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5-26-1984

### A.V. Black interview (3) conducted on May 26, 1984 about the Boonshoft School of Medicine at Wright State University

A. V. Black

James St. Peter

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**WRIGHT STATE UNIVERSITY**  
**School of Medicine Oral History Project**

Interview date: May 26, 1984

Interviewer: James St. Peter

Interviewee: A.V. Black, M.D.  
Former Clinical Faculty Instructor, WSU School of Medicine  
Interview 3

**St. Peter:** Dr. Black, what can you tell me about Dr. DeWall?

**Black:** Well, he's an exceptionally brilliant, uh, person, and as everybody knows he developed the DeWall Oxygenator, which was a, quite an advance in heart and lung operations by a oxygenating the blood, uh, as I understand it, I'm no expert in that field, that, uh, it prevented, in its development, accumulations of bubbles in the, uh, bloodstream. Which of course is extremely important 'cause you get a big enough bubble, it occludes the chamber of the heart and uh, that's a 'no-no.' And of course the heart is open so it's full of air at one time or another during major—now I'm taking now open heart surgery, not closed heart. And most people as you've probably found out say 'open heart' when they don't mean open heart at all, they mean open chest. Coronary, ordinary coronary operations are not open heart, they're open chest. The heart is not open at all. They're working on the blood vessels on the outside of the, of the heart. So, his contribution was the development of that, and that is I think the primary reason that he was brought in, uh, to the area to start with the team of Dr. Taylor and Dr. Shivley as the vascular surgeon and of course he set up shop in Kettering. There were already heart surgery operations at Good Samaritan Hospital with only fair success I would have to say, as I'm sure they would say also. And there were a lot of changings around, but Dr. DeWall came to Kettering then and set up his team and right from the start they had very good results. And, uh, started small, maybe one operation a week, and then it was two a week, and then three a week, and I'm sure it's everyday now except when somebody's away. And it has grown now in that there are two or three surgical groups, and Dr. [Ziwert?] was with, uh, Dr. DeWall. He's separated out now from that, and he's with another group. Uh, he's the man who I saw—you probably know, it was written up in the paper awhile back with this heart assist, uh, outside the body, device. Hans Schwartz, he, he had training, I believe, in Utah, but I'm not sure of that. And uh, he's a very fine surgeon, and uh, doing well, came back. Dr. DeWall, who's just simply recognized, um, as an excellent technologist, and uh, as with most cardiac surgeons, uh, he is a bit of an egotist, I don't, no question about that. But that doesn't bother me because he's, he's got it, he's got a (inaudible) and I don't begrudge him that, uh, there are some personality problems, I'm sure, between him and other doctors in the area, but nevertheless he's done well. He and Dr. Schuster had really formed a magnificent technological team. Dr. Schuster does, and Dr. Schuster was out at Good Samaritan so this was part of the turnover, uh, thing that did not go real well for Ben out there. And uh, so he came to

Kettering and he and Dr. DeWall have a formed a team over the years, it's really excellent and, uh, the technology is great. Almost have to talk Dr. Schuster along with that because without the catheterization studies of course Dr. DeWall would not be able to do his cardiac surgery because he depends on Ben and his team for pretty nearly the exact measures that they've established for volumes and coronary flows and all that kind of thing and, besides the patency or relative patency or non-patency of the coronary vessels, which one which the surgery depends primarily, although they do change according to what they see in the surgery. Naturally you can't go in and say 'well, I'm going to do this' and you find something there you didn't know while if you can crack it, fine, you go ahead.

**St. Peter:** When did Dr. DeWall become, start working with you?

**Black:** Well, he didn't really work with me. Um, I can't give you the exact years, uh, um. Kettering was started in '64, it must've been around '70, I'm going say '73 or four, but uh without some point of reference, uh, its it didn't really involve me directly. I don't know he was...See I chief of staff at what, seventy-one, seventy-two, and he was doing that, so it was right around '69, '70, roughly. Has to be.

