

**Interview with Dr. George Mitchell in his office (Cork Medical Center)**

**on March 5, 1998. Jamie Washburn and Juliane Gruenkorn were the interviewers.**

**JW: When did your father begin his practice in Marshall?**

**GM:** In 1907.

**JW: Did he always have an office or did he just make house calls?**

**GM:** He had an office but he made house calls. Lot of house calls.

**JG: Did he drive around Marshall, a lot of the country?**

**GM:** Well, out in the country and in town. Yeah. Back when he started out it was horse and buggy. Or, when he started out he had a horse and buggy, but a lot of times he walked. Then he got a bicycle where he could make house calls in town on a bicycle. And, uh, still had his horse and buggy. At one time later on, he had a motorcycle. And, uh, he was makin' a house call out in the country one night. Somebody, they has grated the road, and uh, some big rocks up in the middle of the road. The lights went out on the motorcycle. He hit a rock and knocked him off the motorcycle. So he, he gave up the motorcycle after that. He didn't use it anymore. Then he, about 1910 or 11, he got his first automobile. Still used horse and buggy, though. I can remember we, he had a barn across the street from our house. That's where he kept the horses and, uh, he put the car up along in the fall because, uh, the roads. Then they start using horse and buggy until about the first of May. So all winter long he used horse and buggy. Most of the time because the roads were so bad. Once in awhile he could use a car but most of the time it was horse and buggy.

**JG: And how long did he work?**

**GM:** You mean then or how long did he stay in Marshall? Until he died in 1939.

**JG: And how many hours a day did he work?**

**GM:** Sometimes he never came home. He was making house calls. He'd be gone, when there was a lot of sickness, two or three days at a time. And he'd, uh, he had a driver in the wintertime. He'd help him. He'd drive the team or the car and my dad could sleep between the

house calls. If he was gonna be there for a while, maybe deliver a baby, why he'd either lay down on a couch or if they had an extra bed in the house. If they didn't, sometimes he slept in the haymow. But he was gone a lot of the time and didn't get much sleep.

**JW: Did people always pay with cash or did they exchange goods?**

**GM:** Oh, they used to do a lot of bartering. In other words, if they didn't have money sometimes they'd give the doctor chickens. In fact, during the Depression, I can remember, during the Depression years, my dad had a crate in the back of his car because he'd go out to a house call or see somebody, a lot of times they'd pay him with chickens or maybe a pig or something of that sort. We had a farm so he would bring the pigs or chickens back out to the farm.

**JW: When you went to medical school for your education, how much education did you have to have before being accepted?**

**GM:** Oh, I think I had at that time as I recall, maybe two or three years of premed school. But I didn't start out in medicine. I was an engineer before I started medicine. Then I went to Purdue University and got a degree in mechanical engineering. That was four years. Then I decided to study medicine. I spent a year in a graduate school, pickin' up my pre-med. So I actually put in five years before I went to medical school. But when I went to medical school most everybody was four-year. I think it was all four years of pre-med then.

**JW: How many years was medical school?**

**GM:** Four years.

**JW: How much did this education cost?**

**GM:** Of course, as I said, I went to school during the Depression days. Dollar wise, things were a lot cheaper. Of course, dollars were hard to come by. It cost, uh, when I went to medical school, it probably cost around, counting transportation because I went to medical school back east, George Washington University in Washington, D.C. I traveled backward and forth by train, and, uh, it probably cost \$5,000 a year. I don't know. That's a rough estimate. It's a lot more than that now.

**JW: When you first came to Marshall, how many doctors were practicing here?**

**GM:** When I came here there were three other doctors.

**JW: Were midwives common, or were there only doctors?**

**GM:** No. Midwives didn't practice in this area very much at the time.

**JW: How many hours did you work a week?**

**GM:** Well, so many years I put in probably, well, over a hundred hours a week. For a long time there I was, I would start out in the morning and make house calls and all that. Sometimes it would be two o'clock the next morning before I got out of the office. I usually got out by ten, eleven o'clock. I then still had to make house calls or had to go to the hospital. It wasn't unusual to get called out at night after you get to bed. You'd have to get out and go again. Probably over a hundred hours a week for a long, long time.

