

INTERVIEW WITH DON ELZINGA  
MARQUETTE MI  
SEPTEMBER 11, 2009

Subject: MHS Project

MAGNAGI, M. RUSSELL (RMM): My first question is, when is your birthday?

ELZINGA, DONALD (DE): June 14, 1931 born in St. Louis, Missouri.

RMM: Could you, we're going to get started and we're going to be talking about your career but we'll also start with your father's career and the crippled children development here. So this is going to be a little broader interview than we usually do. I'm saying this more for the transcriber. Could you tell me a little of your background? Where your family was from originally and then probably talk a little about your father's career.

DE: My father was from the Grand Rapids area and his father was (a) veterinarian.

RMM: And what were their names?

DE: My father's name was Eugene Elzinga and his father's name was Martin Elzinga. Martin taught in the veterinary school which was in Grand Rapids at the turn of the century. My grandfather died while my father was a teenager but, anyway, he did go on to the University of Michigan and to medical school and then began practicing in Flint, Michigan.

RMM: That would be in what year?

DE: That would be in about 1922 and he then got a chance - when Dr. Abbot who was the head of orthopedics at the University of Michigan went out to Shiners Hospital in St. Louis, Missouri. He called my father and asked him if he'd like to come out as an orthopedic resident. So the family moved to St. Louis, Missouri and I was born in St. Louis while he was taking his orthopedic residency. He came back to Flint to practice Orthopedics but there wasn't room at the hospital there for an orthopedist and so he became a Buick plant doctor. This was in about 1932 at the height of the depression and this is when, after a couple of years of that,

he heard about the Upper Peninsula needing an orthopedic surgeon for the Crippled Children's Hospital. So that's what brought him to Marquette.

RMM: Could you just go back and talk a little about the Crippled Children's Hospital.

DE: Well, in 1931, through (the) children's fund of Michigan which was established by senator James Couzens, the Crippled Children's Clinic was built next to St. Luke's Hospital. They hired Dr. Moses Cooperstock, who was an assistant professor of pediatrics at the University of Michigan, to come up and run the clinic along with a nurse Elba Morse. Then they had public health type nurses that went out through the Upper Peninsula looking for, and it wasn't hard to find, children that were poorly nourished and needed medical care. What they did find was they had a significant number of orthopedic problems among the children like club feet, congenitally dislocated hips and cerebral palsy. They realized they needed an orthopedic surgeon up here to care for these. So they went through the process of trying to find one and in those days there weren't all that many orthopedic surgeons in the country, let alone Michigan. When they interviewed my father he agreed to come and establish an orthopedic service here in Marquette. My mother was born in Marinette, Wisconsin but went off to nursing school in the University of Michigan...

RMM: What is her name?

DE: Her name was Evelyn Dandio and this is where she met my father. My mother had a couple of aunts from the farm there below Marinette who had married two brothers and moved to the copper country. So when my mother's mother died of tuberculosis she moved to the copper country, to Calumet, to live with the aunts. She actually graduated from Calumet high school in 1920. She was bound and determined that she wasn't going to live in the Upper Peninsula. Particularly one time, in 1933, (she was) coming through Marquette on the way for Thanksgiving in the copper country. (When you came into Marquette you came along Lake Street, not over Shiras hill, then you went by the gas plant then through the railroad yards

and then out Washington street). At that time there were many bars lined up on Washington Street and not too long before that actually there were brothels on Washington street. The houses as you got out toward the western end of Washington were ramshackle and there were factories along the railroad there and her comment was “how would you like to live in a dump like this”. Of course you didn’t see Marquette when you came through. You didn’t have any idea of what Marquette was like.

RMM: That would have been about what part of...

DE: that would have been about 1930.

RMM: No but in terms of the town where did it start to deteriorate?

DE: From the prison on in. Those houses, those nice houses along Lake Street, most of those where pretty ramshackle. They were shacks.

RMM: Just along the railroad?

DE: There were two railroads going by there and then the gas plant had a huge tank, one of those floating tanks to provide coal gas for the town, so they drove right past that. Then you where driving through the railroad yards to get into town.

RMM: Then where did it deteriorate and you have the...

