

INTERVIEW, February 10, 1995
John L. Matthews, M.D.

L: My name is David LaRo. I'm at the home of Dr. John L. Matthews, 7403 Dove Mountain, San Antonio. I'm interviewing Dr. Matthews for the Friends of the P.I. Nixon Library. At this time, we'll start. (my opening comments omitted from this transcript)

L: Starting off at the very beginning, where were you born, sir?

M: I was born in San Antonio, Texas, December 15, 1908.

L: Where did you spend your boyhood years?

M: From 1910 until 1919, I lived in Eagle Pass, Texas, where my father was cashier of the Border National Bank, which folded, oh, many years ago. After 1919, we moved to Laredo, Texas and he was in the importing business with a chap named ¹McViker, under the firm name of McViker and Matthews. We lived there until sometime in 1921 or 1922 and returned to San Antonio. I've resided in San Antonio since that time, with the exception of war duty, which all of us had. I believe that gives you the summary there.

¹exact spelling of 'McViker' is unclear.

L: Okay, sir. Was there one (or more) very special person that played a really strong role in your boyhood years, your formative years? Perhaps a family member, perhaps outside the family.

M: I can't say that there was anyone of significance outside my own family that I regarded that way. Of course, my boyhood friends in Eagle Pass, I've kept up with them as well as I could. Unfortunately, today there are very few survivors in that group. Those youngsters probably had a greater influence on me than anyone outside the family.

L: I understand. Can you tell me at what age you first decided on a career in medicine?

M: I believe that was about my junior year in high school. I attended Main Avenue High School in San Antonio and there, if there was a man of tremendous influence, it was Dr. Homer T. Wilson, a general practitioner who had a background in surgery and whose advice I sought and followed as well as I could.

L: Was ophthalmology chosen early in your career or was it a specialty -- at what point did you really begin to steer your practice toward that?

M: I ignored ophthalmology in medical school -- it didn't appeal to me a bit, and not in my early medical training. It was only under the influence of a correspondence course in military medicine that I took -- oh, in 1935 -- the subject of ophthalmology in that correspondence course intrigued me and I decided at that point that I wanted to be an ophthalmologist. So, it was a relatively very late decision.

L: In the mid 30s?

M: Correct.

L: Where did you take your medical training?

M: I took my medical training in Galveston, Texas, at the University of Texas Medical Branch. There again, I probably would not have been in that branch in the year that I was without the influence of a physician, George Bethel, who had been the university physician in Austin, Texas, when I attended the university in Austin. He later became dean of the medical school. Through friendship with that dean, I think I was the last person admitted to the class of 1933.

L: I see. Well, you did have some characters that played some roles in your life. (noise of aircraft passing.) We are finding some influential physicians in your life.

M: Yes.

L: Dr. Wilson, I've heard of I've read of; I've never heard of Dr. Bethel. Both these gentlemen were influential in your decision and your getting into medical school. As you finished medical school, did you go into private practice or did you associate yourself with the military at that point?

M: In my senior year in medicine in Galveston, I was casting about for an internship, rather unsuccessfully early on. Then, there popped up a vacancy at the Episcopal Hospital in Philadelphia, a two-year rotating internship -- or, as they called it at that institution -- a residency. It was not a residency at all. But, I started that internship in -- I guess -- July 1, 1933. I spent two years at the Episcopal Hospital, until June of 1935, I believe. Then, I entered general practice in San Antonio. I remained in general practice until, I think, January, 1938.

L: At that point, what did you go into?

M: At that point, I'd been influenced by (telephone ringing interrupts us) excuse me, please.

M: At that point, under the influence of the correspondence course that I mentioned, I applied for -- and secured -- a residency at the Wills Eye Hospital in

Philadelphia which, at that time, was a two year residency. So, that took me from January, 1938 to, I think, November, 1939. At the completion of the residency, I returned to San Antonio and opened my office in the Nix Building, probably in August of 1940 -- I guess it would have been -- in the general practice of ophthalmology. It was a solo practice. Extremely slow in the beginning. I was aided there by the assistance of a gentleman whom I greatly admire, Dr. Wilfred E. Muldoon, who himself had been a Wills Eye resident earlier than I. I continued in that practice, that solo practice of ophthalmology, but at about that point I joined the Army Reserve as a First Lieutenant and made -- I believe -- only one encampment with them, at Camp Bullis. That would have been -- correction, Mr. LaRo -- my service in the Army Reserve (it was the 111th Medical Regiment, I believe) actually I did that while I was in general practice. Then, on return from my residency in Philadelphia, I believe that at that point that I transferred to Division Headquarters of the 36th Division, Texas National Guard, and served in that capacity from that point. There, my first year in my practice in San Antonio, we were interrupted, in August perhaps, (Dr. Matthews asks me to please shut it off.)

