

## Oral History of Dr. Russell M. Atchison

RMA: My name is Dr. Atchison, and for purpose of identification, I have been practicing in Northville up until the present time approximately 53 years. Our family background is such that my father was born in Salem, Michigan, in the late 1800's, and my life has been situated around this locality for most of my time. My first recollection is that we lived in Ann Arbor, and my father was Superintendent of the Homeopathic Medical School, University of Michigan Hospital. We lived on Glen Avenue and moved to Huron Avenue, and then from Ann Arbor, we moved to Strathmoor, which was then a suburb of Detroit. That was in 1919, and then in 1924, and then in 1922, we moved to Virginia Park near LaSalle Boulevard in Detroit. And then in 1924, we moved to Northville, where my father – he then reestablished a medical practice. He had been building houses from 1919 until 1924. This was after World War I, and there was an era of prosperity at that time. But in '22 and '23, we had another recession and building houses wasn't very profitable, so we moved to Northville.

We moved to a home on the corner of Dunlap and Linden Street at 501 W. Dunlap. Any my recollection at that time as a young boy, at age of fourteen, was that we were living in a very nice, it was a village; it was not a city as it is called now. The streets were not paved; Linden Street was not paved; Dunlap Street was not paved. The only street that was paved was Main Street and Center Street through the end of the fairground lot. This used to be the Northville Fairground – the big track, the track was still the same, but the grandstand was not anywhere near as large as it was at that time, at the time we moved here in '24.

The town, itself, was beginning to expand a little bit. I had ridden out from Detroit on the interurban to visit my father's brother, who lived on Rogers Street. He lived in the second house on the left after you turn right onto Rogers from Main. The home has not been restored and is a nice looking home. He was in the real estate business as well as owning a farm at Salem at the corner of Tower Road and Six Mile Road.

Northville at that time, when the interurban came in, had a grandstand, a mushroom type grandstand, at the corner of Main and Center. Any every Saturday night, the band played. Saturday nights were something to look forward to because our area was surrounded by farms, and the only time that the farmers had a chance to talk with one another or come in and shop was Saturday night. And so on Saturday night with the band playing, and with everybody in town, it was almost impossible to walk down the sidewalk. The curbs on Main Street were about two and a half feet high, so they could accommodate the running board of the Model T's, as they parked parallel with the curb; you could step right out of the car onto the sidewalk. These curbs remained for quite a long time, almost until they reconstructed the town approximately eight years ago.

The interurban was extremely interesting because this was a means of transportation which would be very valuable for us if we had it today. The interurban depot was in Detroit, down on Jefferson. And from there, it branched out, and you could take the interurban from Detroit, which went down Grand River – it went through Farmington. And then at Farmington Road designation, it turned and went south until it came to Eight Mile Road, and then followed Eight Mile Road into Northville. There was one track coming up the street, and in order to turn the trolley around – what you had to do was take rope and take the chain – the trolley from one end

of the interurban to the other. After that successfully reversed the motor, and we could then go out of town again. The interurban went from there to Plymouth and to Wayne, where it picked up another branch that you could take to Ann Arbor or Jackson, Albion, Battle Creek, and Kalamazoo. And the interurban also went north, and you could take it as far as Port Huron. A lot of people took the interurban to visit people in Canada, as they could take the interurban to Walker's Landing or Port Huron and then take the ferry across to Canada – then pick up the train, which would take them to Toronto. Since my mother – my grandmothers lived in Wallaceburg, we often did this, and we would also go up in the wintertime and walk on the ice across the St. Clair River and pick up the train, and then take it to Wallaceburg.

Well, we moved here in 1924, and my father started practice again. And eventually, I think in approximately 1925, opened a little hospital above the clinic because there were no hospital facilities in the area at that time. The nearest hospital was the University of Michigan and old Grace and Harper down in Detroit. And with Dr. Andrew Brunk, who was a surgeon who helped Dr. Whitcomb at Eastlawn Sanatorium, which was a tubercular sanatorium at the end of High Street. They also did surgery; they delivered babies in this small hospital; we did hysterectomies, appendectomies, thyroidectomies. And one of the things I remember the most of is the fact that following pneumonia, which was very prevalent at that time, and this was bacterial type of pneumonia – most everybody would develop an empyema (?) or an abscess between the lung and the chest wall. And one of the things that I remember them doing is taking out a rib and draining the abscess so that a person can survive.

At this same time, of course, I was attending Northville High School and managed to make the football team and also the debating team...

Q: What year would this be?

RMA: This was 1927, '27 – I graduated in '28. And one of the things that we always looked forward to was playing Plymouth down at the fairgrounds, when the Northville Fair was in progress. And both communities – both Northville and Plymouth – would come over to watch the game, and invariably, during the time that I played, we were able to beat them, which was a great deal of satisfaction. And we also on our debating team, we had – we debated upon. “Should the government – should the United States government own the coal mines”, was one of the subjects I remember. And we came in and finished third in the State. We missed one debate by not going to Hill Auditorium (Ann Arbor) for the final debating session. So, it was quite a bit of – I had quite a bit of activity. In the same time when my father and Dr. Brunk needed a hand for surgery, I would scrub up and hold the retractors, and my father would give the anesthetic. So, I had an early training in medicine. We would also – also make calls with them occasionally as a senior in high school and particularly when I got into college, I would go with them on home deliveries.

In 1928, I graduated from Northville High School, and immediately that summer went into summer school at the University of Michigan. And by taking four summer schools, I completed a four-year course in three years and got an A.B. Degree. I graduated from University of Michigan Literary College in 1931, and by taking my major in Science and my minor in History, I applied for the University of Michigan Medical School, the University of Michigan Law

School, and the Harvard School of Divinity – and was accepted at all three. But because of the training with my father, I chose medicine.

