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I: Okay today is Wednesday, August 27<sup>th</sup>, 1997. I am Tom Puleo and we are talking with Dr. Mary Kitchel or as she is affectionately known, Dr. Mary. And why don't we get started by you didn't grow up in this area. Can you give us a little background on where you grew up and how you got in to medicine?

R: Well I was born in Noblesville, Indiana where my mother had gone home to her parents for my birth, but I spent the first six years of my childhood in Springfield, Missouri where my father was a teacher at Drury College. And he had started to medical school and couldn't decide if he wanted to be a doctor or a minister. So he thought he had better drop out until he knew for sure what he wanted to do. So, he taught for a number of years and then decided, yeah, he wanted to be a doctor. So he went back to medical school at Indiana University in Indianapolis. So we lived in Indianapolis for a few years and then he went to Terre Haute where he was the first school physician at what was the Normal School, later became Indiana State University. So, I attended high school and college there and graduated from Indiana State Teachers College in 1933. While I was in college, I had become interested in the idea that I would like to be a medical missionary. And of course this meant I would need to go to medical school. So I enrolled in Indiana University School of Medicine in 1933. Turn it off. While I was in medical school I met and married my husband, the late John Kitchel and started a family, finally graduated in 1939. In this interval, one hot summer day in Indianapolis, we decided that we were going to come to Michigan to live. We had had these wonderful reports on the fabulous weather and the wonderful hunting and fishing and these ideas appealed to us. So, we made a list of the towns in Michigan where the number of physicians in proportion to the population looked favorable, so we might be able to make a living.

I: That's a good idea.

R: So we made a tour of those towns. Arrived in Grand Haven one hot summer afternoon and saw the cool breezes blowing in off of the lake and the riverfront and saw the brand new hospital and we didn't look any further.

I: And at that time, was that Hatton Hospital or North Ottawa?

R: Well that was the old Municipal Hospital which had been built in '39.

I: Okay, so it really was the second, I think then hospital in Grand Haven.

R: Yes, I'm going to talk about that in here.

I: Okay. Okay, one question before we go on to the history of looking at the different hospitals and how medicine and doctors started to evolve in Grand Haven. You were a woman and you told me, you are a woman, excuse me, but you told me as a female you were not the only female in your graduating or your class at medical school.

R: No, there were 10 in our class and that had of about 110 students, and that had been the largest number of girls they'd ever had. I suppose now it is 30, 40 percent, but at that time this was a large number.

I: Yes, but you actually said you had an aunt then too that was a

R: My father's sister was a physician.

I: Okay, so she must have been in a real small percentage of females there would have been

R: Yes, there weren't very many then.

I: Okay, so now you guys have picked out Grand Haven, you come in here

R: But we still had to finish school and intern, but we had decided on Grand Haven. And we moved to town in August of 1941. Then the new hospital there on Sheldon Road was the hospital in use. By way of history of the local hospitals, the Grand Haven Tribune for October 8, 1939 carries a story about some tombstones which were dug up during excavation for the new addition to the Sheldon Road Hospital. And it appears that the Bakker family, that was spelled with two k's, Bakker family were wiped out in the smallpox epidemic of 1872 and they had been patients at what was called the Pest House, which according to the newspaper story was a small three room building located in the center of the five acre plot where the present hospital stands. In those days of dreaded diseases and epidemics, people were quarantined at home or isolated in the so-called pest houses.

I: Okay, I've heard of that earlier, somebody mentioned that too, yeah.

R: We have a newspaper clipping showing those tombstones in our file here.

I: Good.

R: The first Grand Haven hospital was the Elizabeth Hatton Memorial Hospital which opened in 1919 and it was a two-story frame house at 114 South 5<sup>th</sup> Street which had been the Loutit home before they built their home over on the corner of 4<sup>th</sup> and Washington Street, there is a filling station on that corner now. Now, the Loutit dining room was paneled in oak with a beautiful built-in buffet topped with a carving of the Robert Burns Grace and the south wall of this room was leaded glass windows and this was the men's ward and I understand the women's ward was upstairs where there was a kind of a sun porch arrangement. Prior to demolition of this building, the Presbyterian Church gave the museum permission to take this dining room out of the building and volunteers went in there and took it out and it has been rebuilt here in our museum. So it the dining room that we have in there now is the dining room from the first Grand Haven hospital. The most difficult part of this project was to find somebody who could resilver

where the mirror and the buffet and Chet Anderson found a company in Grand Rapids who did that for us. So, it looked pretty good now.

I: Yes it does, it looks very good.

R: Yes, it's very good.

I: It feels like you are in that room then, that you are in that house when you walked in.

R: That was the men's ward.

I: Yeah.