DE: Going out after the first 3 blocks past 4<sup>th</sup> street it started to deteriorate. The Harlow Park was always there. That was the best, at 7<sup>th</sup> street, the park. That (the park) was reasonable but across from that were bars and shacks. So it had a tough appearance and of course once you came over what’s called Coles hill, where Kentucky Fried Chicken is now, you were out on U.S. 41 highway there and you went past the old brewery, the one little building is left of it, but there was what looked like a castle out there and then you were in the woods again.

RMM: Interesting, so she wasn't coming back?

DE: She wasn't impressed with Marquette. No. So when he agreed to come up here (we came up in March of 1934) they had arranged for us to rent a house on the corner of High Street and Hewitt Street right across from the little store called "The Spot" there. Well, the house was rat infested and it was terrible. This brought on quite a crisis. So we ended up the next night in a rooming house on Pine Street. Mrs. Hoffman ran a nice rooming house just a couple houses off from Hewitt Street on Pine. We stayed there for maybe three months while we looked for a place to rent.

RMM: Oh so you didn't go back to this place?

DE: We didn't go back. We only spent one night in that home, place. Of course I was just 2 and one-half years old but I've heard this story. Anyway we ended up renting a house on the corner of Pine and Magnetic. (Burt Parolini's family bought that house after we moved out of it and I think his mother just recently died and they still own that house. He was another good Rotarian.) So that is how we got to Marquette and the importance of, it was the Couzens's children fund that was responsible for this development of the Crippled Childrens' Clinic.

RMM: Just to kind of recap here, tell us a little about Couzens?

DE: James Couzens was Henry Ford's partner in the early days of developing the Ford Motor Company but they had differences of opinions about things. Couzens really felt strongly about taking care of their workers and actually did convert Ford to a more paternalistic leader of his company. In fact, I think Couzens was responsible for paying the workers 5 dollars a day which was twice as much as the other auto workers were making. Anyway, he left the company and the Ford family bought him out for I don't know how many million. It may have been about 30-35 million but anyway ten million of that formed the children's fund

and he said that over a period of 25 years it should be completely dispersed and it was to promote the health of children in Michigan, the health and welfare of children. One of these projects that he supported was the Michigan's Crippled Children's society which was a Rotarian (Rotary International) subsidiary. Couzens went on to be a senator from Michigan, a Republican senator and served from the 20's into the 30's but he lost his bid for reelection because he had supported some of President Roosevelt's programs during the depression.

RMM: As a Republican?

DE: Yes. In 1936 I believe he lost his reelection attempt but then he died within the year. One of his stipulations about the money was that his name wasn't to appear on any buildings and yet the nurses residence at the University of Michigan is called the James Couzens Nurses Residence and our building here which was named after his death was JCM or James Couzens Memorial. If you go under the overpass on College Avenue and look at the brick building where the old front door used to be (they have it cemented over) you can still read James Couzens Memorial in the cement over what used to be the door to the hospital.

RMM: Now just to put this in proper perspective, back at that time and before then, if a child was born with a clubbed foot or with a problem then nobody really worried about them?

DE: They didn't, or if they did, that child would have to go all the way (to the University of Michigan). They had transportation systems where they would send the child all the way to the University of Michigan and they may keep him there for 6 months or a year because they couldn't afford to bring him back and forth. So this was a tremendous expense in those days to do that. So by establishing a clinic up here and a treatment center, when they needed surgery they could have it, and it'd just be a short car ride, at most 150 miles to get home rather than over 500.

RMM: So then parents because of the expense or the distance and being dislocated from the family and so forth would just let the child; just leave them at home with the club foot?

DE: Oh yeah, and it was not unusual to see a child with a dislocated hip have a limp.

RMM: Just part of life?

DE: Yup. Then, of course, tuberculosis was a problem too. So kids with tuberculosis of the spine (and when you get tuberculosis in the lungs it usually gets back into the thoracic spine) would develop deformities of the back. I can remember kids that had tuberculosis of the spine.

RMM: So this was a big problem that people can't imagine today?

DE: Yes, then topping that off, I don't remember that we had any serious polio epidemics in the (early) 30's but we began to have them maybe in the late 30's and into the 40's each year. There would be polio, usually in the summertime when the kids got together. This caused tremendous problems especially in the Upper Peninsula. At one time we had more iron lungs (negative pressure respirators) at St. Luke's hospital than they did at the Boston or New York hospitals because we were so severely hit with poliomyelitis.