**St. Peter:** Yeah, in July '69 you set up a broad based committee with, under his directorship and Dr. Conley, the Dean of Science and Engineering—

**Black:** Yeah, I knew Dr. Conley. Dr. Conley was uh...uh, in my, in one of my committees. I was former President of the United Health Foundation in, uh, Dayton. And Dr. Conley came on board in that, and he was a fantastic administrator. A brilliant guy. It was a pleasure to see him work in that committee. And he then was with us about a year and then he gets a call from Seton Hall. So he went there, as your notes may suggest there, but he's just a brilliant guy and I'm sure he helped getting, got things started. He, I would guess that he helped Dr. DeWall 'cause Dick was busy sewing up parts and things while Dr. Conley did administrative work. I think a great loss of community when Dr. Conley left.

**St. Peter:** When Dr. DeWall was writing his, his various studies, was there any measurable reaction in the Dayton medical community?

**Black:** No, I would, I would say not. The men outside the—the thing is that, uh, as you know, everybody, and it's almost without exception, gets involved in his own life, his own problems, his own family, and as long as things go along pretty well, he tends not to get involved with other things that don't concern him too much and I think that happens in medicine. And a doctor is a busy practice, he's got all he can do, and uh, you know, he knows Dr. DeWall knows what he does, knows he's a good surgeon. Patient comes along needs his services he would send him there. But other than that he has not got involved. And I think that happens at ninety percent. There aren't too many in the community that get really involved over the whole area, they just can't. And I admit that there are many things I had to say, well, you know, life's too short, you can't do everything, and you have to get seven hours of sleep for health. And uh, you have to, and you have to work to

make a living. And most physicians, at least uh, as I was coming along, now it's a little bit different with partnerships, but when you didn't work for yourself, everything stopped. When I left the office, my income stopped. Like that. I had nobody to carry it on, like the storeowner can go to a committee meeting of United Way and the store goes along without him perfectly fine, they don't even, maybe they'll work better without him being there. But when my, leave the office when my income stops. So there is a point of which you have to say 'no'. And uh, I did indeed get to that point, I finally learned to say no about two or three years before I quit. (Laughs) But I did get involved in a lot of things.

**St. Peter:** What was your-?

**Black:** I think that's the reason, it's not so much as a real tight pro, or real tight anti. Uh, I'm sure that some people didn't care for Dick's personality, he's a different person. Uh, he had some mannerisms which uh, are just different, you know, not bad, but, they're different. And uh, some people might say, well 'hey, I don't care for that guy' you know, and, uh, I've been where he and other doctors, wherever it be, have flew up at each other, just on a spur of the moment. Uh, Dick got to thinking, as would anybody in his situation, I think, got to thinking his docket was the most important in the hospital and that's natural. He came with an invention, and he made the thing fly, and well, sure he would feel good about it so he kinda tended to think that the cardiac program took precedent. But he had backing from administration, who ruled, officially, that Kettering was going to be a heart center for the world. A heart center. Not *the* heart center but *a* heart center for the world. And they did indeed, and do, take patients from Timbuktu, and wherever. They do. They come and fly in from everywhere. And uh, that's the way it is.

**St. Peter:** What was your reaction to the development of the school of medicine during those between 1958 and 1969?

**Black:** Most of it was favorable with the doctors that I associated with, but of course, again, with men busy with their own practices a lot of them did not go to meetings, they didn't go to medical society meetings, I didn't see them except maybe socially rarely, but I'm not a social bird. And people found out very quickly that we did not enjoy cocktail parties and they stopped inviting us. If there's anything I still think is stupid and useless, it's a cocktail party. Tired and all, tired from all day working, go to some place just to stand around for an hour and a half, and a glass of ginger ale, which is all I drink, that was just stupid and I tried to turn I, only the ones I had go, and it did get to that point after I was president that I began to turn down anything I didn't have to go to for one reason or another, I didn't go. If I could stay away gracefully, I did. Of course with Wright State meetings I went to all those when we'd have our community, departmental, meetings, and our annual meetings, things of that sort. And all the medical society meetings I did try to go to those routinely unless it was something I just didn't care about. Maybe they had some ball player at a meeting and I would skip that, and I like baseball, sure, but I don't care to spend my medical time listening to a baseball player. I like that in the afternoon, when I'm resting. (laughs)

**St. Peter:** When the school was developing, uh, did any of the politicians who were in the process of developing legislative support for the school, did they come to you and the medical society?

