

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in the Mahoning Valley

Medical Experience

O. H. 352

DR. RAY FENTON

Interviewed

by

Paul Zimmerman

on

November 13, 1974

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INTERVIEWEE: DR. RAY FENTON

INTERVIEWER: Paul Zimmerman

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DATE: November 13, 1974

Z: This is an interview with Ray Fenton, M.D., for the Youngstown State University Oral History Program on the History of Medicine in the Mahoning Valley by Paul Zimmerman at Struthers, Ohio, on November 13, 1974, at 7:00 p. m. Mrs. Fenton is also present.

Dr. Fenton, just what influenced you to become a doctor?

F: Well, as I remarked before, it's a peculiar incident, I think. When I was a youngster, in Newton Falls, I was a hostler for a doctor that I have greatest admiration for. He was my hero. He was my everything. I kept his barn, his horse, and his rig in good shape so he could always have transportation. Of course, the only transportation we had in those days was horse and buggy. I just happened to live near him, and so I was available to work for him. I was big enough to do it, and he was glad to have me. Because of my association with him, whom I admired and still honor his memory, I became interested in medicine. As a result of this relationship, I made up my mind, if the opportunity ever came up, I certainly would go to medical school and try to become a good doctor, as good as I knew how. That is all. That is it.

Z: Just what was medical school like or what was college like for somebody coming out of somewhere like Newton Falls?

F: Tough.

Z: Was it bad?

F: Yes, it was tough to go into college coming out of high

school in a little town. Even in those times, Ohio State was quite a size school. I don't know how many thousands were enrolled, but it was plenty. Anyway, it was tough because you were lost and so forth. Well, it was a struggle the first year, but as time went on, I began to feel a part of the institution, and did better work, and went on and finally graduated. That's about all there is to it. I had some good instructors, especially in medical school. They were good men, and I learned much from them. I enjoyed it and felt proud that they accepted me as a student and so forth.

Z: Did you have any problem like with your tuition or anything? Did it seem pretty steep or anything?

F: Well, that's pretty personal. But, by Jove, it was a sacrifice. I had no income except for a little from the doctor who paid me for the little work I did for him. And it was a sacrifice for my mother and father. People in a little community like that, in those days, certainly didn't have much money.

Z: That's what I was wondering.

F: Yes sir, it was a struggle. That's the only thing I can say.

Z: Do you think that gave you any actual incentive to . . .

F: In a quality work?

Z: Yes.

F: Yes. I wouldn't have let my parents down for any reason. I was bound to stick with it as long as they could stick with me and finally make it.

Z: Where did you serve your internship?

F: Youngstown Hospital.

Z: Well just what was it like to be an intern?

F: Well, it was so new. I never had much hospital experience. Of course, a little bit in training at the school, but I didn't know much about it. And certainly, first of all, I didn't get any money for it.

Z: They didn't pay you at all?

F: They didn't pay one cent. I was there for almost two years, and I only made one dollar. This happened when a fellow gave me one dollar to examine a urine specimen for him. And that's the only thing I ever got out of

that hospital.

Z: Well, how hard did they make you work for your dollar?

F: My God, plenty hard.

Z: What was a day like?

F: A day started early in the morning. First of all, we were on call all the time. There was no time off. You were on call on the particular service you were doing just then. And it was what you would call twenty-four hours a day. It was hard work for no pay.

Z: Do you think that was good experience, though, just to have to work like that?

F: Oh my, yes, my yes. But the interesting part of the whole thing occurred after I got through with the hospital and went into practice. I came down to Struthers because I had been told that there might be an opening down here for a doctor, because the one who was here had gotten sick and had to leave the city. I came down and rented a little office and started to work. I put a shingle out as it were.

Z: What was that doctor's name? Do you remember?

F: No, I can't.

Z: Was he an older guy or a younger guy?

F: Oh, he was a little older. He had also been an intern at the hospital where I was for a couple years. He was down here for a couple of years before he got ill and had to quit. He went someplace else, but I don't know where. I know he had tuberculosis.

Z: Just where did you put your shingle out at first?

F: You mean the office and so forth?

Z: Yes.

F: My first practice was above a store. There's a general store on the main street of Struthers, on Bridge Street, and in that upstairs group of rooms was a real estate dealer or developer, whatever you want to call him. I had a couple of rooms in the back of his place. It certainly wasn't much. You gained entrance into the office by a back alley. (Laughter) Yes sir, by a back alley. Well, in those days, there wasn't much thought about that. People took that as part of consulting a doctor.

Z: They were probably glad just to have a doctor.

F: They were glad to have one.

Z: Did you have a lot of business when you first started?

F: No. I had a tough time of it. I had a tough time. Fortunately, there was one older doctor in Struthers by the name of Morrison who helped me in every way he could. That is, he would refer something to me to do in way of a call or what not. House calls were everything in those days. Office work wasn't the big thing. House calls, when I first started, was the big part of business.

Mrs. F: Was that Dr. Bob Morrison in Struthers?

F: No, it was Dr. William Morrison.

Z: What kind of equipment did you have in the office?

F: Well, skimpy. Yes, sir. Compared to the elaborate offices of today, my place was a dump. Well, it was, really.