M: In August of 1940, the Division went on maneuvers in Louisiana. It was a two week maneuver and during that time, we had a very rainy season. I recall that, at camp -- actually it was just a railroad stop in southern Louisiana -- we were encamped under World War I canvas. In the period of a week we had 30 inches

of rain, 20 of those falling in two days. You can imagine what a quagmire we were in down there in Louisiana. On the completion of that maneuver, we returned to San Antonio and on November 20, the 36th Division was called into federal service. In December, 1940, we moved to Camp Bowie, Texas, at Brownwood and at that time, although I was in an infantry organization, I happened to be the only flight surgeon in the Texas National Guard who was physically able to be mobilized. So, I was transferred, as Flight Surgeon, to the 111th Observation Squadron out of Houston and we were encamped at what later became the Brownwood Airport. We remained there until December 7, 1941, the "day that will live in infamy." (chuckling) At the time, I was transferred to Kelly Field, and while my wife and I were looking for a place to live near Kelly Field, we heard the declaration of war. So, things began to happen pretty fast at that point. In January, ²1941, I was transferred to the School of Aviation Medicine, Randolph Field, and remained there until the end of the war. I was in the Department of Ophthalmology as an instructor and, during my last two years, as Chief of Ophthalmology at the school. I think that I was released in November, 1945, with a date of discharge of February, 1946.

L: We've just gone right through the war and we did that rather quickly. Can you tell me what you did, other than being the department head and working in the

²This should probably have been "1942."

ophthalmology department? What did you actually do during the war?

M: Darn little! (chuckles heartily.)

L: There's that modesty, Dr. Matthews. Well, did you treat patients, did you examine fliers, did you teach medical --- ?

M: Oh, in the School of Aviation Medicine, at that time (when I went there) we had an entering class of officers every few months. The class usually consisted of about thirty as I recall and I was just an instructor in that department. We examined cadets for aviation training, and I lectured primarily in the field of optics. Then, as things got a little tighter, the classes became shorter and the numbers increased. Eventually we were training, as I recall, entering classes of 325 every five weeks. So, I had a tremendous number of young medical officers passing through the school while I was teaching. Early in 1943 sometime, as chief of the department, I used to chide my professors at the Wills Eye Hospital that I saw and influenced more young medical officers in ophthalmology than they did in a lifetime of teaching up there (chuckling.)

L: I believe it. Probably a lot of those folks went off to war in ever-increasing numbers and shorter schools and a lot didn't come home, too.

M: While teaching there, a very unusual segment of cadet population were [selected as] glider pilots. They were the boys at the 'bottom of the barrel.' They did a beautiful service, of course, in World War II but the standards for enrollment as a glider pilot were far inferior to those for pilot training. At the School of Aviation Medicine, when I entered there, our commander was a fellow named Fabian Pratt, a Lieutenant Colonel, who was rather unusual as we look back on it. He was both a balloonist and an observer. That, actually, was before I went to the school on the faculty -- it had been during my period of training as a flight surgeon and earlier on. By the time I got there in 1942, the commanding general was Organ G. Reinert and he was our commander there until I completed my work at Randolph. He very generously nominated me for the Legion of Merit which I subsequently received.

M: After the School of Aviation Medicine, my wife and I returned to Philadelphia for a little refresher work at the Wills Eye Hospital and then back to San Antonio where I opened my office again in -- I believe -- January, 1946. So, it was a rather checkerboard career there, in the military and medical practice.

L: Well, the military and the war interrupted your career just a bit, didn't they?

M: Oh, more than somewhat (chuckling.)

L: But during that period of time, when you were on the staff and the faculty and had become chief of the [department] out here, did you learn anything -- other than working? Were there any advances made? Were you involved in any advances in the field of ophthalmology? Were we learning anything about eyes during World War II -- with our pilots?