RMM: when you talk about the iron lungs that way, that wasn't a permanent condition?

People didn't stay on the iron lung forever?

DE: No, well, occasionally. I remember there was a rich man that traveled all over the country in his iron lung but most of these children who were in iron lungs didn't survive but the iron lungs were to try to get you through that acute period where you had respiratory problems and hopefully you would regain enough ability to breathe that you could survive without the iron lung.

RMM: But there was a high incidence of mortality?

DE: Oh, very high. I remember one polio patient telling me years later that in one week she was the only one of seven that were in iron lungs that survived the week. The other six had died.

RMM: Children?

DE: Children. St. Luke's had a system. If they had a power failure and these iron lungs stopped they would blow a whistle and people from all over the neighborhood would rush to the hospital to operate these iron lungs by hand. You could operate them by pumping back and forth on a handle. Now iron lungs were made right here in town. You hear stories of them making them out of packing boxes and 55 gallon drums and so on. Max (Maxwell) Reynolds was able to do that down in his boat shop on the harbor. He and Lo Reynolds who was the maintenance engineer at the hospital came up with the design. The mechanism that they used to time the pumping or time the release of the vacuum in the iron lung was done with a little turntable. This is interesting because down at Donckers shop on Washington street there was a Mr. Peanut who would raise his cane and the thing that raised that cane was a little turntable that had a little bump in it. So every time that bump went by the lifting stick would get pushed. These iron lungs that we had had a little turntable with a bump in it that acted like a cam and when that lifted up it released the vacuum and the atmospheric pressure came in and compressed the patients chest so that he could exhale. The vacuum, of course, came from a vacuum cleaner. The vacuum cleaner would suck the air out of the iron lung and the (patient's) chest would expand and bring air in. As you know, the Rotary's going to have a little committee to look into the iron lung thing and try to give that story and there is one of these packing crate type lungs that they have that will demonstrate how this thing worked.

RMM: So this was primarily in the more 1940's?

DE: At the end of the 30's is when they came up with that because I think either in (19)38 or 39 there was a significant polio epidemic and the significance for orthopedics was that if you had got polio you developed weakness in arm or leg muscles and it interfered with the growth of your arm or your leg and it caused a deformity that needed orthopedic care. If you had muscle imbalance you had to have an operation to correct the muscle imbalance to try to prevent a deformity of you limb or ankle.

RMM: So your father came up in the early 30's for the Crippled Children's Fund?

DE: Yes.

RMM: Than this just kind of morphed into both but then the addition of the polio disaster?

DE: Yes, and along that line, Elba Morse who was the nurse in charge of the clinic decided that one of the things that would help children would be to spend time in a summer camp to try to get good nutrition and to try to build them up to get them through the next year. The doctor with the Crippled Children's Society was Goldie, I'll have to get that name in a minute. Her parents ran a Scandinavian bakery in Ishpeming but she became a public health doctor. Cornelison (?Cornellissen), Goldie Cornelison, and Elba Morse looked for a place for a summer camp and they came across the old farm up at Big Bay and they thought they might be able to establish a summer camp. The Couzens Children Fund was reluctant to donate all the money to acquire this but they said they would help if the communities would come up with most of the money. That was a challenge to the Rotary clubs, not only of Marquette but I think of the surrounding communities, and they raised enough money to establish this children's camp. So the first camping period was the summer of 1934. Well they celebrated their 75<sup>th</sup> session last year.

RMM: So this went very quickly?

DE: Yes

RMM: The Couzens and your father coming up and all this sort of gelled and by (19)34 they had Bay Cliff going?

DE: Yes, and at first Bay Cliff was originally for the children with poor nutrition but it very quickly developed (with the polio 3 to 4 years later) into a physical therapy type camp for the children that had these deformities.

RMM: So then your father continued his practice. Were there any high points?