Z: Did you have your own nurse?

F: No, Goodness, didn't even have an office helper.

Z: So you kept all your own books?

F: I did everything. For all I was doing, I had plenty of time to do it. Believe me, the practice of medicine between then and now is the difference between night and day, all the difference in the world in equipment and so forth. I'm startled at how nice doctor's offices are today.

Z: Did you have to refer people to the hospital very often?

F: Hospitals weren't used as much in those days as they are now. Now it's commonplace. Now hospital admittance is commonplace and people almost demand it, I think, instead of being treated outside of a hospital. I don't know whether it's done any better. Of course, it must be better because of the gains in the methods of practice and the things you do and so forth.

Z: What kind of emergencies were typical? Was that, basically, your practice at first?

F: No.

Z: What kind of house calls did you get?

F: I got house calls for general medical things like injuries, illnesses, and infections. In those days, let me tell you, contagious disease was the prime thing. You don't hear of any contagious diseases now, very little. You never hear of a case of measles or diphtheria. But these diseases, or others like them, were great killers in those days. All of them now have preventive measures that guard against them today. But that's what we dealt with in the practice of medicine in those days.

Z: Just how extensive was your practice? I mean, what areas did you cover?

F: General practice, everything. You had to do everything, from fractures to colds to contagious disease. I also practiced obstetrics. I delivered everybody in homes in those days. Occasionally, you would see an obstetric case in the hospital. It had to be quite a serious complication in order to deliver in a hospital. That was a fair part of your practice in obstetrics.

Z: Would you say that was the . . .

F: The most lucrative probably, yes. I would say yes. We delivered a patient for fifteen dollars. (Laughter) It's true. Fifteen dollars was the top price. My God, I delivered plenty of them for five dollars, really.

Z: Those were the bargain basement babies?

F: Yes. But, as I remember, the first obstetrics that I did in private was for fifteen dollars.

Z: Did you do other things, like provide glasses?

F: No, I never did anything like that. I never did any nose and throat work or anything like that.

Z: How about broken arms and stitching up cuts?

F: Broken arms, yes, my goodness, yes.

Z: I know that's the big thing today in hospital emergency rooms. That's about fifty percent of the work.

F: That's right.

Z: What kind of transportation did you have?

F: An old Ford. (laughter) I remember my first car so well. It had a brass radiator. I was so proud of that Ford.

Z: Did you get the car right after you got out of school?

F: Yes. Well, shortly after. I was able to borrow some money. I remember the first car I bought was, I think, around four hundred dollars. Yes sir, that was my transportation. How proud I was.

Z: You had to be one of the first ones around to have a car. How many people had a car?

F: Oh, gee whiz, not very many, but most of the doctors who I knew in Struthers had cars in the early days. I did know one or two who didn't; they still stuck to the horse and buggy.

Z: Did you have any part in any medical firsts or anything like that?

F: No.

Z: Any kind of research or anything like that?

F: No, none at all.

Z: Your practice was mostly just general medicine, right?

F: Yes, sir. That's what it was, general practice.

Z: Then after you first started your practice, you went to the war in 1918.

F: Yes, sir.

Z: And that was Base Hospital 31?

F: Yes, sir.

Z: Could you tell us a little bit about that?

F: Base Hospital 31, as some of your reviewers may remember, was organized at the Youngstown Hospital. It was organized by Dr. C. R. Clark and Dr. Sherbondy; both of them were highly regarded doctors in the community. The money for the hospital and supplies and so forth was all done by the wealthy people of the community.

Z: Oh, it was all local money?

F: It was all local money. It was organized as a 500 bed hospital, with all supplementary personnel who would be working in there, that is, all the nurses and all of the medical staff.

Z: This included all the surgical equipment and everything?

- F: Yes, sir, it did. Base Hospital 31 was organized and financed by people who opened up their pockets. That's how it started. It was taken over by the medical department of the Army.
- Z: So that they donated to you all the equipment to the Army?
- F: Yes. (Laughter) That is right.
- Z: Just where did the Army put you then?
- F: We went to Allentown, Pennsylvania, for about four or five months for just general training and so forth. Then we went directly to France. I stayed there for the two years I was in the service.
- Z: Do you know the names of some of these people who donated the money?
- F: Oh, I wouldn't be certain who it was. You know, when a dollar was a dollar there were a lot of rich people in Youngstown. They opened their pocketbooks for that project. When Dr. Sherbondy and C. R. Clark were around and asked for any money, there wasn't any question; they got it, yes, sir. I'm so proud of how the people in Youngstown responded to the call like that. It was something for a city of the size of Youngstown. Most of these base hospitals--there were fifty or more in the Army--were from teaching institutions. Western Reserve had number two, I think, in the nation. All the big medical centers and so forth organized a base hospital, but the money didn't come from the general public, or from a few rich people like it did here in Youngstown. Yes, sir, it really makes a person proud that this had happened, and it cost them a lot of money to equip a hospital of 500 beds. They had to buy every solitary stitch of equipment.
- Z: When they sent you to France, were you in one place the whole time you were there?
- F: Well, I was transferred two or three times to different units because they needed somebody there at the time, or maybe because our base hospital wasn't too busy.
- Z: Did you treat mostly American boys?
- F: I treated plenty of French and English soldiers, plenty of them. It just happened that they would be sent into our hospital, and we would look after them as long as we could, or they needed to be, and then the patients would be transferred to another place. I had close contact with the French and the English, close

contact. I have pleasant memories of fellows, French, for instance, who I came in contact with. Oh, very pleasant memories. Of course, you had a language difficulty. Since you got stationed in places like hospitals where you were going to be working with people from other countries, they would appoint an interpreter to be with you all the time and so forth. I was especially fortunate to have a couple or three high class French people as my interpreters. It gives me pleasant memories of them.

