



Washington University in St. Louis

SCHOOL OF MEDICINE

Oral History Series

Washington University Medical Center Desegregation
History Project

Samuel B. Guze, M.D.

Interviewed July 23, 1990 by James Carter and William M. Geideman

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Biography

Samuel B. Guze was born in New York City in 1923. He completed his undergraduate coursework at the City College of New York, and later attended Washington University School of Medicine, receiving his medical degree in 1945. Dr. Guze began his career at Washington University as an Assistant Professor in the Department of Medicine in 1953. In 1955, he also became an Assistant Professor of Psychiatry. Guze is best remembered as one of the founding fathers of the scientific approach to psychiatry. In the 1950s he propagated the view that psychiatric illness should be diagnosed just as any other physical illness through the use of a scientific model and a biological approach.

In addition to his scientific accomplishments, Guze is also recognized for the leadership abilities he demonstrated while holding several important administrative positions at Washington University. He served as the Assistant to the Dean from 1965 to 1971. He was appointed Vice Chancellor and President of the Washington University Medical Center in 1971, a position he held until 1989. Guze presided over the school during a time of rapid expansion and changes in medical care and research. Additionally, he was head of the Department of Psychiatry from 1975 to 1989, and again from 1993 to 1997. In all, he served on the faculty for almost 50 years. Guze passed away on July 19, 2000.

We'd like to ask you about the desegregation of Barnes Hospital. What do you recollect, the era, and events that preceded it?

Well, my memory is probably vague about many details. I don't even remember exactly when the hospital generally was desegregated. I can tell you when the psychiatric service was desegregated, because I was involved in that. We did that in 1955, when Renard Hospital opened. What I remember is, (I can't remember what initiated the conversation) [that] George Winokur, who was a member of the faculty [was involved]. He and I were very much contemporaries and good friends and he in 1971—the year that I became Vice Chancellor for Medical Affairs—moved to Iowa to become chairman of the Psychiatry Department. [In 1955] we had just opened Renard Hospital, and something initiated a telephone conversation that George and I had. I remember it because had to do with a Black lady, who had a psychiatric condition (I don't remember what it was), and someone thought that she ought to be hospitalized. We got to talking, and since it was a new facility, a question came up; what about the hospital's segregation policy? We said, "Why don't we just ignore it and just go ahead and admit her?" We admitted her and nobody said a word. If anyone noticed it, they didn't say anything to us. And we took note a couple of days later that neither of us had heard anything about it, so after that we just admitted Blacks to the hospital as we did whites. We did always have to consider financial situation, but we had a small charity budget which we used. And I always thought that was very interesting. Because it happened without any sort of planning, but the fact that we moved into a new facility raised the question. The psychiatric unit for Barnes Hospital before Renard opened was actually on the third and fourth floors of McMillan Hospital. It was a very limited facility,

and in retrospect I can't remember whether that unit was segregated or not. My guess is that it probably was segregated or else there would have been no question for us to discuss.

Was it possible that you just weren't admitting Blacks at that time, that they were on just an outpatient basis?

I'm sure that the Washington University Clinics saw Black patients. [They] always had them, a very large number of Black patients in all aspects. We only had a psychiatry clinic there. What I can't remember is what happened if such a Black clinic patient needed to be hospitalized. Whether they came into Barnes Hospital, which would have meant the third and fourth floors of McMillan. I'm just assuming that we had a segregated setup, where Blacks were not admitted at all, unless it was possible that an occasional Black patient might have been admitted to 0400. In '53 I was appointed to the faculty in psychiatry as well as medicine. It was a rare patient that I felt that I needed to hospitalize in those days. My practice was small, very focused. Prior to '53, I don't remember anything at all about whether we had any Black psychiatric inpatients. It's very possible that psychiatry was the first service to desegregate at Barnes. That had come about because we had a new facility, and so the question came up between Winokur and me, and we said, "Let's go ahead and do it." Absolutely nothing happened. We didn't have a single comment from anybody.

We'd like to also ask you about the desegregation of the medical school. Your name has come up in a couple of the interviews we had as being a big supporter of desegregation, and also being involved in it.

