

Simon, Dr. Arthur C.

Interview by
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for the
Decatur Public Library

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Dr. Arthur C. Simon Interview

August, 1982

This is Betty Turnell speaking for the Decatur Public Library. Today our guest is Dr. Arthur C. Simon.

Q. Well, Dr. Simon, why don't you tell us how you first came to Decatur?

A. Well, I came up here in 1929 at the invitation of my late partner, Dr. I. H. Neece. He was a prominent citizen, a former past president of the Illinois State Medical Society. At the death of his former partner, Dr. Robert Morris in the late '20's, he invited me to come up. I told him after talking to my lovely wife, Willetta, that I would be glad to come, but we had decided that we'd like to be married and have a honeymoon before we came up. We came here in 1929 just before the big market crash.

Q. '29 is a memorable year -- You were just beginning your practice then?

A. I had just finished a residency in St. Louis with Dr. Bransford Lewis and Dr. Grayson Carrol. They are both past presidents of the American Urological Society.

Q. That was quite a compliment for Dr. Neece to invite a young doctor to share his practice, wasn't it?

A. I thought it was a good opportunity. Right after the market crash, we wondered about it. Money was scarce.

Q. And I suppose doctor's bills can be put off if people don't have money.

A. Yes - we swapped. We enjoyed a lot of chickens and eggs. One fellow offered me a 3 or 4 year old bull in payment of his surgical fee, but I thought I'd rather have him owe me. We couldn't eat that bull. But that swapping program worked pretty well because at that time the dime store clerks were earning \$7 a week. They had nothing to go on - Here's an item from Dr. I. H. Neece's biography. He was asked to give it by Dr. Kieffer. He said,

"The speciality of Urology for the most part was the result of the prevalence of venereal diseases during the end of the first World War from 1918 to 1919. It was prevalent in returning soldiers." He was not in the army, but he was in the public health service. At that early stage venereal disease was rampant and occupied most of our time. Gonorrhoea can now be cured by a shot of penicillin given by a nurse and cured overnight. It used to take a couple of months for the treatment at that time. Antibiotics were not known.

He goes on about my coming up here to Decatur. This proved to work out very well. It's a delightful town. We've loved it. I. H., as I called him then, and I were doing the whole chore of urology and subsequently other urologists came in.

I did have at one time a residency in training specialists in urology. That was in the '40's. It was under the jurisdiction of the Decatur Memorial Hospital. Dr. Patrick McVary, who is practicing in Springfield now and Dr. L. L. Unger, who is retired, and Dr. Keith Neece, who was the son of my former partner. He died last August in '81.

Q. So you do remember some of these early doctors who practiced here?

A. Oh, yes. I had a list of some of the older men back here, which I'll give you. It's interesting.

Q. And maybe you could tell us a little bit about some of them.

A. Here's a list of the presidents and vice-presidents. There are some great names here. I was president of the society in 1942 and past president of the staff. Here is a list of the presidents:

Dr. Zink Sanders in 1927. He was a fine nose and throat man. He died here a year ago.

Clayton Woodward. He was a fine old gentleman, a father-in-law of Dr. Bavore, who is gone too.

McDavid, McClelland, Clyde Tearnan, Ray Tearnan, Bill Rose, I. H. Neece, Hayes, McLean, Dean Stanley, (I have a nice article written by him.), C. E. Bell, recently deceased, D. D. Smith, who was a great obstetrician - delivered both of our children - , Sam Wagenseller, a great surgeon, Wilkinson, who is lying in the Americana Nursing Home now with a stroke, Goodyear, gone recently, C. R. Smith, H. J. Burstein, Vernon Long, Fred Ferguson, Pence.

These are all old friends and associates of mine who referred me a lot of patients. I've lost these referrals now. When I came here, I looked at these older men with respect. I palled around with a younger group. This older group is about gone, and the younger men now pal around together, associating together; they do most of the work as they should do.

Q. Would you say there are any characteristics that might distinguish these older men from today's doctors?

A. Oh, they were great personalities - fine surgeons. To go through their individual histories would be extensive.

There used to be some folk stories about some of the competition, about some of the old general practitioners out there in the town.

I remember one story they told about two of them (I won't mention their names). A patient changed doctors, and the new doctor came in and looked at the bottle of medicine and said, "Oh, my God! Are you taking this medicine? It's terrible - throw it out! No - wait a minute - Go get it! Don't let the chickens have it!"

Times have changed, of course.

Q. Did these men make house calls?

A. They did. They made house calls. They took care of a lot of problems then before the days of the antibiotics and the very efficient therapy and the cancer treatment we have available today.

Q. They probably did some psychological treatment too in the family homes.

A. Most of these men were friends of their patients and had the confidence of their patients when it came to psychological or psychiatric problems. As a confidant or advisor, they could probably get a little closer to them than it's possible for a modern psychiatrist right now.

Q. You probably worked very closely with the hospitals, too. Can you tell us something about the hospitals and the work you did with the hospitals?

A. The hospitals at that time were primitive by modern standards. You take the economics for one thing when you're talking about changes. At that time an orderly would work full time for his board and room and 65 bucks a month. He would put in long hours - be available and do a lot of menial duties. Nurses were on what was called 24 hour duty. They would sleep when they could while they were taking care of the patient. They would cook his meals for him.

Q. In the hospital?

A. Yes. Of course, there were meals that were served, but the nurses did a lot of cooking, and a good cook was a very desirable nurse, along with her nursing abilities. I can recall, looking over an old bill from years ago when a small, private room down in what is the basement of the hospital now had a charge of \$4 a day. They talk now about the increase in cost. Well, you take an orderly working for his board and \$65 a month and his hospital room, no X-ray facilities such as we have now, no specialists full time.

