

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

History of Medicine in Youngstown

Otolaryngology and Ophthalmology
in
The Early Years of Medicine

O.H. 65

WILLIAM H. EVANS, M.D.

Interviewed

by

Paul Zimmerman

on

December 26, 1974

WILLIAM H. EVANS, M.D.

Dr. William Evans was born on a Christmas day while his parents were visiting in Rockport, Indiana. He grew up in Hardinsburg, Kentucky, and his first job was working in a drugstore owned by a general practitioner. He was influenced by this job to become a doctor and he attended the University of Louisville, Kentucky, for his undergraduate and graduate work.* Dr. Evans interned at Louisville City Hospital, and was a staff physician at Kentucky State Reformatory, Frankfort, Kentucky, in 1921 and 1922.

The following year he took a residency in ophthalmology at Massachusetts Eye and Ear Infirmary in Boston. He also interned at Harlem Eye and Ear Hospital in New York City, and from there to a residency at the New York Eye and Ear Infirmary. In 1926, Dr. Evans came to Youngstown, Ohio, where he practiced with Dr. H.J. Beard and Dr. R.D. Gibson in the Dollar Bank Building. Since then, Dr. Evans has been associated with many other doctors in his field. He joined the Navy in 1942, during World War II, where he became a commander and served in the Pacific as a surgeon with a hospital transport ship.

Throughout his distinguished career, Dr. Evans has held many positions of responsibility, including that of President of Staff at St. Elizabeth Hospital Medical Center, Youngstown,

* Dr. Evans also served in World War I in 1917.

Ohio, from 1951 to 1955. He has been the recipient of numerous honors, such as the Certificate of Merit and Selective Service Medal from the President of the United States, and other presidential and medical honors as well. Dr. Evans is also the author of many scientific papers, and has had papers published in national medical journals. A complete listing of his membership in organizations and articles he has authored has been included in this transcript. (Exhibit I)

In 1977, Dr. Evans retired from a very distinguished fifty-one year practice as an Eye, Ear, Nose, and Throat specialist in Youngstown, Ohio.

ELIZABETH A. REITZEL
MARCH 22, 1978

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INTERVIEWEE: WILLIAM H. EVANS, M.D.

INTERVIEWER: Paul Zimmerman

SUBJECT: Otolaryngology and Ophthalmology in the early years of medicine.

DATE: December 26, 1974

Z: This is an interview with Dr. William H. Evans, at 932 Belmont Avenue, Youngstown, Ohio, December 26, 1974 by Paul Zimmerman for the Youngstown State University Oral History Project on the History of Medicine in Youngstown and the Mahoning Valley.

Z: Dr. Evans, what influenced you to become a doctor?

E: When I was a small boy, I worked in a drugstore. The man owned three drugstores, he was a General Practitioner in a small town in Kentucky. I worked for him several years. He influenced me more than anybody else to become a doctor. In fact, I really didn't know what I wanted to do until I started working for him. I worked for him for six years, I think.

Z: Was this right up until the time you went to college?

E: In grade school and high school. The sad thing about it was that he had a ruptured appendix and died when I was in my first year of college.

Z: What was medical school like at that time?

E: Medical school was hard. We went to school five days and a half. We got there at eight o'clock and left at six. Then you went home and did your homework, there was a great deal of homework to do. We spent many hours at night and on the weekends studying.

- Z: Do you suppose that it is just as hard now?
- E: Yes, I think it's just as hard now. I don't know what the courses are now, but I do know it's different, considerably different. It's better now because of the great number of advances in medicine that I know of.
- Z: How many years did you go to medical school?
- E: I went to college two years and to medical school four years.
- Z: Is there anything exciting that happened to you in medical school, anything you took part in, anything like that?
- E: No, I just worked hard and did what I was supposed to do. I don't think many of the boys had much time to do anything else. I played freshman football, but I was too small to be much good at it so I quit playing it after one year.
- Z: Did you come to Youngstown to serve your internship?
- E: No, I served my internship down there [Kentucky] and then I went to the Massachusetts Eye and Ear Infirmary in Boston and from there I went to New York Eye and Ear Infirmary. I spent three months in Harlem Eye and Ear Hospital because I had to take an examination for the position at New York Eye and Ear Infirmary. I was there from April to the first part of July.
- Z: When you were going to school, what were the situations or conditions like during your internship in the various hospitals?
- E: Good. You worked.
- Z: How about the pay?
- E: You didn't get paid.
- Z: No pay at all?
- E: You got your room, board, and laundry and that's all.
- Z: How many years did this consist of?
- E: Five years.

Z: Good thing you got that appointment right away.

E: Well, as one of the men said when I went to Harlem to take the examinations, . . . I told him that I would just be there until I got my appointment at New York Eye and Ear Infirmary. The doctor in charge at Harlem Eye and Ear Hospital was a very nice fellow. He said I could work on the service there until I received an appointment at New York.

