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A. V. Black

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: May 25, 1984

Interviewer: James St. Peter

Interviewee: A.V. Black, M.D.
Former Clinical Faculty Instructor, WSU School of Medicine
Interview 1 Part 2

St. Peter: My name is James St Peter and the following is the second session of the first interview with Dr. AV Black, former President for the Montgomery County Medical Society and former voluntary clinical faculty instructor for the Wright State University School of Medicine. The date is May 25, 1984, the time is 7 o'clock PM and we are in Dr. Black's home at 182 Cherry Drive Centerville, Ohio.

Dr. Black, can you tell me about the status of the medical community in 1958 in Dayton. What was the community like? Was it a, ah, would the physicians largely organize themselves in the area?

Black: It was relatively homogeneous area for the most part. We had the usual specialists in all fields but we had not a lot of specialists in all the fields. We had one or two nero surgeons, probably about enough to cover the hospitals, maybe some of them had to work two long hours that they shouldn't have. The practitioners were all busy, probably as busy as they needed to be, and they were able to be physically. The hospitals need to, have to make it clear that 20, 30 or so years before that when there were two major hospitals, St. Elizabeth Hospital and Miami Valley Hospital. And they grew up quite a strain of differences between the two so there was a lot of competition and the remarks were made as I understand it that was before my time in practice, the St. Elizabeth didn't think too highly of the Valley people and vice versa. And there was some (inaudible, 1:55) enough warfare amongst the medical patient I would say that along about 50, 6, 7, 8, 9 along in there, there was a cohesiveness that this was kind of disappearing because most of us in practice went to two or three hospitals in the area and there was a good comradely and I enjoyed going to the Valley to have lunch and I enjoyed going to St. Elizabeth to have lunch with the doctors there. And there were some doctors by their busyness at the one hospital the other primarily were at one hospital but many went to the two hospitals and often the third hospital, Good Samaritan, because geographically its so far away. There weren't too many doctors that went Valley, St. Elizabeth and Good Samaritan although there were some again who were localized in their offices toward the Good Samaritan from the Valley that they would go to both Kettering and the Valley. But about that time there began to be a growth in population in the Good Samaritan area, North Ridge area and the Brookville area so for many doctors did localized their offices out there and they become Good Sam doctors and the doctors going to the Valley or to St Elizabeth felt that they could not go to two hospitals, there

was too much travel time lost. The surgeons were probably the last ones to hang on but many of the family physicians soon localized to one hospital. And the other, and then Kettering came along in 1964 and just about that time may be just a little before there was some polarization again kind of a repeat thing that had happened before.

There began the little feelings between the hospitals and then Grand View of course came from a very small hospital I think it was an old Grand Ville in the downtown area and they moved out to, had moved out, I don't know the years probably around '48 or '49, I can't remember. But that also became a bit of a factor but they did not become a part of the actual medical community until quite a bit later but before they did there, I would say there were some feelings between the hospitals of the areas again the competition at one time there was a pretty good medical council in Dayton, there was a lot of cooperation working with each other. But that had gradually gone away from that and as I understand but I'm not in on the effort as you all now know what's going on with that but I understand it there seems to be as I gather very little combined efforts of hospitals working together. They do work together for the public they have to save face and so they have to say "Oh we're working with the other hospitals," and doing that. Well that's very superfluous. But basically each hospital, including Grand View now, has branched out as you know into the well what was known as the (Inventory, 5:07) Care Center. And this, I want did go through all that when there was a problems with the (Inventor, 5:16) Care Center and with the new Sycamore Hospital and getting the people and community to accept the two and I went to one of the later meetings and (it gave us full, 5:29) ironing out an explanation instead of that it was purely politics. And people said things that we know are not true I could sit there and hear people say things that I knew they weren't true and they knew they weren't true, people in the audience knew they weren't true but they said them anyway. And now this Care Center is a hospital, which I would guess and I can't prove this, I would guess that all in all that it was considered that that would be a branch hospital of Grand View and though they swore up and down that that was a free-standing hospital, no real connection between that and Grand View which I knew was not, just not true.

St. Peter: When were you elected to the presidency of the Montgomery County Medical Society?

Black: I was elected to the presidency, I think '58.

St. Peter: Was the Medical Society a force in either keeping the people, the physicians in the group in the area together or was it a force in keeping them apart?