**JG: Was it easy for you to go to the university and get this education for a doctor or was it not easy? Was it hard to come into the university?**

**GM:** Well, I would say it wasn't easy, but, um, I didn't have a problem.

**JG: Did you have to take tests?**

**GM:** Well, I'll have to tell you the story. I probably got into medical school the most unusual way of anybody that ever did. I applied. My father is a graduate of Indiana University School of Medicine. He was in the first class that graduated there, and, uh, that's where he felt I should go. Well, I had gone to Purdue. I was getting my degree at Purdue, and, uh, I wasn't particularly in love with Indiana. There was a lot of rivalry and there still is. And, so, uh, we went down and talked to the dean at the Medical School and he wasn't very receptive. He told me I would have to come down there and spend another two or three years after I graduated Purdue in pre-med before I could get into medical school. And so I finally got him to tell me exactly what courses I had to get before I would be accepted. I said I could get all those at Purdue. And so he gradually admitted that I could, so I went into graduate school. I was going to spend two years and I decided that was too long, so I got it all in one year. I think I was taking about twenty-five hours a semester. And so I applied at Indiana, and they lost my application. Then they found it. And

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they this, that and the other thing. They keep throwing stuff at me. Finally, in March of 1936, and that was the year I was planning on starting med school, I got a letter from the dean along in March and said that I wasn't accepted because I had taken a very elementary course in organic chemistry. That's what they blamed it on, but I've taken a six-hour, a chemical engineering organic chemistry course and made my grades. So I knew that they was making an excuse. That made me mad, so I got in the car and drove to Bloomington. It was on a Saturday morning. I went from Lafayette to Bloomington. I walked in the dean's office and I told him who I was. I said "Maybe you remember I come down here with my father." I said "I got this from you today and telling me I wasn't accepted at your school." And I said, " I didn't come down here to argue with you or to plead with you. I just came down here to take this place and stick it." and turned and walked out. So, I hadn't applied anyplace else. But there was a fellow from Marshall by the name of Sam Prevo. And he was a real likable person. He had gone to Purdue, too. His dad was a Ford dealer here in Marshall. And he was in his junior year at George Washington University in Washington D.C. So, I wrote him a letter that night and told him what the score was and asked him what the possibility was of getting into that school. Told him what my grades were. And when I got a letter back from him, he'd gone and talked to all of the entrance committee and faculty, the people who pick the students, and he said "You're in. Send them a hundred dollars to hold your place, maintain your grades, and you're all set." So I thought that this was probably a lousy place if you got in that easy. But I found out that that year they had five hundred applicants and they took ninety-five. And it was one of the toughest schools I ever went to. They were, the school was founded in about 1820. That's an old, old school. And the faculty were very, very, I mean they were top-notch. And if you flunked one subject anytime in the four years, in other words, you could be a senior and flunk one subject, you are automatically kicked out. And you could never come back. You were allowed two make-ups in the four years. I started out with ninety-five in my class and we graduated with forty-eight. So that was tough, but that's how I got into medical school. It was a long story, but it answers your question.

**JW: When you first started your practice in Marshall, what were some common illnesses or accidents?**

**GM:** Well, we had a lot of, well, every spring we could look forward to having an epidemic with measles, mumps, chicken pox, polio, and you just hated to see springtime come. We saw a lot of those cases. So now polio is a thing of the past. I don't think any of the doctors here have seen a case of measles. Maybe they have one or two times. They have immunization programs for all this stuff. When I first came to practice, I had cases of typhoid fever. You don't hear that anymore. People had drunk a lot of water that was contaminated. You saw the mourning and farm accidents and, of course, back in the days before we had Interstate 70, we were swamped with accidents. The accidents off Route 40 were awful. It was a terrible, terrible mess. Sometimes I would be working in my office all night long almost, with some of these cases. It was a mess.

**JG: Did a lot of people die from these diseases?**

**GM:** Yes, they did. They didn't have deaths from measles. Complication measles is mainly pneumonia. I was very fortunate with polio too. I had some pretty scary times. Across the country, there were a lot of people that died from these diseases at that time from complications. We were very fortunate around here. We didn't lose very many people.

