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Interviewees: Glenn A. Carmichael and Aili Carmichael

Interviewer: Gladys Peterson

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Gladys Peterson: This is an interview with Mrs. Aili Mack Carmichael and her husband Dr. Glenn A. Carmichael on April 28, 1987. Main topic or topics will be: some Butte history, what the Depression was like in Butte and, if they are kind enough to tell me, some information about WWII and anything else they would like to add. Before we start, will it be too hot in here if I shut the door?

Aili Carmichael: That's fine.

GP: Okay. It might interfere later, transcribing or listening to this.

First of all, I should first get your first name.

Glenn Carmichael: Glenn.

GP: I know that your wife told me that you're a Butte native.

C: That's right. Born and raised in Butte.

AC: I'm from Michigan. Northern Peninsula in the iron mining country. Our town was Nigoning. It's probably 5 or 6,000 people now.

GP: I know Portland.

AC: That's copper country. This was iron mining in Ishpeming and Nigoning. Iron Mountain, Iron Wood. Lots of iron.

GP: If Dr. Carmichael doesn't mind, we can combine this. Art Deschamps is the one who referred you to me and me to you and he said that you know a lot of Butte history and were involved in it, so before we get into these other subjects, perhaps we could get a little background on that. You are a Butte native; what about your parents?

GC: My father was from Nova Scotia and my mother was born somewhere in Iowa.

AC: Oh, no. New York. Grandmother Dunbar, Dr. Carmichael's grandmother, was pregnant coming over across the ocean. She just made it into the United States and it was a town called Port Arthur, New York, where Grandmother was born.

GP: Now did they come direct to Butte then or did they live someplace else?

GC: My father lived in Boston I think for a short time and then he emigrated to Montana and it must have been friends in Nova Scotia that were here. Now before he was married, he worked at the Marcus Daly mansion in Hamilton. He used to ride to Missoula on a bicycle. Then subsequently he helped build the Anaconda Hotel and he ended up by being superintendent of construction of Butte and Superior Mining Company. It was run by the Guggenheimers from New York. He had nothing to do with the company. My father was never a company man. He worked for [William A.] Clark.

AC: He worked for [Fritz A.] Heinze.

GC: He was a Heinze man all the way through. That's nothing against him, but the opportunities were better, he felt, with Heinze. He hasn't told me, but he told you that his education, his background, was the fifth grade.

AC: That's what he judged.

GC: He was a self-educated man. I was born on the east side of Butte (I don't know how familiar you are with Butte but you wouldn't think much of East Galena Street. When I was about three or four, we moved on the West Side, where all the bigwigs are (chuckle) and we lived in apartments or flats, they called them, on Excelsior and then on Silver. My mother died in the house on Solver; my father died here following an operation, my brother died about four years ago, and my younger sister passed away in California following an operation.

GP: If we could back up for a minute, your father came out because of opportunity in Montana; what about your mother?

AC: Well, our Grandmother Carmichael and her mother and father came overland in a train to Utah. There were copper mines, apparently, in Utah. Her father worked there, I don't know how many years, but Grandmother was the oldest child. Then there were two sisters and one brother, so Great Grandmother and the family of four were in a place when Dad was killed in a cave-in. And in the meantime, some cousins of Grandma Dunbar's had come to Butte. So she bundled up the four children and she came to Butte. And she was what we now call a practical nurse/midwife. She delivered lots and lots of babies, apparently. I never did know her; you know her and were very fond of her.

GC: Oh, yes. She's the only grandparent I've ever known.

AC: Yes, that's right. But they were very poor, and Grandmother Carmichael thinks that she quit school at the sixth grade level and she was very, very bright. She was innately intelligent and Grandfather Carmichael was also.

GC: A brilliant man. A very humble man.

AC: He educated himself; how he did it, we can't figure out.

GC: My mother says that he used to study at night.

AC: Yes; he studied, but he was doing blueprints for the mills. Now he became a specialist in the type of mill that separates minerals, a flotation mill. This was in Butte. I'm talking about my grandfather Carmichael, not Grandmother's family. After Grandmother Carmichael quit school, she did laundry and beautiful ironing. She taught me to iron. My mother used to let me do dishtowels and pillowcases and stuff like that, but Grandmother Carmichael taught me to iron a shirt! There wasn't a commercial laundry that can do the job that she did and then that I did—beautifully done and ironed on both sides. It was quite a chore but I was as proud of my ironing as Grandmother was of hers.

But anyway, she was married to Grandpa when she was 19. He was about nine or ten years older than she, so then [she had] her two sisters. Grandmother was neat as a pin and clean as she could be. She would have one good blouse, for instance, and she would be going to a dance, (probably with Grampa) and her sister next to her and Katy would get dressed first and she would take Grandmother Carmichael's beautifully laundered white blouses and be out of the house before Grandmother noticed it, so you knew those two had a sort of feud going on that went on and on. I don't think Aunt Katy and Mama were friends ever. From childhood on. She said, "I'm like an elephant. I just don't forget." And she didn't.

GC: She never changed her mind.

AC: No, she didn't.

