



JUNIOR LEAGUE OF CEDAR RAPIDS

ORAL HISTORY PROJECT

INTERVIEW WITH Clyde Meffert

CONDUCTED BY Anne Hampton-Larson

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TRANSCRIBER Hazel Storm

Dr. Clyde B. Meffert believes he was born in 1901 in Winthrop, Iowa. He is the son of Ralph and Catherine Meffert. Dr. Meffert attended elementary school in Winthrop. He attended Cornell College and University of Iowa Medical School. During his junior year in medical school, he married Elsie Schlue. Except for a year's time in Cincinnati at General Hospital and about two and a half years during WWII, he has lived in Cedar Rapids since 1937. Memories of medical advances and procedures highlight interview.

INTERVIEW TOPICS
CEDAR RAPIDS: THE EARLY DECADES OF THE TWENTIETH CENTURY

I. PERSONAL LEAD-IN QUESTIONS

- 1--When were you born? Where?
- 8--How long have you lived in Cedar Rapids?
- 1--What are your parents' names?
- 1-5--Where did you go to school?
- 14--Are you married or single?
- 14--Did you raise a family? How big?
- 5--What has been your occupation (career) during your adult years?

II. COMMUNITY TOPICS

A. Technology in the Community

1. Transportation

- Railway travel (Union Station, trips to Iowa City on Crandic)
- Trolleys (the Interurban)
- Horses and First Automobiles
- Mud roads and the seedling mile
- Hunter Airport and the first planes
- Cedar River (ferries, floods, dams)

2. Communications

- Newspapers
- Radios
- Advertising
- Telephones

B. People in the Community

1. Amusements/Recreation

- Motion Pictures
- Cedar Rapids Parks
- Dances
- Carnival Week
- Chautauqua
- Community Theater
- Little Gallery
- Symphony Orchestra
- Circus
- Greene's Opera House
- Amusement Parks (Alamo)
- Camps
- Community Centers (YWCA, YMCA)

2. Famous Characters

- Cherry Sisters
- Grant Wood
- Carl Van Vechten (The Tattooed Countess)
- Marvin Cone

3. Lifestyle

- 11,12,17-19--Life before air conditioning
 - Winter Activities
 - Holidays (Memorial Day, July 4, Thanksgiving, Christmas)
- 11--Clothing
 - Toys
 - Saloons/Taverns
 - Farm Life

4. Family Life

- Household Help
- Women's Roles
- Childrens' Activities/Behavior
- Sunday activities (Church life, Sunday Blue Laws)

5. Ethnic/Minority Life

- Immigrants (Czech, Greek, German, etc.)
- Indians
- Segregation of Blacks
- Jobs Available

C. Organizations and Institutions in the Community

1. Education

- Cedar Rapids Schools
- Coe College
- Mount Mercy College
- 2--Cornell College
- 3--University of Iowa

2. Government

- City Services
- Streets/Roads
- Relationship with Marion (Courthouse Dispute)

3. Medical

- 9, 20,21--Hospitals
 - 10--Patient-Doctor Relationship
 - Broken Bones
- 22-24--Polio, TB, Debilitating Diseases
- 8,10,11--House Calls
 - Home Delivery of Babies
- 6,7,17-19,22--Surgery
- 8,12,13--Malpractive Insurance
 - 16--Laboratory Work
- 22,23--Vaccinations

- 4. Business and Economy
 - Local Factories (Douglas Starch Works, Quaker Oats, etc.)
 - Local Brewing Companies
 - Retail Businesses /Department Stores
 - Professions
 - Banking and Finance
 - Restaurants (Greek Restaurants in 30's)
 - Businesses that no longer exist (old groceries, drygoods, icehouses)
 - Farmers Market
 - Mills on Cedar River
 - 15 --Buildings Erected (medical offices)
 - Manual Labor/Types of Jobs
 - Companies (Labor Unions, Strikes, Pay)
 - 8,9 --Medical Payments
- 5. Attitudes/Values
 - Children/Discipline
 - Sex/Petting
 - Charity
 - Divorce
 - Work
 - 9 --Working women, Voting Rights for Women
 - Patriotism (World War I)

D. Historic Events in and Outside the Community

- 1. Catastrophic Events
 - Clifton Hotel Fire (1903)
 - Douglas Starch Works Explosion(1919)
 - Bank Closings (1933)
 - Lyman-Stark Building Collapse(1913)
 - Public Library Murder(1921)
- 2. National Historic Events
 - Womens' Suffrage
 - World War I
 - Roaring 20's
 - Prohibition
 - 8,14 --Great Depression
- 3. Medical Advancements
 - 6 --Antibiotics
 - 6,20,21 --Penicillin
 - 6,7 --Anesthesia

Interview with Dr. Clyde Meffert
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Interviewer: Anne-Hampton Larson
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AHL: Dr. Meffert, when were you born, and where?