The finest soldiers I came across while I was overseas were the Senegalese. They're the greatest soldiers in the world. They're all six feet and a half tall, perfect physical specimens. I treated hundreds of them. I remember one big batch of Senegalese fellows who had been serving in Greece, and every single one of them got the worst malaria you ever saw. And they dumped, literally, hundreds into our base hospital in France. I got to know them so well, and I have the greatest admiration for those big fellows. They couldn't speak one word of English. They can speak a little French, and I had a great time with them. A doctor was a king to them. He was a king. He was the top man. When the doctor came around--you didn't fool them--just as soon as you went into the door of one of their rooms they would stand up if they were able, just as rigid as a ramrod. They were respectful and saluted you. It was an experience. I'll never forget them.

And it was the same with the English and the French boys; I wouldn't say anything less for them either. I was always treated with the greatest respect by them. Oh, that's all the Army. (Laughter)

Z: What rank did they give you?

F: Captain.

Z: What kinds of things did you treat?

F: I treated everything that came in. And, by God, you saw everything. Now you never hear of Malaria, and what a dreadful disease it could be. I don't know how many hundred I saw.

Z: How did they treat malaria then?

F: Oh, usually with quinine or abernine. We used both, but we mainly used quinine.

Z: That has to be quite an experience for a doctor from Youngstown.

F: Oh yes, sure. I never saw a case of malaria in Youngstown.

Z: Well, when did they muster you out of the Army?

F: I was discharged in Fort Jackson, which is in South Carolina. When I returned to the States I came back to Struthers and went to work. From then on the quality of medicine was increasing quite rapidly.

Z: Things started changing fast?

F: Yes. And it was nicer and easier. I enjoyed it a lot.

Z: Did your Army experience help your practice?

F: Yes. Well, he was in the Army; he ought to know something.

Z: They're probably right, too, aren't they?

F: Well, I wouldn't say. I wouldn't believe that. (Laughter)

Z: After you came back, did they start to expand the hospitals and things like that, like in the 1920's and 1930's? Did you start using the hospitals more?

F: Yes, yes. As I said before, the type of practice that was now carried on was of higher quality and more what you would call scientific medicine--investigative medicine. Diagnostic procedures and so forth were certainly greater than before the war.

Z: Would you credit that to the war, that is, the experience doctors gained during it? For example, what about their use of a hospital environment? Would you credit that with improvement?

F: Oh, yes, I do.

Z: And the doctors would want to use that kind of thing more, after they got used to it for that long of a time?

F: Yes, yes, sir. I credit that mostly to the war. I sure do.

Z: What were the people's attitudes in town towards that kind of thing?

F: They became more accustomed, we'll say, to the use of the hospitals for treatment of anything. And it grew and grew and grew until its present state.

Z: How often did you finally have to start hospitalizing

people? What percentage of the time would you say someone had to go to the hospital then after you started using hospitals more? Would you hospitalize someone for childbirth then?

F: Oh, yes. Obstetrics particularly began to be used more and more and more, so that obstetrics took up a good deal of time for the general practitioner. Obstetricians, as we know them now, certainly weren't prevalent. It was, oh, I'd judge, ten years or more after that that people began to realize that obstetrics was a highly specialized field and demanded the attention and the care of somebody specializing in it.

Z: What kind of improvements would you say that this had on infant mortality and things like this?

F: Well, there's no doubt that infant mortality dropped greatly. I wouldn't want to speculate on the percentage, but there's no doubt about the quality of the care the patients got. I think the first man who came to Youngstown to do obstetrics as a specialty was a doctor by the name of Haulman, one of my closest professional friends. He was the best obstetrician, even in those days, that I ever saw work, I don't care where, whether it was at the university or here or where. He was a graduate of Western Reserve, and trained with Dr. Beil. He was certainly a quality man and knew his work very, very well. After many other obstetricians started to come in, nobody would have their wife go to anybody but an obstetrician. Why, certainly you wouldn't, and I wouldn't blame you, but I wouldn't want to see your wife being taken care of by somebody like me when I was in the practice of medicine. Well, I wouldn't want her. I did a good much of it, but . . .

Z: So you agree with the specialization?

F: Oh, I do, certainly. It isn't perhaps the healthiest and the closest relationship between doctor and patient, but for quality and the work, if you got the right man, if he's the right character and so forth, you're better off, sure.

Z: Well, then what was the people's attitude like? Did they like getting away from the family doctor and going to the . . .