Z: What made you decide to specialize in Eye and Ear?

E: Well, I was undecided about where to take my internship. One of the men in Louisville who I had gotten some case reports out for, was on the staff and was an eye, ear, nose and throat man. He talked to me about it and I decided then that I would go into that specialty of practice.

Z: Do you think that was a wise decision now that you look back on it?

E: I wouldn't change it. I think I would have probably been happy in any field. One man there was an orthopaedic surgeon, and he offered to help, after all you have to have a little help once in a while. In other words, he was giving me some recommendations and I think I would have gotten that appointment, too. If you try hard enough, you have to try.

Z: When you were going through school, how did you pay your way through?

E: My folks helped me some and I didn't spend much money because you didn't have a chance to. When I was in New York, on Sunday night, we would walk up Broadway. You can't do that today because somebody will come and knock you over the head. Then we would walk up Broadway and get a paper and walk over Forty-second street to Fifth and down Fifth and that's about all we did.

Z: How many years did you spend in New York?

E: I spent twenty-one months in New York.

Z: What were your impressions of New York?

E: Oh, I like it. I liked everyplace else too, I hated to leave Boston and New York and I would hate to leave here.

Z: When did you start your practice?

E: I was in New York, and I could have gone several places because men were looking for people to come in and work for them or to come in as associates. Dr. Gibson and Dr. Beard came over to New York, in fact, they came several times. I was at the New York Eye and Ear Infirmary eighteen months, and they allowed us three two-week vacations during the time. But I didn't take the one vacation because I didn't have the money to go anywhere. So Dr. Beard said if I came to Youngstown on my vacation, I could work two weeks in the office and see how it was. Then, if I liked it, I might want to come back. So I came to Youngstown in July of 1925.

I worked two weeks in the office. I liked the people, I liked nearly everything about it. I went back to New York because I had six months more to finish my service. I told Dr. Beard I would come back and try it for a year. Dr. Craig, one of the surgeons in the Infirmary in New York, offered me a job, but I told him that I promised some people that I would come to Youngstown for a year. He said, "I'll tell you what you do. You go over there and stay six months and if you like it, then stay, but write and let me know and if you don't like it, I'll have a job for you when you come back." But I'm glad that I didn't go back to New York, I'd probably have been a surgeon in New York Eye and Ear Infirmary. But life here is nicer.

I go back there once a year and spend two days for alumni meetings and courses, but the longer I'm away from New York, the less I care about the place.

Z: What were your feelings about Youngstown before you came here? What did you think about it?

E: Well, I didn't know about it at all.

Z: Did you have any pre-conceived notions about it at all?

E: No, I didn't know much about it.

Z: When you came to Youngstown did you start with another doctor as an assistant?

E: Yes. He was at the Dollar Bank building. He told me he was the first to rent in the new Dollar Bank building. We stayed in that office until a year ago last February and we came up here because they're doing the building over. Have you seen the building?

Z: Yes.

E: It's going to be nice when they finish it. We stayed in two months after they started working on it but the woman would clean up at night and then the nurses would have to do it again in the morning because it was too dusty and dirty. So we decided to come up here

Z: How extensive was your practice in the beginning? Has it changed over the years?

E: Oh yes. The practice of eye, ear, nose and throat has changed an awful lot. I'm the only man in Youngstown whose doing eyes, ears, nose and throat now.

Z: Are there people who specialize further?

E: Oh yes. Some do eye, and some do ear, nose and throat. But I started doing all four and continued doing so.

Dr. Gibson died later. Dr. Beard was here for nine years and then he had a heart attack and died, so I got Dr. Wenaas and Dr. Odom in with me and they stayed until the war. Dr. Wenaas stayed here during the war and he had as much as he could do because there were many eye, ear, nose and throat men in the service. He later went out by himself. Dr. Odom had been in the Air Corps and he decided that he was going to leave. Although he had a previous service in the New York Manhattan Eye and Ear Hospital, he said he was going to Graduate School in Philadelphia and then south to Virginia. I then had Dr. Hart, who died, and Dr. Ruth came and Dr. Gregg, and they've been here about twenty-one or twenty-two years.

Z: I see.

E: I always had a good practice here. I was always busy from the time I started.

Z: You never had a "slack" day?