MEFFERT: I was born in Winthrop, Iowa.

AHL: And in what year?

MEFFERT: In 1901, I believe.

AHL: And what were your parents' names?

MEFFERT: Ralph and Catherine.

AHL: And what was your father's occupation?

MEFFERT: He had a general store in the town of Winthrop.

AHL: And how many brothers and sisters did you have?

MEFFERT: I had two brothers and no sisters.

AHL: And where did you attend elementary school?

MEFFERT: In Winthrop.

AHL: And what grades did that consist of?

MEFFERT: Well, all 12 grades were in one building.

AHL: Oh-hh. And were all the students in one room?

MEFFERT: No, we had different rooms.

AHL: Where did you attend college?

MEFFERT: Well, I first went to one school in 1918, and I didn't like it. I was too young to get into the student army training corps, and there were no athletics; and we had a group of about 15 or 18 of us that really didn't have anything to do except study. And then we got the flu, and the boy that went

with me died with it. And they closed the college, and I went home and said I was never going to college again.

AHL: And where was this?

MEFFERT: Well, I'd rather not say.

AHL: So tell me when you decided to go to medical school.

MEFFERT: Well, I went to business college first; and Mr. Gates, the president of the school and the business college in Waterloo, he talked me into going to college. So I had to work awhile to get some money, and then I went to Cornell College. And during my curriculum there--during my course of study--toward the end of it, a couple of the professors talked to me and told me that they thought I ought to go into medicine. So, by that time I didn't have quite the requirements, so I had to go back another half year and summer school and get the credits I had to have to get into medical school.

AHL: Now, when you first went to Cornell, what was your area of study? Was it business administration?

MEFFERT: No, just general education.

AHL: And during that time, did you take several science courses, or anatomy and physiology?

MEFFERT: No, we took courses in zoology and physics and that type of thing, but they didn't teach anatomy and physiology in that time.

AHL: Could you tell from those classes of science that you were really interested in medicine?

MEFFERT: Yes, I began to see that that was what could be very interesting to me, but at first I couldn't see any way of

financing my way through school. We didn't have student loans and all that stuff then, and so I had to stay out of school and work two years.

AHL: What did you do during that time?

MEFFERT: What did I do during that time?

AHL: Um hmm, to raise the money.

MEFFERT: I was a salesman, traveling from--in the country from farm to farm, and in the town from whatever business I thought might be a good prospect.

AHL: So those two years you worked, it was to put yourself through Cornell, is that right?

MEFFERT: Through medical school.

AHL: So tell me about when you were admitted to medical school and how you went about that.

MEFFERT: I was admitted in 1927 and I...

AHL: At the University of Iowa?

MEFFERT: Yes, at the University of Iowa. And I knew I had to work some way, so I went over to the hospital and inquired about a job. And the dietitian said yes, she had a job, and she put me down in the basement peeling potatoes.

AHL: Can you remember how much you earned an hour?

MEFFERT: Oh, we didn't get paid by the hour; all we got was our board.

AHL: So were you staying at the hospital?

MEFFERT: No, I stayed out in town, and I ate at the hospital, of course.

AHL: Tell me how you would get into medical school, then. Who did you contact? Did you have to have references from your professors?

MEFFERT: Yes, I was sure I could get in because there were two professors at Cornell that said if I wanted to get into medicine they would see that I did. And apparently they did, because all I did was go down and apply at the dean's office and I was accepted and was in medical school.

AHL: So they didn't have any type of aptitude test then, like they do now?

MEFFERT: Not at that time.

AHL: Tell me about some of your experiences at the University of Iowa in Med School. How many years did you attend?

