall for not doing it. They say, "How can you be sure?" I think it's a terrible thing.

ZI: What were the conditions like in the hospitals then? Where did you work, North Side Hospital mostly?

ZE: Yes, I was an associate of Youngstown Hospital and worked both at North Side and South Side. I did a lot of work at St. Elizabeth's Hospital. It was very enjoyable, excellent services, and I enjoyed working there a great deal. I think there were a certain amount of personal relationships that were established in the earlier days of my practice which made you feel more comfortable and you could ask people to do a little extra work. You could ask them for a little extra service and you could take up a little more time and they didn't object to it. You could work more peacefully. The patients would get better attention because you had more time to spend with them.

I noticed a great change after I came back from World War II. When you start out in practice you start out at the bottom of the totem pole. This is the way you started when I went into practice and you gradually worked your way up. When you had seniority and experience and ability, you assumed the stature just of necessity, without even trying to avoid it. I was given extra courtesies and so forth and so on. You

also were respected, and with the average senior man in charge of a service in the hospital, he was a pretty decent sort of a fellow and he treated everybody very gently and understandingly. So, the relationships were very good. But after the war there was this thing of punching the clock and the attitude of "I've got to have time out," and so forth, and "I don't care if the patients are staying here or there or what they are doing, I'm going to have my time" and "It doesn't make any difference to me whether you like it or don't like it." Even if you're two hours late, that's all right, that's you, you're two hours late. There's nobody that puts themselves out for anything in cases of emergency. You just have to take it, that's all. I was very disgusted and I was awfully glad to get back in the Navy when the Navy called me back for the Korean War. Of course, rank has its privileges there, and that's the way it should be.

ZI: How do you account for this changing attitude?

ZE: I think unionization has done one thing. I think the war has done a great deal to destroy the respect of one person for another, not only one war, but all wars. I think that people are less believing, less trusting, and very suspicious of anybody and everybody. I think this is just a natural outgrowth of the turmoil that has been going on ever since World War I. This latest episode has done nothing to this country but damage it morally. And I say it's to the detriment of the country.

It's not necessary that you agree with everybody, but it is necessary that you respect everybody. Even if they may make a mistake or you make a mistake, there's an understanding. After the damn war everything was wrong, everything wasn't right by a long shot. Some people were terribly wrong and some people were terribly right. The whole thing will be judged in the future by future events and I don't think that any of us can evaluate its influence on this country or on the world yet. I think we can evaluate the lack of unity and dissension and so forth. I think we can trace that directly to the war. I know the medical profession was terribly upset after the Second World War because it was poorly handled. The selection of doctors for World War II was poorly handled. The AMA, American Medical Association, local medical societies, and state medical societies had a lot of bitterness.

ZI: Did the doctors figure that they were going to have to start looking after themselves?

ZE: Well, the mode of selection was very wrong. It was done

in secret. The whole scheme was conceived in secrecy and put into operation in secrecy and very few people knew about it. The average doctor didn't know whether he was carrying the right number in his pocket or not. There was a lot of unfairness without any right for a hearing. Some people got away with not serving and this caused a great deal of animosity within the AMA. I don't think they realized it, but it did.

I've had a lot to do with the recruiting of medical personnel for the armed forces. At the beginning of the Korean War, the Navy was the only service that had any doctors. We gave the Army some 900 doctors, loaned them to them. The Air Force didn't have any. We had to loan them some. There was a small group of us that went out and recruited throughout this country and built up the Navy Medical Corps, and we did it within two years.

ZI: Did you do this by draft or just plain persuading?

ZE: No, by direct contact.

ZI: In the 1930's, what made you become just a urologist and industrial surgeon?

ZE: I closed my office in the Keith Alby Building in 1931 and then went away and I came back. I was able to limit myself to urology in about 1936 or 1937. In the meantime, I wanted to specialize, but we were undergoing that terrible Depression and there was no way of paying rent unless you did a little bit of everything. So, we had to just sort of postpone everything. And then, of course, a lot of my ex-patients had managed to come back to me, so I limited my work along about 1937. I gave up in 1950 because--I was going to give it up anyhow--I was called back for the Korean War. I had a disability which prevented me from operating and doing surgery anymore and I had to give that up.