M: I was not directly engaged in a research project though many of them bear my name, simply because I was head of the department.

L: Can you tell me some of the results, some of the more significant results, what projects would have come out of that?

M: During this period, we were extremely interested in color vision. Some of the reports had to do with the observation of colored Very flares and their identification under various conditions. We were also interested in radar, which was a late development and little discussed in the American forces. On two occasions, I had detached duty in Orlando, Florida, at the AFSAT air base, one in connection with color vision and another time [concerned] with the effect of radar on the human body. In that connection, I made my only combat mission, flying in a B-24 on a night mission over the Florida waters. We thought they sighted a submarine on one occasion, were ready to let the bombs go, and then the pilot decided it was not a target and returned to Orlando. That was my only

contact with the shooting war (chuckling, again.)

L: I imagine you're glad of that! Color blindness was something you were interested in, then?

M: Yes, it was.

L: Were we required to learn a lot about it very quickly?

M: Yes, we did learn something. I say we, it was being done by men in the Research Section of the School of Aviation Medicine. There, they developed a night vision tester that was used by the service for a good many years. They also developed a color vision tester which was used for a good many years. At the conclusion of my service out there, I liberated one of each of these for my personal use, and subsequently gave them to the museum at Brooks Field, in Hangar Nine, they call it out there. I think they've subsequently been lost. No one knows where they are.

L: One thing you've mentioned that is interesting: that you were involved with the study of radar which was new at that time.

M: Yes.

L: Were you interested in the complete effect on the body, or more specifically on the vision and the eyes?

M: I really don't know (chuckling, again.) No, it was a damned poor report, I know that!

L: Was the war, World War II, the last time your career was placed on "hold" for a more important reason or did you have other interruptions such as that, later?

M: That is correct. I continued -- or returned -- to the practice of ophthalmology in the Nix Building....

(attention diverted, briefly, by the arrival of Mrs. Matthews. Then, back to the interview.)

L: How many years did you practice medicine? It is hard to piece it all together, but how many years did you practice medicine?

M: I opened my office for general practice in 1935 and I practiced medicine until September, 1994.

L: That's almost sixty years, that's fifty-nine years, isn't it? Can that be right?

M: Oh yeah! (enthusiastically.)

L: Okay, wow! That's a long time to look back over. Very generally, has medical practice changed over your career and if so, how has it changed? I'm not referring to specific specialties like ophthalmology (although there are a lot of specialties now that weren't then) but in general, how has medical practice changed in the last sixty years?

M: It's changed a great deal. In my lifetime, when I started in general practice, we cured -- actually cured -- very, very few diseases. It's true, we used quinine or the extract of the sincona bark to cure malaria. And, it didn't always work, of course. At that time, lobar pneumonia was a common affliction and our treatment for it was -- in modern light -- extremely crude. It was a matter of just sustaining the patient and hoping he would recover. I think that we cured syphilis, but it was only through the use of bismuth by injection, and with arsenic in the form of arsphenamine or neo-arsphenamine, a development of the Germans, and over a period of treatment -- maybe lasting a year, two years -- we actually saw blood Wassermans go from positive to negative. So I think we cured those diseases. The rest of them, we treated by ... hoping the patient would get well. A stomach ulcer, we treated with a "sippy" (Dr. Matthews spells the word "sippy") diet which is a mixture of milk and some other ingredient, and the patient did get well. But, actually, we cured very few diseases. In 1935, we saw our first sulfanilamide and

I first heard about it in 1936, perhaps, when a German refugee who had secured an internship at Nix Hospital -- it was not a true internship -- he was there more or less as a resident. He brought a supply of sulfanilamide or prontosil with him from Germany and we actually saw....(phone ringing).. pneumonias cured with sulfanilamide. Of course in the early '40s, Fleming's discovery of the antibiotics, the first one being -- oh, what was the first? With the antibiotics, we were able to cure gonorrhea and other diseases.

M: Then, as the ³sulfanimides and the antibiotics were elaborated and modified into a great many other different drugs, we saw cures in a great many departments. So those are the two outstanding events of those early days of my practice. With the discovery of the steroids at the Mayo Clinic in, oh, 1945, we saw steroids elaborated. Now, there are a great many on the market and some of them have very specific cures. So, I think that the three outstanding things in my medical practice were the discovery of the sulfanimides, the antibiotics, and the steroids.