**Black:** No, not really, because our committees were working areas were set up and that's why they went—I can't recall anybody from the state level on down coming down and talking to me, at all. Because the mechanism, which they knew, was there and they didn't really need to talk to me 'cause they knew that I was in favor of it and if I hadn't been, I would've let the people know. I was very outspoken as they may have found out in some of the records.

**St. Peter:** When the school was established finally by the legislature and Governor Kelly signed it into effect, were you involved with any of the steering committees?

**Black:** No, not really. They involved chiefly, uh, heads of departments and that sort of thing and by that time I was not the head of the department. And actually, originally see I was a general practitioner, and then I became a general internist and I did a lot of cardiology and neurology but I did not run a department. I was asked to run the Electroencephalography department years ago at St. Elizabeth's and I declined because I felt I was not ready for it and recommended Dr. Hollister, who took it, and I did the EEGs from then on for about close to thirty years, but never headed the department 'cause I was not a fully trained neurologist. And uh, I had doctors ask me to do a neurological consultation I said 'sorry,' I could do it but I said 'I'm not a neurologist and I'm not flying under false colors,' you just—there are other neurologists in town, so, I'd ask one of them to see the patient. So uh for that reason I would not consider it a true specialist and that's true I was more of a general specialist. (laughs)

**St. Peter:** Were you involved in recruiting any of the clinical faculty? For the School of Medicine?

**Black:** No, not really, that was done pretty much through the university. And uh, they did pick out institutions and I was involved originally I'm sure because I was uh, the director of Bethany Lutheran Village, geriatric institution, had been for over thirty years. And I was also a director of Washington Manor, nursing home, so they wanted those as part of their teaching facilities, and we did, uh, Bethany Village has a certificate and Wright State students do go out there. And uh—

**St. Peter:** What, is it more the geriatric medicine field, that they bring them out?

**Black:** No—

**St. Peter:** Do you have a residency program out there?

**Black:** No, that's just geriatrics. Occasionally they'll be a student for some special purpose, sociology students, I think psychology students. The nursing students come there from Wright State, from uh, Sinclair, and I think that's all. Right now, things

changed, so according to what facilities they have at Bethany Village.

**St. Peter:** When did you join the family practice?

**Black:** Well I worked with them when it was just getting started, really, way back at the total, real beginning.

**St. Peter:** What was it like at the beginning of that, in that department?

**Black:** Oh, a group of us sat around and we talked about things that uh, people oughta learn and the, the university had, um, specialists who simply did their time in planning and I have a thick, had a thick book like that. And they had things outlined, and somebody, I suppose, the first, um, head of the department and he did not stay and I'm ashamed to say I can't bring his name back to me. See, Dr. Gallon is head now, isn't he? And the man who preceded him, a great guy, but he, he got a better job, step up, I think in Kentucky, Lexington, I believe, and left. So I presume he did much of this work but they had combined, compiled, an excellent teaching outline. Actually, too much, I think. It was really a complete, more than a textbook, more than any one person could learn, and I couldn't go through all of it, I had to kind of skip through it. So we used that as a syllabus, and as an outline, and the group in charge of us, who would be whoever the man was, he would give us assignments in certain areas to teach our students and uh, we all, we could curd in that, it was not say 'you do this,' no, we worked it out together and I didn't have a verbatim lecture that I gave, they wanted certain things covered. And I started out I had a lot of the freshmen students filter through my office at Bethany Village and I would meet sometimes two and three times a week and uh, finally it got too heavy and I had to holler 'uncle' there, uh, I'd have to work there will four or five o'clock then work till ten or eleven o'clock reading EEGs and I said 'hey fellas, I'd love to teach, but, ah, I just can't quite cut it.' And I guess that's when things kind of devolved down and they decided that, they probably falsely assumed that he didn't even really want to teach that much, although I really did. But I couldn't fit it, it would take those hours. And that's one problem, was the hours, when they could come and they could only come usually starting at two o'clock so, you know, if you're gonna make it worthwhile you've got to have a couple hours. And that was one of the problems, and a long drive, you know, from Bethany Village just for the University, or even downtown.