ZI: When you were drafted in 1942, what kind of service . . .

ZE: I wasn't drafted.

ZE: Oh, you joined?

ZI: I went up to Cleveland and took my physical examination almost of free will. The day of Pearl Harbor, on December 7th, I had just moved into a new home out in Liberty Township. They were doing some minor adjustments down there and I said, "Well, I don't know whether there is any use of going on with this any longer or not because as of the first of the year I'll be in the service." I went up January 2nd and I took my physical.

ZI: It's nice to know what you want to do?

ZE: Well, it was inevitable. I had wind of this selection board, those who were scheduled to go and those who were scheduled to stay. But they wouldn't influence me anyhow because I felt strong enough about the situation that I wanted to be in there anyhow. Furthermore, there were too many young fellows who were resenting the possibility of getting into the service. So I said, "Well, if we older fellows don't show an example, these young fellows will have the better of the argument."

ZI: Would this require you to leave quite a lucrative practice?

ZE: I left a good practice, yes. I came back later, very, very, very much in debt.

ZI: Okay, now we can get to the question on what you did in the service.

ZE: Most of the time in the service during World War II, I was strictly a urologist, and I spent three years in Trinidad, British West Indies. I had one of the largest urological services in the Navy. We had a 300 bed hospital, which would accommodate 500. But prior to their building that hospital, we had a dispensary, which I built by conversion of an office building into a 40 bed hospital, and I used barracks.

My greatest problem in the Trinidad Center, of course, from the medical standpoint, was venereal disease. Bear in mind, we had none of the drugs at that time. Sulfa was just coming on the market. It was not much good anyhow. So our entire program was built around prevention. That meant riding shore patrol and setting up certain clinics, and so forth, preventative medicine, doing a lot of lecturing, a lot of talking, a lot of educational work, and establishing a lot of preventative centers. We still had a population of 300, all complicated cases, very complicated.

Besides that, I had a lot of surgery to do because most of the fleet would stop there on their way to Africa and places. Large convoys would come there for refueling, and we had a lot of surgery.

I was consultant to the base and the Army also had a large base there. They didn't have a urologist. I used to go over and diagnose their cases for them and consult with them. I treated British, Dutch, and Sicilians. I would up as an executive officer working eleven days and resting one Sunday, the following Sunday.

ZI: Looks like you had an even bigger practice then, didn't you?

ZE: I had one assistant. I had around 75 to 85 corpsmen on two shifts. I had my own laboratories, my own operating room, equipment and everything. I was very happy with that job, except that it liked to kill me.

ZI: You worked yourself to death?

ZE: Yes. I started losing my eyesight down there in an accident, an explosion. So I came back here and I resumed practice and was doing very well, but my eyesight started to fail me very rapidly and I had to give it up. I went back in the Navy. They wanted me to come back. They had some administrative work. I went to the Fourth Naval District of Philadelphia, Naval Base. Then I went to U.S. Naval Reserve Training Command in Omaha, Nebraska. I lived two and one half years there and worked for the chief of naval operations, setting up the ready and active reserves and supervising all medical, and dental, nursing, all personnel, research, chopper corps, communications, and all kinds of various divisions of the Navy. We traveled three weeks and worked one week in Omaha. But most of the time we were traveling all over the United States inspecting the various units here and there. It was really a public health job, plus we held critiques and everything on the training methods and the state of readiness and so forth, and we instituted new procedures and so forth in the training of thousands of hospital corpsmen and WAVES [Women Accepted for Volunteer Emergency Service], and so forth and so on, all over the country. There was a select group of, I think, five captains and two admirals. I represented the medical department.

ZI: So you basically set up the Naval Reserve Command?

ZE: Yes.

ZI: That's very interesting.

ZE: We were in most every city of any note in this country.

ZI: You've pretty well seen the United States?

ZE: Yes. We had our own flying equipment and crews.

ZI: You mentioned something about some of the epidemics back in the 1920's. You mentioned the flu epidemic.

ZE: The flu epidemic occurred in 1918. It broke out along about the beginning of September sometime and gradually



got worse. That was a very severe epidemic. That cost thousands and thousands of lives in this country. It was especially fatal in large camps and places where soldiers and military personnel were, also among the elderly, the pregnant women, and so forth. It was a decimating thing. It was terrible. The bodies were piled high in various morgues around the city. South High School was used. I wasn't here then, I was in Philadelphia. Everybody I knew was sick but me, I never got it. I didn't know anything about it. Then it occurred again in about 1920.

