



**Mount
Sinai**

Call #:	INT 0190
Title:	Interview with Morton Davidson, MD by Nicholas Webb
Date:	March 20, 2017
Copyright:	Icahn School of Medicine at Mount Sinai

The Arthur H. Aufses, Jr. MD Archives

This document is a transcript of an oral history interview from the collections of The Arthur H. Aufses, Jr. MD Archives. This material is provided to users in order to facilitate research and lessen wear on the original documents. It is made available solely for the personal use of individual researchers. Copies may not be transferred to another individual or organization, deposited at another institution, or reduplicated without prior written permission of the Aufses Archives. Provision of these archival materials in no way transfers either copyright or property right, nor does it constitute permission to publish in excess of "fair use" or to display materials.

For questions concerning this document, please contact the Aufses Archives:

The Arthur H. Aufses, Jr. MD Archives
Box 1102
One Gustave L. Levy Place
New York, NY 10029-6574
(212) 241-7239
msarchives@mssm.edu

Interview 0190 with Morton Davidson, MD by Nicholas Webb
Mount Sinai Health System Oral History Archive
By telephone, March 20, 2017

MORTON DAVIDSON: Hello.

NICHOLAS WEBB: Hi. Dr. Davidson?

DAVIDSON: Yes!

WEBB: Hi! This is Nicholas Webb from the Mount Sinai Archives.

DAVIDSON: Oh, hi. A little earlier than I thought. Okay.

WEBB: Yes. It's still a good time to talk?

DAVIDSON: Yeah, I'm going to walk inside and do that. Hold on, just one second.

WEBB: Yeah. [Pause]

DAVIDSON: I was doing my [unclear]. I thought of some names. [Laughs]

WEBB: Oh, great.

DAVIDSON: Going to sit down here, put some lights on. I've been outside Halliday, delivering something to the new PS office. All right. All right, my friend. You're the boss!

WEBB: Yeah, so just to get started, I'll tell you a little about the project we're doing here.

DAVIDSON: Yes.

WEBB: Mount Sinai has had — we've had an oral history program. I don't know if you ever know Al Lyons, but he was the surgeon here who was the founder of our archives.

DAVIDSON: Okay.

WEBB: He was doing oral history recordings dating back to the time of John Garlock, so we've actually got recordings of a lot of those mid-century guys.

DAVIDSON: John Garlock was in his — the man who I tell you about is Leon Ginzburg.

WEBB: Yeah.

DAVIDSON: Okay, go ahead.

WEBB: So now, obviously, we want to make sure we're doing the same thing for Beth Israel.

DAVIDSON: I hope so. We'll see what we can do. Let me, before we get started, let me give you my brother-in-law's telephone number. I told him that you'd call. That's Bruce Hausman.

WEBB: Bruce Hausman.

DAVIDSON: [telephone number redacted]. He also has, I'm sure, a history of Samuel Hausman, who was a leader of UJA, and the founding of it, and so forth. And then he came down —from, actually, my understanding is somebody who recommended him, who's up at Sinai who recommended him to the board of Beth Israel at the time when Charles Silver was still there. Okay, so you lead on now.

WEBB: So yeah, the last kind of logistical thing to mention is that once we've chatted — I am going to record this call, and I'll send you a permission form by email, just saying this will be deposited as part of the permanent collection of the Mount Sinai Archives. Eventually we went to put these recordings online, for history, but if you'd prefer we didn't do that, or if you want to set a date, say fifteen years, twenty years, however long you'd like us to keep it on file, but in reserve, we can do that, too.

DAVIDSON: Okay. I got that, this is the oral history. The thing I'm not sure to talk to you about it, but the hard facts of the paintings and the plaques and the things that exist at Beth Israel in very important locations, I want them to be preserved, and somehow, hopefully, they will be represented in whatever new facility or locations happen after that.

WEBB: I'm not personally involved with the design of the new facilities. I'll definitely work, as I'm talking to other people who are involved with them, I'll let them know that people are very interested in preserving those.

DAVIDSON: Because I don't know if you know the geography of the — it's an ambulatory facility on Union Square. That's the Philips Ambulatory Care Center; it's probably called something else now, with Mount Sinai's name on it. It's quite large, and the lobby and the lobby on the second floor have a number of other things, some things in it, and there's space [laughs] to put paintings and pictures, and things like that, up. I'm

going to put this down on my notes. Do you know about the Louis Armstrong— ?