Black: Well, probably it was more centripetally or/and than centripetal A. So I think there was a cohesion there that would not have been there if it were not for the Medical Society because it represents the whole spectrum of doctors, and geographically as well as economically as well as for every other type of practice. But of course the medical society has no cohorsive power over the hospitals. And this is society's fault if you want to put fault, a word any word check for that word. But I, I think it's correct because as a society we were going places as was the American Medical Association and Ohio State.

And those were the years when we were beginning to formulate ethical behavior that benefitted the whole community, the patients, the doctors and the public but the society stepped in and said you can't do that because doctors can't control insurance companies and then it became worse than that. They said you have to get consumers to come in on it and they act. So, we doctors could not really have any control over their members. Now in the old days I'd say even up to around '60, '62 we did. And if a doctor was out of line we would call him in the (inaudible, 7:50) and we'd tell him, we think you are wrong, in this case we think the patient is right and we want you to, we'll just say it with a charge. They'd say we think that your bill is 2000; we think that 1000 would have been an adequate compensation for you. The patient is wrong we think that's too much we recommend to you that you do that. Now if he wanted if he followed through with that was the end of it. The patient was happy, the doctor may have been a little unhappy but he would get over it but as it went on, we lost that control because of consumerism. Because whenever you'd try to crack down on a doctor who would show up but an attorney saying, "You can't do that, you're trespassing on my client's rights and he has to make a living and you cannot do that." So, we were just to the point of where we could get rid of bad apples and we did. And I sat in on many of those meetings where we actually told a man, "You can't do that and if you don't agree with us you are, you won't be our member anymore." And then say consumerism came in and that went out the window so we have come to as far as I'm concerned a jungle in ethical practice which is not as bad in Dayton as it is in Florida. But it is well on the way. Which means it's dog-eat-dog; it's every man for himself; make as much money as you can legally and you don't talk about anybody else, you don't as a group, you don't tell anybody he's doing wrong. If he does wrong well you have to hope that the public will catch up with him, and cut off his water by not going to him.

St. Peter: When the Patterson Committee Report came out in 1958, what was the reaction of the Medical Society's reaction as a whole? Were there, was there...

Black: It was divided. It has always been divided and I, when I had the meeting in June of was that '58? I believe it was. It was June '58. I was president. At that time I was certain at all which way it would go. I felt it could go either way. They could turn it down or they could approve it. And frankly when the time came, we had a vote, it was approved. And just after that happened somebody jumped up and wanted the opposition, whom I kind of knew was of the opposition; got up and made a motion and I ruled that he was out of order, the action had been taken and the meeting was adjourned. So it was legal, and I'm not ashamed of it, it was legal but that's the way I ended the discussion. And my good parliamentarian friends was right there and he said "You're absolutely right, that's legal." And that was it. The man who did that was a personal friend of mine, still is as far as I know. But we disagreed on that thing, he didn't want to make the school to be here. There were many doctors that did not.

St. Peter: Was there substantial in for the doctors to do?

Black: Oh I would think so, we never took a vote on that. We took a vote only on the approval on that. It was a one night meeting; of course you never get all the doctors

together. We got the ones who thought it was important enough to come. I think it was a special meeting as I recall.

St. Peter: Do you remember what the vote was?

Black: No I don't. I think of those who went, most of the ones who went were interested in the medical school. And ones who didn't go probably were not interested would have voted against it but weren't there to vote. But that's true of any organization that you know.

St. Peter: What were some of the arguments that the opposition used?

Black: I think just what we mentioned. The town gown situation and developing and economics. Those two things are the same important thing.

St. Peter: Do you feel that the, that they were right in the town gown situation...?

Black: To a degree.

St. Peter: Describe that for me please. What is the town gown situation?

Black: That the (academishes, 11:41) looked down on the, what they call the LMD. That's kind of a bad acronym, Local Medical Doctor. And if you read letters going back, they don't say it so much anymore but they used to say it a lot. You'd read articles in the medical journals and it'd say LMD did such and such and then they said what was really the problem emanating that the guy really did just missed the boat many times only because he had not had the advantage of studying the patient long enough of course in a hospital it'd be one of the last shot but that started of course in medical school and the medical students. I kind of get that self-conscious feeling that the LMD is not too bright and that's, that's really what town gown syndrome is carried to an extreme.

St. Peter: How... How did the establishment of the Voluntary Clinical Faculty, in the School of Medicine, did it help that situation? Help to narrow the situation?