We had an epidemic of encephalitis here in this valley in 1924 or 1925. We had large numbers of cases of sleeping sickness here in this valley, which later turned out to be . . . Most of them all developed Parkinson's Disease afterwards.

Each year has its own peculiar, atypical, infectious epidemic. And the first few patients that you see, you don't know what it is and nobody else knows. We've come to call them viral infections, but they're not all viral by any means. I know that we've had this to contend with. Some years were very selective. They might be characterized with sore throats, the next year by dysentary, the next year by pains in certain joints, or blood, inflammation of the kidneys; mastoids another year, or something else. But we're getting by those things pretty well with antibiotics and sulfa and so forth. We're able to control the complications. If we would have had the drugs back in the flu epidemic that we have now, we would never have lost all of those patients. We didn't have anything.

ZI: What did you have?

ZE: The fact of the matter is, I worked on the first experimental ward with pneumonia serum. I was on the initial team that worked with pneumonia serum at the Philadelphia General Hospital. We had a research going there. There were three divisions, practically four, but the fourth one just treated their patients symptomatically as they could, just in the usual manner. One of them was using an immune serum. Another doctor was using a combination of drugs, digitalis, pituitrin, and quinine. And another doctor was using, for awhile he used mercurochrome, which was just coming out. We treated some with mercurochrome till it got so devastating we had to stop. We killed everybody that we gave it to, I'm sure, with diarrhea. The fourth group, we just treated them symptomatically.

I had a very good friend here in Youngstown; one of the first patients I had was a pneumonia patient with a progressive type of pneumonia. He had progressive

pneumonia. What we mean by that is that it traveled from one lobe to another and kept on going from one side to the other side. He was comatose and very sick, getting weaker and weaker. He was a very strong boy, had been a fine athlete. Finally, I called the laboratories in Philadelphia and told them to send out some serum for me. I was going to give it to him empirically, strictly empirically. I gave it to him here. Dr. C. R. Clark, Dr. Morrison, and Dr. A. M. Rosenblum were all on this patient with me. We gave him the serum and his temperature came down and all and he made an excellent recovery. He died here about two or three years ago of coronary arteries disease.

ZI: What year was this?

ZE: It was 1924. Erocypus is a streptococcus infection. That was a very serious disease, particularly among older people. We had an erocypus ward. We used the first serum that was ever given for it, and it was quite dramatic. We had the second radon, the first erocypus serum, and the first pneumonia serum.

I saw an article published not long ago, one of the doctors said he treated the first case with sulfapyradine here in Youngstown. I take issue with that because before it was on the market a patient was treated by Dr. A. M. Rosenblum, and this patient is still living. A. M. Rosenblum was down at John Hopkins University and he knew some men down there very well, so they were using sulfathiazole at that time and they gave it to him and told him what it was and that it was strictly a secret and nobody should know about it and if he used it on any patients with pneumonia, or anything, he should not use the name. A very good friend of his got this pneumonia. He came back from Florida and got this pneumonia and was deathly sick. He started using this drug on him and he got too much and didn't get enough fluids with it and it got crystallized in his kidneys and it went into uremia. I had the first case that was treated in this town, I'll assure you, with sulfapyradine. I diagnosed it right then and there. You know what else I had? I had been reading some research reports and in there I saw just two lines about using a new drug called sulfathiazole, and how it tends to crystallized in the kidneys of mice.

ZI: So you just hypothesized that's what happened?

ZE: Yes, that's right. I treated him and he got well. That was the first crystallization. But drugs are difficult things to handle.

ZI: What year would this have been that this happened? How

long had sulfa drugs themselves been used in Youngstown?

ZE: I would gather since they first came out. There was not much trouble getting sulfanilamide, but sulfapyradine, sulfathiazole, and sulfadiazine were harder to get. But I saw loads of sulfathiazole cases when I was in the service. They would give it to them aboard ship and they would become dehydrated. We had an awful mess with that crystallization, awfully bad. I don't know exactly everything.

ZI: What kind of home remedies did people take?