DE: Of course, being the only orthopedist in town, in fact, the only orthopedist in the Upper Peninsula, he became overwhelmed with work. Somewhere in the late 30's, just before the war, James Lyons came up and as part of his training for orthopedics he spent time with my father as a, well, essentially as a resident but he eventually became a certified orthopedic surgeon. I think then he went off in World War II and again my father was alone during World War II. They wanted to draft him actually (but) then realized that the Upper Peninsula couldn't do very well without him. Dr. Lyons came back at the end of the war and established his own orthopedic practice here in Marquette and also then helped or shared the load with the Cripples Childrens' Clinic. And there was a time in 1936 that the state ran out of money and couldn't pay my father's salary and it sounded like we were going to have to leave but the children's fund came through with a, I don't know what you call it, a stipend or an honorarium, but anyway, came through with some money so he wouldn't have to leave. Then he also started private practice of orthopedics here in Marquette. The first two years he was not taking care of adults at all. He was just taking care of the children. One of the things, and it's apropos to today's idea of socialized medicine, but the doctors felt that a physician paid by the state was socialized medicine and they were very against that kind of thing. So when my father went into private practice that upset some of the other doctors.

RMM: Why because they felt that he was being subsidized?

DE: Subsidized and of course the other doctors were taking care of fractures and broken hips and trauma. And, in fact, the reason he couldn't in Flint; Dr. Curley ran the Hurley hospital in Flint. Dr. Curley was a "traumatic" surgeon and he didn't want an orthopedic surgeon in Flint because that would cut into traumatic (trauma) surgery. In fact, Flint didn't get an orthopedic surgeon until the osteopathic doctors developed an osteopathic hospital. Dr. Curley was a very reputable surgeon and a good traumatic surgeon.

RMM: That was about what year?

DE: That was back before 1934 but he kept the orthopedic surgeons out of Flint for many, many years until the osteopathic hospital was established in Flint. I don't remember the year but they (the osteopaths) were the first orthopedic surgeons.

RMM: Where there any other highlights with your fathers career?

DE: I think he was always for progress, for instance, when the two hospitals eventually combined and we had this combined staff. He was one of the ones that thought that that was the way to go. Dr. Tom Mudge was one of the older physicians (a general surgeon) but realized that we would have a much stronger medical community if we had a one hospital system. Dr. Mudge and Dr. Boyd (T. Boyd Bolitho), the radiologist, worked at both hospitals. (These were doctors that worked at both hospitals and my father's practice was concentrated at St. Luke's but he still saw patients at St. Mary's). When I came I was a member of the staff of both hospitals but recognized that if we worked together we would be a much stronger (medical) community than having the split community that we had. So, I think that's why these older doctors pushed me into becoming the combined chief (chief of the medical staff) because they thought a young one (chief of staff) might be able to convince the others to go ahead with this.

RMM: Let's stop there and go back and get into your career. How did you get into medicine?

DE: When you grow up in a doctor's family you either hate medicine or you are fascinated in it. I just loved to make rounds with my father on Sundays or on weekends so that (is) really where I first got an interest and in fact he was making a house call in Ishpeming one time on a Sunday and I rode up with him Sunday afternoon. We had a new Buick and it's interesting because the new Buick, it was just before the war, and he had to get special permission to get this car because of all the travels he did in the Upper Peninsula. And so he came home with a Buick in November of 41 and this Sunday morning I was up in Ishpeming listening to the radio. It was first time we'd had a radio in a car and I was listening to the radio and he was in to see his patients and, my gosh, they announce that the Japanese had bombed Pearl Harbor - on the radio. So that was my memory of December 7<sup>th</sup> and I would have been 10 years old at the time.

RMM: Now how did that, when you heard that did it? What was sort of the immediate?

DE: I knew that, even at 10, I was aware of the war going on and we were trying to stay out of it. So I realized at 10 that we were in it for good at that time.

RMM: So it didn't come as a shock or surprise?

DE: No,

RMM: You were talking about being up in Ishpeming?

DE: And how I got into medicine. Okay, soon after that I had been going to Froebel School, which was the primary school up there on Arch Street, where the Pine Ridge apartments are now. But I transferred out to John D. Pierce in the 6<sup>th</sup> grade and ended up graduating in 1948 from high school at John D. Pierce and just assumed that I was going to go on to the University of Michigan and go to medical school. Well, I got to the University of Michigan in 1948. A lot of veterans were there, a lot of people from all over the country that were much