**St. Peter:** Who were some of the other, ah, fac—ah, doctors, in the family practice?

**Black:** Well, Dr. Cheney who was part time at Otterbein Home. And students went there and then as I mentioned yesterday the doctor in charge of the, ah, Masonic home. He was in the group. Dr. Kahn uh... Now the younger Dr. Kahn, now he has since left. Ray Kahn, as you may know, is head of the family practice as Good Samaritan. And Ray is an old timer, although he was a young timer when I was practicing, he's much younger than I am. And Ray is a politician of the first water, first, second, third, and forth, combined. He's much like the past president Herm Abramowitz, I don't whether know you've ran into him or not. Uh, well, if you want to interview a dynamo, you interview Herm Abramowitz. Uh, I believe he will be president-elect of the Ohio State Medical

Association next year, if I'm not mistaken. But Herm is uh, one of those people that, everybody's their friend, you know, he's a real, real politician. And uh, that's the way things go sometimes.

**St. Peter:** What was—when you were teaching in the family practice department, what was your typical day like?

**Black:** Well, of course now this is part time, and I'm a volunteer. So, they would come to Bethany Village at whatever the time was, one-thirty or two o'clock, and we would meet as a group and I had some area I was going to teach in, we'll just say it was hypertension workup, or general vascular workup. So we'd have a formal session workup with questions and answers for maybe forty-five minutes or so. And then I would have in advance worked out with the nurses what students would show the type of problem we were interested in, and I would assign each student to that particular problem. And then that would leave me an hour or so, sort of free, though I'd still be there. And then we would all come back together at the end of that time and each one would describe his patient, or her patient, to me and so I would quiz them back and forth, 'Well, did you do this?' and 'What about this?' and so forth, so. Kind of a typical give and take session, but very little actual formal lectures. I did have outlines and notes but I usually did not stand up for a couple hours and give a lecture. It was practical—

**St. Peter:** So was it more or less—

**Black:** —hands on. I showed them x-rays, said 'What do you see there?' 'Well, what about this?' Showed them how to read an x-ray, things they should—Look, from a practical point of view I'm not a radiologist, but I'm a practical radiologist. I've read x-rays since I was just through school and interning at the state hospital. I had access to x-rays, so, I consider myself competent in chest x-rays. I'm not a radiologist or a cardiologist, per se. But I sometimes pick up things other doctors miss and vice-versa, they pick up things that I miss. And missing something does not mean you're stupid. Somebody pointed out, uh, if you have ten doctors and you have one man that's you know at the top of the class, and all the way down you have a man at the bottom, and the man at the top may get 99% of his diagnoses right, the guy in the middle may only get 78% of them right, well are you going send the guy to jail because he's only 78% perfect? You can't do that, always perfect. You're expected to do what's reasonable, but you're not expected to be perfect, although the current trend now is expect perfection. Anybody under a hundred dies, it's somebody's fault. Which is ridiculous, but that's the way things are with, especially with lawyers looking for ways to make a living and take the public, which they are doing right and left. It's not as bad in Dayton as it is in Florida. But it's horrible, and that's one of the problems that faces us and that society's got to come to grips with that problem. I don't know when that's going to be, but, as long as people assume doctors have to be perfect 100% of the time and then if a patient dies, then somebody's at fault, uh, there we go. I had, I had some—most people you know are very nice but occasionally, and I've had families practically accuse me of murder because the patient died of natural causes for which nobody had any cure. And they disagreed with our management and, you know, they call you a murderer and things but you have to be

able to take that in this. That doesn't happen often, fortunately, but when it does it's kind of crushing. When you've done the best you can and the family completely blind to what you've done.