F: Yes. I think they liked it. Oh yes, oh my goodness, yes.

Z: They thought this was really something?

F: Yes, sir. Well, now, we're not going to depend upon

some general practitioner anymore to do our complicated work. We're going to go to a specialist: Nose and throat man, eye man, et cetera.

Z: So this started like in the mid 1920's?

F: Yes, that's about when. In the mid 1920's, from then on. It built up. I'm talking in a general way. I'm glad that it happened for the public's good.

Z: Well, you hear people talk about the good old days.

F: Well, there were no good days. The old days, it's alright to say old, but the good old days doesn't strike me.

Z: People talk about when they had only one doctor who they relied on for everything.

F: How would they know they were getting top-notch care? I am not saying there weren't a lot of good general practitioners. And I hope I was one, but they can't encompass the whole field; it just can't be done, it can't be. The specialization and the relationship between the doctor and the patient is different, much different, but it's better in my opinion.

Z: Okay, did you have a more extensive office after the war?

F: Yes, it was a little more elaborate, but as a general practitioner, there wasn't much incentive to have equipment and so forth. In fact, for the patient's sake, they were better off if they didn't have too much fancy equipment, then they wouldn't be using it for something that they didn't need. That's all. You don't need a lot of X-rays as a general practitioner.

Z: Did the house calls start decreasing, resulting in you having more regular office hours?

F: Yes. That's one of the benefits of it. Your time changed. The time you spent in your work and whatnot differed a lot from the early days.

Z: Did you hire a girl to keep the books?

F: Oh, yes, then I got fancy.

Z: Okay, what were the conditions like in the hospital when they started building them up?

F: Good, I would say. In fact, I think they were always good up to their capability.

- Z: They just kept adding on and adding more facilities.
- F: That's right. They added different departments and different specialities, et cetera.
- Z: Did you have anything to do with the hospital association or anything like that?
- F: Oh, I was always on the staff in the medical department for the entire duration of my practice.
- Z: Oh, then clear from back before the war?
- F: Yes.
- Z: Did you have to do rounds at the hospital?
- F: Yes.
- Z: You had to visit your patients and everything like that?
- F: Yes. We had more active work on the staff in those days, in the early days, because the population did not have any access to insurance programs that took care of their needs in the hospital with a private physician. If they didn't have anything, then the local authorities, like the city or county, would pay their bill and the staff men would treat them for nothing.
- Z: Oh, I see. Then who paid you?
- F: Nobody.
- Z: Nobody paid you?
- F: Oh, that was free.
- Z: So part of your responsibilities being a staff man was to treat for free?
- F: Exactly.
- Z: Was there quite a bit of this?
- F: Oh yes, it was half of your practice.
- Z: Most of these people lived in the city?
- F: Yes, and they lived in the surrounding areas. In Struthers, we had a case that had to be hospitalized and they didn't have any funds, no insurance. Nobody had insurance in those days, and then they were sending them as what we termed "house cases," cases that are admitted and treated by the staff without charge.

- Z: Well, as long as we're talking about the insurance, when did the insurance start coming about?
- F: I don't remember when insurance got popular, but it was in the last twenty years, wasn't it?
- Z: I have no idea.
- F: I would imagine twenty or twenty-five years.
- Z: Would you view that as a big help to medicine?
- F: Oh, yes, I think it is. I think it improves the doctor's services to their patients because they know they will be paid. Also, you would expect better treatment because your doctor was being paid.
- Z: When did companies, such as steel employers, start giving the insurance programs?
- F: I really don't know, but that was the start of it.
- Z: It started with them?
- F: Yes, that's when it started.
- Z: Struthers is basically a mill town, isn't it?
- F: Yes.
- Z: Did you see very many industrial accidents then?
- F: No, all the industrial accident cases were cared for by the plant or the company's own medical department.
- Z: Oh, I see. They had their own doctor staff?
- F: Yes, sir. We saw very little industrial surgery or accidents.

Contagious diseases, if you remember, were a big part of your practice. Diphtheria, for instance, was rampant all the time, rampant. I don't know if you ever heard of the disease, membranous croup, or not, but it's diphtheria that develops down in the windpipe, in your trachea and larynx. When you saw one of those, you saw a sick person.

One particular incident involving Dr. Beercamp and myself came to mind as I was sitting around this evening. I was called to see a little child, I forget the age, probably two or three years old, a little child with bad diphtheria in what we call membranous croup. The child was almost suffocating. The larynx was filled up

with membrane, as they get in diphtheria, and something had to be done. In those days, we put a little thing about that long down in the throat into the trachea so air could get up and down so the child could breathe. Otherwise, he was a goner in a short time. In those days in Struthers the poorest laboring people were all immigrants, and they were mostly ignorant. They never had any training or any education and so forth. If one of their children got sick, they were so fearful and they were especially fearful of doctors doing something to their children when they were sick that would carry them over the line. So we tried to explain to the parents what we had to do right away, before the child died. Oh God, the man got furious. He said we would never, never do that to his child. He said if that child has to die, it's going to die this way. Beer camp looked at me and he said, "Ray, what the hell are we going to do?" I said, "Give him something. Get him out of the house for five minutes." So I told him I wanted a bucket of water, and he left to get it. While he was out we gave the child a big shot of diphtheria antitoxins I then told the father the child had improved. It could breathe a hundred percent better. The membrane was starting to peel off and disappear. My goodness sakes alive, after that we were a team. (Laughter)