GC: She wasn't a critical person. But she took things personally.

AC: She was fond of Flossie, her youngest sister. They had one boy, Tommy, her only brother, and he died very young. And she told a tale of how Tommy used to go up on the hill to the mines and carry a bucket of water and a dipper and some of the miners would say, "Well, when I get off shift, I'll pay you two pennies." Well, he gave them water whether they gave him two pennies or not. But coming home one day, and it was two or three days before Thanksgiving, he found a five-dollar bill on the ground somewhere. He rushed home and he said, "Oh, Mother. Now we can have a turkey."

And she said, "No, you're going to have to try to find out who this belongs to. It may belong to somebody who needs it very badly." And they tried. He went back up and asked all the miners if they'd lost a five-dollar bill and they all said no, they hadn't. So he came back and said, "Now we can have a turkey." And they did have a turkey with that five dollar bill. They probably bought lots of other things too.

GP: Do you have any remembrances of those prominent people who figured so much in Butte history?

GC: Yes, I'll start with Clark. I was born in 1904 and they were considerably older than I was, but as a child I met Senator Clark because one of his attorneys had an adopted child who was out in a neighborhood gang, so to speak, and it was through him that I got an introduction.

GP: What do you remember about Clark?

GC: Oh, a stately manner with a bushy mustache and dressed immaculately and tastefully—high collar, black tie. Morning clothes with a black morning coat and trousers. This is hearsay, but it is true, I'm sure, he took as a protégé, I guess, a young woman and he sent her to New York to study music. He subsequently married her when the first Mrs. Clark died. I didn't know his two sons, but I met his grandson.

Marcus Daly, the third or fourth, used to be at Salmon Lake in the summer, but he died at a relatively early age too. So that's the whole business.

I knew Con Kelly. I knew him quite well and his wife and his five daughters. I used to go to Swan Lake [where] they had that beautiful summer home.

And the Evanses; he was legal counsel for the Anaconda Company for years until he unfortunately died at a comparatively early age from cancer of the mouth. He had two sons, one daughter, and it was through the two sons that I had the opportunity to visit all summer at Swan Lake. Well, that was with the Evanses.

Now Heinze I never know; I'm not cognizant of him at all except what my father told me and what I've read.

GP: Well, speaking of Clark, what I have learned about him is that he had irons in the fire all over the country—in New Mexico—and he came from the Midwest, I believe. I have this feeling that although he made money in Montana (I could be wrong) but he didn't have any real love for Montana.

GC: Yes, that is right. His money went to Stanford. There's an art museum there, and there's an art museum in New York. He left a heritage of a closed mine and mill and he didn't come to Butte very often. You're right about that.

AC: You listened to (K.Ross) Toole and they're beginning them (lectures) again on Saturdays.

GP: Well, why don't we move back now, into your own lives? Dr. Carmichael, I was wondering how you happened to choose medicine as your profession.

GC: That's interesting. First of all, as a youngster probably just in high school, I had job to deliver flowers to the funeral homes. There was, still is, a high school across the street from the mortuary, and I used to look in the back window and see them embalm. There were two men who were hanged in Butte for I don't know what crime and I went in and saw their bodies and they were just on cots and covered with a grey—I suppose it was flannel—sheet, up to here. I got to look at their necks. They were red.

GP: The morgue was in the funeral home.

GC: Yes. It was in the funeral home. I spent dinner with the family talking about seeing those guys. Now that's the only thing, but I knew I was going, at least from high school. But I think it was before that. I had a great admiration for the doctor.

AC: Didn't Tom Murray's dad have something to do with it? He was a physician.

GC: No, he was too old to give advice. So I was oriented and deeply motivated. You can ask people and they'll back me up. I never gave money a thought and it wasn't because we were rich, because we were not. We came back to Butte after spending all this money in medical school, then I stayed for five years at the University of Michigan hospital becoming an obstetrician and gynecologist. Mrs. Carmichael, we weren't married until 1931 and we felt the Depression. The first thing that I noted the Depression quit because we felt the Depression. They used to pay on Saturday night and they kept the banks open until nine o'clock.

AC: This was in Ann Arbor.

GC: All this was in Ann Arbor.

GP: Oh, you were still back there in 1931?

GC: Yes. We were married then, and I deposited my check and you gave me your check. I went to the bank and it was closed. I knocked on the door. They knew me. They let me in to cash the check. This was Saturday night, but Monday morning all the banks were closed.

AC: The very next day President Roosevelt closed the banks.

GC: The grocery store, it was like a miniature Buttrey's—

AC: Piggly Wiggly.

GC: Yes. Piggly Wiggly. And they trusted us. Nobody could spend any money.

AC: Unless you happened to have some cash.

GP: Could I back up for a minute? You said you never worried about money and that was a long education that you got. Were you getting some help from your father?

GC: Well, I had to go to medical school. Yes; he put me through. I mean in the practice of medicine. For example, we came out to Butte, frankly, to eat.

AC: That's July of 1933.