more sophisticated and perhaps better prepared for the university than I was, even though I'd gone to a good high school. It became obvious after the first couple of years that a B-average wasn't good enough to get into medical school. Then, in 1950, came along the Korean War and I was oscillating and (ended up) they were going to draft me. Everybody knew Francis Drake in town - she ran the draft board here in Marquette and she informed me that I was getting close to being drafted so I ended up enlisting in the navy for four years and in boot camp I took the aptitude test and it showed that I had a pretty good choice of what I wanted to do. I said "I know people from Marquette that were in the submarine service". So I said I'd like to be in the submarine service and the chief said "well, right now they're not taking people out of boot camp for submarine school" and I said "you know I get kind of tired of being told what I can and can't do". I said "I'd still like to go to submarine school". I ended up going to submarine school somehow and so I spent most of those four years on a submarine. Because I did well in submarine school even as a boot I think I ended up third in the class of a couple hundred sailors and the old chief there at the submarine school talked me into applying to Annapolis and said that if you want to stay in the navy why not do it as an officer. So the upshot was (that) I was too late to get into the group that the navy appointed from enlisted men. So, John Bennett, who was our (congressional) representative from the U.P., was able to get me an alternate appointment and that sent me off to Maryland for the naval academy preparatory school. There you just go through a review of physics and history and math and English and prepare you to take the entrance exams which I did and passed. But our primary appointee from the Upper Peninsula was Frank Young who most people here in Marquette know, and here at the university know Frank because he's been quite an alumni supporter. But he was slightly colorblind and so that disqualified him. The next alternate appointment was a fellow from Michigamme named Ball and he ended up getting into the academy and I think ended up an admiral and also a vice president of the Dole Pineapple company.

RMM: The sped of Michigamme.

DE: Yeah, and so I was left to complete my enlistment on the submarine and I spent three years on the (Sablefish) which was a snorkel type submarine; it was one of the World War II subs that was converted to a snorkel. Actually getting qualified in submarines is very much like taking anatomy in medical school. It's being able to understand all of the many systems on a submarine there. The hydraulic systems, air systems, and electric systems and every sailor on the submarine before he's qualified has to know how to operate every system. So if you're the only man in an apartment then you can handle an emergency. Keeping that in the back of my mind I thought maybe I should be an engineer. So when I came out of submarine school I went into the engineering school at the University of Michigan and actually I did quite well. I ended up with a 4.0 average for the first year and I found it interesting but I found we weren't working with people. We were working with things and I thought, you know, if I'm doing this well in engineering school why can't I go to medical school. So I ended up applying to medical school and, with the good grades from engineering school, I was accepted to medical school.

RMM: So that was a very roundabout way of getting into medicine?

DE: I don't recommend it as a career path. I think always I had orthopedic surgery in the back of my mind as what I wanted to do and also to come up here. It was a great place to live and a good place to establish a practice.

RMM: Then at that time there was still demand for the field? It hadn't been filled with physicians?

DE: No, when I got here there was Dr. Meyer up the copper country and Dr. Roberts down in Iron Mountain. There may have been one in Sault Ste. Marie, no there wasn't at that time so there really weren't that many of us up here. Dr. Lyons and my dad were still here of course. It's interesting getting back to the clinic concept where my dad used to go around to all of

the counties at least once every couple of years, to hold clinics. Dr. Cooperstock would do the same to hold clinics. This brought up this concept of physicians traveling in the Upper Peninsula. We promoted that, when I got here and then got a couple of partners we established orthopedic clinics in L'anse and Manistique and Newberry and Crystal Falls.

RMM: Could you explain how these clinics work?

DE: With the permission of the doctors and the communities we would come and hold office hours in their medical facilities to see their patients that they wanted to be seen by an orthopedic surgeon. (End side 1) We could see them in their hometown and then, also, if they then needed surgery it was minor surgery we would do it right there. If it was something major then we'd arrange to do it up in Marquette but then the follow up visits we would do at the clinics a couple of weeks later. Or sometimes see them over a period of months or a year even and it saved a lot of travel. Many of the other specialties got into this too and so now you have the Marquette physicians with clinics in all of these same places and it certainly was good for the hospital because it promoted Marquette, at first a secondary and then a tertiary type referral center. It all started with these very early Crippled Childrens' Clinics that Rotary had established in the first place.

RMM: You began to talk about it the we got into your career but maybe talk a little about, because it becomes a major focus and that is, the two hospitals in Marquette, that is St. Mary's and St. Luke's and then could you talk about your role?