- E: No, you really never did. I think that's the reason I was so happy. If you work hard, and you're busy, you don't have time to be unhappy. The people here are nice, I really like the people, that's the reason I stayed in the first place.
- Z: Did you ever cooperate in a first?
- E: What do you mean?
- Z: Like to be the first one to treat a specific condition in eye, ear, nose and throat, or something like that? You being about the only one in town, you probably had lots of firsts.
- E: Dr. Ruth and Dr. Pugh did the first corneal transplant here. But I don't think there were any firsts that I was involved in. There were many infected mastoids, but they were doing mastoidectomies when I got here. That was in the days before antibiotics you see, there were a lot of mastoid and sinus conditions. We went to the office at 12:00 noon until about 4:00 p.m., even on Sundays. We did many mastoid dressings, and treated acute sinus infections and eye conditions.
- Z: What was a typical day like in your practice, say in the late twenties and early thirties?
- E: You left about 6:30 a.m., and usually went to North Side Hospital to do your mastoidectomies. Nurses were working 7:00 a.m. to 7:00 p.m. in those days, in two shifts. Many times I'd do my mastoid dressings before the 7:00 a.m. nurse went off duty. We did many house calls and there were a lot of contagious conditions at that time. Children had the measles and whooping cough, and they were kept at home. There were also a lot of ear infections, so I made many house calls. Maybe I'd make a couple in the morning then go back to the office and work, then come back to St. Elizabeth's at noon, and go back to the office and work until about 6:00 p.m. or later. Then I'd go up to the hospitals to work or make some house calls. I would usually get home anywhere from nine to eleven o'clock, or later. You didn't even have time to start over again.
- Z: How frequently did you hospitalize then? Did they hospitalize as much?

E: Oh yes. There were numerous cases of pneumonia then. A lot of people died from it. It was bad then, now you have antibiotics. But you hospitalized many of them, and there were a lot of contagious conditions. I know one time a fellow was admitted to St. Elizabeth Hospital, this was back in the late 1920's, he had erysipelas, a virulent streptococcal condition, and he died in twenty-four hours. Two of the nurses contracted it, and one of them died. One of the interns got it and this little nurse that lived, it affected her heart and kidneys, and she got double mastoiditis. In fact, her eardrums just melted away. It took six weeks before she could even move around in her room. She had a permanent impairment of hearing, but we don't see the condition anymore because antibiotics control it.

Z: Did you perform your own surgery?

E: I perform all of my own, but I did not do anything outside of my specialty.

Z: What kinds of things did you perform in your office?

E: Well, we did many mastoid dressings after the patient was able to leave the hospital. We treated many patients with sinus infections, washed out a lot of sinuses, sometimes for two months before they would clear up. They don't last very long now, because we have antibiotics. When I started my training in the Massachusetts Eye and Ear Infirmary, the operations for a detached retina weren't satisfactory at all. Gonin, a Swiss ophthalmologist did the first type of operation for retinal detachment, but it has been improved very, very much since then. Now some people specialize in diseases of the retina. You will find them in any large medical center.

Z: Really?

E: Yes.

Z: What were the conditions like in the hospital at this time?

E: They had one wing at St. Elizabeth Hospital when I came there, that was the North wing. The operating room and laboratory were in that building also. Then they built the South and West wings. They built the extension of the West wing and now they're building the other South wing. I don't know what they're going to call it.

Z: What were the facilities like?

E: There were many types of operations that they didn't do in those days. They had no open heart surgery then. They didn't have a brain surgeon here, a neuro-surgeon. We had to get Dr. Gardner or somebody from the Cleveland Clinic or somebody from Pittsburgh. They would come down and see the person and if they felt it was severe enough, they'd take the patient back with them. They didn't do as much neuro-surgery at Cleveland Clinic in those days as they do now. They had one there, at the Clinic, and Dr. Beck at Lakeside, who did general surgery as well as neuro-surgery.

Z: Did you have any role in developing the staff at the hospital?

E: You worked on committees. I was president of the medical staff for five years, that's long enough and then it's time for somebody else to get it.

Z: Who owns the hospital, who ran the hospital then?

E: The nuns, they own the hospital, so to speak, but it's a non-profit organization, you understand what I mean. They ran it, I think it's run better now than it was then, everything's done better now than it was then because things have progressed.

Z: By the state?

E: Not necessarily by the state, but they improve on things. If you don't improve on things after all, what would this world come to?

Z: How about unofficially, who ran the hospital, then?

E: Well, the staff had something to say about it and it was a harmonious thing, no bossing. They had rules and regulations, of course everything has to have rules and regulations. If they didn't have rules and regulations you wouldn't get along.

Z: I see. So it's been a cooperative venture over the years?

E: I'm sure of that.

Z: What were some of the big killers? You mentioned pneumonia and other things like that. What were some of the big killers that you saw?

