

Dr. Steven Macke Transcript

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Interviewer: Damian Macey

Transcribed by Donna Duzan, August 2018

D: This is Damian Macey, and I am here in the home of Steve and Beth Macke, and we are doing a Friends of the Library Oral History. I will now turn it over to Steve Macke.

S: I want to thank the Lord for all the blessings he has given me. When people call me "Dr. Macke", I sometimes have to ask myself, "Who are they talking about?" I grew up in rural West Union, near the Wabash River, with five brothers and two sisters. Our home had three bedrooms, which would be unheard of nowadays. It was cozy and it never "bugged" me too much, that's just the way it was from the beginning. I think it's nothing short of a miracle that all seven of us survived to adulthood. We had a cousin who was not goofing off, and was killed in a farm accident. He was helping his dad plow off an end row and flipped the tractor over on himself. But, fortunately, we seven kids never had any serious accidents. We had a lot of fun growing up. We would have our "scrapes", but you'd expect that out of kids.

D: Steve, what were your parents' names?

S: My father was Arnold Macke and my mother was Mary Spittler Macke. My dad was born in the Bullskin vicinity and moved to Walnut Prairie when he was about 9 years old. My mom grew up around Alright and was 3 years older than my dad. They met on a blind date arranged by mutual friends, Annabell and Olen Wells. My parents eloped to Henderson, Kentucky. They were married 59 years, and lived in the same house their entire married lives. After my father passed, my

mother stayed on the family farm a few years, before moving to Burnside.

D: Did you go to Marshall Schools?

S: Yes, I began kindergarten in the Ohio Building in 1955. At that time, most country schools had mostly been done away with. I rode the bus with my brothers and sisters (about 45 minutes one way). There was a Macke in the Marshall schools for at least 14 years. My older brothers and sister did their early schooling at the Brick School which was across the field from our house and the Brick Methodist Church.

D: Was the West Union School still in operation then?

S: I think it was, but it was in the Hutsonville School District. It stayed opened for a while, but I think it closed in the mid-1950s.

D: What year did you graduate?

S: I graduated from Marshall High School in 1968, and then graduated from Eastern Illinois University in 1972. I then went to the University of Illinois School of Medical School, with my first year in Champaign and last three in Peoria. I met Beth while in Peoria. We met on a blind date, arranged by mutual friends (my medical school friend and Beth's childhood friend).

D: Was Beth studying nursing?

S: No, she was a teacher. She was teaching in Streator, Illinois, and came to Peoria to see her friend. Beth wanted to move to the Peoria area where she got a better teaching job. And, that worked out for me!

D: Were you married then in Peoria?

S: No, we were married in her hometown of Stewardson. We married just after I graduated from medical school in 1976. The next three

years, we lived in Rockford, where I did my internship and residency. That was the coldest place! My older sister lived in a town nearby, so we could visit her, and I kept from getting too homesick. Our first two children were born in Rockford. Chris was born in 1978, and Megan was born in 1979. Maria was born in 1981, after we'd moved to Marshall. I remember moving day to Marshall. Beth had pulled the car off at a rest stop to tend to Chris and Megan, and I didn't see her exit the interstate. I kept driving the U-Haul, and ran out of gas in Kansas. I called home, and my sister-in-law brought money up and I was able to make it to Marshall.

D: So, where was Beth then?

S: She went a different way to Marshall, and had already arrived at our new home.

D: What year did you come back to Marshall?

S: I came back to Marshall in 1979. I practiced for 30 years at Cork Medical Center until 2009. Unfortunately, my way of practicing medicine wasn't what Union Hospital wanted. The use of the computers and electronic medical records was being demanded by the federal government, and I was too slow making the change. In the late summer of 2009, I began practicing family medicine at Carle Clinic in Mattoon. I practiced in Mattoon for four years, then left to practice in Paris for one year. I then practiced in Clinton, Indiana, until I retired on December 31, 2016.

D: Did he have that cigar lit in the office?

S: Most of the time, Dr. George did smoked in the office. When Union Hospital took over Cork Medical Center, they made him up smoking in the office. I took up smoking an occasional cigar with Dr. George, and often bought them at Martin's Drug Store.

D: When you walked down the halls at the medical center, you could tell if he was there.