As I remember it, I think the first student did fail out—I remember that. And then one student, second student came in and seemed to go through without any difficulty. The admissions committee was giving feedback to the Executive Faculty that they weren't getting enough Black applicants who seemed to be competitive. So in '65 or '66, somewhere around there, we had a full-scale discussion about it with the Executive Faculty. There may have been a couple of committees. What I sort of remember from talking with the Executive Faculty, there was a policy adopted by the Executive Faculty authorizing the admissions committee to broaden its criteria for identifying potential Black students, with the idea that they should feel encouraged to experiment with some differences in the criteria, with the aim that they would still be looking to admit students who would meet the school's standard, graduate and go and take their rightful places in the practice of the profession. I would like to say that I think a key person in the early period about this who really made a very big difference in this was Dr. [Roy] Vagelos, who was head of biological chemistry at the time. I think it was very important that he, who had very high academic and scientific standards, argued that he didn't have any trouble seeing to it that the admissions committee be more experimental with the standards, taking into consideration the educational disadvantage of so many Black students. The Executive Faculty adopted policy that they were not charging the admissions with any quota or fixed number. They were to enroll as many students as they thought, using their authorized freedom to experiment with criteria, could get through school and be credit to the institution. So there was certain amount of fluctuation. Fortunately, Dr. John Herweg became

chairman of that committee in the early 60s. He was very much in favor of the program, and so he really worked very hard to keep the desirability of increasing our enrollment of Black students.

Then when we recruited Bob [Robert] Lee to come aboard, I think things became a little more systematic and a little more organized. For a long time that was his sole responsibility. Later his responsibilities broadened out. While minority students were his principle focus, he had other duties, but for (I've forgotten how many) years, that was his sole responsibility. He really tried to get the message out that the medical school really wanted applicants, and that we were serious about it. We kept hearing that we faced several problems. One is that many places in the Black community there was understandable resentment, bitterness towards the Jim Crow era, and that they really didn't believe that we were changing. I can remember the medical director at Homer Phillips: he told me once that they decided to have a reception for all the Black medical students at Washington University and St. Louis University. We were always ahead of St. Louis University in the recruitment effort. He was gracious enough to tell me that he was just amazed at the number of students. He had no idea how much we had moved forward. That was very instructive, because if he didn't know as a physician—he was an alumnus of the University of Missouri—if he didn't know, then it was no surprise that many other people in the community didn't know that we were really very serious about it. I think that year, they had something, and there over 40 Black medical students from Washington University, maybe 45. They may have had half that number from St. Louis University. So he was really quite taken aback. In general terms that's what I remember about our desegregating the medical school, and Barnes Hospital.

Is there anything else you'd like to add on either one of those subjects, or anything else?

Something that is not directly related to the desegregation of the medical school and Barnes Hospital, but is in some way related, has to do with segregated health care in St. Louis. Sometime in the middle to late 30s, the city of St. Louis opened up Homer G. Phillips, which was a general hospital as part of the segregated hospital system. So Max Starkloff [Hospital], which was sometimes called City Hospital No. 1, was for whites, and Homer Phillips, which was called City Hospital No. 2, was for Blacks. The interesting thing is that City No. 1 was built right next to Malcolm Bliss Mental Health Center, which was a city facility at that time. So all the psychiatric patients who came through the emergency room at Starkloff or had to be transferred from the general wards of Starkloff, went to Malcolm Bliss as well as direct admissions. When Homer Phillips was opened, they early on had a psychiatric unit as part of Homer Phillips, and there were a few Black psychiatrists who staffed that. So there was really a parallel situation. Now going back to the 20s, I don't know how the city of St. Louis handled a segregated health care system. I don't know where Black patients were hospitalized prior to the development of Homer Phillips.

We had a teaching affiliation, an informal teaching affiliation with Max Starkloff, and the medical students and the attendings used to go there on medicine and surgery. We had an infectious disease unit, an isolation unit, pathology [unit]. Our relationship with Homer Phillips was much more informal, more incomplete and more dependent on the relationship between specific individuals. For example, we did have an affiliation with the surgery service there because a professor of surgery here, Bob [Robert] Elman, was very interested. He took the initiative. He worked hard to build bridges for some of the Black surgeons. He used to go there throughout the year and make rounds. On the other hand, it didn't happen very much on the medicine service. It

happened a little bit on the OB service. It didn't happen on the psychiatric service. So, it was a very haphazard business. There was a time in the 70s when all the business [came to the fore] about "Should the hospital system be integrated in St. Louis?" "Did St. Louis need two hospitals?" "Could they afford two hospitals?"