GC: I had written to my brother in Butte; he was a bachelor, a lawyer. He became a very successful lawyer. But in those days, he drank to excess. I wrote him and asked if he had any. My father had just enough in the bank to take care of the family, and I asked him if I could borrow some money from him. He said, "Yes, I'll let you have 3,000." Well, 3,000 in those days—

AC: Was a fortune.

GC: So we went out to Butte. He didn't say anything for about a week.

GP: About the money?

GC: Well, about the money. I asked him about it. He said, "I'm sorry but I've lost it all at the Powell Tavern." There was Prohibition then. There was beer but no whiskey. He never married, fortunately for the women. He spent 3,000 dollars on one spin of the wheel. He used to play either black or red.

GP: Now, who was this?

GC: My brother, the attorney.

GP: I see. Could we back up again now? You came to Butte because you said you had to eat. What would you have done if you hadn't done that? Did you want to stay in the Midwest or go somewhere else?

GC: My chief, the head of the department, told me I'd never be happy west of the Mississippi. "Well," I said, "I didn't think so either." There was nothing he could do. They tried to have the staff frozen—everybody keep their physicians and not take any interns. He was overruled by other members of the faculty. Some agreed with him. But the majority ruled.

GP: Now was this in Lansing?

GC: All in Ann Arbor. That was the medical center. And so to show you how naive I was I purchased this Chevrolet. I said, "I'll buy this Chevrolet if you'll teach Mrs. Carmichael how to drive." Well, they taught her how to drive. Well, when we got to Butte in the Chevrolet it was a pretty ritzy car. And what was I going to say about that?

AC: Well, we were paying for it by the month.

GC: My brother had a Model A Ford, yes. My brother said, "Gee, that's a nice car you got."

"Yes," I said, "I've only had it a couple months."

He said, "Did you notify General Motors Acceptance Corporation?"

I said, "Who the hell are they?"

He said, "Don't you know you can't take a car out of state if you don't own it?"

I said, "I didn't know that." I wrote them to explain but I never heard from them at all.

AC: You were making the payments, so that's what matters.

GC: Payments for the car usually came from Mother or Dad this first year.

AC: Yes. We had to borrow it.

GC: Oh, god, you know, we were both so naive, I think, or youth or something.

GP: We've all been through that.

GC: Yes. We didn't worry about it. We didn't give it a thought. I made an occasional house call for four bucks, I think.

AC: Well, during the Depression we were lucky if we got food. You kept one, and you gave me one—one dollar.

GP: To run the house on?

AC: No. We lived with Mother and Dad Carmichael for a year and a half and after that we got an apartment of our own and it was 35 dollars a month, furnished, and we didn't have to pay for lights or water. We did have to pay the gas.

GC: Dr.McGill, do you remember her?

GP: I know the name.

GC: She was a Butte physician. I finally went to her to see if she had any space. She says, "Oh, yes, we can fix you up, Doctor." So I was seeing an occasional patient. But we weren't really

making it—at all. At the end of a year a physician left the clinic and they offered me a job. I was pretty sure I'd take it, but I didn't want them to think I was—

GP: Desperate?

GC: That's right. I kept them hanging for about four or five days. Then I went into the Murray Clinic, named after Dr. Murray. Dr. Larrick and I did very well there. The second year I became one of the partners and over six or seven years a co-partner! Believe it or not, one year I remember, I had an income of 40,000 dollars.

GP: That was a lot at that time.

AC: That was fantastic!

GC: But if you asked me if I'd ever worried, I'd have said no. It was part of the times.

GP: Could I ask you a question, then. These were Depression days and I'm wondering about the birthrate at that time. Were you aware that people were not having children during the Depression? Was the birthrate down or didn't this matter to you in this largely Catholic city?

AC: It didn't matter in Butte.

GC: No; the birthrate increased each year until I don't know when. How I know that is because the State Board of Health spent 25 cents for reporting each case; and for ten years there I delivered a little over 200 cases a year.

AC: Yes. One year almost 300 babies.

GP: What was the 25 cents for?

GC: To report the birth for the census.

AC: See, reporting of the birth of a child wasn't compulsory.

GP: Isn't that interesting? This is in the '30s?

AC: Yes.

GC: We got there in 1933.

AC: Then Dr. Carmichael did become the head of the Maternal and Child Health Committee for the state. He did a great deal of work and brought up all the standards that we have now. They were nonexistent when we got to Montana. There was only one other trained obstetrician /

gynecologist in the state and he was a Michigan man. He was Dr. [Frank L.] McPhail of Great Falls.

There were no obstetrics standards. He started the obstetrics standards in Butte; fixed a whole department; got nurses, who were OB nurses. When we got there 90 percent of the babies were being born at home because the hospitals, both St. James and the Murray Hospital, apparently had impetigo, if you know what impetigo is.

GP: Oh, yes. That's dreadful.

[End of Tape 1, Side A]

[Tape 1, Side B]

AC: Mothers didn't want to have babies in the hospital because that was a very contagious thing. I remember I was never professionally working in Butte or in Missoula either, but I went to Murray Hospital to show them how to set up a unit for contagious diseases. They didn't know how to do it.

GP: Isn't that amazing?

Ac: Yes.