WEBB: Music Therapy?

DAVIDSON: Yes. You know about that?

WEBB: Yeah. Any stories you have to tell about that, or details, I'm obviously interested.

DAVIDSON: Okay, I knew his doctor, and so forth, and he was cared for at Beth Israel, and he left about a million dollars for this. I hope they're continuing the music therapy, because I've been out of the hospital for about a year and a half now, and I don't know if they're continuing it at all.

WEBB: Yeah, I believe they are, but I don't know the details.

DAVIDSON: Okay. So, you go ahead.

WEBB: So let's just start at the beginning. Tell me a little about your early career. I know you were a resident at Sinai before you went to BI?

DAVIDSON: No. Yeah, okay, I started my internship at Beth Israel in 1959, and I can tell you, my interview was [laughs] very impressive, because here is a little young intern, coming out of medical school, or not yet intern, coming out of medical school, sitting at a beautiful board of trustees room with all the chiefs of service at the time sitting around the table, in that time, smoking [laughs], asking questions to this one new intern-to-be. That's the way they interviewed. So it was quite an impressive interviewing technique.

So that was there. So I got lucky, and I was—I had studied a book that impressed me, that also turned me on to Beth Israel. It was a book written by Arthur Fishberg. I don't know if you've heard that before.

WEBB: Mm-hm. Yeah. From Medicine.

DAVIDSON: He was chief of medicine. He had written a book about hypertension and nephritis, or something like that, kidney disease and hypertension. And we talked about it, and that was very nice. That was what brought my attention to Beth Israel. So then I started, and you know intern hours or residency hours at that time were quite — much longer than the 80 hours now mandated. And of course, we were paid [unclear] dollars, which was called "cigarette money." But we had room and board, so that was one thing.

And then in my time there, I also became president of the house staff, and played a role in trying to get [laughs] the proper whatever, for safety and for time off, which we did have. I think it's 36 hours on, 12 off, or something like that. We lived at the hospital, and we serviced, and we did a lot of things that the technicians do today. We drew the blood. We hung up the IVs, gave the transfusions when needed. We did some of the lab tests right on the spot. So it was a very, very good experience.

At that time, there was rotating internships, which I think whoever you talk to, of course, of my vintage, you went through different specialties, which I thought was a very, very good experience, and it changed my mind from one specialty to another. Ultimately I ended up in internal medicine, and continued on, and followed, literally, in the footsteps of Arthur Fishberg, who never used an elevator.

WEBB: [Laughs]

DAVIDSON: Used to go up two or three floors at a time. He would drag his group of house staff behind him that way. It was wonderful. We taught at the bedside, and we did things at the bedside, were taught hands-on, right then and there. So that was the experience that I started for those couple of years of internship, and two years of residency. That was three years at Beth Israel. Then I was stimulated to begin to study liver disease and GI pathology as well, and then a fellowship at Mount Sinai in the GI department, with Henry Janowitz, brilliant, and it was a wonderful department, okay, and then spent a time there. But this is me.

Now, further on, having the experience of getting the fellowship, and spending time after fellowship going to meetings on Saturday and meeting people like the Burrill Crohn of Crohn's Disease, and people like that. I'll give you a very quick story about Crohn's Disease. The illness Crohn's Disease, or ileitis, it was called, was operated on by Dr. Ginzburg. The tissue, he recognized as being very different from what people used to think it might be — tuberculosis; it could be something else. He brought the tissues, and said, "This is something else," and he recognized there's something else that people didn't know, and brought it to Oppenheim [Bernard Oppenheimer], who was this pathologist.

The original paper that was written was by the three of them: Ginzburg, Oppenheim, and Crohn. But actually, because of the way it was written, alphabetically it was Crohn, Ginzburg, Oppenheim, so it was called Crohn's Disease. That was my understanding of it, but Ginzburg recognized the abnormality of it, and he was quite a man, and he operated in his World War Two boots. When we were on rotating internship at Beth Israel, we were probably one of the taller intern

classes. I'm a little over six feet, and I was one of the shorter ones. But Dr. Ginsberg was about 5'6", 5'7", and he never stood on a stool. So all of us had low back problems, because when we would scrub, we'd have to be leaning over. That was a little bit of a joke that we had.

WEBB: Yeah, yeah.