- Z: Now, that's the kind of thing I'm looking for. I want to know how people accepted doctors.
- F: Well, now, it depends on their mentality.
- Z: Could some of the problem be a language barrier when they were members of the lower class?
- F: Yes.
- Z: Then by the time they had been here for a generation or two . . .
- F: Well, that's an entirely different matter.
- Z: But there was really that fear when they were first here.
- F: Remember half of the population in Struthers were immigrants. During those times the steel mills were growing. They sent recruiters for labor every place they thought they could pick up some labor. As I said before, they were ignorant people. They never had any schooling in the old country and so forth.

The average person doesn't know what things were like in 1918, 1919, or 1920.

- Z: Right, I have no idea.

F: You have the least idea. The people lived in the most primitive fashion that you could imagine, more primitive than even the poorest now, I'm sure.

Z: What was hospitalization like for them?

F: Oh hell, the hospital wasn't even thought of.

Z: They didn't think of that?

F: No, they didn't go for that.

Z: Would they call a doctor after some of them started treating people?

F: Oh, yes.

Z: They started opening up. But what percentage of your practice dealt with immigrants?

F: I'd say fifty percent.

Z: So you dealt with basically a good cross section of the people. Fifty percent of the people were immigrants?

F: Yes. Well, they were affluent, but they were at least intelligent. Fifty percent weren't educated, and I don't mean to blame the people that weren't educated; it wasn't their fault.

Z: What were the big killers of the day, say like in the 1920's?

F: All contagious disease. Diphtheria was a big killer. Measles, oh my goodness, was a big killer because of the pneumonia that produces it.

Mrs. F: Scarlet fever.

F: And scarlet fever struck a couple sore throats.

Z: How about TB and things like this?

F: Oh, TB.

Mrs. F: Not so much.

F: Well, not much, but, by God, there was plenty of TB.

Z: Did they have a sanitarium?

F: No, not in those days.

Z: When did that come about?

F: It was around 1930. I don't know when exactly.

Z: Dr. Millnet told me to ask about the flu epidemic in Youngsotwn in the 1920's. Was that quite an incident?

F: Of course.

Z: Were you in France?

F: Yes.

Z: But you heard plenty about it?

F: Oh, yes.

Mrs. F: In fact, he still gets letters today about it. You'll never get him to admit all he has gotten.

Z: Let's get back to the practice of medicine. We were discussing the big killers, and I asked you about the flu epidemic. How about the medicines that were available? What kinds of medications did you have to rely on?

F: That's a good question. There has been such an advance in medications in the last fifteen years that you hardly know your way around. For instance, antibiotics, sulfanilamides, and sulfonamides, and so forth have really changed the practice of medicine when you come right down to it. You don't see the infections that you used to. You know, when penicillin first came out, one dose of penicillin would almost cure pneumonia in a day or surely in two days. It was the same way with a sulfa drug, and the vaccines that have been developed in the last twenty years. My goodness, as I said at the beginning of our interview, you never see whooping cough. You never see measles. Of course, you never see diphtheria and so forth like that. And polio, you never hear of it. You don't even think of them simply because of the development of new modalities, as they say, the things that you have to work with.

Z: What kinds of drugs did you treat people with in the 1920's?

F: Early?

Z: Yes.

F: By Jove, I must say it just about ends with aspirin.

Z: You just tried to clean things up?

F: Why sure. What could I do for you in 1915 or 1916 or 1917? There weren't any drugs available. There wasn't anything

that is known that combatted diseases. You would give them aspirin and things like aspirin and hope. That's really the statue of drugs and treatment of disease in those days.

Z: How about anything like oxygen?

F: Oh, no.

Z: Nothing like that?

F: Oh, we had oxygen, but oxygen is of questionable value in treating a disease.

Mrs. F: You were half dead if you had to have oxygen at the hospitals.

F: Oh, yes.

Z: When did the sulfa drugs come in?

F: When did they come in, Momma?

Mrs. F: In 1925, I think, or 1926.

F: Let me tell you something, and this will startle you. I was the chief of one of the medical services at the hospitals at the time that sulfa was brought out. And I'm telling you, pneumonias were something to deal with in those days. We started giving sulfa and, my God, it was miraculous. In cases of acute pneumonia, after sulfa was given a few times, the temperature marched down to a normal level, and the patient looked good and felt good.

Z: How did you find out about this to get it?

F: Well, I'll tell you, Joe Rosenfeld found out about sulfa even before I did. I didn't know one thing about it, but I suppose he was told about it from this friend of his that was in investigative work.

Z: Did you have any qualms about using something like this?

F: No, because you couldn't hurt them. They couldn't get worse. The best that could happen is that they would get better. My gosh, overnight a bad pneumonia case would improve so much that it was the difference between night and day.

Mrs. F: It sure would.

Z: You said that you were chief of the medical service, which service was this?

F: Medical, just general.

Z: How many years were you chief?