- E: Diabetes Mellitus was certainly a big killer. Then they made insulin in about 1920. That was a crude type of insulin, you know. Now it's a different story, there are different types of insulin now. You had people who treated just diabetes. Dr. Joslin in Boston had a diabetic clinic and his clinic was the only one that I know of that was treating diabetes alone. When you had diabetes you had complications and you had to have other people see them. They had high blood pressure, eye conditions and so forth.
- Z: In your specialty the incident of death has declined hasn't it?
- E: Oh sure.
- Z: What would you say it is today, ear infections and things like that?
- E: Not very much. You lost a fair number of people with complications of mastoiditis and sinusitis. There was a lot of sinus thrombosis surgery. I've done many sinus thrombosis cases. The big blood vessel in the brain would get clogged because of the mastoid infection and if you let it go, it could extend over the whole system and then you would get generalized septicemia, which is what the layman calls blood poisoning.
- Z: So this was a big problem until the advent of antibiotics?
- E: Antibiotics were a great thing. Prontisil was one of the first and neoprontisil was the first type. I remember at South Side Hospital we saw one of Dr. Wagner's patients, a very big man. I went over to see him but he was unconscious, so I did a spinal puncture on him and I removed bacteria from his infected spinal fluid. He couldn't swallow any water so I put a nasal tube down him and gave him medication through the tube. He was the first patient that I ever had or that I've ever seen with bacterial meningitis of the pneumococcal type that recovered. I won't say that it's the first one that happened, but it was the first one that I had seen in my practice.
- Z: What kinds of things did you have to treat patients with before any of these drugs?
- E: Well, they had serums, horse serums with a certain amount of bacteria in it. They would inject it in the back of the neck of the horse a little bit at a

time and finally they would draw the blood from the animal to make horse serum from it. They tried that on pneumonia and I guess it was fairly successful, but only fairly successful. I think the man's resistance is what got him better. My own father died of pneumonia. He became ill on Friday and he passed away the following Thursday morning. There's been a gradual improvement in everything. Hospitalization is a great thing.

Z: You say that it was a medical advance then because more people are able to go to the doctors, now?

E: They went to doctors before, but they just didn't charge them. No one ever refused them.

Z: What did you do about people who didn't pay?

E: Nothing. I was kind and I did a lot of cataracts on those people for nothing. Nobody ever paid you anything, I never looked for any pay. The county would pay the hospital bill. A lot of cross-eyed kids would come into the office and the family was poor and out of work or something, you didn't charge anything. You'd call up the hospital and ask them to take care of their hospital bills, because they were poor, and they would.

Z: That's fantastic.

E: You hear many stories and I'm sure they're not true. There is a lot of work that is done like this today, and conscientious work, too.

Z: You don't work with allergies then, right?

E: Yes.

Z: Did people tend to treat the allergies with their own concoctions?

E: They used their own concoctions sometimes.

Z: What did people do about allergies before it started to become a science of how to deal with it?

E: They didn't do anything about it at all. Nothing.

Z: Has there been any great improvements in this field?

- E: Oh yes, sure. The science of Immunology is great but it hasn't developed entirely yet. With the science of Immunology, you'll be able to develop a treatment for cancer eventually.
- Z: When did the antigens start to be used for allergy treatments?
- E: It was before my time. I think the first National Allergy Society that met in Cleveland was in 1926 or 1927. There were some people who were doing work long before that, I'm sure someone had done a lot before that, but not too much because they didn't know too much about it and it has improved considerably, but it still has a good way to go.
- Z: Did people treat themselves at home very much for various things, eye disorders or earaches, or things like that?
- E: They had cures for everything.
- Z: What were some of these? Can you remember any of them?
- E: Oh yes. "Sheep Nanny Tea" was one, they would use that to get the measles to break out. That was an excretion from sheep which they obtained and then boiled in water. I don't think that anyone died from it but it didn't help them to break out either. I have many books on the different types of things that people used. You know how mans' imagination can get. They are now talking about acupuncture. I've been in arguments about it and it works in China. As individual as the Chinese are, they've been indoctrinated to do this and nothing else, and if you tried to use the same treatment on an American that you would use on the Chinese it wouldn't work. I'm sure of that.
- Z: You did all of your house calls. What kind of car did you drive?
- E: The first car I had was a Dodge. I bought it on credit, of course, and it was a good one, too. I bought it at Strausbaugh Motor Company and they're nice people to deal with.
- Z: And how much did that car cost?
- E: I can't remember how much that car cost. But I do remember this: In 1941 I bought a Cadillac car and

paid \$2200 for it. Now the same car would cost ten or twelve thousand more. I reported for duty, and the Navy advised me to be sure to drive it to San Francisco for Pacific Duty because there wouldn't be sufficient transportation there, the place was so crowded and I had to go over to Oakland and back each day. My wife stayed out there but she didn't have any gasoline for it during the time I was overseas. I drove it about fifty thousand miles, then she drove it for a couple of years. I gave it to our nephews and they drove it for a while, and I had a fellow tell me that it was the best car he ever had. That's the way things were made. Everything they make today I think is expected to last for a little while, only. That keeps the economy going.

Z: When you were in the service, what branch were you in?

E: I was in the Navy from 1942 until 1946.

Z: Where were you stationed?