DAVIDSON: But he was a wonderful — taught us an awful lot of surgical technique, and also bedside technique. Now, one of the things that I mentioned in passing was the smoking at the board room. So Dr. Ginsberg also smoked, and when he made rounds he'd put a cigarette at the bedside [laughs], whether there was an ashtray or not. He'd change the dressing, and then he went back to smoking cigarettes.

WEBB: [Laughs]

DAVIDSON: We were one of the first hospitals, if not the first, under the auspices of Sidney Liebowitz, internist, of having a smoke-free environment.

WEBB: Yeah.

DAVIDSON: You know that?

WEBB: Mm-hm. What year was that? That was something like the late sixties, early seventies?

DAVIDSON: Yeah, something like that. I can't tell you. But that's when we started that. And it was a very important step, and it was not easy to monitor, because workers would go in the hallways, and go down the stairwells, and then smoke there. It's always there. But the patients in the rooms I think were pretty much disciplined, and very well cleaned up.

So as you know, Arthur Fishberg was chief of medicine, and Leon Ginzburg was chief of surgery, while practicing and teaching. They had a double whammy! [Laughs] Yeah, and it was before — everybody volunteered their time. We went to the clinics, all of the people, and they volunteered three months on service out of the year, and that's a lot of time that was given. And it was also a good feeling of being able to lead the new group into their profession. Yes, we had that.

And then times began to change, and the first chief of medicine, full-time employee, was Bernard Straus, who was very good. He came down from Einstein. You know that we were the Manhattan campus for the Albert Einstein School of Medicine?

WEBB: Yeah, that was when it was first founded, was in like '55?

DAVIDSON: Well, Einstein, yeah, was founded early-on, I guess in that period o time. I'm not sure. It may be a little later than that. And actually, an aside—my father-in-law, Mr. Hausman, went down to visit Albert Einstein at Princeton.

WEBB: Yeah.

DAVIDSON: My story was that he talked to him about getting permission to use his name. [Laughs] Yeah, that was a nice little talk.

WEBB: He would have passed away in I think the thirties or forties, but I. W. Held, who was at Beth Israel, he was one of Einstein's personal physicians. I forget exactly what. He was a pathologist. Let me double check. I've got a list here.

DAVIDSON: Oh, I don't know. I know the name, but I didn't know he was a physician to Einstein, who lived in Princeton, New Jersey. Okay, so let's see now. We're moving along. The next part of what was happening, New York, as you know, in the sixties and the early seventies, the drug world became overwhelming. You couldn't park your car if you had an MD plate. Doctors couldn't, really, because then they would think you had your bag in the car, and everything was broken into.

So anyway, the city at that time was under Mayor Wagner was there at the time. He said, "We've got a disaster here, and let's get all the best brains in the city together." And he did. He got people from Rockefeller University. I don't know if you've known the name, Dr. Dole?

WEBB: Dole, Dr. Dole, that's one there, yeah.

DAVIDSON: Exactly, right. They married later on [Dole and his collaborator Marie Nyswander, MD]. They sat around. The others, administrators. He's a great scientist, Dr. Dole. They talked about the use of methadone, and methadone — how did that happen? He discovered it in researching that the Nazis got it, made it, because they couldn't get opium from the East for pain medicine, but they made their own. So they made methadone. [Laughs] So he discovered that. And we had, at the time, a detoxification unit at a hospital called Manhattan General, which was across the street from [Beth Israel] — on 2nd Avenue, and that was a privately owned hospital.

Then we took it over, and we had a floor there for detoxification. It was a general hospital for a while. It was. We didn't have it at that time,

excuse me. It was a general hospital, and then we ultimately took it over. The interesting part of that hospital was that it was built originally for a lying-in hospital by J.P. Morgan. Beautiful building, interiorly. Okay, so we started there. It was started with the detox, then we came and took it over, and converted it into a general psychiatric hospital, a psychiatric floor.

We had the beginning of the methadone program and research program, and they needed a medical doctor to be involved to supervise the medical care, which ended up being me! I volunteered in my career, and became the medical director there, of the methadone program, and ultimately of the facility, supervising the medical care. Before we became an authorized treatment program it was a research program, and we had to have at least 400 patients, and for it to be reviewed, and to make sure the safety of the drug was approved. All the lab, the tests—every conceivable test, from endocrinologic tests, to every kind of test was done up at Rockefeller.