F: Oh, gee whiz, I don't know. Well, early 1930's, for a period of fifteen years.

Z: What did a chief of medicine have to do?

F: We had a group. A chief of medicine in the hospital had a group of doctors, say four or five fellows that were on what we call his service, and they went around and treated all the house cases that were being paid for by the various municipalities. There had to be a chief. There had to be somebody with a big name. They were all on equal footing; there was no upstaging or anything.

Z: But it was your responsibility to make sure that everything was carried out to their standards?

F: Yes, exactly.

Z: So, you have one of the big names in town, right?

Mrs. F: Oh, he'll never say that, he'll never say that.

F: I was not.

Z: Well, at least you could shoulder the responsibility.

Mrs. F: He was.

F: At least I had to.

Z: Did you ever have trouble from people taking their own home remedies or anything like that?

F: Well, I don't believe I can recollect anything like that.

Z: How about heart attacks?

F: Isn't that a funny thing? Coronaries, in the early days, probably occurred, but weren't recognized. Do you understand?

Z: Yes.

F: I'm sure I must have seen coronaries one after another when I first started to practice medicine, but I didn't recognize them as such and certainly didn't treat them well. We had no diagnostic measures then. We had no electrocardiograph which is a good thing to use or to have.

Z: How about the other diagnostics; could you identify most diseases as easily?

F: Well, you did after you had seen them time after time after time.

Therapy was also very poor in my younger days.

Z: How about things like anesthesia?

F: Well, I'm not really qualified to say. When I was an intern, I gave hundreds of anesthetics because the interns would give it in those days, and ether was the one big anesthetic. In that time, too, nitrus oxide, called laughing gas, and oxygen were started, but I never used it. I didn't know how. I didn't have training. But I could give an ether anesthetic without any trouble.

Z: Did you ever have to use any anesthetics in your practice like house calls and things like this?

F: No. If you had an obstetric case, and you were about to deliver them, you would give them some ether if you had someone around. This would take the sharp edge off their pain.

Z: What kinds of common treatments were there then?

F: Just the same as all other diseases, the simplest thing that you could lay your hands on. I think aspirin was used more than any other drug. We would give them an alkaline medication, usually potassium citrate or some other simple measure like that, thinking that it would do them some good. Of course, it never did. It really didn't accomplish anything. We got along with the simplest measures that we knew couldn't hurt anybody, and hoped that it improved.

Z: How long would it take someone to recover from something like pneumonia if they survived it?

F: Well, a typical pneumonia got well within nine days.

Z: Looking back now, can you see any big advances that really helped you?

F: Sure. The advances were the used of penicillin and sulfonamides. When I first started to practice medicine, there wouldn't be anything to it. You wouldn't have to worry yourself to death about what's going to happen to this poor soul because you knew you would have some measures you could use that would almost guarantee a recovery.

Z: So you say the biggest advances in general practice medicine would have been the modern medications?

F: Exactly.

Z: That would be the biggest advances?

F: That is exactly right.

Z: Plus the fact that you can now rely on specialists in the field?

F: That's right.

Z: Okay, now we'll get to a personal question. I'd like to ask you about your fee schedule. What kind of fees did you charge?

F: My goodness, they could be surprised. When I first started to practice medicine, what did I get for a house call?

Mrs. F: A dollar.

F: A dollar or two. That is right. A dollar or two, and a dollar maybe in the office call. That was the fee schedule, five, ten dollars, and at the most fifteen dollars for an obstetric case. I don't know what, for instance, the surgeons' fees were in those days.

Z: Could people afford the dollar or two?

F: Oh, some could. There were some that could and some that could not.

Z: Did you find it hard to collect your fees?

F: If the person had the money they would pay you.

Z: And you had to treat them anyhow? You couldn't very well turn them away?

F: Oh, no.

Z: Would the people do anything for you?

F: Give me things? Oh, I discouraged that. I don't know, what the hell, if they couldn't pay, that was it.

Mrs. F: When he was still practicing, there was a stack of bills this high that they couldn't pay, and they never paid to this day. Ray just threw them out.

F: Oh, you don't keep old bills?

Z: It gives the secretary something to do, if she can keep writing the bills up.

F: Yes.

Mrs. F: Well, I was the secretary, so I know what it was all about.

Z: You have been talking about people you were associated with; who are some of the contemporary doctors? You talked about the surgeon, Dr. Sherbondy.

F: Dr. Sherbondy was the leading surgeon. He and Dr. Buechner were the two leading surgeons. Dr. Sherbondy was one of the finest gentlemen anybody ever put breath in. Other doctors were Dr. C. R. Clark, Dr. R. M. Morrison, and in later years, Dr. Morrow, the leading orthopedist. And, oh my goodness sake, Dr. Jack Lindsay and . . .

Z: What was Dr. Lindsay like?

F: He was a general practitioner, and he was a fine man, a good doctor.

Z: Who was involved in radiology?

F: Dr. Heberding, John Heberding, was the leading man. He was the only man that did X-ray work around here for years and years. I would say twenty years. And then Dr. Baker, who recently died, went in with him.

Mrs. F: He was an intern when I was at the hospital.