We had very few radiologists in town - one in each hospital and now we have four or five in each hospital.

Q. Both St. Mary's and Decatur Memorial were in operation at that time?

A. Yes, when I got here, Decatur Memorial Hospital had just been built up. St. Mary's preceded it. The hospitals and the medical society in this town have always been compatible. There has never been a bitter rivalry such as exists in other communities. The doctors are all friends, whether they do most of their work at one or the other of the hospitals. The hospitals are now using the facilities of each place to their advantage, such as cobalt supplied by Memorial. St. Mary's will transfer a cancer patient to Memorial for his cobalt treatment. The cat-scan is available at St. Mary's, and Memorial will move a patient over there for the use of that facility, without the tremendous cost of duplicate equipment.

Q. And it's easier for doctors, too, to have a good feeling between the hospitals.

A. It's very enjoyable.

Q. Wasn't there a third hospital in Decatur?

A. Wabash Employees' Hospital, which has since been abandoned. That was quite an active hospital, back then. I came into duty on the staff there. The Wabash Railroads had branches in Detroit, Moberly (Missouri), St. Louis, Chicago, and I received patients without any reservations. They would just send them down to the Wabash Employees' Hospital. I would sometimes spend the entire day doing surgical work there with patients that were just shipped in. Some required extensive care.

Q. Was this service given to the railroad men as a part of their recompense?

A. Yes. It was an employees' hospital - I guess one of the forerunners of socialized medicine in which they paid their dues and received their hospital care and medical care.

- Q. Did you treat their families or just the men?
- A. Just the men. They served very good food there. They had a fine nursing staff.
- Q. Did that hospital close when the Wabash Railroad was sold?
- A. Yes - it folded up then.
- Q. The hospitals certainly have been a great help to the city of Decatur.
- A. Yes - and we had the T.B. hospital, you know, that has been closed since tuberculosis has been practically wiped out with modern drugs and antibiotics.
- Q. That has been one of the great advances of medicine.
- A. It has been terrific. They don't need the hospital any more. Then they had the contagious hospital, where they put a lot of the contagious diseases of the children. But that's closed with the advent of the antibiotics.
- Q. They don't even put up signs on houses now the way they used to years ago when families had contagious diseases.
- A. They certainly don't.
- Q. Dr. Simon, there must be many changes in surgical procedures and facilities since you started practicing.
- A. Yes. I can recall the early stages. Surgery amphitheaters were located on the top floor of the hospital so that we could get day light coming in through a sky-light. Along with that came the hot sun and perspiration. A nurse would come around with ice water and a towel to wipe our feverish brows or hang it around our necks. She was a most welcome soul! We had quite a discussion about new hospital lights - I think whether the hospital

could afford to pay \$500 for one. Now I suppose they pay 5 to \$10,000 for new lamps, which are marvelous. They provide excellent light - no shadows. Air conditioning has replaced the mopping of the brow with an iced towel for perspiration.

Equipment has improved remarkably. The old lamps for cystoscopic diagnostic equipment were run by batteries - a feeble, little tiny lamp about the size of a grain of wheat. Now we have fiberoptics in which a brilliant dazzling light is transmitted by a glass fiber which transmits the light through a cord which can be turned in coils. The light is transmitted through that fiber to the subject.

Oh, the lighting facilities and the powerful anti-cancer treatment: cobalt has replaced the old X-ray therapy which used to produce a lot of skin burns. The oral anti-cancer drugs and the antibiotics are tremendous. They are curing cases we used to consider incurable - very malignant diseases. Wilm's tumor, which used to occur mostly in children, a tumor of the kidney, very, very few were ever cured by surgery. Now we don't even operate on them. We give them anti-cancerous treatment and end up with a cure.

Those are just a few of the changes that have taken place.

Q. Dr. Simon, you have talked about some of the older doctors and about doctors who have practiced here in Decatur. What about the young doctors who are coming on?

A. We are very fortunate in obtaining a large group of fine, young, well-trained men in all the specialties and also in our new residency program out at Memorial Hospital in general practice, which we've built up. A number of residents under the care of Dr. David Ouchterlony who is teaching them. We hope that a large percentage of those men will remain in the

surrounding areas and towns. There is certainly a need for them. The older men have departed. But we have a fine group of excellent, well-trained young fellows.

Q. So you think that the practice of medicine in Decatur has had a fine history, but that there is a great hope for the future too?

A. It looks very pleasant - and then, you know "all work and no play" doesn't go in medicine. We have our hobbies, too. We have to get away from the drudgery sometimes.

Q. What are some of your hobbies?

A. Hunting and fishing and golf. When a man's on a fishing trip and catches a nice fish or two and has excitement, he clears his mind of a lot of the drudgery and problems that beset us.

Q. And I'm sure you've had a great help from your family.

A. Yes - my latest hobby is the position of great-grandfather.

Q. Oh, great!

A. I like that very much - to hold this little two-months old great-granddaughter and watch her begin to smile and chirp and grow. It doesn't seem very long ago that her mother was just a new-born babe.

Q. Who knows? She may grow up to be a doctor too.

A. We wonder what the future for our youngsters is with the turmoil that's ahead. I'd like to leave them a little better world than we have right now, but my son says, "Oh, you and mom got through all right. We'll get through this too."

Q. Well, I hope they have as rich and full a life as you and Mrs. Simon have had. We thank you very much for sharing your reminiscences with us, Dr. Simon.

A. Thank you. It's been nice talking with you.

You have been listening to Dr. Arthur Simon telling some of his experiences in the medical field in Decatur.

This is Betty Turnell for the Decatur Public Library.