L: Okay, we're talking about drug therapy, improvements in available drugs. There have been a lot changes in techniques -- things you've learned as far as hands-on techniques, have there not?

³May be alternate name for sulfanilamides.

M: Oh, changes in technique have been legion. In my own particular specialty, when I've seen cataract surgery change from that point where the operation for cataracts was performed, not under bright ceiling light, as it is now, but the junior resident at the Wills Hospital held a Zeiss "hammerlight." This was used the world over at that time. The eye was illuminated by the junior resident holding this light and shining the light in the patient's eye and accepting the abuse of the surgeon when he let the light stray...(chuckling heartily, again.)

M: However, we went through the period of illumination with overhead lights and now, most surgery in the eye is performed under a microscopic observation with a very highly specialized lighting arrangement within the scope. In my own specialty, when I look back, our original operation for cataract -- at least in my experience -- was done with the Graefe (Dr. Matthews spells the word 'Graefe') knife and with very little local anesthesia and a block of the facial nerve with novocain before the ear. The wound was a 180 degree wound and between the cornea and the sclera and at the completion of the operation, after delivery of a mature cataract, the wound was not sutured but just closed and patched for a period of at least four days. Now, during my time at the Wills Hospital, a resident at Wilmer [Ophthalmological] Institute at Baltimore, devised a suture which we referred to for years as the McClain suture. That was used to make a crude closure with suture at 12 o'clock. After that, the sutures were refined and are now universally used to get a very secure closure of the wound and the patient is draped

and has his eye closed for not more than 24 hours. Those, in my observation, were the big changes in my own sub-specialty.

L: But you've seen medicine go from the days of before sulfanilamides and antibiotics, before steroids, you've seen the changes we've encountered in drugs available to us, equipment, specialized equipment such as optics and lasers and so on, and changes in techniques -- there have been many, many changes that you've seen -- we've literally gone from riding to school on horses, to some kids going to school on helicopters, today. Technology's changed a lot! In that time, has the role of the doctor changed? Has it gotten more or less important? Do you have any judgment or feeling just on what you've seen about that?

M: Oh yes, the role of the physician is not nearly so great now as it was in the day when the family doctor sat beside the patient with pneumonia, waiting for the crisis. He was a god then! (chuckling, again.) Now, their practice is so fragmented that we have a specialist in every division of the body and a bunch of sub-specialties in each of those! (chuckles)

L: I guess you could ask whether that's good or bad, but obviously we're going in that direction so we must think it's good, right? We must think it better to learn a lot about a little thing than a little about a lot of things.

M: On, yes, medicine has improved -- just no end! But the role of the individual doctor has progressively lessened. There's not the warm, friendly feeling between patient and doctor that I enjoyed early on.

L: I know I look for that -- that's what I look for in my doctors. It's got to be a more personal, human thing. I think, sometimes, we can lose that as we get farther removed. And I won't even bring up the unpleasant things going on today like the increasing government role: let me go to another area. In your life, I'm sure you've belonged to many professional organizations and civic organizations. Have any of those organizations -- the Texas medical associations, the Bexar County Medical Society or the national organizations, the AMA or the American Society of Ophthalmology or whatever -- have any of those organizations, as organizations, played a really significant role in making a change in your life or your practice or your community? Have you seen any that have made a noticeable change?

M: I guess I must answer in the negative there. Certainly I've participated in the activities of many, but I don't think that they've changed my way of doing things in medicine, at all. It's interesting to participate with them and be active in them, but I was just observing the activities of others when I did so.

L: Here's a question that will get you thinking about something: in general,

looking back over your patients for the last many years, can you recall any that were not just your routine everyman, walk-in-off-the-street type patients?

(end Side 1 of tape. Side 2, continuing)

L: Can you recall from your practice any presidents, princes, or bank robbers?