R: As you can imagine, this hospital was grossly inadequate for the growing Tri-Cities areas. In 1933 the citizens began to agitate for a new hospital, but it took several tries before a bond issue was passed. One group of people wanted to locate it downtown at the present site of the Grand Haven police fire department. Now imagine what would have happened if that site had been selected. Well, fortunately, a more forward looking group prevailed and the site on Sheldon Road where the Pest House had stood was selected. On July 28, 1939, the furnished two-story brick Grand Haven Municipal Hospital which had intrigued us on our first visit to Grand Haven was open for public inspection. It had 40 beds and there were 10 physicians on the staff. The first floor was for medical surgical patients and the second floor was planned for obstetrics and the operating room and delivery rooms were on the second floor. The ladies had to labor on the first floor and were rushed up the elevator; hopefully they got to the delivery room in time. When we arrived in town following our internships in August of '41 we noticed that the second floor of the hospital was not being used for patients. The OB patients, still on the first floor and the reason for this was that this time the babies were still mostly being born in maternity homes or at home. There were two thriving maternity homes, Mrs. Carlson on Sheldon Road and a Mrs. VanderSwag on Wallace Street, that's now Beacon Boulevard. My husband and I announced on arrival that we would only deliver babies in the hospital. When the local physicians who were in the service in World War II returned home, they also adopted this position, so that was the demise of the maternity homes. The OB business continued to thrive so that in 1953 an OB wing was added to the west of the original building, bringing the total number of beds to 71. In those early days, general practitioners were truly physicians and surgeons. But we relied a great deal on out of town help. Dr. Iva Likely who died in 1962 was a retired pathologist from Hackley Hospital in Muskegon and she had supervised the early laboratory in our hospital and radiologists from Muskegon also looked after the X-ray department. Dr. Highland a surgeon from Grand Rapids who just happened to be the brother of Father Highland of St. Patrick's Church came to town frequently to do major surgery and so did Dr. Howard Shobel an orthopedic surgeon from Grand Rapids.

I: At that time, what would you, what was a major surgery that they would perform?

R: Well,

I: Compared to today or was it very similar, just different processes?

R: We did a lot of tonsils and adenoids, hernias, gallbladders, hysterectomies, some orthopedic surgery, that was about it.

I: Okay.

R: Simple compared to

I: Yeah, that's what I wanted to see if it was different than what it is today.

R: Yes.

I: It wasn't brain surgery as we are doing

R: No, no. Dr. Loader was an ophthalmologist from Muskegon and Dr. Herb DeVries of Holland was an ENT man and there were two urologists, Dr. Dykhuizen of Muskegon and Dr. Meeusen of Holland who kept the water flowing, as we said. Dr. Bradshaw was a pediatrician in Muskegon and Dr. Stuart DeWitt, a local physician and surgeon, had a brother in Lansing and he used to have his brother come down to do difficult cases for him. I don't remember what we did for obstetrical consultation, but I do know that most of the local physicians did cesarean sections. So it went until the age of specialization. This new breed of physician began to see that maybe it might not be too bad to practice in a small town if we had a good hospital. Of course, we had come here because we thought we had a good hospital. The first specialist to test the water, so-to-speak, was Dr. Jack Anderson a pediatrician. He came to town in 1964. He with the assistance of Mrs. Louie Stern, an R.N., set up the first pediatrics ward in one of the four bed wards in the old hospital. Next came Dr. Beckering, a pathologist and Dr. Calloway, a radiologist. See they would replace Dr. Likely and the Muskegon radiologist who had been sort of looking after us. Dr. Eugene Timmerman of Coopersville has spent his military duty at Fitzsimmon General Hospital in Denver on the orthopedic surgeon service. So when he returned back to Coopersville in 1972, he combined orthopedics surgery with general practice. Dr. Norman Boovie an orthopedic surgeon and Dr. Robert Stobaler, a general surgeon, came to town in 1973. 1974 saw eight new specialists in town. Dr. Sikema an internist, Dr. Dennis Harvey an anesthesiologist, Dr. Gary Robertson an obstetrician and gynecologist, Dr. Thomas Smith an ophthalmologist, Dr. Theodore VanderVeen, ....., Dr. Burton Walters, a second radiologist, Dr. Douglas Walverd, another urologist, and Dr. Lee DeMesteer joined Dr. Beckering as a pathologist. Dr. Benjamin Nykamp was our first dermatologist in 1978, Dr. John Meyer our first podiatrist also in 1978. After 1974, specialists continued to arrive in decreasing numbers, but you can see we already had almost all the fields covered. But, our hospital needed more facilities. So, it is not surprising that a second remodeling project was undertaken in 1979. The first remodeling project had been in 1970 when a first med surg wing was built and the hospital was enlarged to 77 beds. This costs \$3.2 million. The 1979 modernization which I mentioned was built at a cost of \$1.3 million and in 1994; a \$14 million dollar expansion and

remodeling project was completed, bringing our present facility up to what we call state-of-the-art standards. Now, we are looking at a building, of building a satellite facility out on 148<sup>th</sup> Street in Spring Lake Township and another physician's office building on Ottawa Street. The hospital does own the Dunewood Office Building at the present time, but I don't know just when we bought that.