I remember meeting with a group of lay and medical leaders from the St. Louis Black community who approached me about having an affiliation with the medical school. I remember we had a series of meetings—a final bottom line was, unfortunately, nothing could be worked out. I took the position which reflected the discussions I had with the leadership of the medical school. Our affiliation with Starkloff was, historically, first, but we weren't particularly happy with Starkloff, because there were a lot of problems that the city had been unable or unwilling—or a combination of the two—to take care of to make it a meaningful facility. I said that I was prepared to commit the medical school to shifting that allegiance to Homer Phillips and terminating it with Starkloff on the basis of two conditions. One, that the physical facilities, which were not very good at Starkloff, would be no worse than at Starkloff. We had to have no worse facilities. And secondly, that we'd have the same control over the appointment of people to the staffs. The Black physicians were unwilling to accept that principle. We said that we didn't feel that we could send our medical students to be taught by people who we had not reviewed and felt that we could [not] give faculty appointments. I said, "I'm not having any trouble about giving faculty appointments to the physicians at Homer Phillips, but we have to have it understood up front, I don't want to have any arguments or fights about individual physicians." We might not be able to appoint somebody, and we didn't want to fight that battle. We didn't want to fight the whole battle about racism and prejudice about every single appointment that comes up. The Black physicians didn't trust us. I can understand why they didn't trust us. They just didn't want to give us the benefit of the doubt. I

didn't have the support of the senior faculty, but I decided to take a chance. That might not have made a difference anyway because the city was determined that it had to consolidate. And in actual fact, at the time they consolidated, most of us agreed that, as bad as the physical plan was, Starkloff was probably a little better than Homer Phillips, only because in the 30s and early 40s Homer Phillips was much better, but by the time the 70s came around, they had made some renovations at Starkloff that were ahead of those at Homer Phillips. So that was always an interesting and tough problem that was not directly related to the desegregation of the medical school and the hospitals here, but added to mistrust in the Black community.

The chairman of that committee was a woman named Marion [Maria?] Oldham, an old friend of my wife and me [who was] married to an attorney. It was fortunate for me, because I felt I could be frank with her and we'd talk about all kinds of problems. One day after many, many meetings of going around in circles about this thing, she called and said she just didn't see how we were going to bridge the difference. She felt that it was just a waste of time. I kept telling this committee that a medical school affiliation could mean anything from a true integration, where we really used it as a part of our teaching program on the regular schedule, and students and residents could go there, which is something we have, not with all services, but with most services at [St. Louis] Regional [Hospital] now, and which we had not quite as extensive, but almost as extensive, as with Starkloff. We could have that at Homer Phillips. That means you have to give up some autonomy or, it could be attenuated in many ways in that it could be a token affiliation where we could make it available for electives, and certainly encourage the staff of Homer Phillips to come to our conferences, like our house staff and faculty. But see, Homer Phillips was a very special hospital. First of all, Homer Phillips was the public institution that Blacks really controlled the destiny of. And for many years it was the only place in St. Louis where Blacks received staff

privileges. And I think that those physicians mistrusted us, but they also were very nervous that they might not be able to hold on to their positions as chief of services. We feel as if we had to have the ultimate authority or else we just do that with everybody. I told them we have that authority at Barnes Hospital, Jewish Hospital, VA Hospital, at that point we had it at Malcolm Bliss, and we just cannot make an exception in your case.

I can just say a little bit about 0400. There was what was called a 400 building. Barnes Hospital originally was all built three stories high. If you look at the North Building, South Building of the medical school and the West Building of the medical school, Barnes Hospital had buildings of that shape and size connected by corridors. Where Queeny Tower is now, that was what was called the Private Pavilion: that was the 100 building. Where Rand Johnson is that was the 200 building. The 300 building was the center of the administration. The 400 building was where Medicine was. When I was a student, and I can't remember how far into my residency in medicine, Black patients for medicine and surgery and eye and ENT went there. So, essentially surgery and medicine. It was crowded, but clean. The ceiling was not high if you did not live on the first floor or the second floor. You see, on 1400 there was a ward, a 28 bed ward that was for men, white men. The second floor, 2400, was a ward with 28 beds and two porches for white women. They were very old-fashioned wards with very high ceilings. 0400 probably was higher than this [refers to the ceiling in his office], but was not a very high ceiling. So that was one real disadvantage, that is was not as high ceiling. The beds were crowded together because there just wasn't enough room to accommodate all the patients.