M: None in those categories, I'm afraid. Oh yes, I've had people prominent in local politics and Lieutenant Governors -- that sort of thing -- but no one particularly outstanding. ⁴Walter McAllister was a patient of mine, and a good friend of mine. We treated him for years. One fellow that particularly intrigued me in my practice was a gentleman who was a musician. This was in the latter -- oh, in the 1970s, perhaps -- I saw him. He's not a well-known man, but he's a chap that had accomplished a good deal in the field of music. He, fortunately, was cared for by a lady who took great pride in his accomplishments. When he died, it was quite a great loss in my practice. He was virtually blind at the time but a very sweet character. (bell interrupts.) I can't think of anyone better than that.

L: Well, they don't have to be important or wealthy to be memorable to you, do

⁴served as Mayor of San Antonio for years. McAllister Freeway named for him.

they?

M: You know, these last few years, it's been my privilege to take care of a man whose career, I think, promises well. He was a student in the church -- in the Orthodox Church -- and rose to that and is now in Constantinople or Istanbul sitting at the feet of the head of the church. That young fellow -- whose ordination we were invited to, in Istanbul, but unfortunately could not accept -- was in my office just within the last few months. He, I think, will in all likelihood, represent his church in the United States in years to come. I've enjoyed my relationship with that family and particularly with that young man. He, incidentally, has gone with the head of the church -- whatever his name is -- to a number of international conferences of the Orthodox Church and this year will probably accompany the head of the church to a meeting in Japan. I always enjoy his short visits in my office.

L: Dr. Matthews, I would imagine you've enjoyed a lot of your patients.

M: Oh, indeed! (emphatically)

L: You wouldn't stay with something a long time if you didn't get pleasure from it, would you?

M: That's right.

L: You served at one time on the board of the Medical Foundation that was involved in developing the South Texas Medical Center. That started back, probably, in the 1940s or 1950s, did it not?

M: It was in the 1950s, and the only reason I was a member of the board of the Medical Foundation was an an ex officio member. At the time, I was President of the Bexar County Medical Society and sat with the Board for a good many years. Yes indeed, we, during that time I assisted, in a small way, John Smith to secure permission of -- endorsement -- of the Texas Medical Association to establish a medical school in San Antonio. Eventually, that bill was signed by Preston Smith as Governor. Oh, from there on the medical center took off. I stayed on the board and resigned, I believe, only about ten years ago.

L: I know there was some discussion, locally, over where and how to "site" [the medical center.] You may very well not even care to go into those old days and rehash that.

M: Oh, I don't mind looking back at them.

L: If you don't mind, go ahead and explain it. History serves to enlighten those

of us that follow, if we go back and read it.

M: In those days, during the time that I was President of the Society, the question came up: "Where would the medical school be established?" By law, it had to be within a certain distance -- within a mile, I believe -- of a teaching hospital. Obviously, the Robert B. Green was a teaching hospital and there was a segment of the community, represented primarily by the Downtowners Association, that wanted to establish a site near the Robert B. Green Hospital and that made lots of sense. At about that time, we had a Site Selection Committee in the Medical Foundation and the Site Selection Committee -- of which, I believe, I was a member -- submitted another plan [to build] in the northwest segment of the city, concurrently with the decision of the Methodist Hospital to build a hospital in that segment of the city. We were fortunate in having a group of realtors offer to donate 200 acres of land for a medical school at the -- adjacent to -- the Methodist Hospital. That was around 1957-58, something like that. A little time after that I had served my time as President. And there was a very hot contention in the city and this can better be related by those who were closer to the vortex. (chuckling)

⁵Bill Matthews has written a wonderful history of the Medical Foundation from the minutes of the San Antonio Medical Foundation. John Smith is the leader and I hope that you can secure his opinions on these things; he's a treasure mine.

⁵Wilbur L. Matthews

L: I know there was quite a debate at the time, it got very spirited. But looking back with hindsight, from this vantage point, we obviously can see things that they could only guess at then. In your opinion, was it a wise decision, regardless of the side you were on then?

M: Oh, from the outset, I've been in favor of that northwest area. I think the ultimate result was a very wise one. The Medical Center started there with the 200 acres for a Medical School and that added to the Methodist Hospital area which was already established and [later] added to by other accretions, but I think that the outstanding event was a meeting of the Medical Foundation when we were discussing further additions or purchasing additional land. On the Medical Foundation board were a number of very reputable and estimable bankers who could not see the wisdom of incurring any debt out there. At that point, Sid Katz -- I recall -- got up and said, "We have to think big!" And he personally endorsed the purchase of an additional 165 acres or so, which actually paid off and the result was we have a medical center there of -- with some other little accretions -- of around 600 acres, maybe more. I don't see how in the world we could have done that, downtown, in that period of time. So, I think it was a very wise decision.