**JW: When did immunizations get to Marshall?**

**GM:** The program was set up in the late 40's or 50's, of course, polio was in the early 50's. We had a mass immunization program through the school program. Doctors from Clark County got the school program, I guess we kind of pushed this thing into where we go to the school and give all the immunizations one day and the mass immunizations. That's been very successful. It's worked pretty well.

**JW: Were there any instruments or procedures that you used back then that you don't use today?**

**GM:** Oh, well, I can't think of anything. Of course, we have so many things today that we didn't have back then. It's been an additive thing. People had accidents that maybe damage or destroys

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the blood supply to the leg to the femoral artery. They go and put a graft in and save the leg. Course your heart, all this heart catheterization, by-pass surgery, all that sort of things was never dreamed of back when I was getting started and for many years. There have been more advances in medicine I think in the last thirty years than there has been from the beginning of time up until that time. I mean, the advancements have been tremendous. And this keeps going on and on with this new stuff all the time.

**JW: When you first started practice, how often did people go to the doctor?**

**GM:** Well, they probably didn't go as much as they do now and the usually, most of the time, they had an acute illness or were really sick before they showed up at the doctors office. Which is not the best thing, of course.

**JG: So they didn't really care to go to the doctor?**

**GM:** Well, they just tried to take care of it at home. That's just the way people were. They doctored themselves.

**JW: Do you know what sort of home remedies they had?**

**GM:** Oh, mostly they take aspirin. And some of the old remedies, in fact, I had them used on me when I was a kid. If you had a cold, you got either turpentine and lard or kerosine and lard warmed up and rubbed on your, your chest and then put a flannel on. And I wore that. For pneumonia, they had a pneumonia jacket which was essentially the same thing as the flannel thing they put around. Of course, people used to crack sassafras tea in the spring because they thought that thinned their blood.

**JW: What was the worst epidemic in Marshall? Was there one that just really stands out?**

**GM:** Well, I can't think of and pinpoint any one that just, oh, I can remember when I was a kid that, in fact, this kid that I played with got meningitis, and they shut the schools down and kept everybody at home. Just that one case would cause that. They had nothing to treat it with. Course, he survived. We used to have, I failed to mention earlier that one of the other things we had is scarlet fever. We had a lot of scarlet fever, and course people were quarantined whenever they had the measles or the scarlet fever or the typhoid fever. Many of these things. They were

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quarantined with it, uh, by the board of health. And there was a sign they put up on the front of the house. And nobody could go in or come out. The breadwinner, the man that was working, he'd have to stay out and the mother stayed to, of course, take care of the kids. But, oh, they had to stay in for a certain length of time. They'd bring their groceries and set them on the front step. Of course, scarlet fever is, you never see that anymore. I mean, once in a while someone comes in here that has strep throat and got a rash starting and that's what scarlet fever was. Of course, we catch that now before it gets to that stage. But I can't think of any general epidemic that we had that we closed everything down for except that, I mentioned that boy with meningitis.

**JW: How were the funds raised to build Cork Medical Center?**

**GM:** They were all donated. Uh, it was, well, they, the people, we told them what; what started it was when we got down to only two doctors here in Marshall. That was Dr. Illyes and myself. He died one night and that left me. I was the only doctor in the whole east side of the county. The people got real upset. So they had a town meeting down at Tom's dining room. And I was there. They were talking about going out and getting another doctor. And I said "Well, that's great, but you're not gonna get another doctor to come in here and start like I did, like Dr. Illyes did. That's a thing of the past. But if you want to do this, we got a plan which the doctors in the county have talked about, is building, having a facility between a doctors' office and a hospital." And I said, "Uh, if you wanna do that you'll hafta put up the money. And we'll give you the guidance and help in doing it." So people got together and decided this was what they want to do, so we got, to make sure we were on the right track, the state medical society gave us a, paid for a consultant to come in and do a study. And they did that and said we were on the right track. Anyhow, they, people got together and decided it was a good idea then, after they had this consultant. So they had fundraisers. In the case of the Cork Medical Center, Mrs. Alma Cork was a patient in the nursing home, and, uh, her attorney came to me and said that her husband had passed away and she wanted to give some money to, first she had, it was for the nursing home. But he said, "I'm gonna talk to her about the medical center." Which he did, and so she raised it and that's the reason it's named Cork. She wanted it named after her husband. She put