You know, you asked me about Black nurses, and I just can't remember. My guess is that we didn't have Black nurses. On the other hand, the OB/GYN service was in the [St. Louis] Maternity Hospital. They were different floors that were segregated by race. So, for some reason or

other, OB and GYN units were all provided for in the Maternity Hospital, but were segregated floors. That didn't happen on medicine and surgery. I don't know why they didn't have a bigger unit. I think that the quality of care was probably comparable to the quality of care that we provided on the ward services for white patients. It was the same house staff, the same attendings, same consultants. Most of us who were concerned about those things really felt that they were at best an embarrassment, and at worse it was really a terrible thing. Somehow 0400 seemed worse than the segregated floors of the maternity hospital, but I'm not exactly sure why. Maybe because the segregated floors in maternity were identical, whereas 0400 was not identical. It was the space assigned for it was not as great.

1200, where Rand-Johnson [Memorial Surgical Wing] was, the first floor of 1200 was a ward surgical service for white patients, and Black patients were on 0400. That was the big differences that medicine and surgery used 0400 and mingled the patients. I think there was some tendency to separate them to one side or the other, but they really went wherever the bed was available. I can't remember when 1200 became integrated. At some point 1200 became integrated.

It was a sad period in our history and a very slow process of change. But I think we have over the last 20 years, we really have sincerely tried to change. We're still behind in the percentage of Black faculty members. I think that's probably going to be the matter of another generation. Because I think that the number Black students who really think in terms of an academic career is still pretty small. As I have argued, I think that Black students are following the same sort of path the white students did back a couple of generations. I think even the specialty choices, it seems as if the first Blacks students who went on for specialty training went into one or another of the surgical disciplines. How long it's going to take I see a big difference. I'm sure it will. I think the pool of Black applicants reached a certain level and then fell off, and I don't know why it fell off. Another

thing I think is that Black students that come from the St. Louis area came from families that still thought of the university and the medical center as segregated. It is very hard for them to overcome that image of us. The students who were from other parts of the country did not know that much about us. Washington University is very known a medical school within medical circles. But it's only been in the last 20 years at the most that it has become recognized as a major university, even though there has always been a steady stream people who come here from the Northeast, California and other places. I think that when schools all over the country began to make an effort to recruit students from different backgrounds, many Black students had never heard of us and their advisors had never heard of us. So we weren't a place they encouraged Black student to apply.

Some years ago I interviewed a Black medical student from University of Iowa who was interested in going into psychiatry, and he made an impression on me, and we were going to offer him a position. We got to talking about how he liked Iowa. He said [that] he thought that the medical school was fine, but Iowa City was a very lonely place for him. Very few Blacks in Iowa. He felt that was a very painful isolation. He was determined not to take a residency in another community where he would have the same experience. I tried to tell him that he didn't have to worry about St. Louis. I had him meet one of our Black residents, who was then in the residency program, and I gave names of people to call. And I don't know whether he ever did. So he ended up going to a residency in Chicago. I really felt it was because he just didn't know enough about St. Louis. He was so determined not to have that same experience that he had in Iowa, so he went to Chicago where he was sure that there was a big Black community, in which he could find his friends and girlfriends. We did less well in recruiting Black applicants than white applicants to our residency program. That is to say, our percentage of success was much lower among Black applicants when we ranked high enough to fill the match. I think all these things I've just mentioned

are reason to blame. There are many people in the Black community who advise Black students that they would be better off going to a traditional Black university or medical school. So we see some people who end up going to Meharry [Medical College], or to Atlanta [Morehouse School of Medicine?], or to Washington D.C to Howard [University], because they thought that somehow that at a white institution they would be a small minority. Intellectually, I think that's too bad to think that way, but emotionally I can understand it.

I think that there are lot of people in our medical school [and] medical center who are very much in favor of desegregating the institutions, but who felt that it was such an uphill battle that they were discouraged from making much of an effort. So I think the national pressure really did make a difference. We probably would have desegregated sooner or later, but I think it would have taken another 10 years, 20 years. I think it somehow made it easier to be persuasive. You didn't have to get into all kinds of issues about how people felt and scurried around prejudice. It's not question of "Will we?" it's a question of "How we will do it?" So I think many of us welcome that kind of pressure. I don't know whether people in St. Louis has come around to an understanding that the institution has changed.