During this time I drove – my father bought me a Graham-Paige. This was a beautiful old car. It was the first car I really owned. It was blue and had six wire wheels; two of them were of course in fender wells. It had no heater, it had no windshield defroster, and it had no windshield wiper. They didn't make things like that at the time for the cars. So, I drove every day to college – eight o'clock classes, and I continued this until my senior year in Medical School.

Consequently, during this time I managed to go into the ditch about every mile between here and Ann Arbor. Because at that time, we didn't have the snow plows. But they did put snow fences along the road so that the snow drifts weren't too high. And if you judged the height of the snow drift and the speed of your car, and you figured it correction, you could usually drive to school, but if you didn't, why you would end up in a – in the snow drift stuck.

Q: Did you go by the way of Eight Mile and Pontiac Trail?

RMA: I went every way in order to vary it. Usually, we went down Center Street to old M-14. But you could go through Salem; you could go down Territorial. There were many ways to go to Ann Arbor if you had to go every day for about eight years. (Takes a break in the taping.)

RMA: In reference to this daily driving to Ann Arbor, my father had a cousin by the name of Effie Trent. And Effie lived in Detroit in Highland Park. And she was very nervous, and my father had been treating her and couldn't seem to get her over this particular complex symptom. And he asked me to drive her to the University Hospital to the Neurology Department of an eight o'clock appointment in my junior year in Medical School. And so we started out here at about seven in the morning. And we'd been on the road just three or four minutes when it started to sleet. Well, when you don't have any windshield defroster and no heater, the thing that you do is lower the window and stick your head out the window and drive. And we did very well – we got to Plymouth and turned onto M-14 and started on down towards Ann Arbor. And I got almost to Curtis Road because I recognize the area even today, and it also became foggy and sleeting, and there was a car in front of me, who apparently hadn't been used to driving in this sort of stuff, and I decided to pass him. So I pulled out along side of him and saw this car coming through the fog, and I said to Effie, this nervous patient, I said, "We're going to – I'm going to come inside, put my head inside and move over and touch the running board of the other car because we had running boards. I think that will give this man a chance to get b me: So I turned, pulled to my right and felt my running board contact the running board of the other car, and the other car did successfully go by me. And I said, "Well, I think we'd better get off at the road because there is a possibility there might be another car behind him." So, I turned the wheel sharply to the left, and we went into the ditch. Well, on my side I could touch the telephone pole and I said to Effie, "Lower your window, and let's see what we got on the other side." And so Effie lowered her window – she was very nervously lowered it. I'm quite sure, and she was able to touch a tree on that side. So, we were successful; we had come in between the telephone pole and the tree. And I said, "Well, it's all in a day's work, Effie." So we backed out and started down the road again. This time we were behind a truck and this was a flatbed truck. I can remember this because it was quite interesting, and he was following the yellow line or the white line on the road with his left front wheel, but this truck bed was about two and a half feet over the line. And I said to Effie, "I think we'd better stay behind him because I can see potentialities developing here.

Because if somebody comes down the other direction of the road following the white line, that he'd going to hit the edge of that truck". So, we got up almost to Ann Arbor and there used to be a beautiful dairy farm there. There was a little sloping hill and a beautiful dairy farm. It's now been completely taken over by stores and things. And out of the fog comes this other car. He did exactly what I expected him to do. He hit the projection of the flat bed of the truck and spun him around. And I thought I was far enough back that I wouldn't get hurt at all. What happen was his left front wheel came off, and it started down the road right towards us, and I said to Effie, "Don't worry", I said, "But we've got to go in the ditch again to avoid this wheel" So, we drove into the ditch on the right side, and the wheel went by us and I backed out. We drove up and saw that nobody was exactly hurt. And she was only five minutes late for her appointment. But I think that she was in pretty good physical condition at that time for the neurologist at the University Hospital to see about her nervous condition because it had been exaggerated a little bit by that time. But that was just one of the few experiences that I had in driving to school. There were many of them.

Q: Well, cars were of great interest to you for many years, weren't they?

RMA: We used to take it apart every summer. And it had a continental engine in it, and all the parts, they were numbered, all the wrist pins, and pistons and valves. Everything was numbered so you could put them all in a basket and reassemble the engine, putting in new rings and things – getting it ready for the next school year. That was a real good little engine because it – I'm sure they don't make them that way any more. The parts were interchangeable and I kept it going for 150,000 miles. So, it did very well, and it didn't have a dent in it when I left it. So that was pretty lucky too.

Q: When you first came here, you had a Jaguar, I think.

RMA: No, I didn't buy that until 1954. So, that's been quite a long time. I graduated from University of Michigan in 1935, and we were in a very severe Depression at that time. No one had any money; we were on script that was given to us by the City of Detroit for Maybury Sanatorium, where I worked for – where I worked ever summer during my summer school holiday at medical school. I worked mowing the lawn, delivering laundry. And that was quite a bit of fun too because Mr. Rattenbury, Bill Rattenbury was the Head – was the Groundskeeper out there. And I got a job through Mr. Willis because I needed money to go to school – the only way I could pay my tuition. So, Bill saw me as a young, apparently cocky guy, and he decided to probably teach me a lesson. There was a delivery truck, which started out in the morning at six o'clock, and you picked up milk from the dairy because they had a farm over at DeHoCo, and Maybury was getting the milk, and we had a pasteurizing unit out at the San. There were 1,500 patients there, and you had to deliver the milk to four units, and they put me on the truck alone, and they didn't tell me that you couldn't set down four cases of milk. You could set down two, perhaps three, but if you add the fourth one, when you bend over, the top case hits your chin, and you couldn't put the cases on the floor. So, the first morning that I went to the no. 1 kitchen, I grabbed four cases of milk and took them into the ice box, which had a sliding door, which was also a hazard on the way. And I tried to set these four cases of milk down, and it just didn't set, so I had to clean up four cases of milk on my first attempt. And then after you got the milk delivered, your next step was to pick up the dirty laundry. And I was working alone, and there were fairly large hampers, and the hampers weighed about 125 pounds apiece, but not as heavy