DE: St. Mary's, of course, was the catholic hospital and it was run out of the Sisters of St. Francis from Peoria, Illinois and St. Luke's was a non-profit run by a local hospital board and there were always conflicts and competition between the two and some of the physicians would use this. For instance, if they were behind in their dictation on records at one hospital and would lose their admitting privileges they would admit at the other hospital and so they played the hospitals one against another. There was also the tendency to try to get

duplication. In other words, one would try to duplicate what the other was doing in order to attract the physicians there. This just didn't make sense. The sisters where always reluctant to, I guess I don't know exactly what I'm trying.....

RMM: Try and reign in the doctors or?

DE: Yeah, they were kind of arbitrary in what they okayed and what they didn't okay and it just felt to some of us that if we combined as a medical staff that we could have more strength to mold the system and I don't mean just for the benefit of the medical staff but to mold the system to provide the best service at the best price. I just feel I was sort of a tool in that (I was) not necessarily a big promoter of it but more or less a tool to get the job done. While I was chief (chief of the medical staff) we had the accreditation committee send an inspector to see if both hospitals would pass. He looked at St. Luke's on a Friday and was quite disturbed to find that we had a combined medical staff. It was nowhere in his thing that said that that was even legal. I had the feeling that both hospitals were going to not end up getting there...But here was an old Air Force doctor and he was traveling in a recreation vehicle motor home and had his wife with him. Friday I said what are you going to do this weekend. He said "oh, I'll just kind of look around the area I guess". I said how would you like to do some fishing? So I took him up to my camp at Conway and he brought his motor home up with his wife and it was in the middle of July when the fishing sometimes isn't all that great but I took him out in the float boat and anchored off of one of the points and he had all this fancy fishing gear and his wife had this little canister of angle worms and a hook. She flipped it over the side and came up with a good walleye and anyway after a couple of hours of fishing we ended up with a nice catch of walleye. I had brought some ice along so I filleted them for him and sent him on his way with a nice icebox full of fish. Well he came to St. Mary's on Monday in a much better mood. We ended up passing the inspection at both hospitals.

RMM: But this was seen as very unique, kind of odd? He had never seen this before?

DE: He didn't quite know how he was going to be able to, on Friday, he didn't quite know how he was going to okay having a combined staff like that. It just wasn't something he had run into because we had combined the bylaws and everything. The way we combined the bylaws: we had a Christmas dinner at St. Mary's for the staff and the sisters always outdid themselves with turkey and just a wonderful German meal (most of them where German) and it was just a wonderful dinner. Just about the time we were sitting down to have our meal I said "by the way, one thing of business tonight - we have to okay the combined bylaws". So we got the combined bylaws approved without too much discussion.

RMM: Or else they were going to miss the meal?

DE: Yeah. Those same bylaws have been modified many times since but you needed something to start with and that's how we got it.

RMM: Are they still in use today?

DE: Oh yeah. I'm sure amendments have been made but the basic pattern is still from that original combining.

RMM: That was in what year?

DE: That was in 1970 I think. It wasn't until 1972, or maybe it was late in 71, that the hospital actually combined and became Marquette General (Hospital). There was an argument at the time, someone suggested St. Mary's/St. Luke's or vice versa but the sister(s) didn't want to mix the names like that. The sisters didn't want to mix the names like that. They thought it better not to include the name St. Mary's in there so eventually they came up with Marquette General.

RMM: Now are these the same sisters that operate the hospital today in Escanaba?

DE: Yes

RMM: So in these other places then where they had a catholic hospital, that was the only hospital then?

DE: Yes.

RMM: I think they had one in Hancock and Menomonee?

DE: They had one in Hancock but there was another hospital in Calumet, just a few miles away. Houghton never did have a hospital, at least that I was aware of. Then the sisters did move out of Hancock also and Hancock's hospital moved up from the river to up on top of Quincy hill now.

RMM: That's a community hospital?

DE: It's now a community hospital.

RMM: It's not a denominational thing?

DE: No, no.

RMM: Is there anything else that I sort of missed? Then I'd like to talk a little about the photographs.

DE: Oh, okay. No, I think that from the time after I was chief the other physicians could tell the story better than I of how things developed after that point.

RMM: So you were there just before the combining of the two hospitals came about? You where there in 1970?

DE: Yeah, I came in 1966 and...