E: I was in Chicago first for six weeks then I went to San Francisco to commission a ship for about three months. Then I was at sea until December, 1944 and I came back to Norfolk to the Naval Hospital there until the war was over.

Z: Then you went back to civilian life?

E: Yes.

Z: When you were in the service, what kinds of things did you have happen to you?

E: I did my own specialty. We had eleven doctors on our ship, and our ship was a gray ship with guns on it, and we carried soldiers and Marines into these islands and stayed there until the island was secured. Then the casualties were taken back on our ship. However, if the battle was not over, hospital ships would come and take the casualties from us.

Z: Oh, I see, you were like the emergency rooms, so to speak.

E: Yes. When the island was secure we would take the

ship full of patients back to where the hospital was. I served in the New Hebrides, Guadalcanal, Marianas, Guam, Layte (Philippines), New Ireland, New Guinea, New Zealand, and many other places. Our ship went where the battles were. After the Philippine invasion I was relieved and I went back to the hospital at Norfolk, Va., and served there. It wasn't too hard, but it wasn't too easy either. I was in charge of the Eye, Ear, Nose and Throat Department.

- Z: Getting back to civilian practice now, say someone had an ear or an eye condition, how long did it take them to recover from this? Let's put it this way, did it take longer then than it does now?
- E: Before antibiotics it sure did take longer. Steroids were known then and we use steroids in many eye conditions. It certainly improves them; it helps them a lot. Many individuals died of old age. They didn't have heart transplants then you know, or any other form of heart surgery. The first lung was taken out in St. Louis while I was a doctor. In fact, I met the doctor who had the first lung removal, he lived in Pittsburgh. I happened to be down in Pittsburgh one time and Tom McCullough introduced him to me. He said, "He's the first fellow to have his lung removed." He just died recently. There have been many changes over the years.
- Z: How did you collect your fees?
- E: Most people couldn't pay on the spot. A lot of people didn't pay you during the Depression, they couldn't. Mills were down to about twelve percent capacity and people were out of work, they just couldn't pay. Some people paid after they got back to work and other people forgot about it. That was all right.
- Z: What did you charge for various things? Do you remember?
- E: We charged about \$125.00 for a mastoidectomy and that was including the after care which would sometimes be for a month or six weeks. I forget now what we did charge for a cataract. The treatment for glaucoma is the same now as it was then in many respects. Diamox, adrenaline and numerous other drugs have been discovered to be of use. Some of the treatments have been refined, our people are always trying new and better things. Sometimes these work and some-

times you go back to the old.

Z: What were the doctors like in the hospital back in the time when you first started your practice?

E: You mean the interns or the attending staff?

Z: The attending staff.

E: They were nice. They were a little more casual than they are now, they weren't in quite so much of a hurry as they are now and they worked longer hours, I'm sure.

Z: Who were some of the leaders in Youngstown in medicine?

E: Well, Dr. Clark, Dr. Sherbondy, a surgeon, Dr. Houser, a surgeon also, and they were good ones. Dr. Nelson is in town now, he's about my age, and he trained under Dr. Sherbondy. Dr. MacNamera at St. Elizabeth's, Dr. Whelan was older than I and Dr. Patrick, who also was older. Dr. Haulman was the first man who specialized in Obstetrics and Gynecology. You ought to see Dr. Fisher, he's quite an interesting character. A nice fellow, too. He can be more use to you than I.

Z: Who were some of your contemporaries?

E: Drs. Keys, Hartzell, Goldcamp, Bierkamp, they're all dead now. Drs. Piercy, Washburn, Gibson and Beard, and they're all dead now, too. Gibson started us first with Hartzell, Goldcamp and Bierkamp, then they left and Drs. Piercy and Washburn came. Then they established their own practice. Then Dr. Beard came and later came Dr. McCall. Dr. Patterson came and was here when I came for about six months. Dr. Gibson started all these people in Youngstown. He was quite a character, an enterprising and nice fellow.

Z: Where was he from?

E: He was born and raised here. He was quite an individual, he came in one morning, while Dr. Beard was away and I was in the office by myself and was working of course, and he came up to me and said, "Doctor, you look a little tired this morning." "Well, I am," I said. I had to operate on this fellow's eye and then I went to bed and no sooner had gotten to bed when I had to get up and see a tonsil bleeder and by

that time, it was time to go home and take a shower and go to work because I got to work about six-thirty and I hadn't had much sleep. He said, "You know, I always made the rule when I was out late the night before, I'd sleep late the next morning and make up for it." He did too. He had these fellows with him who were good men and who worked, but he was a nice fellow, too. He was an organizer and had an excellent office.

Z: Was he the first man in Youngstown dealing in Eye, Ear, Nose and Throat, or was there somebody before him?

E: I think that there were some, but I don't remember who they were. I can't tell you who they were. I'm sure that there was somebody before Dr. Giltson, though. They probably did eye, ear, nose and throat, and general practice.