The papers were presented, and New York State finally approved us as an authorized treatment program. So then we went from inpatients, which we kept about a 40-bed inpatient unit, and a special unit for medical complications, which were very interesting and very complicated, on a locked floor, because these people who were so sick could try to get drugs anyway.

But the program began, well, it seemed to become successful, and become more of an at-home, ambulatory. Patients could come in every day, and they did, had a drink of their methadone in a glass of Tang, an orange flavored drink, and they would be ultimately sitting around in the neighborhood, which raised the hackles of our neighborhood. People were in the beautiful little park called Stuyvesant Park, which has the Friends Academy, and a lot of little kids were around, so we had a little bit of a political issue there. Because [of] our patients who were sitting there, and what was allowed to go on in any park, was drinking.

[Laughs]

So this is my classic story. The methadone was helping the patients stabilize their drug addiction, but the rest of their lives were pretty empty, because many of them were in jail for many years as young men — mostly young men; some young women — and they didn't know how to shop. They didn't know how to pay bills. They didn't do this. So they used to get a check from the state for rental, and they used to go to them, and then they would just waste the money. We finally convinced the state to send it to the real estate wherever they were, and we'd try to help them learn how to do the simplest things, the shopping.

WEBB: Yeah.

DAVIDSON: And another part of that — in order to deal with the environment of our — and we had a lot of patients who would come in, and they would go to the park — it was right across the street — and sit on the bench, a nice day. What would they be doing? They would drink, or whatever. So when I heard that this was going to be a problem, the community to push us out, I spoke to one of our, if you will, strong-armed patients who knew the system very well, and I explained to him what was going on. I won't use his name because I still remember it. He went out into the park, and in a day or two things were cleaned up. He knew what to say and how to say it.

So we protected the program, and it grew and grew, and it became international. And as you know, Bob Newman, who was the president of the hospital at the time, was very involved, and encouraged this, and became a leader world-wide. Right, and we continued. And the importance of what we learned medically, we learned many things about hepatitis in all its forms. It's interesting to note that a lot of the blood that was taken was preserved, from the patients. We had samples going back. Out of that blood, very creatively, Hepatitis B vaccine was developed.

WEBB: Yeah!

DAVIDSON: So we learned from that. And we always used to call — what now is called Hepatitis C, we used to call it Non-A Non-B. So we saw those people, and we learned a lot. And we also had, later on, a very — one particular patient in mind, a young woman who was failing. And every time we turned around and gave her what we call hyperalimentation, feedings, she perked up. But we couldn't understand what was going on. We had every specialist, everything going on. Well, to make a long story short, she was one of the early HIV patients.

And we were a site for Donna Mildvan — shouldn't be forgotten — infectious disease, began to work with this whole area, and she conferred and worked with the Pasteur Institute in France. We were one of the early places where HIV was studied, and worked on, and ultimately we began treatments. And this medical unit was a place where house staff came by and made rounds, and we had a doctor who was Stan Yancovitz, who was very interested in infectious disease, and he was there.

When I gave up and I thought it'd be better that he be the next chief of medicine, that was the recommendation. And there he is, and was, and he's still there — I mean in general infectious disease and in the drug treatment world. Great expert, and terrific doctor. So that's part of that.

Then we took over the whole building; we had that for the drug world and for the psychiatric services. So, interesting.

WEBB: Yeah.

DAVIDSON: Now, another interesting thing, the geography of the area. There was a large lot open with a foundation, right next to — on the corner of 2nd Avenue, across from this, on the east side of the street on the corner, which now is the joint disease hospital. That was our lot; we had that. And at the time, joint disease was having a great deal of trouble getting doctors and patients to come up there, because it was up in a very tough area. That was at the time of the drug world, and just terrible, unsafe area. And the people who were really expert orthopedica couldn't get their patients up there, and they pushed for a new location.

We helped them come down. It was part of the Federation group, so at that time that was when Mr. Hausman was involved with this, also. [Laughs] He says, "The Joint Disease Hospital down. That's why we built a bridge." And we used to make rounds on their tough patients who had medical complications. From my perspective — at that time we became affiliated with Mount Sinai — this was a long time ago — as a teaching hospital, so that there were three leaders. They had a leader up at Sinai in Orthopedics, a leader at Joint who was an orthopedist, and Beth Israel's leadership. The three heads kept knocking together.