ZE: Popular drugs were quinine, calomel, magnesium, epsom salts, whiskey, honey, and sodium salicylate was probably the best remedy, something closely akin to aspirin. One is sodium salicylate and the other is acetylsalicylic acid, and sodium bicarbonate. Most common things were hot and cold packs, mustard plasters, poultices of various kinds, and liniments. People used to use horse liniments for rheumatism. They would use anything, counterirritants, anything that was a counter-irritant for aches. Hexcyl was a great drug in those days. Argoral was used extensively by nose and throat doctors, and by urologists for venereal disease and things like that. It created a fortune for the Barnes family. Philadelphia had one of the finest collections of art in this country, in the state. One of the noted museums of art was made possible by Argoral.

ZI: What were some of the medications that really helped you in your work, other than what we've mentioned?

ZE: Morphine, codine, aspirin compounds, atropine, and some of the old drugs like bitters and so forth, and tonics to stimulate the appetite, cod liver oil, they were great. Digitalis, of course, and quinine were very useful drugs. Water and fruit juices are my main things. I wrote a song for the kids. A lot of the kids would sing to me when I would leave, "Now don't forget to drink your orange juice." (Laughter) I kept a pitcher of fruit juices on one side of my patient with infections, colds, bronchitis, pneumonias, and everything. I kept fruit juice along side of them all the time; substitute fruit juices for liquids.

ZI: Do they still do that today?

ZE: Oh yes. This is a great controversy, whether vitamin C's are very vital or not. I think vitamin C is important, but I think it also has a large caloric value because carbohydrates readily absorb good foods.

ZI: We talked a little about what was performed in the office.

What did you perform in a person's house? Did you do house calls?

ZE: Well, we delivered babies, most of us delivered babies. I didn't do it very long on account I couldn't see very well. We did minor surgery and lanced boils and infections, and circumcisions. Yes, we did minor surgery out there.

I had a brother operated on who lived at 353 or 355 Arlington. He was operated on in the second floor of that house for mastoids by Dr. Gibson and Dr. Hartzell before we had X-rays. They found a dry hole. It was not there. We didn't have X-rays. X-rays were just coming out and they were on glass plates covered with silver. Very little X-rays were used. The X-rays were not really perfected much until the last 20 years or 25 years. If we had X-rays back in those days, it would have made our work a lot simpler.

ZI: Yes, that has been a big advance.

ZE: That has been a big physical advance.

ZI: So you rate better chemistry as the biggest medical advance and the X-ray as the best physical advance?

What kind of car did you drive to see all these people?

ZE: I drove Model T's. I had six of them.

ZI: It sounds like you put a few miles on them.

ZE: Well, I didn't put much on the first one. I smashed it up about six weeks after I got it right up here on Fifth Avenue. I hadn't made my first payment on it yet.

ZI: I suppose the bank loved you?

ZE: I got on my knees. I got another right away.

ZI: What were some of the times for recuperation from the treatments, such as surgery, things of that nature?

ZE: The average stay in the hospital following an appendectomy was usually about two weeks. People who had pneumonia stayed anywhere from two to four weeks or five weeks. For other operations they stayed around two, three, or maybe four weeks. If there were complications, they might go longer than that. The broken bones, I don't think it took any longer then than it does now. We didn't use casts so much then as we do now. We used splints and other things. I think

people had a longer time to recuperate. The hospitals allowed them to stay in longer. They weren't so hurried to get back to work.

ZI: What were some of the death rates for various things like this? Did many people die of burst appendices and things like this?

ZE: Yes, the ruptured appendices were common. A campaign was put on in the early 1920's and people avoided taking certain medicines every time they had a stomach ache. The decline had gone down somewhere towards the end of the 1920's or early 1930's. Dr. Earl Grant did a study here of statistics at Youngstown Hospital on the north side in which he was able to show that the rate had decreased quite remarkably. Just enough time had gone by so that we needed another campaign of education because they were beginning to go up again. This was a cycle. The adolescent, for instance, misses certain information and then comes into realization. So it's a constant reeducation, a lot of these.

ZI: You sound like you're a pretty good proponent of public medical education.