RMM: No but I mean you were chief?

DE: Yes, before the hospitals combined. Then after they combined, soon after they combined, that's when Dr. Mazzuchi came to practice with Dr. Wright and he was the one that pushed the systems further and further into making it a medical center. Although Dr. Wright was always sort of behind it, I think Mazzuchi had the personality to do it.

RMM: Then what happened with the whole field of orthopedic medicine after that time? Did it just continue to grow?

DE: One of the main things that happened was the onset of joint replacement in orthopedics. I think that was the big thing. A big part of orthopedics now is replacing arthritic hips and knees and to a lesser extent shoulders and elbows.

RMM: Just to interrupt for a second, to go back, by the time you get to the 1970's you're practicing all of these problems with children have been, they've started to take care of the problem when the child is small?

DE: Yes, absolutely. Club feet were treated right from the beginning. I have the impression that there just aren't as many club feet now as there were years ago. The impending congenital hip is caught very early. In other words when you're a very little baby, the hip may be just subluxated a little bit and if that's caught and the baby is treated with a brace or a cast then the dislocation never develops. The head is kept in the joint and the joint then develops normally. So, these kids never end up with the problem that, say, a two year old whose had (a dislocated) hip has. Nowadays that's a disaster if you find a two year old who's had a hip out. On the other hand I can remember in my residency one time a young woman, maybe about 20, came up from South America with her pregnant sister because she had had a bilateral (dislocation), both hips congenitally dislocated and they wondered what to do with it. So I happened to be the resident that saw her and she had some restriction of motion but she walked beautifully. These hips had apparently formed new sockets above the old sockets

and she had a very good gate. I was sending her down to x-ray and her sister was walking with her and (I) went into my chief, Dr. Smith, and said “you’ve got to see this”. I said “I’ve got a 20 year old with bilateral congenital hips that walks beautifully”. He came out and watched these ladies walking down the hall and said, “if you can’t tell that that lady has dislocated hips you need another year of residency”. I said “you’re looking at her pregnant sister”. That was just a demonstration of how sometimes something untreated can really do very well.

RMM: So then back to...

DE: Back to our thing, (Childrens’) orthopedics, as far as cases in the Upper Peninsula, is not huge anymore like it was before. That, in part, is because things are caught early and of course polio is gone and better obstetric care has limited the number of cerebral palsy patients significantly and there isn’t tuberculosis anymore. The orthopedics then is related to trauma and arthritic joints and some other things but it has changed significantly.

RMM: Now, just to maybe kind of highlight it, at one point tuberculosis was a big problem up here in the Upper Peninsula?

DE: Absolutely. We had sanitariums, one right outside of town here at Morgan Heights. Hancock had a big TB sanitarium and I can remember a girl from our class (or) from a year behind me, at John D. Pierce, (who) had spent a year out at Morgan Heights with tuberculosis, getting it under control. Medication now has remarkably lessened that but tuberculosis could be a problem in the future because of resistance to our medications partly related to the fact that they don’t put people in sanitariums anymore. You have someone with their immune system damaged like an aids (HIV/AIDS) patient who was a drug addict and you start to treat his tuberculosis but you can’t keep him in the hospital. He doesn’t take his medication but his germs, his tuberculosis, become resistant to the medication because he

hasn't taken adequate medication and then he's spreading that resistant tuberculosis to other people.

RMM: So it's not that the medication doesn't work it's just not taken in the proper sequence?

DE: You have to take it a long time, even forever. You have to stay on the medication. So we may yet see a problem of tuberculosis in the future.

RMM: Do you have a comment about: I had heard one time that there were high incidences of tuberculosis in the Upper Peninsula because of the use of the sauna?

DE: I don't know if... I can see how that might add to it just because of the steam stimulating a cough and you're in close proximity to your family because when one family member had tuberculosis often many of them at least got exposed to it. Many of them were able to fight it off but they would have signs that they had it. If you took a chest x-ray you'd find calcifications in their lungs indicating that they had had a bout of tuberculosis.

RMM: Oh it would just be a mild thing?

DE: Yeah, that your own immune system had taken care of. My mother's family - she lost several members of her family to tuberculosis and she had signs of tuberculosis herself in her chest x-rays. It was a significant disease in the Upper Peninsula.

RMM: Let's see then, anything else?