up \$250,000. So then, they started, other people contributed. We had a fundraiser campaign. Uh, people went out, Velsicol put in quite a sum of money. Other industries, why I had one lady, she wanted to be anonymous. I stopped by and visited her. She's an elderly lady that never married. I knew her quite well and I asked her, er, told her what I was wanting to do and asked her if she would sign a pledge card. She excused herself and came back in the room pretty soon and handed me a check for \$10,000. So, but school kids sold candy. They did everything. We got all this money together. It was, oh, there was some borrowed money went in but it was all paid off. Well, been paid off a long time. It was built with the people's money. I mean, it was no government money, no invested money and no tax money. The same thing happened in Casey. They built one at Casey at the same time. They had a man over there who passed on and he left money which helped them get started. Then they did the same thing we did here. And this, we received national notoriety cause something like this had never been done anyplace in the country, not exactly like this. But our, our philosophy was that if we had a place like this we wouldn't get into a crisis like we did back when I was here by myself. That there would be doctors, we'd attract doctors because they don't have to put any money into this. They come in here, and, uh, don't have to buy equipment and all that sort of thing. And this was operated under, put next to the Burnside's Nursing Home because we thought it would make sense to have your medical facility, and it's a big asset to the nursing home because those patients can have access here and they can bring them over for x-rays and lab work, and which you couldn't do before. So that's worked.

**JW: How much did it cost to build Cork Medical Center?**

**GM:** Um, as I recall, about \$500,000. I think it was 16,000 square feet in here. That's a pretty good size. The one in Casey and the one in Marshall are the same size.

**JW: How many doctors were employed here in the beginning?**

**GM:** Dr. Buechler and I were first. Then, just different ones were added. Some of them have come and gone. Now, we have 3 doctors besides myself. There's a full house. So there's Dr., well you know who they are, Macke, Davis, and Turner. But, when we started out there were



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two of us, Dr. Jim Buechler and myself. Then we added some more after that. We've always had at least three in here, and sometimes four. We've got four now.

**JW: When did Marshall get their first ambulance?**

**GM:** Of course, we had ambulance service through the undertakers. Funeral homes, that's another story. They provided good service but they weren't qualified. I mean they weren't trained, medically trained, for like, the emergency medical technicians and that sort of thing. They just provided the service of actually hauling a patient to the hospital or from the accident scene to the hospital. They had some oxygen and that was it. That was a costly thing for them, too. A lot of times they never got paid because people said, " Well, when I die, you gonna bury me so you'll get paid then." You see? You see what I mean?

**JG & JW: Yeah.**

**GM:** So we, Dr. Buechler and I, could see this coming and we realized it. We needed something more than that and I'd talked to the funeral directors and they were wanting to get out of the business. I got a copy of the state law on ambulance service, of what the requirements are, and how you could set one up in a fire district and what the assessed, how much you could collect from taxed, what the rate was. I figured that the Marshall fire district could support an ambulance service. I mean, with the money to spare. So the thing I liked about the law, too, was that they would provide services within the fire district or without. In other words, they wouldn't have to stop at the line. You've heard about fire department having to stop because they couldn't go out across the border. So we drew up a proposition on this with the fire department, the Marshall Fire District, and their fireboard. They didn't want any part of it. So, we just kind of put this thing aside, and finally the undertakers put a notice in the paper that they were going to, and this was back in the 60's, go out of business in 6 months on the midnight of December the 31<sup>st</sup>. They weren't gonna do anymore ambulance work. So they issued an ultimatum. Well, nothing happened and then, they started having some meetings at the courthouse, the county. And, uh, Frank Pearce, the mayor, and I were good friends. I said, and he was going to these meetings, and I said, "Now Frank," I said, "I'm kinda controversial. If I go to that meeting, I'm,