as they were when they were all pressed and put back into the hamper. And then after delivering this to the four units, you took food from the No. 1 kitchen to all of the Nurses' Home, and to the Children's Division, and to the Ambulatory Unit. So, we had four kitchens we had to deliver this to. But in the meantime you had to go down and pick up the ice at the ice storage area, where we made ice and climb up a ladder and stick it in the big overhead ice compartments for our walk-in refrigerators. And Bill put me on this all by myself, and if you didn't put the stakes on the side of the truck, you could do your job faster. So, one Sunday – one Saturday, I was a little behind, and that road is pretty curvy, and I had to deliver chicken and chocolate cake to the Children's Unit. So, I went around the corner too fast, and by the time I got there, I only had one dishpan full of chicken left and one cake. I retraced my steps, and found the chicken in various curves as I made the way to the Children's Unit. And I had an oily rag – I knew they were going to cook it anyway – I brushed the chicken off. And I was fortunate that the chocolate cake landed right side up, and all I had to do was knock the flies off, and nobody would know the difference. I took it back to the kitchen. So, the kids still had their cake; I'm sure it didn't hurt them.

But when you picked up the laundry, the hampers weighed 275 pounds, and it was my job to pull these hampers off and take them into the various units. And you learned how to do this. You'd tug on it with one hand and pull it over the edge of the truck and catch it with your knee as it came on down, then roll it into – but Bill later on, lived down on I've forgotten the name of the street – I think it was near River Street. And he was painting his house, and I was in practice at that time, and he was a patient of mine. He fell off the ladder, and he had a compression fracture of his spine. We x-rayed him, but he didn't want to go to the hospital so he went home. We put a plaster cast on fractures at that time. So, I figured if I took a short piece of pipe, about six inches long – two pieces, put a rope through it, and then put a pieces of canvas around each pipe as a band; tied each one of these ropes to the end of the bed – one in the front, one in the back and with the sling in the middle and laid him on his stomach – that I could apply the plaster. And the plaster cast would have to stay on about two months. And it worked pretty well until one of the ropes broke, and bill tumbled down onto the bed, and he start to say something. And I said, "God damn it, Bill, I've been waiting for this for years." I said, "This is – we're even, I'm going to pay you back for what you did to me, when you hired me to work out at Maybury Sanatorium." He didn't say one word- he didn't say one word 'cause he knew exactly what it was he had coming to him. He died out at Whitehall several years later. But I always – that's the only time that I ever smiled at somebody that fell that way, when I had a medical accident because it was a long time coming. And I had not complained because if I complained, they would say he's just a young college student, not capable of doing this.

And one of the things that I did out there which was very interesting... they had a cesspool, and the cesspool took care of all of the – there was actually a holding tank that took care of all the sewage from 1,500 patients, plus other people. There was quite a bit. There was one character out there, and I forget his name, whose job it was to – they had two of these pools, two of these septic tanks, which he wanted to get clean, and the other; and nobody would talk to him because he had the particular odor about the job around himself. And I felt sorry for him; and nobody told me this. So, when we went into the cafeteria for lunch, he made friends with me. And so, I was always his friend all summer because nobody else would talk to him. It got so nobody would talk to me either. But it was a very good experience.

And in medical school, I had one or two experiences which were very interesting. We had no Emergency Rooms, as we have them now. They did have an Emergency Room per se, but we didn't do the things in the Emergency Room that we usually do now. And they brought this one young man in. He had been run over by a car while he was sliding down a hill in the winter time. He had been sliding down the hill – I think it was Geddes Road, which was rather hilly in Ann Arbor. And he'd been run over by a car, and his spine was crushed, and he had internal injuries. And he was lying on a gurney out in the hall in our Surgical Section because it was not possible to operate on him. And I was a senior at that time, and as I walked down the hall, I stopped and saw him because there was nobody around him. As I said, we didn't have the Intensive Care units we have now. And the philosophy was probably a little bit different as far as life was concerned. And as I examined him, I noted a cyanosis-blunis occurring in the low extremities, and it extended up to the pelvis and ended with a bow, like a bow in bow and arrow, configuration above the pelvis. It was bilateral on both sides, and I was curious as to why this would happen. And I stayed with him and watched him for two or three hours. I forgot my classes because I became so interested in this. Finally, I went down to the Neurological Division and talked to doctor, talked to the doctor in the Neurological Section – Dr. Eddie Cahn. And I asked him to come up and see the boy, and when he saw him, he said, "That's the answer." I said, "What do you mean, Dr. Cahn?" He said, "Well, we have been working in the Animal Laboratory for several years to determine what these nerves do. There is a nerve that runs along the side of the spine, along the vertebral column on each side and belongs to the sympatic (?) nerve system. We have been trying for years to determine what these nerves do." And he said, "Both of these nerves that have been crushed, and what they have to do is stimulate dilation of the peripheral veins of the lower extremities or the extremities to which they are designated. And he became very excited. He wrote a paper on it which was presented to the Neurological Division. When it came time for me to have my oral examination in Surgery, we had to – there were three doctors that were giving me an oral examination. One was from the Neurological Section, one was in General Surgery, and the other one was from Orthopedic Surgery. And the moderation said, "OK, gentlemen, please begin the examination." And the Neurosurgeon said, "I have no questions." And the others subsequently didn't ask any questions, and I got an 'A' out of the course.

And I had applied to go to Cottage Hospital in California – residencies were very difficult to get. And all the movie actresses like that hospital, so I thought if I went down there that I could run into Greta Garbo or somebody else of this type. And we had a class in Surgical Anatomy taught by Dr. Collard who was charge of the Surgical Section – Surgical Division at Ann Arbor at that time, very famous; and he at the end of class asked me to stay so he could talk to me. And I wondered what I had done now. But he offered me a residency in Surgery at the University, and the day after I had the residency, I was accepted at Cottage Hospital. So, by one day, I missed going to California, where I probably would have stayed. So, that's the way that life is. I subsequently did then go into medical-surgical residency at the University.