MEFFERT: Well, you have to go four years, of course. And it was a very pleasant four years--the most interesting time of my life, probably, because you could see more and more that it was what you wanted to do and the things that you were doing were getting more and more interesting. Until my senior year, I-- in the summer between junior and senior year, I was contacted wanting to know whether I would like to intern that year or for six months of it at least instead of going to class. They were trying out that procedure, and I certainly did want to intern and that was probably the turning point in my career because we served half the time in surgery and half the time in medicine. And I knew that surgery was my preference of the two. And through the Chief of Surgery I obtained the internship in Cincinnati that I desired, and I had a close enough contact with the Chief of Surgery at Iowa that I was quite sure that I could go back there when I finished my internship. And that's what I did. I went back--that was

after graduation, of course, and the year of internship, and I went back and spent the next five years in the Department of Surgery at the University of Iowa.

AHL: Was it unusual back then, or common, for people to specialize?

MEFFERT: It was becoming the thing that you knew you would like to do, because medicine had progressed to the point where you required doctors with special knowledge in certain fields.

AHL: What year did you graduate from medical school?

MEFFERT: Well, let me see. It must have been '31.

AHL: After you graduated from medical school, where did you go?

MEFFERT: Well, then I went to Cincinnati--General Hospital--for one year, and then back to the University of Iowa, five years in general surgery.

AHL: After that time, did you have to take a written exam like they do now?

MEFFERT: For what?

AHL: For surgery--for medical school at the end, to get your diploma.

MEFFERT: Not to get your diploma. You had to take an examination to get your medical license, yes.

AHL: So that hasn't changed much.

MEFFERT: No, I think that's--probably the licenses are a little harder to get, I don't know. Maybe they're easier.

AHL: Were there quite a few people in your graduating class from medical school?

MEFFERT: I think there were 104. I believe that's right.

AHL: And how many surgeons were in that group?

MEFFERT: Well, you didn't know at that time, of course, when you graduated, because none of them are surgeons. Although they are all allowed to do surgery.

AHL: They were, then.

MEFFERT: At that time, and I don't know how much that has changed. I think they can still do some if they wanted to because you are licensed as a physician and surgeon.

AHL: What do you think has been the greatest or biggest advancement in medicine since you started practicing?

MEFFERT: Well, I don't think there is any doubt but what antibiotics have had the biggest impact on medicine, because there were no antibiotics at that time when I finished surgery. In fact, it was after I had been in practice quite a little while before the sulfanilamide came out. That, I believe, was the first one, and that made quite a difference. That wasn't followed though until 1942 or 1943 when penicillin came out.

AHL: So as a doctor before the antibiotics, how would you handle infection and what would they do for... ?

MEFFERT: Well, I think our sense of sterility was probably a little greater than it is now; except in certain fields, it's that way now. But those who specialized in surgery, you had to be extremely careful of sterility.

AHL: Talk about anesthesia. How has that changed?

MEFFERT: Well, there's been a vast change in that. When I was in my training, of course, they had ether and ethylene, which was a gas anesthesia, and they had nitrous oxide. And a great deal of surgery was done with a local anesthetic. So, there's been

a very great change in anesthesia, depending upon where you work. In working out of the country--I worked some little time in Ethiopia one time, and we had no general anesthesia except ether, and that wasn't too easy to get done. So we did practically all the surgery under local or under spinal anesthesia. The spinal anesthetic, you had to give it yourself, and of course the local you did yourself. So it depends on where you were working.

AHL: What, if any, procedures have become obsolete?

MEFFERT: Well there are a lot of procedures that have changed. When I began practice, we did many thyroidectomies because of hyperthyroidism; and nowadays it's almost never done because it is controlled by other means--radioisotopes and so forth.

AHL: Can you think of any others?

MEFFERT: I guess there are...

AHL: I'm sure there are so many.

MEFFERT: Quite a few of them, but I haven't done surgery since I retired and that's been some little time. I retired in 1970 because I had had two attacks of coronary occlusion, and I felt that I didn't care to have any more of those. And my son was here and so he could take over the practice, which he did.

AHL: What year did you retire?

MEFFERT: I retired in 1970.

AHL: What advantages in practicing medicine are occurring today that you see?

MEFFERT: Say that again.

AHL: The advantages of medicine today compared to when you were practicing.

MEFFERT: There are better doctors, in this respect; that there are now highly trained specialists. And there isn't any one doctor who could possibly have the knowledge that it would require now to do the many things that are done. It is--almost all fields have made great advancements.