you know I'm gonna, kinda, it's gonna be a little, and I because we'd been kicked back with the fireboard." And I said, "We got a plan now and we can do this." And I said, "I'll give it to you and you can take it and present it. But it's your plan, it's not mine or anybody else's." So he did and he got interested in it. So out of that, uh, they pushed the fireboard and they had to have a referendum to do this. And they, so they finally called for a referendum to set up an ambulance service. But they, the notice, I wish I'd have kept that, it was in the paper. It said that "we're gonna have this referendum for an ambulance service but we're not very much in favor of it, but then anyhow, we're gonna have it." That kind of thing. And they didn't want to spend any money on it, so Pearce said the city would take care of the expenses for an election. So they did. They had it on a Saturday. And they, there wasn't any publicity, any, like a big program of propaganda or anything like that in the paper. Didn't hear much about it. And I had a meeting in Springfield on a Saturday and I told my wife, we voted absentee ballot, but I remember coming back, I said, "You know, I bet that thing got beat." They had it in December. That's another thing. Just two weeks before this ultimatum, before this was gonna take place. They waited until the last minute. And I said, "I just wonder how bad it's gonna get beaten." We got back to Marshall and that thing passed by about 1400 to 200, something like that. Like a dose of salts. So then they had to be in business by midnight of December the thirty-first. So they had a town meeting at the city hall. And they had a new ambulance from a distributor in Indianapolis sitting out front. So I went to the meeting and there were a lot of people there. Before the meeting, and another thing, I might backtrack a little bit, in anticipation of maybe having an ambulance service, sometime, Dr. Buechler and I had a bunch of people trained as EMT's all ready, just all set. So that night, at that meeting, they discussed this. And before the meeting, before they started the meeting, Frank Pearce told me, he said, "I want to tell you, we had a little meeting off the corridor, down by the restroom and they've agreed that we'll buy the ambulance and give it to the fire district for a dollar." So then they had the meeting, the formal meeting, you know and so they brought this up and they discussed this and voted on it and passed it. That made it official. So then the question was, whose gonna run this service? Whether it's gonna have an

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independent contractor or, uh, volunteers. So we told them we had these EMTs already trained. But we needed a coordinator, somebody to run it. Well, Dr. Turner was, had been in medical school and he was laid out to make some more money to go back to school, and he was already trained as an EMT. In fact, he was, later was a paramedic. So he was at the meeting and so I went over and talked to him and said, "Do you wanna run this?" And he said yes. So they loaned one until they could get the new one here, the ambulance people did. He brought that out here and got it all outfitted with, with linens and equipment and everything that, you know, that we needed. And December the thirty first, midnight, they were in business, and they've been going ever since. So that's where they started. And it's, we've got one of the best ambulance services in the whole area. Uh, it's, I got a kick out of it. Several years later, I was at a meeting done there for something or other, and the fire, these guys on the fireboard were there and they said, "Boy, we're sure proud of our ambulance service. That sure is a good thing."

But this is small town America! That's the way things work.

But we have an excellent service here. And I go to meetings other places, and, uh, I get around the country quite a bit, and people know about what we've got here. They just wonder how we've done it, you know, got these things done. Because there's a lot of places that just don't have this kind of service. I just got back from a meeting. And I was in Springfield yesterday all day at a board meeting, the Illinois Rural Health Association. We're working on stuff like that for the, um, and I just got a list of the students we got on the, our med program at the University of Illinois College of Medicine in Rockford. And I'm on that, the recruitment and retention committee. We pick the students for this, this is a new program that these people are going, they are picked for a special track where their last two years of medical school, instead of being in the hospital all the time, they're out with a country doctor. And they're all committed to come back and practicing in rural Illinois and then serve the area. And I just, um, just getting ready, I just got through writing a letter to the, to each of them, but, uh, we, these, there's a lot of things that will happen in rural medicine in the last several years, and we're still working on a lot of stuff. But, uh, well, I've got off the track. Got anything else?

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**JW: Oh, that's fine. We're through these questions, but I read part of your book and there was something about your father had one-day clinics to remove tonsils?**

**GM:** Oh, yeah.

**JW: Do you remember when those took place?**

**GM:** Uh, that was back in the 1930s. The 1930s, I think it was. But he had an ear, nose and throat man that he worked with. Instead of the people having to go, having it done, they could just have it all done all in one day. They set it up down at his office downtown. That's the old office building. I think I have some pictures around here someplace. Oh, they're out in the hall. Anyhow, that's down on the town square, down on the Courthouse Square. But they'd bring them in, and, uh, anaesthetize them and take the tonsils out. And then they'd keep them for a period of time. The office there has that office had eleven rooms in it so there was plenty of room there for them. And, uh, then they'd have them home.