F: Dr. Heberding did the X-ray work at St. Elizabeth Hospital.

Z: Who were some of the big names in medicine when you were an intern?

F: Of course, C. R. Clark was a big man in medicine. Then Dr. R. M. Morrison was in Youngstown, and they were the two big men.

Z: You mentioned somebody you were closely associated with?

F: Dr. Wendall Bennett. Of course, we were about the same age. There were a couple of other doctors in Struthers about my age, and these were Rhinehart and Scoffield, who are both dead. And that's about all, isn't it?

Z: Tell us a little bit about Dr. Clark, his reputation and everything.

F: He did nothing but internal medicine, and he was a good

diagnostician. He was in a very high class, and he was the top man in that field in Youngstown.

Z: How about Dr. Booth; do you know him?

F: Yes. He was a surgeon for the Republic Steel Corporation for years and did general surgery, too, on the outside. I knew him well. Did you ever hear about him? He was a little sharp fellow, kind of cocky like, quick talking, and quick moving, and so forth like that. But, by Jove, he did good work.

Mrs. F: Well, wasn't there another one on the service at the mills besides Booth?

F: Dr. McCurdy, but he's at Sheet & Tube.

Z: What else do you know about the early medical history of Youngstown? Have you heard some of these doctors?

F: Very little.

Z: Do you think Youngstown is equal to most towns?

F: Yes, I certainly do. I don't think that Youngstown lacks, or the whole district, for that matter, lacks in any way, comparatively, with any other area in this section of the country.

Z: What do you attribute that to?

F: I don't know. I think we're very fortunate being near a big medical center at Cleveland. Western Reserve was the big thing around this district. All the doctors that I have mentioned, probably seventy-five percent of them, graduated from Western Reserve. I think that that was one of the things that was healthy for the community.

Z: You came from Ohio State; how many others came from Ohio State?

F: Not many. No, they didn't get up this far.

Mrs. F: Most of them went to Cleveland, didn't they?

F: Yes.

Z: Let's get back to the hospitals. When they formed the hospitals, who were the guys that ran them? Who ran the hospitals back in the 1920's and the 1930's?

F: They were all run from a board of trustees, who were the top people in the district or the city; the Booths, the

Tods, the Stambaughs, and all those people that you hear about, old-timers that were extremely wealthy. They ran the hospital. They appointed a superintendent, and he ran it for them.

Z: Did he run it, or did the doctors run it pretty much?

F: No. The doctors had little to say. They did not have much to do with running the hospital.

Z: What about the policies?

F: Same thing, I think it was all formulated by the trustees.

Z: Did you know any of these people personally?

F: No, I don't know one. Of course, they, as I said, were very wealthy people. But wealth isn't as great around here as it used to be. I don't believe there are any families or individuals who have the money and the influence that the people had when I first started out.

Z: Would you say that most of the population was pretty poor?

F: Yes.

Z: There wasn't really much of a middle class?

F: No, I don't think so.

Z: And your working class people, more or less, didn't earn that much money?

F: That's right.

Z: Did you treat very many farmers?

F: No. This never was an agricultural community. I had to go out in the country a lot to see people, but this isn't an area like Illinois, Iowa, or Kansas. Everybody's a farmer there.

Z: After you graduated how did you keep up with current medical practices?

F: Well, meetings.

Z: With meetings, seminars, and things like that?

F: Yes. There were always staff meetings, hospital staff meetings, and the county medical society, always those two.

Z: So you're a believer in belonging to the society?

F: Oh, yes, I am. You can't operate alone and shouldn't try to.

Z: So you believe in keeping up with what's going on.

F: Yes, sir. Personally, I never had the opportunity and finances to do postgraduate work like I would have liked to, like many of my friends, but I did my best.

Z: Do you think you would have specialized in something if you had the chance?

F: I might have. I never give it much thought, to tell you the truth.

Z: You already told me about industrial accidents, what about public health?

F: That's an interesting field. It's probably underrated, but there is a field for public health. I was in it for twelve years. I had to give up my practice because of my arthritis. It slowed me down to the point that I couldn't carry on anymore, so I had a chance to go into public health, and I enjoyed it.

Public health is a field in which they do a lot of good preventive medicine. I suppose fifty percent of all children are immunized by somebody doing public health work, a public agency like public health nurses.

Z: Do you view ~~that~~ as satisfying work for a young doctor?

F: No, I wouldn't say that. You have to be intensely interested in it to get much satisfaction out of it. I wouldn't say it's the greatest thing in the world.

Z: Were you interested in it? Did you find satisfaction?

F: Yes. I think I had a moderate interest. I don't think I was a fanatic about public health by any means, but I enjoyed it. It gave me something to do. First of all, it employed me, and that was important.

Z: Did you have trouble collecting any money at all?

F: I had problems, yes. I was not the best collector in the world.

Z: What was your opinion of the New Deal and things like this during the 1930's?

F: I just got through reading Jim Bishop's book, F.D.R.'s Last Year, and I said after we got through with it, "My, I have the greatest admiration for President

Roosevelt." If it had not been for him and the things he did, we wouldn't be living here. Why, God, they were about to foreclose on us. They had a plan where you could get your mortgage done over and so forth and the government would be responsible for it. I don't know where we would have been without it. The Home Savings & Loan that had my mortgage couldn't treat a person better than they did me. My God, there was a year and a half that I could not pay my office rent. They carried me a year and a half.