Z: How did you keep up with the medicine over the years?

E: I thought that I kept up with it very well, I tried to. But you know, it's hard. Of course I was single then and if I was going to write a scientific article I would go over to the apartment and do it there. I lived in Lincoln apartments first then I moved to Parkway Tower. I would examine the things that I was going to read and then I'd write my notes. When I'd get sleepy, I'd just turn over and go to sleep. But I had good help who took care of my room. I'd pay her for it and sometimes I'd give her a little extra which was very welcome, I'm sure.

I read a lot because I didn't have anything else to do except work, go to bed, eat, and sleep. I was always going to medical meetings and taking courses. Sometimes these courses would last two or three weeks depending on what the subject was. I'd go to places like New York, Chicago, and Philadelphia where these courses would be. The nicest course that I ever took was down in Indianapolis from a Dr. Barnhill, which was a very good course. There are a tremendous number of courses that you are inclined to attend and I think that most doctors do.

Z: You were inclined that way?

E: Well, you had to be. I had this meeting in October,

down in Dallas, and I think there were about a thousand doctors, Eye, Ear, Nose and Throat, there. They have instruction courses and the room that they would be in was always crowded and overfilled. We would have to buy a ticket. Two dollars an hour per ticket. They would have ear, nose and throat in the mornings, and eye in the afternoon. Those were the instruction courses and then they would have the lectures. They had movies and soundtracks. It was quite a thing with these and commercial and scientific exhibits.

Z: Have you ever taught in any of these seminars.

E: Yes, I have.

Z: How about here in town, have you ever taught at all?

E: I have always taught the interns and residents in the hospitals and the younger doctors who were associated with me, along with the nurses in the hospital who worked on particular cases with me, and those that worked for me. I had fifteen or twenty papers that were printed in the journals of national importance, and also some that I presented at medical meetings. I have led group discussions many times. I have attached a list of medical organizations in which I have membership and have participated. Also a list of scientific papers I have written.

Z: Was the problem of industrial accidents greater when you first started?

E: The men at the mills had no safety glasses. That's the only thing I've ever seen the union and management agree on. They put a finger on the man and say, "you have to wear goggles or those safety glasses, they're for your own health and protection." A piece of steel flying into someone's eye was a cause for the loss of the eye. Now about the only time we ever see an eye with a foreign object in it is in the small plants where they have one or two men and they don't have any safety regulations, or a farmer or someone, beating on metal with his hammer and a piece flies in his eye, or some kid who plays with some explosives and gets something in his eye. We had a tremendous number of these cases when I first came. We had many of them when I was in Boston. There were a lot of industries there and we would see about one or two a week.

Now you don't see one in three months. So that's one of the great savings of vision, the safety glasses. The hearing society does much good work. I remember I talked to a group of women and they were making these potholders and I told them that they better get busy and establish something, because you can't do much for the hard of hearing that way. I gave them some information about it, because Cleveland had just organized one and I knew something about it, so I gave them some information and helped them organize the Youngstown Hearing Society. Miss Butcher was one of my secretaries and Dr. Odom was associated with me, they went out and bought the property the society is using today. It's grown over the years and is now called the Youngstown Hearing and Speech Center.

Z: When was this started?

E: It must have been about thirty-three years ago. Of course there's been a lot done since then. There's been the Stapes operation, that's the treatment for one type of deafness. There have been many advancements in medicine, everything has improved considerably, things weren't too bad then. I'm sure the other branches of medicine too have advanced and improved.

Z: Would you say that medicine has been exciting for you?

E: Yes, very much so. That's because I've loved it. I've loved every minute of it. I wouldn't want to change places with anybody, I mean I enjoy it and like it right here.

Z: Do you take part in any civic responsibilities in Youngstown at all?

E: Yes. I have donated money to the building funds of St. Elizabeth Hospital Medical Center. I supported the United Appeal and various other charitable organizations. I am a member of the Chamber of Commerce of Youngstown, and numerous other groups that work for the common good of the community .

For many years, from 1938 until 1972, as long as Dike Beedy and Willard Webster were connected with Youngstown State University, I did the eye, ear, nose and throat work for the athletic teams, without charge I might add. You know the income of the University

in earlier days was not nearly so great as that of today.

I've donated to my political candidates, ones that I thought would do a good job. I wasn't a Democrat or a Republican, I've given both of them money. If I felt they weren't doing a good job I wouldn't have given them anything. I think this thing of giving to a party is terrible, because after all that includes everybody and some of those guys aren't good.

Z: I noticed the certificates from the Selective Service Board, how did you get those?

E: That's when the war first started and they asked me to do it and I did it. Sometimes you know the local draft boards around this area may be in Ashtabula, and they didn't have anyone to examine the boys. If they wanted to find out how much they could hear and couldn't hear, and the condition of their eyes, nose and throat, etcetera, they sent them to me to examine, free of charge I might say.