**JW: Do you know how many patients he saw a day during one of those?**

**GM:** Oh, well, in one of those clinics they'd have twenty to twenty five people. Which is quite a few.

**JG: I have a question too. Um, when you start at first practicing here as a doctor, was it really hard for you? Did people accept you?**

**GM:** Yeah, it was a little hard. Of course, I was born and raised in Marshall, you know. So people know me. Maybe that was, maybe that's a bad thing! But, uh, no I tell you when I started practice, I think if you read anything in that book, I never expected to come back here and practice medicine. To start with, I think you probably know that I didn't want to be a doctor in the first place. I wanted to be an engineer. And that's what I did. My dad and I didn't agree, but when I got out of engineering school in 1935, it was in the depths of the Depression. You couldn't get a job. Just no jobs available. So I thought, well, rather than starve I'll go back and see if I can do something else. So that's what I did. Well, I guess because of my interest in the mechanics in things, that I kind of gravitated toward orthopedic surgery, because that has to do a lot with these different pieces of equipment and different, uh, treatments, use plates and screws

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and all that kind of stuff. So that's what I planned on doing. And when I interned, I interned at Methodist Hospital in Indianapolis in 1940. I was there for a year. And I had contacts with orthopedic men, surgeons there. In fact, the head of the school, the department of orthopedics at Indiana University School of Medicine was one of the people I worked with. So I, that's what I planned on doing when I got out of the service. But I came back. In the meantime, I had, I was married. My wife was assistant supervisor of surgery at Methodist. And we were married before I went in the service. I went directly from my internship to the service. And, uh, we got finished out, out of the service, why we had a 2-year-old daughter and no money. And this man who was the head of the orthopedics at Indiana told me he had saved me a place in the residency program. But it only paid seventy dollars a month for three years. With a wife and kid, I didn't think we could get by on that very well. So we came back here and opened up my dad's office. He had died in thirty-nine. And started out, she was my nurse. We had no money. I think I had a dollar, a little over a dollar left when we started. We were living with my mother. We didn't even have a, we didn't have anything. And had to start from scratch. And it was kind of hard. First day, nobody showed up. And uh, I think there was one patient the first day, Mr. Carroll. He had intestinal flu. I remember what he had. He was one of the executives with the oil, at the Marathon Oil Company. Of course I'd known him, we used to be next door neighbors when I was growing up. It wasn't long before, oh, I delivered a baby before I opened my office. Old Dr. Weir who was an old doctor, he was up in his 80's and still practicing. He was a good friend. And uh, he asked me if I'd done this delivery because he was wanting to get out of the business. Had this girl lived down in the south end of town. I did a home delivery and uh, my first delivery back here was done at home in the middle of the night. Came rear end first, breech. Now they won't let you do those anymore unless you are an obstetrician. I tell you, I think they do all those C-sections now. I delivered twins. Now they don't deliver them. I think they do all those C-sections. I delivered 5 sets of twins in one year.

**JW: Were most of the deliveries at home?**

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**GM:** Well, when I first started out we did. I did quite a few of them at home, but, eh, within a couple years or so, I cut that out because it was just too well, in fact, it wasn't, I didn't think it was good medicine. I think it, I still, because there are so many things that could happen. And you do have complications even in, I mean, for no reason at all. I mean, you just have to be able to take care of those emergencies and if you're out in the country someplace, and at home, why you you're at a disadvantage. So it's much safer. But still, they do deliver them at home, I guess, sometimes. But, I delivered a lot of them. I delivered babies when I was in medical school between my, well, after my junior year. That was required, that you deliver babies and do home deliveries. So, I was in Washington D.C. and I delivered babies in the shadow of the Capitol Building. In some of the worse places I ever seen. And, uh, that was quite an experience, but we, there were two of us who would go out together, another guy and myself, and, uh, we were on our own. And, uh, taking care of these cases.

**After this, Dr. Mitchell took the girls on a tour of his office, explaining the significance of certain objects, such as his father's microscope and his uncle's instrument cabinet.**

**JW: Thank you for your time and the information. It will be very helpful.**