GP: Now when you were back in Michigan how did they overcome these conditions? At that time they didn't have the wonder drugs any more than anybody else did.

AC: We didn't have impetigo at Community, did we?

GC: Oh, yes we had it. Every obstetric unit has some impetigo. They treated it with boric acid, which subsequently has been ruled out for children.

GP: Was boric acid effective, though?

GC: No! It was effective to a point where it killed them!

GP: Just by skin application that it would kill them?

GC: That's right. They found that out about 20 years ago. We suspect that somebody was carrying this but we didn't have any tests.

AC: So many things. There were actually few medications in those days. Very few.

GP: Well, I know that my sisters were born in Chicago in hospitals. My young sister was born in 1930. I don't recall my mother ever saying anything about a fear of that in the Chicago hospitals, perhaps because they were more aware of it, more up on things; sanitation was better, perhaps.

GC: No question about that.

GP: That was it. I did want to ask you about nursing. You said that you didn't actually work—

AC: I would have loved to have had a job. When we got to Butte they weren't hiring and certainly not married nurses. If a husband had a job, his wife certainly couldn't be a nurse because they wanted to try to get the jobs to the people who really needed them.

GP: I'm glad you mentioned that because it's one of the things I wanted to find out.

AC: Yes; they were not hiring. I, in Ann Arbor, had a good job when I graduated. I was the head nurse / supervisor of gynecology—we called it "jin-e-cology" in those days. I have a terrible time saying "gynecology". That came about during World War Two, and I don't know how.

GP: And now it's "obgyn". I don't like that either.

GC: You know what? (This is a change of subject.) Various reporters on television say there was "no precip" today. I don't know who the hell gives them the right to change words.

GP: I agree.

GC: That's childish.

GP: They get rather flippant.

AC: Yes, they do.

GC: That's right.

GP: Well now, you had a three-year course back there?

AC: Yes, and we could do it either way; we could get our RN first. To get a Bachelor's degree we could go on to university afterward for two years and get your degree. They counted our three years as two. Now our school at the University of Michigan School of Nursing. It's four-year, and it has been for a long, long time. But in my time it was five.

GP: Is that right?

AC: Yes. Five years. But I opted for getting my RN first and since I was given such a good job, I wasn't going to have to go. We had compulsory postgraduate training but you could work for two years before you had to take summers off or get leaves of absence and go wherever you wanted for extra work to get your degree. But at the end of two years we were married and then that was just forgotten. But I still think that my nursing education at the University of Michigan was tops and much better than they're getting now.

GP: It sounds like it.

AC: It really was.

GP: Although the standards out here have improved.

AC: Oh, my, yes; absolutely. And then the [UM] didn't have the faculty to teach. Now we had university medical school faculty, I studied anatomy from the same Daddy Huber that you

[Glenn Carmichael] did, and Elizabeth Crosby taught one of our anatomy courses. For the School of Nursing, we seemed to have the chairman of the department or certainly an associate professor. Just excellent.

GP: You could say this, now, I understand because I did make an oral history tape with Irene Callahan.

AC: Oh, yes.

GP: That in Butte some of the things the nurses had to do in those days! They were responsible for room cleaning; things like that you don't need a degree.

GC: You're absolutely right.

AC: You're absolutely right. Now I was brought up in a hospital where we never did anything like that. We had what were called "ward maids." I've worked at the Red Cross now as a volunteer in the blood center (about once a month now; I used to go weekly) but anyway, they have some of the student nurses who come over and also learn to be history nurses. So I tell them that I never in my nursing career ever gave a man a bedpan, I never gave him a urinal; I never had to prepare a man for surgery that was anything to do with the pelvis! We had orderlies and the orderlies were trained to take care of the men as far as bedpans, urinals and so forth went and to prepare them for surgery. We could give a man a bath, but we couldn't finish the bath. We had to call the [orderlies].

GP: Isn't that interesting?

AC: Our dean was from Stanford. Shirley Titus was her name, and she was years and years ahead of her time, and I think that's why it [nursing] became a school of the University a year before I got there. And that was very unusual.

GP: Do you think that this was an idea whose time had come, that in the major nursing schools and medical centers, that conditions were improving? Educational standards were being raised?

AC: Oh, yes, I should say; I should say. Well, Michigan was paired with Stanford or one of the New York Schools, now. I've forgotten which New York one. And they were way ahead, for instance, of the other Big Ten schools. It was very forward-looking, and I think a great deal was due to our dean.

GP: I'd like to ask one question of Dr. Carmichael. How did you happen to choose Michigan for your training?

GC: Well, I came down here to school to take some of the premedical requirements.

GP: You mean to Missoula?

GC: Yes. The first quarter I was a straight-A student, and the second quarter I began to slip. The third quarter was a catastrophe. Nothing the matter with the school; nothing the matter with the faculty; it was this guy and the girls. (laughs). I was leading too much of a social life.

GP: Were you a fraternity man?