ZE: Yes, I am, provided it's done by the proper people. I feel as though there's so much misleading stuff, commercial advertising, both to the public and to professionals, but it's very deleterious. Of course, I don't think it does so much to the public as it does to the doctors because today we do not have the courses in therapeutics and drugs and so forth that we had when I was a senior. Today they learn from the detail man.

ZI: I'd like to ask you a couple of questions about the hospital. Who were some of the people that ran the hospital?

ZE: Administrators?

ZI: Yes.

ZE: Dr. Buechner, of course, me, and Dr. C. R. Clark, Dr. Morrison, Dr. Hartzell, and later on Dr. Patrick, and Dr. Bill Bund, Dr. Moroll, Dr. Lewis, and there were the Goldcamps.

ZI: Was Youngstown the kind of hospital that was run the way the doctors wanted it or was there a body of people that sort of ran it?

ZE: Youngstown Hospitals always had a board of directors and a board of trustees. Doctors had pretty near what they wanted. Dr. Harry Welsh was a pioneer at the

hospital. He was a good man. But the big impetus came when Dr. Buechner led the parade in the specialization of the Youngstown Hospital. He's the one that started it, and we were probably the most advanced hospital in the state of Ohio as far as specialization, largely through the influence of Dr. Buechner.

ZI: When would this have been?

ZE: Back in the 1920's, early 1920's. He was responsible for Dr. Moroll, Dr. Lewis, Dr. Goldcamp, and others. He was my sponsor.

ZI: Well, I have a few more questions here. One question I want to ask you in particular is how did you keep up with medicine? Did you attend seminars?

ZE: I went to a large number of meetings from here to Los Angeles and back. I went to all the meetings I could, professional meetings, and I did a lot of reading. I would go every now and then and visit some doctor who was doing some new procedure and pick that up.

ZI: Did you ever publish any articles?

ZE: I never did much publishing, no. I should have, but there was an unhappy event that I don't want to go into. It was political, within the hospital. You must remember this, that some people try and proclaim over the backs of others. Sometimes, if you're in on the groundwork, the ground floor, when a new organization starts up, you can gain entrance. Now it depends on the type of a fellow you are whether you're going to abuse that privilege or whether you are going to later sponsor it the right way. Well, unfortunately, the college professors and all these specialty societies, the men who were usually picked to monitor it in each city . . . Well, you'll find selfish men and unselfish men. The unselfish men encourage others to put their application in and join, and others would prohibit anybody else having this same honor.

ZI: They wanted to limit it?

ZE: They wanted to limit it and blackball everybody else. That's one reason why I never published much, too, because it had to go through the improper hands and you couldn't get any credit for it. I published some work in the military journals and so forth.

On the treatment of early syphilis in 1943, I wrote an article for the Daily Medical Journal in which I described the treatment called Modified Intensive Treatment for Syphilis. I wrote up a series of 500

cases of intensive treatment, which has never been done before, and under controlled studies with vigorous young men without complications. It was so revolutionary that the Navy prohibited anybody else to use it. They were afraid of it. Then I recorded another 500 cases. Unfortunately, during the proofreading of this thing, one of the public health men who reviewed the article for the journal treated about ten or eleven cases down at John Hopkins University and attached his name to it. Then the same thing happened with one of the doctors up at a private clinic, Cleveland Clinic. He got wind of it and he published a small paper on it. But plagerism goes on all the time now.

ZI: What had been your experience in the public health department here in Youngstown? You said you worked there for seven years?

ZE: I worked there for seven years without a paid vacation.

ZI: You just quit in March?

ZE: Yes. It was first under the city and then under the state grant. We had a very good clinic there. We had a broad view. The gonorrhoea program and VD program was sponsored by the state, the federal government. But in reality, our clinic never limited itself to that because that's not the way I pledged it. I had to show an interest in and treat all infections of the reproductive organs or diseases of the reproductive organs. That has been my principle. Simply because I was hired to treat gonorrhoea and syphilis, that didn't say I couldn't go on to treat something else; and that's the principle I worked on. We treated the patient and not the particular disease, and I enjoyed it very much. I think we did a fine job. We increased the attendance of that clinic an awful lot. We not only treated physical diseases there, but we treated mental attitudes. In other words, we gave advice suitable to the type of person that we were dealing with, corrective therapy, mental therapy, and lifestyle therapy. We passed on a lot of education.