I: When was that built in the late '60's or was it the '70's when Dunewood came

R: Well when we got, that was one of the things that attracted all these specialists to town, these eight new people in '74 was because we had a new office building for them. So, it would have been built sometime in the '70's.

I: Okay, because I can remember going there when I was a kid to Dr. Henderson.

R: But you didn't know he was our first specialist did you?

I: No, I did not know that. Now I do.

R: For a number of years the osteopaths had been ...staff. I don't know if you were aware of that or not. They were sort of considered outsiders for a number of years. Finally, the American Medical Association issued a statement that osteopaths who had graduated from an accredited osteopathic school after a certain date might be admitted to hospital staffs. And under this new rule, Dr. Richard Poel, D.O., was admitted to our staff in January 1964. Since then, we have added a number of osteopaths to the staff of both general practitioners and specialists and as some might say, you really can't tell the difference. Perhaps you know Michigan State University offers a choice. You can take either degree in osteopathy or MD. And many of the courses are the same.

I: Yeah.

R: When we came to town an ambulance service was provided by funeral directors. This bothered some people to know that.

I: Yeah, that is kind of cutting out the middleman almost there it sounds like.

R: Well riding in a hearse.

I: Yeah.

R: On July 1<sup>st</sup>, 1969 the hospital established its own ambulance service. At that time the only requirement for the position was that the person had completed the basic first aid course. In 1973, the requirement was raised so that they must have EMT training and in 1976, advanced life support training was required. In the course of this remodeling, the hospital realized that they needed a larger financial base rather than just being a Grand Haven municipal hospital and in 1968, the North Ottawa Hospital Authority was established. And that included the city of Grand Haven, the city of Ferrysburg and

Spring Lake, Crockery, Grand Haven and Robinson Townships. And this geographical area supported the hospital until last year when the taxpayers voted for the hospital to go private. So now it is a private organization.

I: Dr. Mary is going to tell us a little bit about nursing through the years and how some things have changed.

R: When we came to town, a part of the hospital's rule was a married nurse could not work in the hospitals. And we had a nurse we had gotten to know quite well, Ellen Potter, her name was Ellen Cass at that time. And when she got married she lost her job, so she went up to Muskegon and worked all through the war years.

I: Okay, but the reason why they didn't want the married women again what was the reason?

R: Well I presume they couldn't count on them to be there every day.

I: Okay.

R: Especially if they had children. It is sometimes said that a hospital isn't any better than its laboratory and radiology services. And we really have state of the art in both of these. They just don't come any better. Our radiology department besides the usual services offers MRI and CAT scans. And the laboratory made a name for itself last year discovering an unknown organism which they found here.

I: And what was that?

R: Oh I don't know what the name of it was. But it was named with an appropriate name.

I: Of course.

R: Another change that we've seen over the years is the emergency room. In the old days, the staff was required to perform emergency room services. They had to do their duty there. And especially over weekends which everybody dreaded. Over the years, we saw the development of the emergency room specialists, so now our emergency room is staffed by doctors who have specialized in emergency room and that's all they do, just emergency room care. And, of course, this is highly specialized life support and that kind of thing.

I: Okay.

R: When we came to town, I was already interested in doing anesthesia to which I limited my practice in 1945 with the idea that I could spend more time with our children. The first thing I did was buy an anesthetic machine and as the years went on I bought a second one because I felt that I must have one that I should have worked all the time. My

husband also owned a complete set of surgical instruments as did all the other doctors on the staff. Now, I don't believe a doctor furnishes anything. They might. But,

I: Maybe his lab coat.

R: When Dennis Harvey came in as the first anesthesiologist who was board trained, he required that the hospital buy all sorts of fancy anesthetic equipment. The ophthalmologist had to have certain things. The orthopedic surgeon certain instruments and the hospital has been supplying these ever since. But when we came to town, we supplied our own as did the doctors who were here prior to us. When Dr. Highland would come from Grand Rapids, he'd bring his instruments. I remember that.

I: And that is probably what I'm getting a vision of is the doctor walking in with the doctor's bag. And that's where his tools were.

R: Well, or going home for a home delivery, you know, they brought the baby in the bag. [laughter]

I: Okay, I have another question for you. Hospitals are notoriously known now for their bad food. Have you seen a change from when you first were in the hospital until now with the food that's served in the hospitals?