GC: Yes. Sigma Nu. I told my folks, "If I'm going to get into Michigan, it's doubtful now with this record." I said, "I'd better try it right now." So I did. And they admitted me on probation, to the undergraduate school. And I was in school about two weeks when the dean of one of the premed departments called me into his office and I had a very nice visit with him. A very gentle man. He said, "Well, Mr. Carmichael," he said, "You look like a clean, healthy individual and you talk intelligently," he said. "What was the trouble?"

I said the University of Montana had nothing to do with it. I said, "I did it." I told him the same story I told you and he said, "Well, let's see what you can do. I'm in this office at least eight hours a day. If you ever need any help, come in." I thought that was a great kindness. It meant a lot to me. I'm a sentimentalist anyway. I never had to go see him. I was taken off probation the first semester.

GP: He knew you had the potential.

GC: He must have.

GP: He probably had seen that situation before. I know two of our children went to the University of Chicago, and they weren't in exactly that situation but one of them dropped out. It about broke our hearts--plus our pocketbook—but it didn't faze the university because they wrote a beautiful letter and really expected to see him back there within a short time. It was exactly what happened. He knew he belonged in school, and I'm sure you did too.

AC: How did you happen to choose Michigan instead of—

GC: Phil Rowe's brother was dean of the pharmacy -

AC: Was Dean of the Pharmacy School at Michigan and Tom Rowe was a Missoulian.

GC: Yes, his father was a professor at the University of Montana, a professor of geology.

GP: Oh, is that right? How did he spell that?

GC: R-o-w-e. They're all dead now. I don't know about the dean.

AC: I don't either.

GP: My husband has been in the geology school; he's a faculty affiliate now. I don't remember him mentioning that name.

AC: This was years ago.

GC: This was in '22 and '23.

GP: Yes, I know, but the names of those old-timers crop up.

GC: I guess that's right. The reason they'd been to Michigan was because he got a teaching professorship at Michigan for one year and he moved his family, two boys and one girl, to Ann Arbor for one year. That's where Phil got the idea. Phil told me, "If you go anyplace but Michigan, you're crazy."

I said, "All right."

GP: Well, that's interesting. I'd like now to get back to what we were talking about regarding the nursing profession. When did this begin to change? [When did] their duties become more professional in Butte and in Montana?

Well, for Butte, the professional duties, I was appalled when we got there and I knew some of the nurses at Murray Hospital very, very well. One of them was engaged to Dr. Carmichael's brother. So I learned about what nurses were doing then. World War II is what really began to make a change, certainly in the medical profession and certainly in the nursing profession. All the time we were in Butte we didn't have any such people as LPN's (licensed practical nurses); there were none.

GP: You had the orderlies. The orderlies were always men, though, weren't they?

AC: Yes.

GC: That's right.

AC: Yes, however, at Murray Hospital, did you have an orderly? I don't even remember him. Wasn't Tom Hoskey one [an orderly] before he got his degree in bacteriology? No? I don't know what gave me that idea. I don't think that Murray Hospital had any orderlies.

GC: No, we didn't.

AC: I don't know about St. James. During World War Two, things changed. Nurses were being called in, Butte being the type of city it is. It's a most patriotic place, and during the war every single thing, any kind of drive, was way over the top in half the time. It led the state in everything. The enlistments of not only the men but the women into nursing. I know that

during the war, I joined the Red Cross as a volunteer and we began a home nursing course for people to learn how to take care of their own families. Now that was the closest thing to an LPN training.

Then we were asked to begin a Red Cross nurses' aide training program. Now I ran both of those. And the nurses' aide program was truly a great help. We had classes of about 20 to 22 women and the course lasted three months. At first I got nurse instructors, girls who were head nurses or who had some executive ability and teaching ability, to do the teaching and then they all went and I had to start the teaching too. But these young women (and some of them weren't so young) would volunteer from two to four hours, three to four times a week, to the hospitals and they [the hospitals] were just as pleased as they could be with the caliber of care that these nurses' aides [gave]. Now that was the first thing.

I talked about nurses' aides at our Red Cross Chapter here and they're all so much younger than I am, they never even heard of it. I said, "Well, it was every popular. We had the nicest uniform and a nice Red Cross nurse's cap and they had a capping ceremony and a graduation ceremony and everybody's mother and father and brothers and sisters and kids all came." And I'd forgotten how many of those I did because we did stay in Butte until 1945 and of course we left Butte and the war was over.

GC: You see, they declared some individuals as not acceptable by any of the services because they were needed in the locality.

GP: They were deferred.

GC: That's right. Well, I was one that was deferred, and I wanted to get out of Butte.

GP: You really did.

GC: Yes, and I went to Herb Callaway, who's dead now. He practiced in Billings. I must have seen him five times. The last time, he said, "Well, come on over. My answer's still no but I want to buy you lunch."

I said, "I've got some news for you."

He said, "What is it?"

I said, "It'll keep." I had learned that after you reach 35 years of age, the government has nothing to say about whether you want in or want out. It was an excuse for me to get out of Butte. I was killing myself.

GP: Overworking.

GC: I got a commander's commission, and we went to Virginia.

AC: No, we went to Arkansas.