ZI: So this is another instance that your education . . .

ZE: Yes. Of course, my experience with VD work is from way back. I started my work in that clinic in 1917 or 1918, and I worked at Jefferson Medical College Out-patient Department on Saturday afternoons when I was a student there.

ZI: What are your impressions of what they say about it being an epidemic now compared to what it was?

ZE: I think it will always be an epidemic.

ZI: But it always was an epidemic?

ZE: Yes, it always was an epidemic and always will be an epidemic unless we get a vaccine. And then it will be a question of who will submit the vaccine. They're working on a vaccine now, but that won't take care of syphilis, that won't take care of a lot of other things we diagnose up there that have never been diagnosed around this town. We've seen an amount of profit over there on these things. We saw those years ago. The whole practice of medicine has changed.

ZI: In what ways?

ZE: The relationship with doctor and patient is pretty well established. I think this is partly due to more public knowledge, but the old saying is "A little knowledge, sometimes it's dangerous." And I think they allow themselves to get to become instant authorities, simply through watching the television or reading a few articles on it. I think some of the greatest advances have been made in psychiatry, but I think it's the biggest rip-off there is in this country as far as the practice of medicine.

ZI: Is this because people try to treat themselves?

ZE: Well, there are some people outside of true medical psychologists who are delving into abnormal psychology who have no experience and have no basic training in medicine to recognize the underlying factors of abnormal psychology to deal with it properly in every instance. There are an awful lot of people going to psychologists and the mental clinics and places like that and being advised by a bunch of textbook experts.

ZI: Have you had extensive background in psychiatric . . .

ZE: Oh, yes. Yes, indeed.

ZI: That didn't come out so far. I didn't know.

ZE: Oh yes, at Philadelphia General I made rounds for two years with the committee chiefs in Philadelphia County every Wednesday afternoon for two years. I also had four months of men's neuropsychiatric ward and four months of women's neuropsychiatric ward. So that's almost a year there, two-thirds of a year of neuropsychiatry. And that was a museum, every type of patient known in some work and used as a teaching institution for all medicals in Philadelphia.



ZI: Sounds like a fantastic background. You went to five medical schools?

ZE: Yes.

ZI: Did you believe that the practice of medicine, at least for you, had been to treat both the physical symptoms and the mental symptoms.

ZE: Oh, I think they can't treat them separated, basically. I think you have to do both. You respect persons as human beings. You can't run and go in and put a bunch of gadgets on them and get a lot of physical signs and readings and a lot of numbers out and so forth and know the patient. You can't identify anybody by a print-out from an IBM calculator. You cannot do it. You can't recognize him with the finest description of him. You could write about somebody with the finest detail without giving away the little scars that each individual has; if you don't put that in there, you could never recognize them.

ZI: How would you say doctors have responded? Have doctors always done this or have their attitudes changed?

ZE: I think it's changing. I don't think they have enough time to devote to the patient. It's massed: it's hurried; it has got to be done. They've got to do it or they can't exist. They can't meet the overhead. They meet their responsibilities.

ZI: So you think there's a tremendous amount of pressure that you didn't have when you were working?

ZE: Yes. There are economic pressures from all angles, self-aggrandizement, self-satisfaction, raising a family and maintaining an office, not wasting the other person's time, avoiding this and avoiding that, and defensive medicine that you're practicing so that you won't be tied up in the courts all the time, and all this kind of stuff.

Lawyers have had a field day. We're helping lawyers make a lot of money.

ZI: Is there anything in all your years of practice that you would have done differently if you had it to do over again?

ZE: Yes. I would have spent more time in graduate work and I would run a teaching institution. I should have stayed with the teaching institutions. To me the greatest opportunity that can be presented to somebody is to prepare others to take over a decent life

or a decent mission in life. If I had to do it over again, I'd like to go back and teach in medicine.

ZI: Okay, thank you very much.

ZE: I enjoyed great success. I think I have one of the lowest morbidity and mortality rates than any young surgeon in this city. I have had a marvelous life, and I enjoyed it. I haven't made a lot of money, but I got great joy out of it. That's where I goofed, I should have tried teaching.

ZI: Well, thank you very much, Dr. Zeve. It has been a real pleasure talking with you.

ZE: Thank you.

END OF INTERVIEW