S: Yes, the smell of his cigars tended to linger. Here is a Dr. George story: My son, Chris, had been practicing baseball his sophomore year, and they were catching pop flies. A pop fly came down and caught his finger, splitting it open and dislocating it. He was brought out to the medical center, and I looked at it. It almost made me physically sick, and I just couldn't treat it. I called Dr. George. He was wearing a white shirt and tie. Dr. George tucked his tie into the front of his shirt, and popped Chris's finger back into place. Blood squirted on Dr. George's shirt, and Chris said he was sorry for getting blood on his white shirt. Dr. George just said, "That's alright," and turned around and went back to his patients.

D: Was he one you could easily consult with if you had a question?

S: Yes, I did that quite often. He had seen everything and had a world of experience. Probably about once a week, I would ask a question or ask for advice. Dr. George always had time, and he always had what I thought was a good answer.

D: And it seemed as he got older, he still kept up to date on medical matters.

S: Yes, he did keep up to date. On Thursdays in the spring and fall, Dr. George and I would drive to Sarah Bush Lincoln Hospital for half day medical seminars. Later, I went with him to Rockford for the Rural Medical Education board meetings. It was created to help select new first year medical students who were most likely to return to rural Illinois to care for its people. He later asked that I be chosen to take his place when he retired from the board, which I did for 3 years. Dr. George really enjoyed assisting with surgery on his patients. He would

be there before surgery and visit with his patients after surgery. He was maintaining a connection with his patients.

D: Did you participate in surgeries?

S: I did assist in surgery with some of my patients, though not after Union Hospital took over my practice.

D: You mentioned taking zoology in high school, did that start you thinking about a job in the medical field?

S: I'm not sure what started my interest in medicine. I do remember Dr. Illyes, our family doctor, taking care me. He referred me to surgeons for my appendectomy and eye surgery. (Dr. George referred me to a surgeon for my broken collar bone when I was in college.) I think our doctors and their care of me, had helped me decide to go into medicine. I think my mom thought that with 7 kids, at least one of them should be a doctor, though she never directly pushed me to go into medicine. My parents helped my siblings and me through college. They also helped me through medical school. I had a medical student loan from a small town in southern Illinois. When I wanted to return to my hometown to practice medicine, my parents generously paid back the loan, without my knowledge, so that I begin practicing medicine in Marshall. My parents were so generous, they never went without things, but didn't lead lavish lifestyles.

D: When you were growing up, do you have any particular school or other memories of Marshall?

S: I remember several teachers, Mrs. Bevington and Miss Geisert (later Mrs. Elliott). These teachers were really dedicated to teaching, taking it seriously, but always trying to be fair. (It probably didn't hurt that my dad was on the school board.) They really put effort in teaching their students. Unfortunately, the math teachers didn't have

much luck with me, math just didn't seem to soak in. (One reason I decided to go into medicine was that I thought I wouldn't have to do a lot of math. If I had been good in math, I probably would have done better financially.)

D: Thinking about downtown Marshall and then moving back several years later, did you find Marshall had changed a lot?

S: No, it hadn't changed much, but there were a lot of people I didn't recognize. A big percentage of the people I grew up with did not stay in Marshall. And, some of the landmarks had changed.

D: What landmarks changed?

S: Martin's Drug Store and Blankenship's Drug Store were still in business, though they no longer are. You used to be able to go into Martin's and get a soda, and now that era is over. Tom's was still here when I came back, but I don't know when the Candy Kitchen closed. The dime store was still here. I think a big disappointment in the country, as a whole, not just Clark County, is that there are not as many people living on farms. I suppose that is just the general economics of it. So many of the family farms have now disappeared. Farm prices haven't gone up, but the price of living has.

When I came back to practice, we had an emergency room in the basement of Cork Medical Center. Patients would come in after regular office hours, and the nurse upstairs at Burnsidess would call the doctor on call. The nurse would give the doctor details, and then the doctor on call would determine if they would come in or if the patient should go on to the hospital. There came a time that Dr. George and I could not handle the volume of patients, so we asked Dr. Walsh in Terre Haute to come and help. At this time, things were more loosely regulated. As insurance and emergency regulations changed, that in

turn changed how we could operate the emergency room at Cork. We had two large holding rooms, but they were not used too much because we didn't always have available nurses to care for too many people. We had to quit providing the emergency room service. We were told that the ambulance service had complications with insurance if they weren't transporting patients to a hospital.

D: What are the most significant changes in the last several years of your practice?

S: There has been a great deal of changes made in scientific advances. There are many problems we can take care of now that were "death sentences" years ago. One of the biggest changes involves HMOs, and their set of requirements on what we can do. Medicare says what they will cover and what they won't cover, and what they end up will discount. They keep making billing more and more complex. It causes a lot of extra expense that is passed onto the patient.