GC: Hot Springs, Arkansas, Army and Navy hospital and I stayed there about a year and then the war was coming to an end. We didn't know where to go. We went to Charleston, West Virginia. I got a job there in the Department of Health. Mrs. Carmichael was pregnant. We had the two boys with us. We were having trouble with her pregnancy so I used that as an excuse and we went to Ann Arbor. We always felt we'd like to live there, and I got a job with the university as teacher of surgical anatomy. We were there for a year, so I had really six years at the professional level. Then we came back and came to Missoula. I love Missoula. I mean it's a small town, but it's beautiful.

GP: It's not only beautiful, but there's so much variety in what you can do.

GC: We have the university, which is darned good. I used to take classes after I retired, in the English Department. Well, that's why we came here. Then I was offered a job in Western Montana Clinic. Well, I kept them dangling because we were going to Chicago to a meeting. Well, I decided to take it. I couldn't get office space.

AC: There was no space available in the city of Missoula.

GP: That was Dr. Kittner?

GC: There was Kittner and Dr. Stanley Treynouth. They are the oldest ones. So I took it, but I could only take it for a year. I couldn't stand (unintelligible).

AC: Now clinic work, too. You know they would assign him seven minutes for this patient and that's ridiculous.

GC: So I got out and Fayette (?) came in. [I had] part of his office. So that was my start in private practice.

GP: I didn't realize that you practiced in Missoula. Could I back up now to the Depression again in Butte? I think these questions are important. During the Depression, now, you said you never worried about money. But did the women who needed obstetrical services or gynecology, did they worry about money? Were there women who didn't see doctors because of the Depression?

GC: No, no.

AC: Oh, yes, there were lots of women. Remember when they called you one Sunday because they couldn't find their own doctor, Dr. Cain, and it was going to be a home delivery? I went with him because I was hoping to see a home delivery; I had never seen one. And we did that house call and there was a little Italian girl and her very nervous young husband and I prepared

her like we did in Ann Arbor University Hospital, Maternity Hospital, just keeping my fingers crossed. She wasn't anywhere near delivery really. She was going to have some pains for a good many hours. But they did find Dr. Cain—

GC: Richard.

AC: Richard. So I missed out on seeing a home delivery.

GC: He says, "Who in hell have they got to prepare a patient like that?" (laughs) He said, "This is unheard-of."

I said, "Is it really?"

He says, "Yes, Doctor."

AC: In those days was shaved the patients, gave them an enema. I remembered the lectures about home deliveries, and I got layers of newspaper and made sort of a pad with a sheet over it to put under her. I timed her pains and gave her a bath and sponged her. She was just perspiring so—the poor child. Then we left and told the husband we would still try to get Dr. Cain, but if it didn't work, we'd be back. So we missed out on that. Only time I might have seen it. But I remember the patient. You didn't have so many because you started your obstetric practice using the standards that we had in Michigan and he saw his patients. Other doctors said to come once a month and bring a urine specimen. Well, I was pregnant for our first child, and I went to old Dr. Tasch, who was in the clinic. Here I thought I would get a physical exam and advice and booklets and vitamins and so forth. There weren't many vitamins than, by the way, very few. All he did [after] I gave him a urine specimen was put his head on my chest and listen to my heart. Then he gave me a slap on the backside and said, "You will do just fine." Didn't even tell me when to come next, no appointment. So I went from Dr. Tasch's office to Dr. Carmichael's office, and I sat around for a while until he had a break. Then he did the physical examination and got a blood count and all the other things we were used to.

GP: Was this a GP doctor?

AC: Well, he just did obstetrics. He was wonderful for a perfectly normal delivery.

GC: He had all the patience in the world.

AC: Yes, if it were normal.

GC: This is Alan I'm talking about. When you went into labor, he said he had a cut finger and couldn't take care of you.

AC: And he did. He had his hand bandaged.

GC: But then with our firstborn was the most unusual position. It was the brow presenting. Faced like this, see? And it was a long labor. Delivered him by forceps. Looked like—

AC: He looked like a boxer whose face is all skinned and everything—

GP: You weren't present at the delivery, were you?

AC: Oh yes. He had to deliver me.

GP: You did the delivery?

GC: I had to. There was nobody in town.

AC: Well, he asked me. He said, "Would you want Dr. James or Dr. McPherson?" who were surgeons.

I said, "No, I don't want them." I said, "You're going to have to do it." So when our second son was born, when I went into labor, the doctor who was Dr. Carmichael's assistant was just sure that I was going to pull something like the first time (he wasn't there then) and be a difficult delivery or forceps or something and he just didn't want to do it. So Dr. Carmichael called our friend Dr. McPhail from Great Falls and he came barreling down and delivered Bruce.

GP: You didn't want to deliver the second one.

GC: No.

AC: It was hard on him.

GC: The labor wasn't. None of it. I couldn't afford to—

GP: It just gets too emotional.

GC: Yes. But when it was all over and I was alone and I got to thinking of the possibilities of this child not being right and so on, it just took a lot out of me. I didn't want to have anything to do with it.

GP: I can imagine. If I can just get back now to my Depression question for a minute, what happened to those women who didn't get good medical care?