AHL: And what do you think are some disadvantages in practicing medicine today?

MEFFERT: Well, it is more difficult to have a patient as your own patient. Of course, I didn't have a lot of that in doing a specialty, but they still have their own or their general doctor now, lots of patients do, and the disadvantage is that you are required to know so much that it almost--you almost have to have a specialist to help you on many problems that come up. And, of course, the threat of malpractice if you don't do that is very great. I think many of the doctors nowadays--I'm sure many of them could treat a great many of the conditions that they encounter themselves, but they feel they are almost forced to have special attention because of the threat of malpractice if something should go wrong. That, to me, I think has been a great hindrance in the practice of medicine.

AHL: People who were poor, how did they pay their bills during the Depression?

MEFFERT: I came to Cedar Rapids in 1937 during the Depression, and they had a county program where the county would pay you \$2 to see a patient. And there was great competition. If you had a call to see a patient--you'd make a housecall, and you might get there and find two or three other doctors there. If you

had to have an operation, the County Committee decided whether you could do it or whether you couldn't. You were paid a set fee for the operation by the county, and of course you did a rather large amount of free medicine. And that was all right; it was good practice.

AHL: Did any of the people who couldn't pay, would they give you some vegetables; or farmers who would come in, would they try to repay you by giving you things?

MEFFERT: Well, not often that way because there is a limit to what little you could use if they did. But they sometimes would ask you if they could work. For instance, one man came out and paid his appendectomy bill by trimming our trees. But there wasn't a great deal of that that I had, at least.

AHL: Did any of the patients who were very poor and couldn't pay, would they go to Iowa City? Did Iowa City have a... ?

MEFFERT: Well, they had--almost all of them were sent there who really needed help and couldn't pay. Most of them were sent down there, yes.

AHL: Can you remember the first woman physician who came to town?

MEFFERT: I can't remember the first one, but there were a number of-- Florence Johnston, an anesthetist, was one of the early ones here, in my time at least. And Blanche Houser, who also was an anesthetist and a very good one, she came later on, too. Those were the two that I remember as being early.

AHL: What procedures or practices would you like to see return?

MEFFERT: Well, that's a tough one. I don't know how to answer that because I think most procedures are better now than they were.

AHL: Do you feel that doctors, in general, are seeing more patients and are busier? Do you think the patient-doctor relationship is the same as it was when you were practicing?

MEFFERT: I don't think that they are seeing more patients, no. I doubt it. But the--well, I don't know quite what to say to that one. Ask me again.

AHL: All right, let's start with--the question was: What procedures or practices would you like to see return?

MEFFERT: Well, I don't know that there are any procedures--because I think medicine is better than it was. When you first started--for instance, I had to do orthopedics, and I even had to do neurosurgery and all that stuff because no one was here to do it. And you'd hate to see that come back because you just can't be a good practitioner in that many fields. You had to do--I didn't have to do obstetrics, fortunately, except a Caesarean section once in awhile.

AHL: Tell me about the relationship between patient and doctor when you first practiced.

MEFFERT: Well, I don't know that it was any different from what it is now.

AHL: But back then they had more housecalls, didn't they? Doctors were more willing to go to the home.

MEFFERT: We did a few housecalls, yes. You had to make some housecalls. I even did one or two or three cases of surgery in the home, but that was practically over with by the time I started.

AHL: Why do you feel that the doctors don't need to make housecalls any more or that they've decided not to?

MEFFERT: No, I don't think that's it. I think it's impossible to make housecalls. They are too busy, for one thing. There are too many things that you can't do in the home. If you made house calls and you required laboratory work, that you just couldn't make a diagnosis without it, and that would happen because your malpractice again would enter into it. And you couldn't possibly do the things in the home that you have to do to avoid malpractice.

AHL: Tell me how the doctors and nurses dressed during that time.

MEFFERT: The doctors all wore suits and hats. We didn't--we never had a sports shirt. Charlie Day was the first one that broke tradition. He came to the hospital one day dressed in a very comfortable trousers and a sort of a shirt combination with an open neck, and he just looked wonderful and he looked comfortable. And it wasn't long until all of us were trying it.

AHL: So before that time, you were all required to wear ties?

MEFFERT: Always, always had a coat, pants, and we all wore straw hats in the summer. You wore a necktie always. And in some respects I think that was a good idea too--I think doctors looked a little different--they certainly looked more professional at that time than they do now, if you call that professional, I don't know.