D: What is your opinion of "Obama Care"? I don't mean politically, I mean on the medical side?

S: Well, from a medical standpoint, I think many doctors think that it is a good thing for people. Most other first tier countries in Europe, Asia, and Japan have nationalized health care. We are taking a beating economically because we don't have it. That is one argument. I am not enough of an economist to know for sure, but, we are competing with these countries and they seem to be staying ahead of us in many ways. Many of them, as far as their standard of health and well-being, rank ahead of the United States. I believe we rank about ninth or tenth.

D: Do the Scandanavian countries rank high?

S: Yes, they pay about 60% to 80% of their incomes in taxes. That would take a real change in mind set, but they don't seem to live too

badly.. It's hard for me to argue with wanting to do this, it would be very selfish.

D: Some of the statistics I read now, the whole country is aging, and those of a certain age make up a large percentage, is that going to further complicate Medicare and being able to afford some of this medical care?

S: It probably is. People are going to be retired longer, and they are going to have to depend on Medicare longer. The longer you live, the more health problems you will likely have, and one of the worst is diabetes. In this affluent country, probably about a third of the population is overweight, which is one of the main contributing factors to diabetes. So, it is kind of a vicious cycle. It used to be that people would die younger, and now diseases are prevented by immunizations, despite some people's objections to immunizations.

D: But now we are coming back and having diseases like measles that most children were immunized for.

S: We are also seeing diphtheria. You've probably walked by someone who had diphtheria, but didn't have whooping cough. Just a few years ago, someone in the Terre Haute area died of pertussis (whooping cough). It doesn't usually kill adults, but they are highly contagious and can give it to their grandchildren. I use that as an incentive for older people to keep up on their immunizations. These diseases won't kill them, but they could kill their grandchildren. People have gotten lax, and forgotten about keeping up on their immunizations.

D: It just seems to that if an immunization will protect from diseases, why would a parent not take care of that?

S: I think part of it goes back to when they brought out the measles, mumps, and rubella vaccines in the 1980s. I believe it was about the

same time they studied autism, but didn't have a name for it. The two events (vaccines and autism) coincided, and some people thought it was a cause and effect. It isn't, but this belief, by some, can't seem to be shaken. A noted British doctor tried to make that connection, fiddling with the statistics, and he ended up losing his medical license.

D: Is tuberculosis becoming an issue again?

S: TB is becoming more of an issue than it has been for a long, long time. Basically, it is a spin-off problem from HIV. People who have HIV/AIDS are very susceptible to any infection, and sometimes the skin test for TB is unreliable.

D: In reading old newspapers and obituaries, a phrase often used was consumption, was that actually pneumonia, or what was that?

S: Consumption was usually the term used for tuberculosis. It wasn't controlled very well because it wasn't that well understood. It was probably misdiagnosed too, because they didn't have the ability to do cultures. Some people probably just had pneumonia, a term usually given to people who had dwindled, becoming pale, coughing, were sick for a time, and finally...they died or were "consumed."

D: Another word that is used even today is dementia. Is there work being done on that, scientifically?

S: There is a lot of work being done studying dementia. There are medications that slow its advancement. These medicines are expensive, and have side effects. It will be a wonderful day when find a cure for dementia, diabetes, and cancer. There are some genetic markers for people prone to getting dementia. But, if you are prone to getting dementia, what would you do about it?

D: Who would be a person in your lifetime who has been most influential to you?

S: My parents have been most influential in my life, I never wanted to disappoint them. My mother's religious background influenced me a lot, as did my father's sense of what is right and wrong.

D: Is there a particular world event that has influenced your life?

S: One of my brothers and I were talking about the number of school shootings in this country, and the fact that being a policeman is an even more dangerous job than it used to be. We've had 44 Presidents in this country, and four have been assassinated. This has given me a new respect for the Presidency.

D: If you were in a foreign country and asked where you were from, what would you have to say about Marshall and why it's a good place to live?

S: I would tell them that Marshall is a quiet small town. When I was growing up, I felt that it was a very good place to raise a family. Fortunately, for us, it is still a good place to raise a family.

D: I think as in any small town, you think you can't wait to get away, but when you are older you have more appreciation for your small home town.

S: If you are looking for a lot of excitement, this is probably not the place to be. But, if you want to talk to people, sit and visit, I don't think there is a better place to be.

D: Steve, it has been a pleasure talking to you. These oral histories will eventually be in print for anyone to read or listen to. I have appreciated your time.