Z: You were in their building?

F: Yes, down here on State Street. For a year and a half I never paid a cent of rent, I couldn't.

Mrs. F: But they knew, eventually, when things got better he would.

Z: Were you just as busy or busier?

F: Oh, just as busy as I ever was.

Z: So you were spending it more and enjoying it less?

Mrs. F: Well, they just either didn't have it or didn't pay it.

Z: How did you get things like money for gasoline and things like this to go out and see your patients?

F: My friend, I have bought gasoline in the amount of twenty-five cents worth. It was enough to get up to the hospital to see maybe one patient or two.

Z: You were talking about the house cases, who paid for the hospital?

F: The city.

Z: Did the city have the money to do it?

F: No. I remember seeing in the papers about how they had run up big bills on hospitals. Oh my, they didn't have it.

Z: How did they pay for their medicines and stuff then?

F: I don't know how they got along. I don't know how they got along, by Jove, but I know all municipalities owed the hospitals plenty, thousands of dollars.

Z: Would you say there was any deterioration of the quality of the health care during the 1930's?

F: No. I think the staff members and the hospitals worked just as hard and tried to do just as honest and as good of work as if they were paid every dollar that was coming to them.

Z: Do you think that medicine would have advanced faster if there hadn't been the economic problems?

F: No.

Z: Were there any big advancements during the 1930's?

F: None that I can remember.

Mrs. F: Penicillin.

F: Many advances were by accident. Penicillin, you know, was purely an accident. I think a lot of advances in medicine were on the basis of chance.

Z: During the time you were practicing obstetrics, were there many midwives around?

F: Oh, my, yes. The midwives in Struthers were the big thing. When I first came to Struthers, more than half were delivered by midwives. I remember one old gal, a midwife, who lived over on the north side of Youngstown. She was busy all the time, and how envious I was of her. She must have made a little money.

Z: Well, about what time did this practice start dying then?

F: I don't know. I would say shortly after the War, the First World War, when people became more affluent, and they didn't want it known that they were going to be delivered by a midwife. They wanted it known that they were going to be delivered by a doctor.

Z: Was there any difference between being delivered by a good doctor and a good midwife?

F: No, in a normal situation, no. I don't think so.

Z: Did you ever have to perform any emergency appendectomies or anything like that?

F: No, I never had any surgical training.

Z: What are your feelings on government regulations in medicine?

F: I know so little about it that I just can't answer you. I don't know what state medicine is going to develop into, and how much government control there will be

in the practice of medicine. If the government pays the bills, they're going to have to control it a little bit anyway.

Z: You were saying that they had the house patients before, and the government was paying the bill then for a lot of these people. Did they have any control over what went on?

F: No, they didn't have any particular control. I don't think they ever tried to.

Z: That was mostly local government?

F: Yes.

Z: Do you think it's better to keep it at a local level?

F: Oh, I think it is.

Z: From your impression, do you think that people were wanting for medical care, even though they couldn't afford it?

F: I can't think of an incident or an instance in which people went without medical attention.

Z: How about the freedom of the doctor today compared to yesterday?

F: I think they are just as free in the management of their business or in their profession as they ever were.

Z: I know they want to have some kind of review board now?

F: Yes, peer review.

Z: The medical society wants to do that themselves, so the government won't come in and do it for them.

F: Exactly.

Z: Do you think that's a good idea to have the peer review?

F: Well, I'm not particularly against it.

Z: If you were a practicing doctor now, you wouldn't be very much in favor of that then?

F: I think I would not object to it.

Z: You wouldn't object to it at all?

F: No, I don't really believe I would.

- Z: Do you think that doctors always had some peer review before?
- F: More or less. I think this is their county societies. I think they had plenty of review and control, and I don't think it need go much beyond that.
- Z: I have a big, broad question for you now.
- F: Shoot.
- Z: In all your years of practice, if there's one thing you would have changed, what would that have been? What would you have changed in all your years of practice, if you had to do it over again? Would you have gone back to school or . . . ?
- F: Oh, yes. But, of course, the economic situation of my own, the country, and all that was such that it couldn't be done. But if I didn't have economic difficulty it certainly would have been great for postgraduate work. That's one thing that I always wanted to do and I just couldn't.
- Z: How about anything to do with your practice?
- F: No, I don't believe I would have changed my method.
- Z: How about your location?
- F: Oh, yes, probably. I would have gotten fancy and probably moved to a different community. But the actual methods of my practice, I don't believe I would have changed.
- Z: What about the idea that you can't get anybody to do a house call anymore; do you think that's a good movement?
- F: Well, first of all, a house call isn't worth much when you come right down to it. What can you do? You have a little black bag that you carry around. What can you get in it, and what can you do with it? You just sit there and you listen to their chest and take their blood pressure, and find out what they're complaining about and give them a prescription for whatever you want, antibiotics or anything like that, and leave. You haven't done much.

END OF INTERVIEW