AHL: Now, how would you stay cool, having all that on before air conditioning?

MEFFERT: You didn't have air conditioning, so you just used fans, in your office particularly. That was very important.

AHL: I'm sure that got rather miserable on days, didn't it?

MEFFERT: Yes, it did, except that the higher you got in an office building the better the air conditioning--the breeze was better.

AHL: Tell me about the lifestyles of the doctors. Tell me about your lifestyle and how it has changed for young doctors today.

MEFFERT: Well, now what do you want to know about lifestyles?

AHL: Well, for instance, during the time when you were practicing, tell me about your day--the time you'd get up and where you'd go, and follow this through the day.

MEFFERT: Well, you started your work--you started operating at eight o'clock in the morning, and you did that practically every day. And then you went to the office when you got through, and you stayed there until--you didn't go home at five o'clock like so many of them do now. You stayed there until your work was done. Many times you didn't get home until 7:30 p.m. or 8:00 p.m. And it was my feeling that if you had patients sick enough to be in the hospital, that you should see some of them at least in the evening before you went home and went to bed. So you didn't have much spare time.

AHL: Getting back to the malpractice insurance. When did that come to be available?

MEFFERT: It was available all the time. When I came to Cedar Rapids, you could get malpractice insurance for \$15 a year. And it was that way for quite a number of years, and it has just gradually become more and more expensive because of the increase in people who feel they have been wronged and collect such huge sums that no one doctor could afford to do without malpractice insurance.

AHL: With today's malpractice insurance, is the fee the same to all doctors, or does a surgeon have to pay more than a general practitioner?

MEFFERT: Well, of course the more risk there is the more the insurance would be. But, for several years after I retired, I assisted my son and his partner once in awhile just for--I don't know whether they did it thinking it would make me feel good or if they thought they could learn something. But anyway, I had to carry insurance to do that, although I was not doing any surgery; I was just assisting and observing. And I paid about \$1,500 a year for that malpractice insurance. I haven't done that in quite a number of years now; I don't know what it would be now. But that was a malpractice insurance that was a hundred times what the whole deal was when I began, and I wasn't even doing surgery--I was observing and assisting, and it cost me a hundred times in malpractice insurance than it did when I started.

AHL: Tell me what you feel was the most demanding part of your job.

MEFFERT: What was the most demanding part of the job?

AHL: Or did you maybe feel that nothing was demanding?

MEFFERT: Well, that's a hard question to know, you--the most demanding was to be absolutely sure that you were doing the right thing in your surgery and that you weren't cutting any corners anywhere--that you were thorough and that you took particularly good care of patients after surgery. That was the fundamental of all of it. You had to--if you did it, you had to be sure that you carried on until they were well.

AHL: Why did you choose to practice in Cedar Rapids?

MEFFERT: Well, I had several offers from other places--one in Minnesota and some in Iowa--and I decided that Cedar Rapids was a good place. And the man who was going to finish the year after I did, he said, "If you don't go to Cedar Rapids, I'm going to go there next year." So, that helped me to decide. Well, it was a good city. It hadn't suffered as much during the Depression as some of the other cities in Iowa, and I had no desire to go out of Iowa. It was the right size city.

AHL: How big was Cedar Rapids during that time?

MEFFERT: Oh, it was around 65,000, I believe, when we came here.

AHL: Were you married in medical school?

MEFFERT: Yes, I was married when I was a junior.

AHL: And what is her name?

MEFFERT: Elsie Schlue.

AHL: Where was she from?

MEFFERT: Van Horne.

AHL: How many children do you have?

MEFFERT: Two.

AHL: What are their names?

MEFFERT: William and Molly--Molly and William. Molly was first.

AHL: Where does she live and what does she do?

MEFFERT: She lives in Portland, Oregon. She is married; her husband is a professor at Reed College. She is a speech therapist in the school system, and the children--one has just finished high school and the other one has finished two and one-half years of collegiate work.

AHL: What are their names--the grandchildren?

MEFFERT: Amy and Andy.

AHL: Tell me about your son.

MEFFERT: Well...

AHL: What is his name and what...

MEFFERT: His name is William, and I'm not going to tell you much about him because I think he already is talked about enough because he has done exceedingly well.

AHL: He's a surgeon in Cedar Rapids?