WEBB: [Laughs]

DAVIDSON: So they ended up with NYU, and I don't know how anybody, the state or anybody approved of the logistics of it. Here we were right next to them, to service them with all kinds of things. But they're still affiliated with NYU, so that's a little story of Joint Disease.

WEBB: Who was the person at BI who was responsible for Joint Disease, for that?

DAVIDSON: Well at that time, Mr. Hausman was the chairman of the board, and the board brought him on. They were a Federation hospital. We don't talk about that anymore. We were all part of it, like Sinai was, also, with Federation. Yeah. I'm sure it was more complicated, the real estate and all that, but we had that property and a foundation, right. And you know Stuyvesant Park is a very interesting place. They have a bust of Stuyvesant, Peter Stuyvesant, in the park, a beautiful bronze bust. And they have a bust of Anton Dvorak.

WEBB: Ah, yeah.

DAVIDSON: At the corner, right near Beth Israel, right on 17th. He lived there.

WEBB: Whoa, yeah. I didn't know that.

DAVIDSON: Yeah, he lived there his last years, and some of his great symphonic works about America, he lived on 17th Street, next to the Mapplethorpe. Are you familiar with the Mapplethorpe Building?

WEBB: Uh, which one?

DAVIDSON: It's a townhouse. It's for the HIV people at the nursing home level, those who are really very at the end of life. Mapplethorpe gave a significant amount of money, and there was a building that was named after his contribution. A plaque on the wall out there has Anton Dvorak's name. So, a little bit of the local history, right?

Okay, and what do we need now? So, we're moving along. Oh, yes. When I was an intern, during the nights I'd treat many women coming through the X-ray department, the original — we're talking about 1959, '60, in that period of time. And I asked them where they were going. They said they were getting a special X-ray of their breasts. Really? I said, "Oh, what's that?"

Well, to make a long story short, the first paper written on mammography was written by Lou Venet, V-E-N-E-T. I just wrote his name down. And Philip Strax. He was a radiologist, S-T-R-A-X. It was published. It was the Hip Study. I think they had almost 30,000 women over the time to show that mammography was a valuable diagnostic tool. So that was a very valuable contribution, okay? That was one of them.

Another interesting story — later one, when I came back as an attending in GI, and I was beginning my practice, we had endoscopy. We had upper endoscopy, and we learned that we can get in there with more flexible instruments. They used to be rigid. And we also had a local sigmoidoscope, rectally, which also had some flexibility. Those are the tools. We had a resident at the hospital in surgery by the name of Shinya, Hiromi Shinya, who actually was supposed to get a fellowship and come back and do some more surgery in our department, but there was something he didn't complete.

So for some time, he went back to Japan for a period of time, and when he returned to New York to talk to his chief, who was William Wolff, Bill Wolff, he said, "You know what they're doing over there?" He said, "They have this flexible instrument, the optics that bend, the flexible optics. And Olympus was very involved." That's the company. They used to stand over Hiromi's shoulder when he would do these

particular early techniques that he was showing us and Bill Wolff, before it got approved. And they kept improving upon it, and then he finally did a paper, American College of Surgeons, and out in Chicago they presented it. That was early on, and Hiromi was the first one who really did the colonoscopy, and put it on the map.

WEBB: Yeah.

DAVIDSON: So that was a big, big step, and then a lot of people in the field got very involved with it, doing it. It became standard operating procedure then. Yeah. So they didn't put up a sign with his name, the endoscopy unit, which I'm very surprised. [Laughs] Very surprised! Yeah. I don't see any other things. All right. Okay. Go ahead.

WEBB: So how about Ray Trussell. I know he obviously was director for about a decade during the late sixties, early seventies.

DAVIDSON: Trussell! Yeah, yeah, Ray Trussell. Yeah, yeah, Trussell. I have his name down here, right. Yeah. Well, he was involved with the administrative, dealing with New York City, New York State. And with our drug program, we had to have a lot of that administratively, making sure things were done right. Yeah, and the methadone program then became an international program.

WEBB: Yeah.

DAVIDSON: It's too bad that it's not talked about now, because I don't hear very much about it, because even though you're on it, over time when you put your life together, you can be detoxified. Years later, when I had already left — I was there for twelve years as the medical director of the program, and Bernstein became Bernstein Institute — I had patients who came in who were finishing their law school, and they were going to be taking the bar, and before they would be approved they had to be screened a number of times to make sure they were clean. These had been patients on the methadone program.