I had one experience there that was quite interesting. We had a lot of transversemyalitis patients there. Transversemyalitis means a severed spinal cord. And we had probably about thirty cases scattered throughout the hospital. It was about a 1,050-bed hospital. These people were professors, some of them were graduate students, some of them were high school students. They were all paralyzed, some of them were quadriplegic and some paraplegic. Quadriplegic meaning both arms and both legs, Paraplegic meaning both legs. And they had been scattered throughout

the whole hospital. And I went to Dr. Collard and I said, "I think that we could give these people a lot better moral support if I could put them all in one group – put all the men in one group in one big ward. And we'll put all the women in another ward. We can use the old east tunnel as a hospital." And he thought that that was a good idea. So, we gathered these people up from all the divisions in the hospital and moved them into the Convalescent Hospital. And in so doing, we had – we had some bed frames that had an over and under frame so that you could turn the frame and turn the person over on his stomach, or turn the person over on their back. And these were in bad repair, so for every one of these patients, I drew a new frame design for the upper and lower frame and sent it to the Appliance Division to make these frames. Dr. Collard called me down to his office, he said, "The whole Surgical Department's in trouble. The Administration is on my back, and you may be out of here." And I said, "Why?" And he said, "Because when we moved all these people over to the new hospital, all these frames were too short and too narrow, and they wouldn't fit the bed and they're all very expensive." I said, "Dr. Collard, I anticipated this, and I made a carbon copy of every plan that I sent out there." And so we checked, and it wasn't our fault. It was the Frame Department's fault. So, that was another experience that we had in the hospital, which goes to show you, just one of many that happened.

Subsequently, my father became ill with Parkinsonism, and the family had no money. So at the end of two years on a four-year residency, I had to come home and support the family. And I entered into private practice at that time. I had many experience in private practice. I closed my father's hospital and went over to Sessions Hospital and subsequently reopened it again in 1950 and had it open until 1960. There were a lot of politics involved during this time, and I'd much rather not get into this.

The experiences that we had in an active practice because we were a small community – we were isolated from Detroit. The only hospital near us was Redford Receiving. In 1941, they built Mt. Carmel. Then we had some relief. We could drive down to Mt. Carmel, for instance, and make deliveries, and then after office hours at twelve o'clock, I would leave the office and go down to the hospital and make rounds. We had office hours from eight in the morning until twelve at night – six days a week, including Saturday. Laura Bolton came on and started helping me in 1939 and helped me during that time until the end of World War II. We had blackouts at that time in which we had to have curtains on the windows and close off all our lights. So, when the siren sounded, why, we would have a complete blackout of our community.

We also had a Medical Division (see accompanying material at end of transcription), which I was in charge of, which consisted of ten station wagons with eight people on it – eight people on a station wagon – composing of a lot of medical supplies – plasters, first-aids, triage – all type of material. And we would practice every two weeks all during the war.

When we had this Medical Corps, we would give demonstrations down at the Fairgrounds, when they had the Northville Fair at that time. And I remember one very sterling and sort of exciting experience that we had. We went out on Seven Mile Road and went down Valencia. Anybody know where Valencia is? It's out Seven Mile Road just almost to the city limits. There weren't too many houses there then, and we were going to simulate somebody down in the field. In order to put some reality into it, I had three or four of the men go out there with shotguns and hide in the grass, so that when the caravan of station wagons came into the area, they would start shooting shotguns and everybody would get used to the noise. But there happened to be a young

couple making love in the car at the end of this road, and they didn't see our men come into the field, and it was a dead end road. And when they stood up in the field and started shooting shotguns, I never saw a young couple get out of a situation any faster than this group did. And they had to go by all of our ten station wagons, and then we waved to them as they went by. That's just one of the experiences that we had as a Medical Team. We went to – it was our duty, for instance to go over to Evans Products, where they were making machine guns, and to analyze the factory so if they were hit by a bomb, we could move in with our equipment and take care of them. We did this with any number of factories around here that were making war supplies. At that time you could sit down on your front porch and hear them testing the machine guns over at – they were fifty caliber machine guns, and they were used on the B-24's that they were making over at Willow Run. And one of the reasons that I wasn't in the war as an enlisted man was because they said that we were necessary to stay home and take care of our people who were working. During the war years I had one afternoon off in four years, so we were very busy. This included Sundays, and so there was a big effort made to continue in this direction. The community worked together very well. We went a lot of boys to service; we worked one afternoon a week examining people who were called up for the draft. We worked over a machine shop in Plymouth that was a – a Plymouth machine shop with the lathes going down below us and all the machinery noise, and it was very difficult to really assess people, but if we didn't pick them up, why then they would be caught up at the final draft station. I remember one young man coming through, who'd lost the index finger of his right hand, and he was smiling, and he said, "There's no way you could take me." And I said, "Son, we'll teach you how to shoot left-handed." And so, he was in the War, in service. We lost quite a few of our boys that we sent because a lot of them were in the Air Corp.

(END OF SIDE A)

During the war years when some of this history is rather disjointed, Mr. Amerman came to me and asked me if I wished to run for the School Board, which I did. It was quite interesting because there were no teachers available for us, and I remember that we needed a Science teacher. And I think he lived in Kalamazoo or someplace, you see, most people were in the Service. And Plymouth needed a Science teacher too, Plymouth Schools. The man lived in Kalamazoo, and the Superintendent of Schools, and he came to Plymouth by train, where we were to pick him up and to interview him. The Superintendent of Schools in Plymouth heard about this too. He got on the train in Albion and found this Science teacher, and by the time the train stopped in Plymouth, he already had a contract. So, we had to go without a Science teacher. This is the type of thing that we were – that he had to contend with during World War II as far as teaching facilities were concerned.