**St. Peter:** When the medical school was developing, in its development process what did, uh, when you would look at the way it was growing up, was it developing according to what you expected it to be?

**Black:** Well, I guess so, to a degree. Uh, I'm a pragmatist, and uh, I saw many things, many, I don't know how many, some things that I felt were not too practical...

**St. Peter:** Can you give me an example?

**Black:** ...developing. Well, I guess not really, uh, I think there was too, little too much attention paid to the psychological, uh, end of medicine as opposed to just the ordinary work a day, working of um, practice of medicine. I felt there was a little too much orientation toward the, uh, psychological ends of the departments, at least at family practice department. I felt there was too much academic as opposed to practical work. I saw too much emphasis, I think, again, in gerontology as opposed to geriatrics.

**St. Peter:** What's the difference—?

**Black:** Geriatrics is the practice of medicine and taking care of people. Gerontology encompasses geriatrics and uh, I felt that the gerontologists were getting over into the geriatric field. That they were intimating that they knew a lot about diagnosis and treatment, which they don't. And I felt that very strongly. And I was not in a position to raise Cain about it because it's a new field and again nobody knows what the true answer is. We're all stumbling along in geriatrics because it's a brand new field. It's only been in the last five years that they're been geriatric, uh, departments in medical schools in America. Wright State has a done a good job in getting that started. It's one of the few that have that much of a department, so they're moving fast. I thought that there was too much emphasis on record keeping, speech making, [and] class attending, rather than talking with the patients and doing for them. But then again I'm already in a [dent?] way. When I was with the Army they followed that same line of thought. Ah, I was active chief of the medical service and I hated every minute of it. I was checking on majors, and captains, and I was a lieutenant and uh, I had to check their work and sign their papers out and I hated every minute of it. I wanted to be out on the wards taking care of the soldiers. And it's the same way with medicine, I, uh, I like taking care of people. And talking with the students, but uh, not writing reports. I had to grade papers, I didn't care much for that, but that, I accepted that as part of the job.

**St. Peter:** What was some of the areas that you felt was developing better than you expected?

**Black:** Well, the students, because of the liberal admission policy, and I think in some ways they were, but I'm conservative, and I thought they took some pretty peculiar



characters. And, uh, but I was real pleased to see them catch hold and the students, you could see them blossom, part of it under your tutelage. And then when I saw them go on to residencies and see their pictures and how well they're doing in residencies and making a name for themselves, really, you now that, that's what I—that developed better, really, than I expected. I thought we'd have an awful lot of very poor students, I really did. But that did not turn out. I think there were mostly very good students, some very mediocre, and some that I wouldn't want to see my patients. One, or two, or them I know that if he came I would say I'm sorry, I don't want you to see my patient. I just felt that strongly, whether appearance, their attitudes, or philosophies.

**St. Peter:** Why do you feel that the admissions policy was too liberal? Was it the way people were admitted, was it the composition of the admissions committee itself, or—?

**Black:** That, I don't know. I was not on the admissions committee, so I can't answer that. But I say it turned out better than I expected and then I was on a committee a couple years. In fact this last year is the first year I missed because I was out of the area. I was a committee to award scholarships, and uh, that was a fascinating experience. Uh, and David Garvey, who was just appointed AOA senior class, that's the honor society, you know, of the medical school, I was glad to see him get that because I had interviewed him on two successive years. And a very outstanding fella and I was so—the first year I interviewed him, I gave him very good grades, he did not win the prize that year. The next year he was back again, I interviewed him again and that year he won the prize. And now he's an AOA member, outstanding man with lots of background, uh... And all the students we interviewed were top grade people and I felt they were all going to make real good doctors. So they did exceed my expectations in that regard. Unfortunately, I felt... I feel that there are some men who've been appointed for some reason or another to the staff, they're men who I wouldn't touch with a ten foot pole. I mince any names, but I felt that very strongly because I, in my experiences with the medical society I knew what kind of men they were and I felt they did not belong on the medical school. I was a little upset with, talking about liberality, they got in [to] some extent- and I have dropped out now, I don't know what extent it is now- they got into this holistic medicine. And maybe they're reviewing this 'holistic medicine', but I don't know. But we all- all good doctors- believe in holistic medicine. We take care of the whole person and that's what we're talking about. In other words I don't think you just take care of a toenail and say goodbye, if you can help it. Sometimes you have to, with epidemics sure, you treat a sore throat, you got a hundred people with sore throats, you got to take care of them and you don't have time to talk about the family and so forth, but in general you still take care of the whole person. And each family, each relationship, and community, that's good medicine, we all believe in that. But holistic people have gone so far off the deep end that they believe in all this natural body hocus pocus and all kind of therapeutic modalities and all the psychological things and they just run it into the ground. There's one down here in Centerville, and as far as I know she's still on the staff at Wright State University, I think. Uh, and uh, she brings in chiropractors to work with her, and people of that ilk, uh, which is absolutely wrong in my book, I don't think we have any business accepting cultists. If chiropractors have something to offer, if they're good at physical therapy, ok, let's make 'em into physical therapists. As an assistant, let's not call 'em 'doctor' for