Z: What are your impressions about what the government has been able to do for medicine?

E: Well I'll tell you this; they're putting too much politics into it. People have never suffered for lack of medical care, that I know of. I'm sure other doctors have done the same things that I've done. There are many people on welfare, they are wasting a lot of money. But that's what the politicians need to be elected. The government works that way. The congressmen want to spend it and spend it and spend it, and I don't know what they're going to do about it. If you try to save anything, they're spending money so fast, and printing it so fast that it devalues yours completely. That's the reason that a car costs so much today than when I bought them before. You notice everything goes up year after year, much of this increase can be laid on the labor unions.

Z: How do you think the younger doctors would feel about this treating the patient without charge? Do you think they'd have the same attitude about it as then?

E: I don't know. It depends on the individual. Some of them would and some of them wouldn't, you know that. You have all sorts of people in medicine the same as you have all sorts of people in engineering or any other profession. You have good and bad and the in-

different. I think that it depends on the person.

Z: What is your opinion of today's new breed of doctors? Are they any different?

E: They have better training than we had, because of the advancements in medicine, I'm sure of that. But you see, there's no corner on knowledge, the fellow can just study and apply himself. Medicine is just too big a field for any one person to know it all. It's too much for any one person to know, that's the reason for the specialties. You're talking about the general practitioner, I think the general practitioner is essential, but he can't know it all and that's the reason that he has to refer people to specialists.

Z: Did you ever have any trouble with general practitioners in the past about referring people?

E: No. Of course everyone in the whole practice has referred people.

Z: What I mean was, if you run across someone in the hospital that should've been referred to you that wasn't and the general practitioner was still treating him.

E: Well, the main thing that way is you don't always know all the circumstances.

Z: Yes. That's true, sir.

E: You don't always know the circumstances; there's always two or three sides to this, not only two, but three or four sides to the question, you understand.

Z: Yes.

E: Sometimes he'll say, "Well, I'll have to have somebody else to treat you." And the person will say, "No, don't do that because after all that's going to cost me some money." Sometimes the husband will say about the wife, "No, she's all right, I don't want anyone else seeing her." There's a lot of different reasons for a doctor not referring patients. Most every doctor has more than he should do.

Z: How would you answer the critics who say that medicine is becoming dehumanized, that doctors don't deal with the patients as though they are human beings?

- E: Well, I think some of them do by the way they act. But you see I don't think you can be as human as you were years ago. I mean I'm putting this in the sense that you mean. You can give them a lot of time, you can visit them. I like to visit with my patients, so on and so forth; I don't work as hard as I used to; after all, I think that I'm doing enough; I'm working for the fun of it. When I say that, I mean I like to do this and that but I don't want to work so hard that I break down. I can't see as many patients as I used to see. When Dr. Ruth and Dr. Gregg go away I'll see just the ones who have to be seen. I don't do any emergency work, I won't get up at night for people, I'm seventy-seven years old. I don't go to the hospital anymore except when a special case will come in, and I'll go to see them and when they're [Drs. Ruth and Gregg] away, I'll go to see them.
- Z: These are things that every doctor had to do as far as when they were just starting out, such as getting up in the middle of the night?
- E: Oh sure, I've gotten up in the middle of the night many times, three or four times a night if necessary.
- Z: They say that doctors aren't as free as they used to be, is that true?
- E: What do you mean free?
- Z: They have more restrictions put on them. There's more rules for them to follow, they're not their own boss as much as they used to be.
- E: They are their own boss, I'm sure of that, but now malpractice is getting to be a terrible thing. Some doctors have spent twenty-five or thirty-thousand dollars for malpractice insurance. That's one year premium, where's that coming from? It has to come out of the patients, doesn't it?
- Z: Right.
- E: Okay.
- Z: Why is there an increase in the malpractice suits?
- E: Lawyers pick a case on a contingent fee and the bigger the settlement, the more they get. There's no doubt about it that the legal profession is the cause of all of it. You have to protect yourself. You have to do xrays on people who ordinarily wouldn't need them, sometimes you do blood counts and blood work on them,

because you have to protect yourself.

Z: This may be part of the factor that people are sent to the hospital to get work done like this, even though they don't need it.

E: There are many people that used to be treated at home because they didn't have money to go to the hospital. Lots of people have medical insurance and they want to go to the hospital for a check, well I think that's terrible. I don't think they need to go to the hospital for a check up and I've had numerous examinations in my life. I go to a medical man every six months to a year. I go in the hospital on the basis that you're there for a while, but a lot of people say "After all the mill is paying for this and I want it", so they let them go.