Black: No, I don't think it had any major influence either way. I think the ones who didn't like it just didn't join up; the ones who were interested joined. And some of us, and you may not know my background in this, I was then approaching retirement and I was doing all that I could do. I was physically tired, really tired after forty-five years of hitting pretty hard. Working eight to twelve hours a day six seven days a week, I was tired and I felt that I could not get involved so I did not even apply for membership on the faculty. But there was, I may have had a letter I don't remember, those things. I wished I'd kept those things but I was already (up pure, 13:23) records and now I wish to goodness I had those records. I probably had a letter asking me if I would be interested in the Family Practice Section and they had a meeting and I said, oh yeah I'd be glad to come in, I spent hours and hours in the formation of the General Practice Section talking about how to teach it and so forth and Bill Cheney was in the group. He's the one who

customized the most and Pet Nolder [sp?] showed up for a while then he went south in Ohio. And we talked over our goals and how we would teach and then of course had the faculty members full-time so we all put our heads together we did teaching. Bill Cheney and I taught and the doctor from Masonic Home over in Springfield and I can't bring his name to mind, I'd know it the second I heard it. It was a nice relationship. We'd meet oh, twice a month, once a month and maybe more often. It was usually at St. Elizabeth Hospital where the Family Practice Section is sheltered. After that I got another letter from somebody, Dr. Alburn perhaps, I don't know. Somebody in Community Medicine, they said, well, see we can't have you teaching now without a title. You know, I was teaching but I didn't have a professorship of any kind. And I said well, okay if you say so I just soon as teach without any official connections; so they made me a member of the Community Medicine Department, not Family Practice where I'd done most of and did practically all of my teaching (inaudible, 15:02) no that's right, I think all of it was taught in the graduate's section. But I was a member, technically, of the Community Medicine Department, which you know has several departments, Industrial Medicine, Space Medicine, and Gerontology and that was a very interesting experience and I became a member of the Faculty Recruitment and Appointment committee. I was on that several years. I really enjoyed that, it was a lot of fun meeting the new doctors that came in, the instructors, and I enjoyed working especially with freshmen and sophomores. And after a while it kind of dropped out because new teachers came in, doctors of medicine, and I'm sure they wanted to teach classes as well as just be on the staff and planning programs bill. They finally dropped and I got down to where I was teaching just very infrequently. And which I was kind of disappointed in, but I would like to have had at least one, you know, one day a month would've been great.

St. Peter: In June when you set up under your leadership in the Montgomery County Medical Society—

Black: That's the Dewey Committee.

St. Peter: The Dewey Committee was a committee, a starting committee to investigate the feasibility of establishing a medical school in Dayton.

Black: And right at that point, you know, you kind of lose me because from there it went out of my hands. Actually, see, I...

St. Peter: What was R.D. Dewey like?

Black: Dr. Dewey was a very friendly individual who could sit down with you in your home within even five minutes. The old fellow well met loved patients and they loved him. He knew everybody in town, he was very cogent man and he spoke very well. He was, can't think of the word, not really fluent, but he was vocal, so he gave his opinion, but just a nice guy and had very few people who disliked him. I think everybody has those, some characteristics people don't like but he was very well liked. And—

St. Peter: What about Robert Finley Jr.?

Black: Bob Finley is a great guy, and he was helped along by genetics, as you might expect, because his father was R. Kent Sr., R.K. Sr., he's R.K. Jr. I mean R.K. Sr. Kent. He was called 'Kent' instead of Bob or Robert. And he was one of the minor seats in this area. Everybody loved Dr. Finley, myself included. And he was the one who took care of my first Centerville patient who had acute appendix, acute appendicitis. So immediately I thought 'well, I'll ask Dr. Finley to do it.' He's just one of these men who liked everybody, was a very capable guy, very quiet spoken, a total gentleman, as was his wife. Bob's very much like him, but he's not R.K. Sr. Very competent surgeon, a nice guy, and he's a, just an excellent surgeon. As you know, he's co-director of the Burns Department of (inaudible, 17:58) along with, he and Sidney Miller I believe, is the co-chairman.

St. Peter: Another member of the committee was G. Douglas Talbot, can you tell me about ...?

Black: Doug Talbot, do you want to turn your machine off for a minute? Can you? Ok.