So we had, I felt personally, some wonderful successes with people, and they really — it can be done. And safe — that's the point of it. Women who were pregnant we watched, screened. We worked closely with the GYN and OB department, with Dr. [George] Blinick very involved. Very important. There are patients who also can be given medicine. It's long-acting, and they had to be trustworthy, because of course there were always cheaters. People could sell the drug, sell it if they took it home. But there were those who could be given medicine for a week at a time, and so forth, but controlled. But even if it was a daily pick-up,

we had many different offices around the city, and people could arrange to do that.

WEBB: Yeah.

DAVIDSON: Let's see. All right, what other little things we need here? You know that we were the only kosher hospital in the city, or in the country, actually.

WEBB: Yeah.

DAVIDSON: It just disappeared. They ordered it down. It was too expensive. [Laughs] That's what I heard. I would like you — there is another person I don't know if you have on your list. He can give you another view from the more orthodox religious standpoint, which we had a very important role in, because we were the hospital for the Lower East Side for so long. It's Ira Friedman. Do you know the name?

WEBB: I don't, no.

DAVIDSON: Okay, Ira was the partner of Leon Ginzburg.

WEBB: Ah.

DAVIDSON: He's my vintage, so he may not be fully in practice, but I can give you his number.

WEBB: Yeah.

DAVIDSON: I'm going to give you the old way. It's a 212.

WEBB: All right, 212.

DAVIDSON: [telephone number redacted]. Can't miss it. And his son is Richard Friedman, who is also a nice orthodox man who has been very much still operating at Beth Israel. I don't know what it's going to be. But they could give you some more of a history possibly from that standpoint. Do you have the old board meetings, going back to when they were having clinics, and what they were charging people?

WEBB: We do, yeah. We have the entire set of board minutes.

DAVIDSON: Yeah, good, because they had — people were giving ten cents, whatever they could afford. It was wonderful to see. I think I had it in my bushel there; I had some stuff. But I know that they had a first 100 years archive book that was published at the time of my father-in-law's

retirement from the board. I think it was in '89-'90. Yeah, I think that was then. They had a wonderful event, and there were very nice pictures, and all of the history. It was very nice.

Let's see. You know, we also were a first responder facility, certainly after the first Twin Towers attempt in '98 [1993]. We set up all kinds of emergency facilities in case people had been gassed, all kinds of — a radiation area, in case there was radiation, at our emergency room center. So that when the Twin Towers were hit, we were there, and we had patients, but the issue about that was that the only people we ended up seeing were people with minor scratches and bruises. Everybody else was terminal, were gone. But they still have that emergency services down there.

WEBB: Yeah.

DAVIDSON: We also had language — every variety of language. There was always somebody available on the telephone to translate, from the emergency room. And it's interesting to note — now I'm reminiscing. Even years later, when I was a resident, or fellow, I should say, and afterwards, the emergency room was staffed by me, on a weekend, by myself, and another gentleman was Lionel Roseff, who became a gynecologist practitioner. We rotated; we covered the emergency room. We did everything from dealing with respiratory infections to suturing. So it was an interesting time. So that was a little different days.

WEBB: Yeah.

DAVIDSON: Okay, let's see if I have anything down. All right. I don't know if there's more for me to say, but — oh, in my career. I'm sorry. In my career, after my involvement as a house staff officer, when I became an attending there were two sets of medical boards. There was the associate board and the senior medical board, and obviously the seniors were the chiefs and senior people. We were the associates, all the younger attendings, and I, of course, was the president of the associate medical board, and then we made a very important decision with Dr. Blinick, who was the president at that time of the medical board, of joining forces. We did.

So we came together as one medical board. That was a nice thing to do, and everybody became very involved, and we still continued our volunteer care of patients on service. You taught; you made rounds, and you worked, did time in the clinic to supervise other interns and residents on the way, as an attending. That was part of your being on the staff. You gave time. There was a good, a very good feeling about it,

because a lot of the younger people who you bump into later on in life remember you, and now it's very nice.

WEBB: Yeah.

DAVIDSON: Let's see. Are there other things, too? Yeah, and later on for myself, I became president of the medical board, which was very nice. You can see the minutes through the years. You went up the ladder. You were the vice president, then maybe the next time out, and you became of the medical board, and you dealt with administrative things and problems that the staff has, and dealt with the nursing staff. And then later on, I also became vice president to somebody else, at a later date, but that's not important.