heaven's sakes, chiropractor's not a doctor, he's a quack. And chiropractors' been nothing but quackery since the very beginning, and they still do the same things they did a hundred years ago almost now, forget when B.J. Palmer started his nonsense. And they take any modern thing that comes along, chiropractors, as a group- not 100%, probably only 99.9%- will grab that, put it in their office, he will put it in his office and make it look important to the patient. He'll have lights flashing and zig-zag things across the screen and he'll use uh, thermal, uh, work now, uh, couple chiropractors here in town have a big clinic, they take people from all over the country apparently, send to them to study using thermal detection. And that's ridiculous, it makes no sense at all, but they're making money. And that's chiropractors, uh, always said, and I've said this in court: that B.J. Palmer himself said that the function of the spine was to support the head, and to support the ribs, and to support the chiropractor. And that's just about it. They're in it to make money only. And I don't know how they get away with it, a man right up here on North Main Street that was indicted and found guilty of evading federal tax laws, in other words he was a convicted felon. You couldn't tell it by the way he advertised his practice, he's still right there all along, he not only evaded taxes, but he sold a lot of medicines, you know made money under the table without reporting it, and here he is practicing his brand of quotation 'medicine', and I'm sure a lot of people are aware of a back ache, and of course they got a bonanza in Medicare. And uh, Medicare people, they're politicians, they don't really care, I tried to fight it and uh, there's no such thing as a subluxation in the first place. There ain't no such thing, that's a term that was dreamed up by chiropractors.

**St. Peter:** What's it called?

**Black:** Subluxation. They treat subluxation. They'll take your spine, and I don't care who it is, they'll always find a spine out of line, you know. They always do, they don't know anything. They say 'Oh boy, that's out of line. We'll adjust it'. Well, they can't adjust it without a freight train. You know, the spinal column is in muscles and you can't move it without getting hit by a freight train, really. And they say by doing this, you adjust it, and relieve pressure on the nerve and you get better which is all a lot of hokum. It's pure baloney and they're parasites in society and we're spending millions of dollars for chiropractic treatment. A lot of people, most of 'em, have arthritis of the spine. I have arthritis of the spine, so what, I don't even take aspirin for it. I know what it is, I know certain things I don't do, but, if I didn't know any better and many people don't, I would go to the chiropractor once a week, he makes fifty dollars, or twenty five, or whatever it is, takes some X-Rays and makes some more, doesn't know what he's seeing, and you and I are paying for that, and that just, just burns me. We could save millions of dollars just by saying Chiropractic had no business or therapeutic [inaudible].

**St. Peter:** Do you feel the medical school has hired, that their practices are too liberal when they hire alternate clinical faculty?