MEFFERT: Yes.

AHL: When you came to Cedar Rapids, where was your first office?

MEFFERT: I was on the tenth floor of the Merchants Bank Building--
Merchants National Bank.

AHL: How long were you there?

MEFFERT: I was there until I went to the army--I enlisted in 1943, 1942,
somewhere in there. They reserved my office until I came back
two years--a little over--two and one-half years later. And

was there then for a number of years on the tenth floor,
until Dr. Sedlacek came in with me. We needed more room, so
we moved down a floor or two and stayed there awhile until
they began then to build outlying clinics for doctors, and we
moved out to the one on First Avenue to give us more room.

AHL: In your first office, how many employees did you have?

MEFFERT: One.

AHL: The receptionist, and was she an R.N. also?

MEFFERT: Well, she was my wife for the first year. Couldn't afford an
office helper.

AHL: Tell me about blood transfusions.

MEFFERT: Well, those were--of course, we have used those all the time since I've known anything about surgery. But you had to--well, at the University we had to draw our own blood and cross match it and stuff like that. The laboratory didn't do those for us. And then you went into practice--in Cedar Rapids I believe they had--I'm sure we didn't do our own cross matching. We used blood quite frequently, but it was done by the laboratory.

AHL: What type of lighting did you have?

MEFFERT: Lighting?

AHL: Lighting, uh huh, in your early days?

MEFFERT: In the operating room?

AHL: Uh huh.

MEFFERT: We had good operating lamps. Somewhat similar to what they still have--the circular with several reflecting beams that come into the field of your surgery. The lighting was very good.

AHL: What new specialties are there now that didn't exist? I am sure there are so many that...

MEFFERT: Yes, there are all kinds of them. I don't know if I could even name--I know I couldn't name a tenth of them. There are some though that--for instance, I can't think of the names even. There is one that Dr. Davis is doing in O.B. and Gyn.--hormones and stuff and things like that.

AHL: Fertility?

MEFFERT: Yes, fertility. And there are all sorts of things in the surgical field of variations.

AHL: When my cousin had leukemia, we were so thrilled that there was an oncologist because we think that that helped save her life.

MEFFERT: Well, we didn't have that at all, and of course even your x-ray people have specialties that didn't exist at that time-- a good many of them.

AHL: Tell me about how the operating rooms have changed.

MEFFERT: They have changed in size, for sure. They were rather small, some of them. You had to leave room for someone to come around and mop your brow so you wouldn't drop perspiration in the wound. There were always nurses in the operating room that were doing that job for you. You couldn't have fans because that would stir up any bacteria or dust or anything on the floor. And it was rather a warm place to work. The rooms were quite small. Sometimes we had to go out of town to operate.

I used to go to Maquoketa, sometimes down to Williamsburg; sometimes at both of those places we had to carry patients up a flight of stairs in order to get them to the operating room. There were no elevators, and that has been a good change, of course. But the rooms are much larger now. We have a great deal more equipment, and so many more assistants. It isn't possible to work without the bigger rooms.

AHL: Can you name your greatest challenge as a surgeon?

MEFFERT: Yes, I think so. I had to take a bullet out of a kid's neck that was in his spinal canal.

AHL: Tell me a little bit more about that. Was that in Cedar Rapids?

MEFFERT: Um hmm. He modified a rifle and made a revolver out of it, as kids will do, and he dropped it out of his pocket and it discharged and hit him in the neck and paralyzed him--arms, legs. That was--at that time we believed that an injury to the spinal cord, if there was any hope, to get the person well or at least the greatest chance we had was to go ahead very soon after it happened and see if you could correct the difficulty. I operated as though I believed that and removed the bullet from his spinal cord. You had to do it under a local anesthesia because he had no way to be given--there was no way to give him an anesthetic--you had to do it with a local. I removed the bullet and he got well and is still living and has a family and is a great joy to me every time I see him.

AHL: What year was this?

MEFFERT: That was about 19--maybe 1940 or 1941--I can't be sure.

AHL: Around that time. I was wondering if it was 1940--or forties, fifties or sixties. And how old was he at the time?

MEFFERT: Oh, I suppose 8 or 10 or 12, somewhere in there.

AHL: Is he still living in Iowa?

MEFFERT: I don't know.

AHL: What was the easiest type of operation?