We also needed a Shop – a wood-working shop. Primarily, we had one in the old high school, which as you know was Main Street, but it was quite small. They had just finished the new grade school building for which the architect, Scotten and Ward, before World War II started. Bu the whole eastern end of the school ad not been dug out – there was a foundation that went down, but the basement hadn't been dug out in order to save money. So, we needed a new Manual Training Department. So, I said, "You know I think that what we should do is that we should put an ad in the paper and have people come with their shovels and their wheelbarrows,

and we'll dig the thing out ourselves. And we'll put cement down ourselves. We won't need a contractor." And the city – the village turned out, and it was one of the most thrilling things to see because they came with their shovels and their wheelbarrows, and we cut a hole in the basement – in the wall at the back of the building, and we dug out this area. It must have been 50 feet wide by 150 feet long. And we dug it all out and we put cement down. And we made the Manual Training Shop with our own hands.

And the community was very proud of it! This is the type of thing that we need today. There is nothing that ties our community together. It's a very – it's sort of a one-man endeavor in an effort to keep up with his home, and his family and the school. But beneath all this, I still think that there is a desire for community participation. And I think that something should be done – that we should not forget this element because it's part of human nature to desire companionship and to desire accomplishment within oneself. And I think that – I hope that nobody forgets this, but I do know that it was a very thrilling time in my life to see this accomplished. And when we opened the Shop and dedicated it, it gave us a great deal of satisfaction.

I was on the School Board for approximately fourteen years. We, if I remember correctly, and I may be wrong – you'd have to check with Mr. Amerman about this – but any requisitions that cost over \$500.00 has to be approved by the Board. So that we were able then to keep our expenses down and to still give a satisfactory type of education. I think that things like this should also occur today. I think that there's too much leverage in order to try to keep up with community schools, and we lose a lot by not doing this type of thing.

Well, getting back to the War years again – now, there is one other experience I had along with many others because people then didn't have Blue Cross – we didn't have insurances as we have now. And we were taking care of factories; we were taking care of press accidents, we were taking care of chemical exposures that nobody knew anything about. And we had four or five OB packs that we kept in the back room because at least once or twice a month somebody would run into the waiting room and say, "My wife's having a baby in the car." And we would go out and deliver the baby in the car and then send them to the hospital because these people didn't have any hospitalization. But those were sort of thrilling days. I remember one time we had 25 emergency surgical packs, and we were down to our eighteenth pack one day. And we had a train wreck at the corner of – where the train crosses Baseline Road near the Northville Lumber Company and hit a carload of people. The nurse in charge says, "You just can't do this to me. I don't have anymore packs." But that's the type of thing that we did.

And we also had a butcher that was employed in the butcher store down where Mr. Johnson now has his insurance office next to the bank. And he caught his fingers in the neat saw, and he came in and had three of them off. Now, you can put them all back on with microsurgery, but we didn't have that then. So, our surgeon, Dr. Cappuzi, operated on him and repaired stumps of the fingers. We kept him in our little hospital. He was so grateful that he got us a 35-pound rolled rib roast. And all four of the doctors at the clinic at that time were taking care of him, and we discharged him on the tenth day, and we never saw him again. And the only thing that we had was a 35-pound rib roast. We weren't paid for it, and he didn't pay the hospital. So, we decided to have a dinner at our home on Rogers Street. So, we got the wives of all the doctors together, and we cut the roast in two because that's the only way to get it in the oven. And we were going to have a rolled rib roast dinner except just as we sat down to dinner we heard this siren in the

distance. And you could always – you were keyed to hearing these ambulance sirens. And at this time, there were two, and they stopped up at our little hospital. A car taking some General Motors engineers to Lansing to work at the Oldsmobile plant had been in a head-on collision on old Grand River, where we used to have one death a week. And we had to leave our dinner, and we didn't get through until daylight. We had two of them that were dead on the front verandah, and the other three we were able to help. But we never got – event got paid by eating a round rib road for repairing the butcher's fingers. But that's just one example.

The years went by very quickly. We used to be able to go to Mt. Carmel in twenty minutes. I'm sure it would take you a lot longer than that today. Because we did OB – we did a lot of deliveries there. We also did surgery there. I had the first telephone car – with a telephone in a car in Wayne County after World War II. And I would be on the way home from Mt. Carmel, and Ruth would call me – it was called Mobile Phone – and she would call the mobile phone number and tell me that another lady in labor had started in. And I probably should turn around and go back. And that happened many times. But one of the funny things was that when you have a short-wave radio, you also get the skip phenomenon, and you have to be very careful because I'd pick up the phone to call home, and I would hear this voice with a very southern accent on the line. And I would say, "Mobile operator?" And she said, "Yes". And I would say, "Is this Mobile, Alabama or the mobile operator in Detroit?" And occasionally she would say, "Mobile, Alabama." And then I'd hang up because a long distance call on a mobile phone from Mobile, Alabama, to Northville, Michigan was rather expensive. So, that was another one of the experiences we had.

The distance between Northville and Highland Park General was not as great then because occasionally we would have a patient in Highland Park. And one day I made the trip to Highland Park in 20 minutes, because I had one person in delivery that was hemorrhaging to death, and fortunately, we were able to do a hysterectomy, and save her life. But that was a very horrendous type of trip. And going through that many red lights all the way to Highland Park was sort of risky. But fortunately, you don't have to do that any more. You can take a helicopter or something else of that sort.