DE: No, I can't think of anything.

RMM: Well what I'm going to do, we'll get a transcript of this and then I'll send it to you and then you can make revisions/corrections. I don't know the photographs if you want to comment on them? We have one here I'll just describe it. It's your father in the center, holding a small boy and a.....

DE: The nurse here, we'll see if we can find out who she is. I think Bea Anderson might know. She has a St. Luke's hat on and St. Luke's had a nurses' training school. It was a three year school and they got a diploma but they became registered nurses and actually St. Luke's nurses were well thought of throughout the state. When I was in my residency at the University of Michigan several of them (were) nurses on the various floors at the university just because they had good training. They were very practically trained. I mean they knew how to handle things. Laverne Locke was the head of our emergency room nurses at the university and that's because she knew what to do. This picture is right on the front steps of St. Luke's hospital.

RMM: That was the main entrance?

DE: Yeah

RMM: Which would now be on the east side?

DE: yeah, the east side, on Hebard Court.

RMM: Okay then we have these pictures, the numbers on the 30.1 and 30.2 are almost similar, one's a little sharper than the other but they're...

DE: Okay, let's see if I can, I'm just trying to see if they were taken in the physical therapy room which was in the northeast corner of the St. Luke's basement now being used as clean linen storage. The murals on the walls were painted by Miss Spalding's art class at Northern's Teachers College (now NMU) and the physiotherapis in all of the three pictures I believe was Miss Margaret Johnson. The track on the ceiling had chain fall that could be used to lift patients. Let's see if I can figure where number two is here. Yeah, I think that's it. Okay, the pool was 12x12 and divided into two parts. One was two and a half feet deep and the other was four feet deep. Picture 4 shows a group of young orthopedic patients on one of the floors.

RMM: Now that was the one you just talked about? The pool in number 30.3?

DE: Yes. Picture 4 shows a group of young orthopedic patients on the floor of St. Luke's in the room next to the dumb waiter that brought food to the floors. That's the dumb waiter right there. I recognize the attendant but we haven't been able to put a name on her yet. I can't remember her name. An old timer will recognize the black wicker chairs. Number 5 is circa 1944 and shows Dr. E. R. Elzinga applying club foot casts. The nurse to the left is Miss Dora Maynard, later Mrs. Wart. She married a fellow who went to Indiana and became the, practically the voice of the Midwest, on the radio from the big radio station in Fort Wayne, Indiana.

RMM: That's right, that still has a tremendously powerful feed. You can pick it up in the late hours of the evening and early morning.

DE: For 30 years he was the voice of that station. One of her relatives was the warden out at the prison out here.

RMM: Then we have the Iron Lung.

DE: Yep, the picture of the iron lung here. Dolly Weston, the nurse in that picture, lived across the street from where the emergency room is now. That house on the corner of Lee and Magnetic was the Weston house. The patient there is Deb McFarlen (the name is likely incorrect) and she died within a month of that picture in the iron lung.

RMM: That last one is the group photograph.

DE: Yeah, the group photograph of the physicians staff in 1956. Now there might be a couple missing from there but that is the majority of the staff.

RMM: Of the hospital?

DE: Of St. Luke's. This describes each of them as I remember.

RMM: Okay and the rest is all self explanatory?

DE: Yes.

RMM: Well that should do it then, thank you. Before we end is there any other person you think we should interview that you think is?

DE: Well I understand that you are going to interview Bea Anderson. She got her training here and worked for many years and eventually she was the supervisor in the sterile supply for the operation room (managed sterile supplies). She was a long time nighttime supervisor of the hospital.

RMM: So she would be one of the old-timers?

DE: One of the old-timers and she has a memory like.....so she remembers all kinds of history. Another one would be Laverne Locke. I'm sure she's still around. She was a nurse here and then went down to the University of Michigan and worked but came back and so.

RMM: Some of these people we probably have on file but, just in case, it's good to get the back up.

DE: I don't remember anyone that's still alive from those earlier days.

RMM: I think you're probably the only Marquette resident that goes back that far, physician, because Charlie Wright is, he came a little later (Dr. Wright came in 1956, I think). You have insights into the 1930's and the whole Children's Clinic.

DE: I don't know that there is anybody else because I'm 78.

RMM: Okay, very good, and thank you.