GC: Died.

GP: They did? Was there a high mortality rate at that time?

GC: Oh, yes. Montana had a very high one. Until we got going. I mean by "we" the committee.

AC: And they set the standards for obstetric care. There hadn't been any—

GP: You lost mothers and babies quite a bit? Mothers and babies, in those days?

AC: Well, he didn't, but there were—

GP: I mean in general—

AC: Yes, in the '30s. But things really improved and they were going like a house afire during World War Two. Everybody and everybody's sister was having a baby. There were an awful lot of deliveries during the war. But the maternal death rate wasn't—

GC: Yes, it was.

AC: Well, it was up, but it wasn't as bad as the infant mortality.

GC: Oh, yes; that's right.

AC: I tell you, all of your patients were surprised when they found that they had to come every two weeks to be checked.

GP: After a period of, well, the later months, or --

AC: No, you started out at three weeks and then two.

[End of Tape 1, Side B]

[Tape 2, Side A]

GP: Now, you've both led such busy lives in those years during the Depression and World War Two, did you ever have any time at all for a vacation? What did you do to relax?

AC: Took a month off one summer.

GC: I had to get away. I had this type of leave [at] the Murray Clinic. We got a month. But I could go at any time. Which we did. Went out there to Tacoma. I was just all in. They had a room for me at the Murray Hospital where I used to sleep.

AC: We had pajamas and robe and slippers and a shaving kit and everything.

GC: They used to bring food up to me.

AC: I'd bring him sandwiches and soup in a thermos. The kitchen was closed after a certain time.

GC: I didn't see my kid—see them awake. The longest spell was two weeks.

GP: Most of those babies were born at night. (laughs)

AC: There were lots of daytimes too. He would leave so early in the morning that the children weren't up and then he'd come home so late that the children were in bed asleep.

GP: Were all the doctors in Butte rushed like that? Were they all overworked at that time?

AC: I think so. Well, certainly the men doing obstetrics. But you did most of the obstetrics.

GC: You see, it all depends upon one's philosophy and the guides to medicine, including obstetrics and gynecology. Now, take Jack Coleman, who died from a coronary at an untimely age. He was an orthopedics man. He'd leave the hospital at 5:00 at night and he'd never worry a bit about his patients.

AC: No. When he closed that hospital or office door he never thought about it. That's not true of him.

GC: I was not generally accepted at the St. James Hospital. Inadvertently, I didn't mean to do this; it just seemed to happen. Case A was mine. Case B was somebody else's, and they kept comparing notes. The other fellow's patients ended up in my office. It was nothing I did.

AC: Well, things have improved but there are people who are going to take time off no matter what. It so happened that he [Glenn Carmichael] never was that type. We would have a picnic that we would plan for—no one would be in labor. We would have the car packed, and the

phone would ring. Then we'd just unpack the car. We couldn't go. (laughs) Our children used to greet their father by saying, "Anybody in labor, Daddy? Can you take us here or there?"

GP: Do you think that it would be more satisfactory to be practicing medicine today, or nursing, than it was when you were?

GC: Well, to begin with, we don't have any nurses, very few registered nurses. There are nurse aides. So I can't tell you about that. But now the philosophy of the present crop, we'll say, of graduates—

GP: Doctors or nurses now?

GC: I'm talking about doctors. They are well-trained but they're money-mad. They're investing in apartments, and they're building apartments. I had a doctor tell me here there were three or four men last month had to declare bankruptcy.

GP: Doctors?

GC: Yes, doctors.

AC: However, not on the basis of their medicine. On the basis of investments and buildings.

GC: We always went to Dr. Weaver or Dr. Copeland, who both have retired and Dr. Weaver mentioned, a doctor at Missoula General Hospital that I think is excellent. We send our two sons there. Now, he knows the art of medicine.

GP: Is he an internist?

GC: Yes, he's called a family physician.

AC: No, he's not. He's a diplomate of the American Board of Internal Medicine.

GC: I didn't know that.

GP: Dr. Walters, you say?

AC: Gary Walters.

GC: They just had a baby in August. We've been going to him for two years and we find him very satisfactory; very conscientious and when he talks he has a sense of humor. That's one thing I have always maintained was a sense of humor in the practice of medicine. The tougher the job and the situation you tried to improve the mood of the patient.

GP: Sure. This reminds me of something else now; since I asked you if you would prefer to practice today versus when you did practice: did you worry about malpractice?

GC: No. I carry malpractice insurance at the hospital but that's all. No; there was only one malpractice suit in all the years we were in Butte that I knew of and that was (he died in California) Dr. Emery. He had a lawsuit. They [doctors] make mistakes, but we all make mistakes. I blame, although they deny it, but I blame a lot of this on the legal profession. God knows there are mistakes made and there is such a thing as malpractice.

GP: Medicine is not an exact science.

GC: That is exactly right. That's what I used to tell people. "You must remember that the practice of medicine is not a science. Just remember that." It used to help some people. But there's no question about it. Now I know a good obstetrician in this town who won't touch a maternity case because the malpractice insurance is so high.

GP: The malpractice insurance is so astronomical.