One of the things that might interest you is that Richard Baldwin purchased The Northville Record, and two days after he put \$35,000 in the bank, which he had obtained by the sale of the previous newspaper, the banks closed. So, The Northville Record was starting out with a terrific handicap right from the start. They had had to buy new Linotype, and all new equipment because The Record office just previous to his purchase had burned. Orlo Owen at that time – shortly after – was the Boy Scout leader, and they had rented a store, which at the present time I think is the Northville Camera Shop. The Northville Record was directly behind them, across a small alley. And in order to raise money, they had a shooting gallery that they charged five to ten cents to go in and shoot in the shooting gallery. And they had targets at the back of the store, and they had steel plates across the window. This one day one of the helpers in The Northville Record, who was a trainee from the Northville Training School, kept complaining about bees in the press room. Mr. Baldwin went down into the basement to check the furnace and then as he came up, he was struck in the chest with a bullet, which had passed through the window opposite the door leading into the press room from the shooting gallery on Main Street. And being a young doctor, they called me down there. And being a young doctor, I had a pair of bandage scissors in my pocket. If you're a young doctor, you're always more dramatic than you are when

you get older. So, I rushed in and I cut his tie off, and I cut his short because he'd been shot in the back. His wife had just bought this tie, and it was during the Depression when ties – if you got a tie, you were lucky because nobody had any money to buy a tie. And so, I committed my first error. And I examined him, and he'd been hit in the chest on the right side just below the right shoulder blade. I took him to the clinic, where we had a bare wire x-ray machine and took a PA of the chest. It was a pin marker at the point of entry of the bullet. The bullet was directly underneath the pin. So, I put him on the bed in our small hospital and started cutting down to remove the bullet. Well, I got down to the pleura between the ribs, and I didn't find any hole. So, then I took a lateral x-ray of the chest and learned a big lesson because the bullet had ricocheted completely around the chest and it stopped in front exactly opposite the point of entry. I left the bullet in and sewed up the wound.

And Ruth Baldwin – Ruth Baldwin at that time was up at a sorority meeting in northern Michigan, and they informed her the next morning that he father had been shot. So, she came down to visit her father, and that's the first time that I had met her. But I became quite interested in meeting her again. So I wrote her a letter, and she wrote back and said that she couldn't read my letter because I was such a poor writer. And consequently, I've never written her again. But we did – I did have a date with her. And in order to appease her mother, who complained of the fact that I'd cut her husband's tie off, and I've never done that since, I sent her a primrose plant. And so that night when I came to pick Ruth up, my future wife, Mrs. Baldwin came to the door with her eyes completely shut because she was allergic to primrose. And I'd not only cut the tie, but I had caused my future mother-in-law's eyes to become swollen shut because of the primrose. I've never sent anybody another primrose either.

Q: You almost cut the ties with her, didn't you?

Yes, I did. So that's how I met my wife, and we subsequently, I think, have made a very good team. It's only due to team effort that we've been able to accomplish what I think that we have accomplished.

Several years into – following World War II they had a gravel pit out on the end of Seven Mile Road beyond Napier Road, which was a very active gravel pit. And the trucks would come through down Seven Mile Road, turn left onto Rogers, and then turn right on the Main Street, and go by our schools. There would be so many there going by that we couldn't really teach the students adequately because there was so much noise. So, I took my camera, and I sat out on the front lawn one afternoon and did nothing but take movies of the trucks passing up and down in front of our house. And then, I started a telephone call group in which one person would call two others, and we covered the community – all agreeing to meet at the City Hall at the next Council Meeting. And I took the films – we had so many people at the meeting that they even blocked Main Street because traffic couldn't get through. And we influenced Council to put pressure on Wayne County, and that's how we happen to have the Seven Mile Road cutoff. And that's how that developed.

Just reminiscing – during the days when I was in high school, we used to have a motorcycle hill climb. And people would come out from Detroit on Sundays, and motorcycle hill climb was at the top of the hill on the end of Rogers Street. And they would come out, and they would have motorcycle hill climb during the fall. And then in the winter, the Hall brothers – we had a big ski

lift on Baldwin Hill, and we would have ski jump competitions – people coming from all over the state – the northern peninsula – during the winter to our ski jumping contests, which was quite exciting. I know I climbed up to the top of the ski jump one summer, and I was awfully happy to get back again.

Q: Where was Baldwin Hill?

Baldwin Hill was on Sheldon Road just beyond the Seven Mile Road cut-off right now, and the hill would come down – there was no road across then, so they had a nice steep hill that they – for their landing from the ski jump. But that was rather exciting too. I'm just bringing these things in as I sort of remember then – sort of disjointed, but I think that is rather important.

When the Clinic developed, we had Dr. Wetterstrom came into the Clinic – R.G. Wetterstrom came into the Clinic from northern Michigan about 1948; followed by Dr. Orlo Robinson – I think in about 1950. And then Dr. Capuzzi, Eugene Capuzzi, was a Ford surgeon who came with us in 1954/ We had Dr. Robert Yoder, who was the head of the Northville State Hospital, when he semi-retired, came in as a psychiatrist. Dr. Doust and Dr. Sheehan were retinologists. Dr. Harold Morris was a urologist. Dr. Eugene Secord was an orthopedic surgeon. So, we had a fairly good group that we could give adequate medical care to the community with.

I was fortunate inasmuch as when I started practice, we had no antibiotics. My father was a homeopath, and homeopathic medicine differs from allopathic medicine inasmuch as homeopaths believe that 'like treats like', and the higher the titration, the stronger the drug. For instance, the homeopaths had a pharmacopeia that was hundred of items long, and in establishing the criteria for the use of the drug, the students in medical school would have to take the particular drug to the toxic dose, so that they toxic doses – the toxic dose produced symptoms. I could cause congestion of the lungs, coughing up of blood. I can cause many things depending upon the drug. And then this drug was used to treat symptoms of a like nature. So that this was a homeopathic drug and if you diluted the drug to 1 to 10,000 or 1 to 100,000 they felt that it broke the molecule up and made the drug more effective. So, if you wanted to use the drug in effective dosage, you would use a highly titrated dose. They had tablets that went from 1X to 10X – 1X meaning 10 to 100 dilution. So 10X would be 1 to 100,000. The reason that I'm bringing this up was that I graduated from the allopathic school. And the allopathic school believed that drugs were given for what they did. We also believe in bacterial causes of disease, and the homeopaths did too, but they felt that the method of treating diseases was correct inasmuch as they would produce the same by the drug use.