Another thing is x-rays, many insurance companies won't pay for x-rays unless they're in the hospital. Who the hell is putting them in the hospital, the insurance company's putting them in the hospital. There should be some changes made about those things. I'm sure of that, but I'm not running the insurance companies and I don't practice law. I've never been sued yet; thank God for that, but I think it's more luck than good sense because I know some very proficient physicians who have had suits against them. I think it's terrible, that those things are part of the rules and regulations. You buy insurance and they say well they might be getting x-rays that they don't need, they can get x-rays in the hospitals that they don't need the same as they can anywhere else, you see. I think they are changing their minds a little bit, I'm sure of that.

Z: What is your opinion about the PSRO regulations and things like this?

E: Which one is the PRSO?

Z: That's the Professional Standards, they'll have the review board and they review doctors.

E: That's political. Sure. I think that they're going to get some sort of health insurance. You have to pay for it through taxes, the government doesn't have any money. The government can't do things as cheap as they do on the outside. Look at the mail, the railroads. Just two examples. And you've heard about medicare, how much have they cut down since it started?

Z: I don't know anything about that.

E: They pay for people over sixty-five. I saw an article

the other day. It was that medicare wouldn't pay for the first day and then they cut it down more and more, because they don't have the money. I don't know how they're going to get the money unless they add taxes to you. You ask somebody how much their income tax is. If we don't have income tax, they have to print the money and that's what causes inflation. This right now, the government brought this on. Nobody else did. You didn't bring it on, I didn't bring it on. Nobody brought it on except the government. The Congress won't want to save money, what the hell, they spend it and spend it and spent it and they get elected. That's what Roosevelt said, Franklin D. said, spend and spend and spend and get elected, elected, and elected.

Z: He proved it too, didn't he?

E: Sure he did. I think he did some good things, but he was a louse.

Z: Do you think the country changed a great deal because of Franklin Roosevelt I mean was it that big a thing in the way politicians looked at things as far as making money, did people take his advice, other politicians?

E: Sure they followed his advice.

Z: Were you a fan of Franklin's?

E: No, I didn't vote for him. I felt sorry for Herbert Hoover, after all he was over in Europe - he did a fantastic job over there. He was a smart man. He gave the land and the money to start Stanford University. He was a very, very wealthy man, he made it all himself too. He didn't have the political know-how that Roosevelt did, that's all. I think that Roosevelt learned how to fool the people successfully.

Z: What was it like being a non-supporter of Franklin Roosevelt in a town like Youngstown, everyone was wild over him?

E: Well I didn't care, they didn't either. It never made that much difference to me, because after all I wasn't particularly interested in him or anybody else. I knew that I had to live my own life the way I could, the best way I could and I did, and I didn't argue with people.

Z: Have you ever been able to go on any particularly interesting vacations?

E: Sure. I'd get so dog-gone tired that I could hardly wait to go away. Ed Powers, he's a broker downtown, we flew down to South America and Mexico, Central America, the west coast of South America, across the Andes Mountains, and up the east coast. They had every kind of plane down there. They had DC4's and DC3's, that were built in the United States.

In Lima, Peru, a fellow who was working for Pan-Agra joined us. That was the route from Panama to Buenos Aires. Then Pan American started in Buenos Aires and ran up the east coast of South America. We took a flying boat up from Rio to what was called Dinner Key. That was a Key south of Miami. We'd start out at daybreak in the morning and we would fly until about four o'clock and then sit down. It took us three days and a half to get up there. Now you can do it in eight hours, I guess.

Z: When did you take this vacation?

E: Back in 1935. I was away for about six weeks. Dr. Odom and Dr. Wenaas were in my office. I've been to many places both in this country and abroad.

Z: Have you ever visited overseas any of the hospitals?

E: Yes, I have. I've seen many hospitals, some of them were terrible, some of them were good. America has better medicine than any country in the world. Talk about state medicine, over in England they have some hospitals a little over a hundred years old, they're not fit for pigs to be in. They don't have too much money. Some of them like it, I'm sure they do, or they wouldn't put up with the situation. They go to a doctor and they wait in line and of course he's got about a hundred patients to see and he has only so much time to do it in. Can't be very nice to most of them. Call it dehumanization if you want to, but after all it's the system. It's not the individual to blame, it's the system. That's what you're going to have here. There are numerous people that want to pay and they'll get out of it, but there will be a lot of people who won't or cannot.

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

E: What do you mean that I would have changed?

Z: Oh, I mean, done over again, did differently?

E: Oh, I'm sure there're some things. No man could practice this many years, you know, since 1921 to the present time without wanting to change something, could he? I really don't know. It hasn't been so great that I remember, frankly. I'm sure there are many times that I would have changed things if I had the option, but I swear I can't remember it though. Maybe it's because I'm too complacent or because I'm easy to get along with or I'm not hard to get along with.

Z: That's true. Well, thank you very much Dr. Evans, I really appreciate it.

E: Nice to see you. You ought to get Doctor James L. Fisher for an interview, and tell him that I told you to call him.

END OF INTERVIEW