Doug was a very good friend of mine, and he was a patient of mine in a way. Doug was a bright boy, inherited much money from his father who was under a high, up in the business world, Talbots, the Talbot family. Course they were sort of a pioneer family in this area. His mother also was a patient of mine until she left for the New York area after her husband had died, while Doug was still in the area. Doug was fresh out of his residency in internal medicine, he had trained in cardiology. He had all kinds of money, so he had high connections, especially with Jim Cox, who was the son of candidate Jim Cox, you know, who ran for president in 1920 something or other. Lived out here in the Eagle's Nest, don't you know they were again one of the pioneer families. I even went out to apply for a job as gardener of that estate, that just gives you an idea of relativity here when I was a kid, through high school. Didn't get the job, couldn't, don't think I ever found anybody at home that day. Anyway, Doug was kind of on the banquet circuit here, he was looked up to because of his social status more than anything else. He was a smart dresser, you know, had the I.V. look, and a very personable guy and he could put on a show out of this world, such as coming into a meeting of women by helicopter. A flamboyancy, but a nice guy. You know, but who else but Doug Talbot would do that. He came from the airport by helicopter to this meeting in the afternoon. Nobody but Doug Talbot would do that. Doug Talbot and I worked together at the Cox Institute, he was the Director. The money was put down by Jim Cox and they started, you know, the Cox Institute, which is now a part of Wright State University. And I was in on the good bit of the planning of the Cox Institute as a member of the committee. Doug was the leader because of his connections, primarily.

St. Peter: Was it (inaudible, 20:21) on the committee?

Black: I was on the committee. Doug Talbot was, I don't know that he was such a great organizer, but he had the money, and he had the stature, he had the social position and therefore became a leader.

St. Peter: Was that the reason you put him on the Dewey committee?

Black: You know, I can't remember that. Probably, because of everything, you know. He knew the right people. And, you know, he wasn't a bad guy. You know, I mean, at all. In fact I consider him a close friend and every time I go to Atlanta I try to reach him by telephone.

St. Peter: Leo R. Palmer, what can you tell me about...?

Black: We're not through with Doug Talbot yet.

St. Peter: Oh!

Black: Just started.

St. Peter: Pray continue.

Black: So, Doug had personal problems. And you can read all about him if you get some back copies of the Dayton Daily News, he's been written up very extensively. He has a recovered, alcoholic, drug, problem. He has a fascinating history. He has come back, and not only come back but he also leads out of the more acid drugs and alcohol. He is the director of the institute associated with the Henry University of Atlanta. And he went from the bottom to the top. He was really through, he was, had been in jail, he'd been in mental institutions, he was at the bottom. He ran into a gentleman of the cloth, I believe he was an Episcopalian minister, with whom he made good contact. And I think Doug would say this if he were sitting right there, that the time finally came for him. It wasn't right when we tried to help him. I sweat blood over that case, trying to help him, as he well knows and still talks about me, when he talks, he says A.V. Black did this, A.V. Black did that. And so everything when to pot, then. And he practically lost control of his family, he lost, he was probably down to pennies, and started over again and now he's up at the top again. And he runs this clinic, everybody doesn't agree with his methods, but you can't argue with his success. He's getting doctors, primary physicians, over their drug and alcohol problem and turning them to duty. So that is, in a nutshell the story.

St. Peter: It's a remarkable success story.

Black: It is, it's a storybook story and if you take the time, it would be within the last year, he was written up I think in April or...whole big spread about his history. So that's the story on Doug. Okay.

St. Peter: Leo R. Palmer.

Black: Palmer is a person who has a very casual approach. He's a big man physically, he's a pediatrician and I'm sure he doesn't get upset about anything. He's kind of a giant emotionally, a lot of good common sense. I guess I said he was a pediatrician, and a hard

worker. And I guess that's the reason if I appointed him, and that, that's too long ago, I don't remember. I suppose I appointed him because I knew him, and that we wanted a pediatrician. And he was with a group of good pediatricians.

St. Peter: What was the purpose of the Dewey Committee, really?

Black: Well it was simply to decide on their own further they should recommend the medical society to approve or disapprove the establishment of the school in this area. It was a very simple admonition.

St. Peter: They came out with the following statement: "The committee, one, finds that the establishment of a medical school in Dayton is feasible, and two, recommends that the medical society actively promote Dayton as a site for a medical school." What kind of reaction did that get from the society?

Black: Mixed. Very mixed, to the point that I said I didn't know whether it would pass the night that we brought it up for the special meeting.

St. Peter: And at that special meeting it did pass.

Black: It did pass. It was only one vote, but it passed.

St. Peter: What, did the opposition to that committee continue to work actively to oppose the medical school to the extent of bringing a hearing?

Black: As far as I know, no, there was no official thing. There was just the rumblings, you know, that you hear with any group of people. But you know nobody called me up and said "well, you dirty rat, you". And I think I have a clipping there, maybe you've seen it. I put some things out for you, just in case. But anyway, it's a clipping that, I believe that's the one that said I did the right thing in getting a committee going and so forth.