GC: It doesn't make sense today because in the final analysis, where does the money come from?

GP: Of course. Somebody has to pay.

GC: Somewhere down the line, someone—other patients.

AC: As far as I personally am concerned, I was much happier about nursing years ago than I am now. Now whether I would like to work now, I don't know. I would have to be absolutely completely reeducated with all the new things.

GP: The machines and all?

AC: Yes, and I don't know anything about them, and so would a doctor have to be reeducated.

GC: I even heard that in medical school.

AC: We laughed about that even some years ago. Two men were chosen for OBGYN staff each year on your senior intern and your partner was Dr. Carl Huber, whose father was the chairman of the anatomy department in medical school. We saw him at a meeting here in Montana, oh, that must have been 20 years ago. He said, "You know now, I wouldn't be accepted in any medical school with the background that we had. And you wouldn't be." Shoving things so fast at these young, young medical students and the young doctors. I have an awful time with some of the things that are being done that I think are wrong. For me, I wouldn't think of it.

GP: Such as what?

AC: Such as a young orthopedist operated on Mrs. James. She's 90 years old, and she was having some knee problem. She had a knee replacement. Well, her daughter comes every day after she came home and takes care of her. She has difficulty moving around yet, and she's very impatient because she thinks that now the operation's done she should be able to walk. The older we get, the more slowly things heal, if ever. Then another, Mrs. Jenkin down the hall here, is 87. She had one knee replaced and then was having some trouble with the other and she was told not to have surgery, not from the basis of the knee. Sure, she could use it for the knee problem, but her general physical condition was not good. She overruled her internist and the young orthopedist operated on her. She was home for 24 hours, and her daughter found her on the kitchen floor. She'd collapsed with a stroke.

GP: She couldn't take the surgery.

AC: No. Those kinds of judgments. The judgment of some of the young people is flawed. They're not looking at the whole picture. They don't care if somebody's 90 years old. They'll talk operation. Well, not for me. I've got a slipped epiphysis, left hip, and I had it from the time I was 12. It was not diagnosed. I told Dr. Carmichael just last week, I said, "If I had much of a problem, I would rather be in a wheelchair than go in for surgery. I think I could zip around in the wheelchair while I still had hands and arms."

GP: Well, let me just wind this up then, Mrs. Carmichael, and say, what gives you the greatest satisfaction as you look back on your career and your husband's?

AC: I am very glad that I chose nursing. I was going to teach and we had some medical emergencies in my personal family. I have a nurse aunt, or did have, and I was introduced to hospital procedures during my mother's illness and a brother's illness and surgeries and I decided I would like to do that, so my dad said, "If you're going to go into nursing, I want you to go to a good school. I don't want you going to Marquette and St. Luke's Hospital." I knew the University of Michigan School of Nursing had just been made a school of the university; it used to be a hospital nursing school. Well, they made it a school of the university. Everything was changed. Education things. So I'm glad I did. I'm glad I went to Michigan, and I'm glad I had administrative training too—my head nurse / supervisor thing.

Then I did do some, when we were married. They wouldn't have a married supervisor or married head nurse either in Michigan, so I went on general duty and made 90 dollars a month and I had been making 125 dollars with complete maintenance. That was a lot of money in those days. Dr. Carmichael says he married me for my money—my 125 dollars.

But anyway, I was glad of that and the Depression started and I was cut down to 83 dollars. Our apartment was \$90 a month. My salary didn't even cover the rent. (laughs) But anyway, all of the rest of my life since we came to Butte, I did a lot of nurse things on a volunteer basis, like during the war with home nursing and the nurses' aides and it was quite a job. Here in Missoula I have not worked in any hospital, but about the last 15 years of his practice I helped

in his office. I used to scan the medical journals and mark some and say, "You better read this, but the rest of the journal, don't bother with it," and things like that. Well, actually, I'm glad I've done what I did. I don't think I would have changed anything.

GP: Well, that's wonderful.

AC: I know he would never have changed anything in his life as far as his profession goes.

GC: No; there's one thing I'm glad I'm not faced with and that's abortion. I'm an Episcopalian. But I couldn't deal with that. I'm not condemning those who do it but I couldn't. You see, when I was brought up having an abortion was the end of the world.

AC: The things we saw in Ann Arbor in GYN!

GC: The girl I saw who...she lived about four hours in the hospital. I removed from the neck [of the womb?] four pieces of...What's this material that fluid will expand it? Looks like rubber. Now, she had tetanus. Yes, tetanus. Tetanus infection. Now we had nothing for tetanus then. Medicine is so far ahead. I don't know if the doctors could have done at that time.

AC: We bring things, the new medications and what they will do. I'm on a couple of medications. One will open up a heart vessel, and the other one's for blood pressure. I do have blood pressure problems. But it seems to be working but I've had dozens of different things, different prescriptions, that will help but I'm not an ill person; I never have been.

GP: Well, I think both of you have made outstanding contributions in both of your fields and you can be plenty proud of that. I want to thank both of you a lot.

GC: Thank you.

AC: Yes; thank you very much.

[End of Interview]