MEFFERT: Well, it depends on--all operations are not the same. All appendectomies are not the same. All hernioropies are different. And it is--the easiest operation, of course, is to remove a skin cancer or some unusual--some minor procedure

that the results are very good. But lots of operations become easy as you do more of them. Sometimes gallbladder is a simple operation and sometimes it can be one of the worst that you ever have. Same way with appendectomies. You can have one that you can do in 15 minutes and another one might take you an hour because of the location and certain other things that you run into.

AHL: Do you have an operation or a memory that was the most difficult, or do you think that the memory shared with me about the 10-year-old boy... ?

MEFFERT: Well, that wasn't technically a difficult operation, but it was the... yes, sometimes because of people's deformity, an ordinary operation becomes a great challenge. I remember the one that intrigued me for many years was a person who was bent over because of a back injury so that he walked with a--bent way over. And he had to have a gallbladder operation, and he was jaundiced, which means you have to work up high in the abdomen, up under the ribs, and you have to be very accurate in finding what you are looking for and removing the difficulty. And it becomes sometimes--it looks to be almost impossible, but you do a little time, and finally you work the problem out and get through it. I remember one very difficult case like that. But there are all... most of it is a question of just thinking yourself through the problem and correcting it.

AHL: How have hospitals changed the most?

MEFFERT: Well, of course, they--the size of them is the biggest thing, but in some respects they have changed very little and in some

they have changed a great deal. The care patients got was good at that time; of course, it doesn't compare to what they have now because they have so many more things they have to do now. And also the administration of the hospital changes a great deal. That has been a marked change since my beginning.

AHL: Do you have a first memory or impression of St. Luke's Hospital? As a boy, or as an adult?

MEFFERT: I'll tell you one of my impressions at St. Luke's. Of course, it was a small hospital then. We had a lot of experiences. For instance, I can tell you one that goes back quite a way.

The ward--the large ward where they kept 10 or 12 patients--was on the first floor at St. Luke's, and they had a back door to that ward which opened onto a yard back there and beyond the yard was a swamp, which in the summer it would be kind of green with algae and it was kind of a nuisance.

Well, we had a doctor here, Dr. Peschau, who was a very good general practitioner, and he came to me one day and he said, "Do you remember that ward and that swamp out back of St. Luke's Hospital?" And I said, "Yes, I sure do." And he said, "Well, I think I had a patient that got the first dose of penicillin of anybody in Cedar Rapids." And I said, "How's that?" And he said, "Well, I had a case of a ruptured appendix that Dr. Kraus did." And at that time this was a bad one and a big abscess, and he had to put packing in and leave the wound open and put the man on nothing by mouth. And he was so thirsty and we didn't have the good intravenous solutions that you have now. He said he became so thirsty and irrational and

got up one night and got out of his ward and got out of the hospital and waded out into the swamp. And the nurses were right after him, but he got in there and he just scooped up this slimy water and drank it. He was... and it soaked his wound and his bandages and everything else, and he said that guy turned right around and started getting better right away. And he said, "I think there was penicillin in that water."

(Laughter)

AHL: That's a funny story. Do you have an impression of Mercy Hospital--a first impression?

MEFFERT: Yes, I did a lot of work at Mercy Hospital and had some wonderful experiences there. They were rather strict in some respects about certain aspects of surgery, and I became very good friends with some of the sisters. When I first began, they weren't very friendly, and we had some arguments once in awhile, but it turned out very well. And it is a pleasant memory, really. I can't give you as much information as I could about St. Luke's, but I enjoyed my work there and I still have very close friends amongst the sisters there.

AHL: Tell me about the X-rays. How would people be able to make a diagnosis before X-rays?

MEFFERT: Well, I don't know before X-rays because that's before me. But we had very good X-ray people in Cedar Rapids, probably as good as any in the country. Dr. Erskine was one of the pioneers in that field, and he used to go to Europe and give lectures on his summer vacations. And it was a--we had a very good X-ray department. There were disadvantages, for

instance, like I said when I first came here I had to do not only general surgery but I had to do orthopedic surgery and neurosurgery and everything else--gynecological--and so on. But X-ray, to show you how it changes, when we first started putting nails in hips to heal broken bones instead of putting them in a cast you'd put in a nail, you had to get X-rays to be sure that you were putting the nail in the right place--in the neck of the femur. But it took a great deal more time to get your X-ray than it did to do the surgery. You'd take a picture, you'd have to take it downstairs and have it developed--which took quite a little while--and come up; and if it wasn't exactly the way you wanted it, you had to do it all over again. And sometimes it would take you an hour and a half to get your X-ray work done. And that, of course, has changed. Now it is done almost instantly and you know where things are.