R: Well, the hospital prepared everything from scratch in the early days, of course. And I was a patient there for a couple of babies and I remember the food was quite good. In fact, I used to get some recipes from the cook; the food was good enough for that. More and more, I think that the trend has been to frozen food, something they can stick in the oven and fix in a hurry. I remember going way back when Mr. Tarr was administrator for our monthly staff meetings, we used to have apple pie alamode. And one night we couldn't have the alamode because they couldn't find the key to unlock the ice cream. They had to keep the ice cream locked up to protect it from scavengers.

I: Yeah, now that hasn't changed probably today. I think everybody still likes ice cream.

R: But, now since we have the multipurpose room in the latest remodeling, our quarterly staff meetings, dinner is served. And it is followed by the meeting. And since Mr. Conover has been here, I believe it dates from him, our Tuesday noon meetings, they now provide us lunch. For the most part, this appears to be something that they have gotten frozen like lasagna or some kind of Mexican things and I don't really care a great deal for this. But that's my problem, not theirs. Originally the hospital had its own laundry, did all of their laundry, including the nurses' uniforms. And I remember that those uniforms were starched so stiff that they used to say they could stand alone and I believe they could. Surgery, all of the linens for surgery were laundered in the hospital laundry and the girls in surgery used to rush down to the laundry to get the linen back that had been used that day, so they could get it packaged and sterilized to have to use the next day. They were so short on supplies. Then eventually, of course, we went to everything which is disposable. That's the way it is now, everything is disposable. But

they did wash their own linens. And, they mended gloves. I can remember testing the gloves and patching them and if the glove was going to have a patch on the forefinger where the doctor might interfere with his sensitivity and feeling, then those gloves were put in to stock to be used for rectal examinations on OB. They made a great effort to keep the rectal gloves and other gloves separate. You want to ask me about

I: Yeah, Dr. Mary is going to tell us now about some changes through the years with the dispensation and also the types of drugs that are used by doctors and physicians.

R: Well I can remember my father who was a doctor had a pill box that he carried with him in his little black bag and it had oh a number of different pills. I remember pretty colors, something for everything. And when we first came to town, we dispensed a number of ordinary drugs, probably because the people were expecting to have drugs dispensed, when we came to town, that's what the doctors had always been doing before us, so we continued that practice. They were not very expensive drugs. The thing that made the change was when antibiotics came on the scene. Antibiotics were quite expensive and most doctors felt they could not afford to stock them and dispense them. And I don't know if doctors dispense pills anymore or not, do you know if they do?

I: Well sometimes when I go they may give me something they got from the distributor that's just a sample size. But no, any drugs I've got now have been through a prescription to a pharmacist.

R: I would doubt if a doctor dispenses much. But people can go to the supermarket and buy their own aspirin or their own acetaminophen if they don't think that they have to have Tylenol.

I: Okay and you had mentioned to me when we were talking earlier that about some of the drugs that at one time were prescription that now you can buy over the counter. Do you have an example of that?

R: Well, all of the allergy drugs, benedryl, Sudafed and that group were originally prescription drugs and, of course, all of the nonsteroidal anti-inflammatory agents, they call those NSAIDs, which is the ibuprofen group of drugs were all prescription drugs when they first came out. And then when the copyright expires, then everybody who wants to can begin to make generic drugs and sell them under their own name.

I: Yeah. And you said the generics really came along probably in the last 15, 20 years because of those copyrights, right?

R: Whenever the copyrights expired on these newer drugs. Then, generics came on the scene.

I: And now what about generations of drugs, what can you tell us about the generations?

R: Well, we hear about first and second and third generation antibiotics. This simply means that the pharmaceutical companies have worked to improve these drugs to make them more effective and to eliminate side-effects as they could. Many of these early drugs had gastrointestinal disturbances, nausea and vomiting and diarrhea and they were especially anxious to get rid of that, I know that.

I: Okay, Dr. Mary, do you have any closing thoughts to conclude our interview?

R: Well, you can see from what I've said about the number of specialists here in town that our hospital offers a great variety of services. However, if there is something a little more specialized than we need, they are readily available. There is the West Michigan Heart Surgery Group in Muskegon and we are affiliated with Butterworth and Blodgett Hospitals in Grand Rapids. In fact, south of town here we operate with Butterworth and Holland Hospital and our hospital a combined oncology/radiology center. So, really, pretty good medical care here in west Michigan.

I: ..and good cooperation sounds like too and that's where things like the Airmed too is a service that Butterworth has too.

R: Yes. Yes. The hospital has looked for some time at building their own helicopter pad, that is on their drawing board, but they don't have one as yet. So, if the helicopter comes in, they have to clear the parking lot.

I: And I have seen that too, very interesting when it lands or where it lands. Well thank you very much and we appreciate the information and for any of you that are, if you are listening to this tape ever, Dr. Mary is going to leave us a copy of some of the notes that that she was using today. So those will be available at the museum also.