My father used the drug called bryonium (?), and bryonium we used by putting 30 drops in half a glass of water and giving it one teaspoonful every hour or two. My father did not lose a case of pneumonia. The mortality rate for the allopath was 60%, so when I came into practice I had nothing to treat pneumonia with, so my father taught me about the homeopathic drugs. And so, when a person had pneumonia, I had a cylinder of oxygen in back of the car – I would get the call – this was commercial welding oxygen with a gauge on top – I had a water bottle to pull the oxygen through. And I would go into the home, and I would use homeopathic drug, and I would stay with the patient until he either died or survived. And during that time, sometimes you were away from home for 72 hours. But we were able to not lose a patient, but I did mention

previously in the tape that we did have to do a lot of opening of chests because we did get an abscess between the lungs and the chest wall, which was a residual of a very severe pneumonia.

We were desperate at that time because we had no antibiotics. We had nothing to treat polio with. I dreaded to see summer come because we'd always lose two or three of our friends with polio. Our first antibiotic that we had was neoprotizone (?) – this was a red-looking drug that came either in a liquid or a red tablet. It was a sulfa tablet developed during – just shortly after the beginning of World War II. And I can remember making a house call one morning about 4 o'clock to a home the other side of Commerce Lake because doctors were hard to get. And I saw a 3-month baby die while I was attempting to use my first dose of neoprotizone. The child died of pneumonia. We used to have people brought into the clinic, with meningial pneumococcal which is a cockeyed type of organism, and die while we were examining them. I remember one mother took her child shopping downtown to the grocery store, and the child became sick. She brought her into the office, and she died on the table in what we call Room 4, of pneumococcal meningitis. So, it struck pretty hard, and it was pretty contagious at that time. Strep throat was exactly the same way. You could have a strep throat and develop either rheumatic fever from it because of the toxins liberated by the bacteria, or you could die within 72 hours. You could have \_\_\_?\_\_\_ which is a strep infection of the skin, and I had a patient who had this. I admitted him to Mt. Carmel Hospital. When penicillin first came in, it was grown in liter bottles, and we gave it in 100,000 unit doses every three hours by hypodermic. And in order to get it, we had to appear before a committee and tell them that you either had a terminal pneumonia or bloodstream infection or aero syphilis. And we treated this gentleman with aero syphilis, he survived that, I'd never know of an aero syphilis case that had gone that far that had survived in my practice. I'm also quite proud the fact that we had the first case of typhoid that survived at the University Hospital. The deaths up to this time were usually 100%. The patient's still living. In fact, her sister lives in the home across the street from my present home. I made the diagnosis in her home – positive culture of strep. I told her husband that the mortality rate was 100%, but I wanted to put her in the hospital. He said he couldn't afford it. And I said, "I'm sorry, but the assisting that you do, and if you can't do it, I'll pay for it." We sent her to the University Hospital. We had sulfa available to us at this time. So, we gave her intravenous typhoid vaccine and raised her temperature to 107 to 108, and supplemented this high temperature with sulfa. And she survived – we eliminated the bacterial infections in the blood stream, and she survived.

We're also proud of the fact that we had the first survival of a case of influenza bacterial meningitis, which up to that time had been 100% fatal. This child came into the office at age 8 with stiff neck and high temperature, and we did a spinal tap and found that she had meningitis – influenza bacterial meningitis. We sent her into quarantine at University Hospital and started her on a new drug called Streptomycin. It's the first time it had been used. We didn't know how to use it, but we saved her life, but it made her completely deaf, She was just total toxic (?), and it caused extreme deafness. It wasn't in the literature at that time. But she survived, and she later raised a family and was a very courageous girl because she would take the bus from Northville to Five Points, when she was ten, alone; get on the streetcar and go to the School for the Deaf at the corner of Grand River and Grand Boulevard until she learned how to express herself completely with sign language. She subsequently married and had three children. So that was our second case. So we turned the meningitis around from a killer to not so serious.

We also had the first Caesarian Section in the new University Hospital in the OB Unit. It had only been open an hour before I had sent in a very complicated OB case, and we did the Caesarian Section. It saved this person's life too. She subsequently developed abdominal distention to the point where we operated on her on her bed and put in a decompression tube and she finally made it.

Drum out polio. When the Salk vaccine came out – Salk developed the first vaccine – and it was given to us by the State. And we were told not to change anything for the vaccine, which we did not do. And we had patients that had to line up from the corner and would go into the Clinic and pass through a line and receive a shot, then come out again. This was the first thing that we had against polio. Up until that time, we had three and four cases of infantile paralysis a summer – occasionally death and always a residual type of paralysis. But with the new polio vaccine, this again has been subjugated. I'm sure it does exist in the undeveloped countries. We're very fortunate. It's the same way with the diphtheria we had. As far as I know, we had the last diphtheria death within the State. This little girl came into the Clinic at 12:30 one night, semi-comatose with membranes on the \_\_\_?\_\_\_, she died at three in the morning. She had not been given any immunization; so that when I was on the School Board, I put to a resolution "no child should be allowed to enter Kindergarten unless they had diphtheria and the tetanus, and the pertussis shots." I think we were sort of pioneers in this type of thing because it had not been made a State ruling yet. But I could see the advantages of being able to check up on children of this nature.

Of course, we had penicillin. Sulfa came on as our first antibiotic. Neopronil (?), and then came along sulfonamide. Each one of them left toxic, but they all had capabilities in the early days of creating problem as well as helping a great deal. And I remember this one lady in Plymouth, who had pneumonia that I gave sulfatiocide (?) to. It was not as toxic as sulfonamide; but she took it for five days and on repeat count, her white cells had disappeared, and she died within two more days. So, there isn't any drug that you use that can't have the capability of causing problems. So, it is very important that you do not mix up the normal disease process with conditions caused by the drugs that a patient is taking. And I think that this is becoming more and more of a problem as we get into more and more drugs that are more and more sophisticated.