End of Side A - Beginning of Side B

AHL: June 24, 1985 - Interviewed by Anne Hampton-Larson

Dr. Meffert, tell me about the vaccinations. When did they start, and what were they, and how did they change people's lives?

MEFFERT: Well, of course, they've changed a great deal. But I don't remember much about vaccinations.

AHL: For instance, like polio and the cure for polio.

MEFFERT: We didn't have that when I started. That was a big problem. One night I had a call to go down to a town about 50 miles

from here to make a diagnosis, and they said for me to bring along a spinal puncture needle. So I went down, and there were two doctors who met me at this town and they took me out to a home where there was a very large, heavy woman in bed. And they said, "We think this lady has polio, but we can't prove it without a spinal puncture." Well, if any of you have tried to do a puncture in a saggy bed and on a fat woman, you know the problem that was presented. But I got lucky and did a spinal puncture and got the fluid, and we took it down to one of the doctor's offices. And I said, "I would like to count the cells in this fluid." I said, "Do you know how to do it?" And the doctor said, "No, but I've got a book about it. I'll look it up and see." So he hunted for a book and couldn't find it. He finally had to call the pathologist in St. Luke's, Dr. Mulsow, and he told me how to do it and we got it done. We counted the cells, and the lady--we took the fluid up to him late--and it turned out that she did have polio, and she was treated at the University and got well from it. But that was just a side of some of the problems, but sometimes you don't remember enough of what you were taught that you can remember the details.

Anyway, as far as vaccinations go, I don't remember of ever getting any. We all had measles and mumps and scarlet fever--a lot of them had that. I even had smallpox. Chicken pox were common, and we didn't have any immunizations that I can remember when I was young. Of course, we were all at the stage when they actually got polio, but that was after I was in practice.

AHL: What disease did most children die from in the early 1900's to the 1940's? Is there a common disease?

MEFFERT: I can't remember of any common disease. Of course, polio took some of them. And not knowing much medicine at that time, we never did know why kids died. I can't remember. I remember a cute little girl in our first grade and I really liked her, and she died and I have no idea why. She died within a year or two of the time we started school. And I don't believe that I can answer why children died back then.

AHL: How about adults between the 1900's and the 1940's?

MEFFERT: I suppose most of them died with pneumonia--the older people. That was a frequent cause of death and probably one of the best ways to die of all of them. They didn't last long, and they didn't suffer a great deal.

AHL: Is there anything else that you would like to discuss as far as medicine and surgery for the hospitals?

MEFFERT: Well, there isn't much to discuss on that. They are making such progress that it is hard to keep up. They change every little bit, almost every day it seems like that they change in technique, at least in the surgical field--new instruments to work with, new medicines, new sutures, and new ideas, too.

AHL: You mentioned earlier that you were interested in speaking about life before air conditioning. Heaven forbid that there was such a day! Tell me a little bit about that.

MEFFERT: Well, it wasn't easy! It was pretty warm at times. Our office was on the tenth floor, and that, of course, was cooler than a lot of places. Your homes were difficult; you had to

have fans. There was no other way. I remember coming home - I used to go fishing up in Canada with some of the other doctors in June. One year we came home and it was extremely hot. It had been so hot up there that we had trouble keeping comfortable. But coming home, my family were sleeping out on the lawn. And there were no mosquitoes. It was so dry and hot that there wasn't any trouble with insects. But that was one time that (Laughter)--one Sunday my wife and I--and I think we had the children with us--we went out of town to--going some place--and it got so hot. We had had the windows of the car open and we just couldn't be comfortable. We were exceedingly uncomfortable, and I said, "Well, why don't we stop and get a cake of ice and put it in the car." So we did. We stopped and picked up a small cake of ice and put it in the car and shut the windows, and, oh, that was worse than ever. It was one of the worst experiences you can have. It became so humid in there that (Laughter) you couldn't stand it. It didn't take long to get rid of the ice.

AHL: Well, I want to thank you so much for this interview. This is the end of the interview with Dr. Clyde Meffert.

END OF TAPE 1, SIDE B