**Black:** Too liberal? I don't know, I'm not in on the end of that or have the complete image.

**St. Peter:** When did you retire from your practice?

**Black:** When—I closed my office in '78, but I kept my geriatric practice, and I kept my Electroencephalography. So I just quit running an office. I quit the rat race, in other words. The, uh, nursing homes, I cut my fees to token fee at the Village, I said I want to continue working. I don't feel like just quitting and I worked for just about one-fourth what they would pay somebody to come in. So I worked really for a token fee, 'cause I still had malpractice, you know, there was a risk there. Had to pay that. And at Washington Manor I had about fifty patients down there, and I kept those, after a couple years then I dropped out of Washington Manor and another year I dropped out of Bethany Village. So I quit that couple years ago, and I kept up my EEG Electroencephalography until December 30, this last.

**St. Peter:** Do you feel that, ah, the medical school has a future going one way or another? What do you see in the future for the Wright State University Medical School?

**Black:** It will decrease in the number of students, I'm sure of that. But I wouldn't say, as long as, um, you know the legislature still will give it enough money to function it will keep on going and be a good school.

**St. Peter:** Why do you feel it'll decrease in the number of students?

**Black:** For the reason the legislature's going say "There's too much money going here, we're getting too many doctors now" and that's the reason. Purely economical. I don't think I talked to you about Mr. Galbraith's idea about retirement, did I?

**St. Peter:** Oh, the bi-mobile retirement?

**Black:** Yeah, I did. I talked to that group and you, and I didn't know whether I told you about, yeah. So I agree with that, although the future, we don't know.

**St. Peter:** Do you feel that the Wright State has fulfilled its mission of putting out primary care physicians?

**Black:** Mhm. It's done a very good job. Yeah.

**St. Peter:** So is it has fulfilled the purpose for its development.

**Black:** It's on the plus side, in my mind. I think medicine is practiced better in Dayton because of it. And not only that I think people in general across the country are getting better care because of it.

**St. Peter:** Do you feel there are sufficient numbers of graduating physicians staying in the area?

**Black:** Heavens, yes. We're overloaded with physicians. If the—

**St. Peter:** Is that good or bad?

**Black:** It's bad. There's competition, and competition is getting to be ridiculous. And uh, the hospitals already advertise all the time and the doctors are getting, they're a little slower at it, but they're getting there, they're, um...But it's a trend toward non-professionalism, which again is really not the doctor's fault, it's society's fault. They're allowing us to go back to the jungle which simply fits in with the permissive attitude of society which permits the television to be the sewer in our living room, it's all part of the same picture. Maybe it'll go the other way sometime, I don't know.

**St. Peter:** If there was anything that, about the Wright State University School of Medicine that you would have changed when it was developing, is there any one thing?

**Black:** Yeah, but not appointing some of the doctors they appointed on their staff but that gets too personal, I wouldn't even put it on tape. I would, I think some of them were, they just took one person's recommendation and said 'oh yeah, he's a good guy, let's let him in.' And uh, I don't think they, I wasn't examined enough when they made me assistant professor. I didn't complain about it 'cause I thought it was fun, but I don't think they asked me enough questions. They just knew who I was and what I did and they said 'we want you.' And that was all there was too it. But I think the committee should've met with me and asked me a few questions and my philosophies and so forth. I really feel that way. But uh, I didn't complain about it, naturally.

**St. Peter:** In other words, there was—

**Black:** Matter of fact I told you I didn't want the, I didn't want the job. I wanted the job, but didn't want the title. But they said well, you gotta have the title if you're gonna teach, otherwise you really can't teach because accrediting people say, what are your authorized credentials? Is he a clinical professor, instructor or what?' And that was the reason for that, so, I appreciate their position. And I think that the same thing happens, but uh, when you see some people that are appointed, uh, you wonder why that person whom I thought did not belong in any teaching area because of the influence that he and, or she, would have on the students, because they don't have the background of what's good and what's bad, in my judgment.

**St. Peter:** Well, thank you very much for talking to me. I appreciate your viewpoint. It's been a unique viewpoint

**Black:** I pray it's unique.

**St. Peter:** There's nobody else in the Wright State community who could've told me the background that you've given me, and I'm sure whoever listens to these tapes in the future will appreciate that as much as I have.

**Black:** Yeah, I hope so too.