Oh, we were always involved with the nursing school. That's a very important thing that we had, a very good nursing school. Frankly, I don't know what's going to be with it. It's continuing somehow. It's very needed.

WEBB: Yeah. It's still continuing, but I don't really know the details.

DAVIDSON: Yeah, that's certainly very important. Then the later days, my partner, who was Dr. Weingarten, Leonard Weingarten, his father was Michael Weingarten, who was chief of GI. [Laughs] And then when I was finished, when I finished my training and I was in practice in medicine and GI by myself, Leonard and I decided that it would be good if we could join forces, which we did. We built a nice practice.

And then we also had an opportunity to take over a union's health systems, which we did, and we moved that. We had other doctors who would come in and do routine physicals on these clients. And it was one of the first and early capitation programs, which means that you were paid on a per-head, capitated amount every month, whether we saw the patient or not, but when they came in, there was no charge. It was a good thing, when we built the big, nice practice, and we had a good relationship with these several thousand employees. But we merged with the hospital, and that's when we moved to the 34th Street building.

WEBB: Yeah. What union is that?

DAVIDSON: Well, it's Allied Trade Union, and they merged with another union, and they went on and on. They're no longer active now, even the retirees. We used to work with the retired members. So it was very interesting to deal with it, and we learned about managed care, and we were early in that field with the hospital, and then we merged our practice with that. Then we moved over to 34th Street, and that building — I don't know if

you know the Beth Israel building, or the Mount Sinai-Beth Israel building on 34th, between Madison and Park — was the Strang Clinic.

WEBB: Hm. No, I didn't know that.

DAVIDSON: Yeah, Strang Clinic was the first cancer detection clinic, where you would go in and you'd go through stations. One doctor did one thing, looked in your throat. Another one did something else. And you went around, and at the end of the day you got your report. So Beth Israel took that over, including many more lawsuits. [Laughs] Because you couldn't say — in those days — cancer free. We didn't have CAT scans, nothing.

But anyway, we took it over, and some of the patients who still had their records there, and we fixed, changed the environment somewhat. And then, because we had this very nice facility, Dr. Newman, who was married to a Japanese gal, said, "You know, my wife keeps telling me her friends, her Japanese friends that are in business, they keep getting these terrible bills from doctors, and get people to understand them, and on and on." So we developed the Japanese medical practice.

WEBB: Hm. Yeah.

DAVIDSON: And it still exists. Now, what happened there — this is on 34th Street. Most of the Japanese who were in New York at the time, and there were many businessmen, young men, business people. At the time there were quite a few of them, and they lived up in Lower Westchester, lived nicely. Of course, they left their young wives at home with the baby, and the wives didn't drive, so that was another issue.

WEBB: Yeah.

DAVIDSON: But we opened this up because we were available to help, and now we were trying to do it, so I ran the program in the afternoon, and I made rounds and saw my patients in the morning, and my other patients. And Dr. Weingarten did it in the other part of the day. So we covered the doctoring until we found Japanese doctors. And we had Japanese nurses, and everybody could make — and the environment was made comfortable for the Japanese patients. What helped start this was Tokyo Marine Insurance, because these people's health insurance was paid by them. They joined with Beth Israel, and contributed X number of dollars that Bob Newman arranged, and made sure this went. And the program still exists, certainly with doctors who speak Japanese.

So I had a very good time with it, because I learned the different culture, and other things, and we brought good medicine to them. So it was

another thing that we contributed, and worked that, and it's still there. So, a Japanese medical practice, right. Now also in that building was one of the first urgent care centers. I don't know if you know that — 24-hour. It was. It was called DOCS, Doctors on Call. It started up in Valhalla in Westchester, by two doctors, Weissberg and Socio. They split the day, and they also developed a very successful formula for doing this, and they opened up other facilities.

Beth Israel ultimately took them over. Some of them were successful [laughs]; some of them were not the greatest investments for Beth Israel, I presume. But the one they opened down on 34th Street was the first probably in New York, and we were early in the whole field. So that's very interesting. So you got the first walk-in, and it was also a source of developing practices. And patients would come back, or be referred to some of the other doctors in the building, which was a very nice, nice thing to do. Right. And Dr. Weissberg's house found its way into Hillary and Bill Clinton's home!