L: There have over the years just been a number of additions. Every year, every two years, there are new major operations moving in, from 'Cancer' to the 'Neuro Institute' that just moved out there. There are a lot of diverse medical facilities

and capability concentrated in a very small area. That would have been harder to do, I'm sure. Over your career, and you've just mentioned one perhaps -- Sid Katz -- can you recall, outside the medical community, can you remember any individual or individuals that clearly, vividly demonstrated to you, to John Matthews, qualities which are admirable, qualities that often go unnoticed, qualities that do not make the papers every day? We read about the flashy events, but behind all the 'heroes' and behind all the big names in the paper, there are a lot of people who go about their business quietly, do their job, and get big things done with very little noise? Can you think of some of those that you've known? (Obviously, in this event here, you could probably name several of them -- in the community arena, though.)

M: Yes. They are big names, though. One of them was Frenchy DeCoursey. Frenchy, I had known since 1940 when I sponsored him at a local medical meeting. He's an eye pathologist who authored the first [reference book on] eye pathology in the United States, he and his boss, Col. Ash. That book [by] DeCoursey and Ash was an outstanding reference in eye pathology for years. Frenchy later became chairman of the Army Medical Museum in Washington and then, returned to San Antonio in command of the Brooke General or the Army -- oh, the facility that [teaches] technique out here at Brooke General. There was a city bond issue to determine whether the City of San Antonio (or Bexar County) would approve a bond issue for the erection of a medical center. Frenchy went

out of his way as the chairman of the committee that attracted considerable attention at the time and influenced that committee to approve the bond issue with the able assistance of Bruzzie Reeves who was County Judge at the time. Reeves stuck his neck way out to approve the passage of this legislation. Those two men -- they may not be well remembered -- but, I think without their influence at that time, the progress would have been exceedingly slow. I'd like to see them accorded the honors they are due.

L: Those were exactly the kind of people I had in mind. I didn't know DeCoursey, but I do recall Judge Reeves. and I recall -- at the time -- the heat he took and the enmity he attracted by going against the will of the voters, but he did what he thought was right. In spite of a lot of opposition, he did what he thought was right. That's uncommon. It's rare, even rarer today than it was then.

M: Unfortunately, Frenchy died only a few months ago. He was a good friend over those many years and, interestingly, he was a man that I recall had four retirements (chuckling again.) He retired from the military and immediately went to work at Southwest Research Institute. He retired there and became a teacher at Trinity University in the field of bacteriology, I believe. On his retirement there, he went to the San Antonio State Hospital and served a few years and retired there.

L: Quite a character, then.

L: Dr. Matthews, as we get to the end of this [session,] is there anything that comes to your mind that I haven't had foresight to ask? Anything you'd like to tell someone five years from now, ten years from now? What would you like to say to a young person considering medicine as a career or a young person just out of medical school wondering what field to go into? That's a big dilemma. Any advice, I guess, you might give from your advantage?

M: I'm not of the school who'd discourage a young man -- his son, for example -- to go into medicine, because I can think of no other field of endeavor that offers a greater prospect for doing good for his fellow man. The future is bleak, as compared to the joys of medicine that I've had, but there'll always be a place for the young man in medicine. Though I deplore the way medicine generally has gone, and particularly the current fight over Medicare and Medicaid in the Congress, a solution will be reached. It won't be palatable for us, but we'll have a solution there of some kind.

L: Well, I appreciate your taking the time and trouble to get yourself all "sharped-up" today and meet with me on a Friday.

M: (enthusiastically) Oh, it's been a pleasure!

L: I appreciate your efforts in doing this -- I really do, Dr. Matthews.

M: I hope someday, someone will read this with a little interest.

L: I'm sure they will. If you have nothing else you'd like to add to it -- and we're not in a hurry -- please do! If you don't, we'll go ahead and close it off.

M: Oh, no, I've talked too much already.

L: Okay, thank you very much.

(end of interview.)