The use of antibiotics has also created carelessness among people. It used to be that we were extremely careful during surgical procedures and in handling diseases. The old contagious hospital at the University of Michigan, for instance, was the first hospital, I think, in the United States that could treat measles and chicken pox in the same room. But we also had to when we went in there had to put on a cap and gown and gloves when we treated the person with chicken pox and take them off and put on another ca and gown and gloves to treat the person with measles. We used to be on call there, so if a child started choking on diphtheria, we could run up and stick an endotracheal tube in and allow the child to breath. There was a mat on the front door that was saturated with formaldehyde, so that when you walked out of the building, none of the bacteria that was in the building could come out with you. You see, we had nothing to treat any of these things. We had no diphtheria shots, we had no polio; we had no antibiotics – so the mortality rate from this was very high. And that's all mostly been corrected. I could go on like this for a number of others, but I think I am going to draw it to a close.

That was certainly an abrupt ending. I have reviewed this tape, and I find there are a number of misquotes or words that were used that were not in context.

- 1- The first one was talking about the bandstand, which I called the grandstand, at the corner of Main and Center Street.
- 2- Number 2 correction is that they did make wipers for cars at that time, I said they did not. They did not make defrosters.
- 3- I used to work for Mr. Willis instead of “Doctor” out at Maybury Sanitarium.
- 4- In reference to the strengthening nerves was the dilation of the peripheral arteries rather than the vein.
- 5- In talking about the OB pack, I said we make deliveries, rather than ‘do’ deliveries, as it should have been.
- 6- I also mentioned that Mr. Johnson had an office next to the bank. He was in real estate really and not insurance.
- 7- Richard Baldwin sold the paper in Jonesville before he came to Northville.
- 8- My wife (Ruth Baldwin) was at the Women’s Self-Government Meeting in Mt. Pleasant when her father was shot.
- 9- The Thompson Gravel Pit was at the corner of Beck Road and Seven Mile Road rather than Napier Road.
- 10- And in the treatment for the man with aero syphilis of the face, we gave him 10,000 units of penicillin rather than 100,000 units. And certainly we gave him penicillin to treat his aero syphilis.
- 11- And there was a time in which I used the word ‘fatal’ rather than ....
- 12- I also wish to apologize for all the pronoun “I’s” and to have avoided more of the history of the community, such as the three fires that I helped fight when I was going through high school, and such as the building of the Stinson airplane and how Eddie Stinson used to loop his way over the town to let everybody know that he was back. He was eventually killed when he had to fly in Chicago.
- 13- I could be told how we used to watch the Grand Zeppelin fly over Northville on its way to the anchorage tower at the Ford Test Track in Dearborn, which is now Greenfield Village.
- 14- And before I forget it, I should mention that someplace in this tape, I used the word “dramatical”, and it should have been dramatic.

I believe that this is a better ending than the first one, so that is all. Thank you.

## MEETING SCHEDULE

	June	July	August, 1943
Thursday	June 10th, 1943	“	Practice Run
“	“ 24th, 1943	“	“ “
“	July 1st, 1943	“	Bus. Meeting Reg. Nurses
“	“ 15th, 1943	“	Practice Run
“	“ 29th, 1943	“	“ “
“	Aug. 12th, 1943	“	“ “
“	“ 26th, 1943	“	Bus. Meeting Drivers & Aux

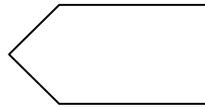
NORTHVILLE MEDICAL  
UNIT

WHISTLE COMMANDS

- 1 Long Blast  
Fall in at attention

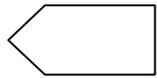
Positions

- Nurses aid  
 Aux Driver  
  
 Reg Nurse  
  
 St. Bearer  
 First aid



Driver

- 2 Long Blasts (Aux Driver & Stretcher Bearer)  
Drop tail gate on station wagon  
Remove box – place in position front foremost  
Open Box  
Resume position  
R.N. about face
- 3 Long Blasts (Aux Driver & Stretcher Bearer)  
Close box & reload in wagon  
Close tailgate and resume position
- 2 Short Blasts  
All fall out and assume places in vehicle
- 1 Long and 1 Short Blasts (RED FLAG)  
Vehicles come to a company front
- 3 Short Blasts (WHITE FLAG)  
Forward in a line by units – ten feet separating vehicles
- 1 Long, 1 Short, 1 Long Blasts (GREEN FLAG)  
Proceed to destination



Wagon



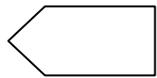
Wagon



Wagon



Wagon



Wagon



Wagon



Wagon



Aux Ambulance



Aux Ambulance



Ambulance



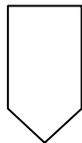
Ambulance



Wrecker



Wrecker



Maj. Dobbin



Col. Atchison

MEDICAL UNIT PRACTICE-RUN PLANS

Col. Atchison  
 Maj. Locke  
       Denne  
       Charters  
       Dobbin  
 Capt. Hammermeister  
       Schultz  
       Moffett  
       Casterline  
 Chief Rodocker

PLAN NO. 1

Purpose: Care and transportation of casualties.  
 Destination: Kelsey-Hayes Wheel Corp.  
 Placement of casualties: 12 casualties in groups of 2, 20 ft. apart along fence north of main gate.  
 Treatment: Shock, fractured right femur, fractured left humerus.  
 Disposal: Casualty Station #1 (High School)

PLAN NO. 2

Purpose: Care and transportation of casualties.  
 Destination, Treatment, Placement: (Three)

1. Meadowbrook Country Club;  
 4 casualties in lobby;  
 Shock, concussion.
2. School – 9 Mi. and Taft Road;  
 4 casualties at S.E. corner of bldg.;  
 2 with multiple abrasions with hemorrhage of right arm below elbow and,  
 2 abdominal injuries with penetration wound of abdomen, also shock
3. School – Waterford;  
 4 casualties at west side of bldg.;  
 2 with blast injuries, multiple fracture of ribs of right chest with pulmonary hemorrhage, and,  
 2 with nasal hemorrhage, compound fracture of mandible - unconscious

Disposal: Casualty Station #1