St. Peter: What was—

Black: That's really about all it said.

St. Peter: Did you continue the Dewey Committee after the recommendation came out?

Black: No, that was discharged, they did their (inaudible 24:59)

St. Peter: A short lived committee.

Black: And you know, an ad-hock committee strictly and that was it.

St. Peter: Were there any hospital centers of opposition to a medical school?

Black: No, I think the hospitals in general were all for it. I can't think right now, no conservative hospital move against it at all.

St. Peter: Was the medical community in Dayton still thinking of the traditional style of medical school, the teaching hospital? Or were you starting to accept the community based model?

Black: I think that really hadn't gelled all that much because I remember I was quoted there as saying that there would be a big hospital, another big hospital in the area. I didn't say where it would be with the medical school or without it, and actually my predication was correct because the Kettering Medical Center was built very shortly after that. And I was in on that, because of being President. See that was in, just in the talking stage, it was still just on paper when I worked with the people from Kettering on that. I guess you know the story of the Kettering hospital, or do you not? Well, Eugene Kettering, who was the son of Charles F., boss-cat. Obviously became one of the world's richest men because of the wealth from his father, see, Kettering was one of the world's richest men. And as a memorial to his father he had determined that he was going to build a medical structure. And this goes back a few years yet, beyond that, beyond '64, which is when the hospital started. At that time he envisioned in the pictures on the wall in the Montgomery County Medical Society in the back room where we are, have the (hard cancer patients, you ought to, 26:34) see it. He envisioned a medical complex with a small museum type of thing, somewhat after, I believe, Cleveland's Health Museum, along with the Montgomery County Medical Society building, all together. So an architect drew up the plans, and after thinking it over they decided that was not big enough. So, he elected, having visited the Hinsdale Hospital, STA hospital in Hinsdale, Illinois, suburb of Chicago, that the STA people were the people to contact so he contacted the STA people and said we're going to build a hospital and start it as three story hospital. Before it was even up to third story, family related to the Ketterings came along, I can't bring their name back, I know it if I saw it. They said we will build, in memory to our father, we will build a fourth floor. So that's private donation. So a four story hospital was built, started, it opened in '64 so made it would've started 196-, well, early in '58 'cause I was President. It really started the idea when Harley Rice was our hospital man for the main organization. Came down and Harley incidentally was one of the saintly people. That's the best way to describe him, he was just a peach. He's since passed away, but he was a remarkable man. And so a hospital did develop and that was about all I participated because I was busy with other things and by that time I'd become, soon was chief-of-staff at Kettering Hospital. And I, let's see, yeah I guess I was chief-of-staff at St. Elizabeth before I became President, you know you kind of forget the years anymore, that's been so long ago. I was chief-of-staff at St. Elizabeth, at which time I decided I wouldn't take the job again if you gave me a million dollars and I'd had that million through town. But I said I wouldn't take it, I wouldn't. So then after a few years of Kettering, I liked the hospital and they said 'would you run for chief-of-staff?' And I said sure, I liked it so well. I loved it and I had two great years, they were remarkable, really. It was kind of before the government got into the act. And it got so bad there were only two of us of who were two year men. I was the first two year man and I loved both years. Dr. Jack Louis followed me as a second two year man. And after that they

decided it was just too much for one man to take two years, so it went back to a one year job, now. So, currently Dr. Small is just in for one year. So I got busy you know with my own practice and other things. There were other young men to coming in to take up the slack in the medical society and I didn't keep exactly with that. And as far as medical school, I kind of told you the background there and that's what I did, but I did not get involved with the higher movements with the state people. I didn't know the people at the state level. And my personality is I like local people, people I can really know. And I was president of the Lions Club here but I could care less about a district meeting, and a state meeting, national, international. That's for the birds, as far as I'm personally concerned. I don't go to them, I don't like it. I liked being president of the local society where I knew the people, kept fingers on what was going on, loved it. But I don't want anything to do with the district, state, international, that's just the way I am. And I don't like big conventions. I don't go to them ordinarily. I'll go to scientific sessions; I'll go to the exhibits of scientific the things, that I like, sure. In fact, I missed a (inaudible 30:03) and I was sorry but I didn't get back in time to go to that in Cincinnati.

St. Peter: I'd like to thank you for letting me come in for this next, this last session, and on the next session I'd like to do the next step in the, what you can tell me about the planning process itself. Thank you.