WEBB: [Laughs]

DAVIDSON: That's where they live, in Chappaqua.

WEBB: Yeah!

DAVIDSON: He sold it to them. Yeah, nice place. Anyway, that's another new little thing for the building. And yeah, in the building, so they had the walk-in, they had the Japanese medical practice, as well as in the building they had a radiology department, which made it very convenient when you saw patients. You had a sonogram, your CAT scan, your regular X-rays, mammography — everything. And it had two floors, so it was very nice. So that's there. I'm not sure if they're going to do anything different to it, but it's a good site. Okay, let's see. Have anything else? [Laughs] Maybe we have to stop and take a breather, and come back and ask me.

WEBB: Yeah. One name I'm curious about that comes up in the early Bernstein Institute stuff is Harold Trigg.

DAVIDSON: Oh, my goodness. Yes, friend. Harold was — he was not part of Beth Israel at first. He trained up at Bellevue, and he ultimately came up. He was the doctor for the detox program before methadone. He was a psychiatrist, so he worked — I worked with him. I should have said that. I worked with him closely, and we became friendly, and I became his doctor, and so forth. So yes, he was the psychiatrist on premises, which helped with the psychiatric evaluations of our drug-addicted patients in the methadone program. Yeah.

WEBB: Yeah. And then another name I'm just curious to hear any stories you have about, because obviously he was such a big deal at BI, is Charlie Silver.

DAVIDSON: Well, he was the early person before Sam Hausman. He was the chairman of the board. More modern times, when the — he had also to do with the Department of Education as a dollar a year man, a volunteer for the state. And he was in the wool business. He had a little money. Anyway, but he was good, a philanthropist. [personal health information redacted] Let me get into that what I kind of remember Charlie Silver, what was going on. Intensive care units didn't exist. Because those people were in their own rooms, and things were done piecemeal. Intensive care put it all together.

WEBB: Yeah.

DAVIDSON: One of the leaders in that was a fellow, a man by the name of Gerald Friedman. I don't know if you've come up with that name, Dr. Friedman. Dr. Friedman also was an endocrinologist. He helped found a juvenile diabetes organization, and had a camp that he helped that was for diabetic children, and very good in his field. Ultimately we had a building, and it was actually called the Friedman Diabetes Center, which when Mount Sinai came about with the merger, it all disappeared. Now it's up with another center, Norwell, or Northwell, whatever that is, up on 59th Street. Many of our people, doctors who were with this diabetes center have moved up there. So we don't have that center. With Mount Sinai we have a very good endocrinology department as well. But Dr. Friedman was a great mover in this area, and with the ICU, he helped put that together, which is very nice.

WEBB: Yeah.

DAVIDSON: [personal health information redacted] Yeah, so anyway. But he was a businessman, and he would — whatever a board of trustees do, making judgments about evaluating and building, those things. We had a building which was a clinic building, was the Silver Building. That was the building where the house staff lived.

WEBB: Yeah.

DAVIDSON: Yeah, so that's that part of it. And the other thing was, Mort Hyman was brought down from Sinai. My father-in-law encouraged him to come down, and followed him on the board. Yeah, a very good leader.

WEBB: Yeah. Well, that's great. Thank you for taking the time to chat.

DAVIDSON: Well, thank you for listening. [Laughs] There's more to come—who knows?

WEBB: Yeah, you're always welcome. Do you have my number?

DAVIDSON: Let me have your number.

WEBB: Yeah, so we're (212) 241-7239.

DAVIDSON: 7-2-3-9. And you're Mr. Webb, right?

WEBB: Yeah, Mr. Webb. Yeah, that's the Mount Sinai Archives.

DAVIDSON: Ah, terrific. Okey-dokey.

WEBB: Yeah.

DAVIDSON: Thank you, sir. Thanks for listening.

WEBB: Absolutely. Like I said, great to talk. I'll send you the permission form in an email.

DAVIDSON: That's great. And call Bruce when you have a chance. He has some more details on the board, from the board's standpoint, and from Mr. Hausman's standpoint.

WEBB: Yeah, will do.

DAVIDSON: That's great. Mr. Webb, thank you for listening.

WEBB: All right. Take care, and have a good afternoon.

DAVIDSON: You too. Thank you. Bye-bye.

[End of Interview]