

Interviewee: Dr. John Parish  
Interviewer: Mary Lou Clotfelter  
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Transcriber: Jennifer Pustz

**John Parish**  
Side One

This is Mary Lou Clotfelter [MLC]. Today is February 11th, 1992. I'll be talking with Dr. John Parish [JP] in his apartment in Mayflower Home in Grinnell. This interview is for the Friends of Stewart Library Oral History Project about Grinnell during the Depression and World War II, during the 1930s and the 1940s.

[Ed. note: Dr. Parish has included medical information of historical interest from several eras. Although it has not all been included in this transcript, it is available on the audio tape.]

MLC: Dr. Parish, let's begin by talking a little bit about how long your family has lived in the Grinnell area and about your father's history as a physician here in Grinnell.

JP: Our family's history of being in medicine goes back to the 1900s. My father had graduated from Grinnell College in 1900. From there he went to Rush Medical School in Chicago and spent three years getting his M.D. degree there. Then he returned to Grinnell and practiced there for the next forty-three years. When I came along, later, I also went to Grinnell College and graduated in 1927, in 1927, from [with] a liberal arts degree. From there I went to medical school and then returned later and took up practice in Grinnell after finishing my internship. I have a notebook used by my father to take notes in while he was in Rush Medical. He went to Chicago in 1900, after his graduation from Grinnell. And I have the – one of the notebooks that he used while he was in Rush Medical School. I might read a little bit from the notes he took under a professor, I don't have the name off hand. Dr. Gill, Dr. Gill was the professor who taught the class that he was – from which these notes were taken. Dr. Gill was talking about the diseases of women. "Women's diseases," he said, "are a special interest because of the types of diseases that affect women, particularly those that are related to their clothing." Here's what he says about the way women

should dress – I lost, stop it just for a minute. Here's what the professor had to say about the dress that women should wear in order to be healthy. He said that women's clothing should be without constriction. And he says that the trouble with women is that they suspend everything from the waist, which is very wrong. "Every woman also should wear union suits. They should wear tights over the suit. The waist should be made so it can support the skirt. Empire gowns are the best thing to wear. The skirt and the garments suspended from the waist are too much to allow the diaphragm to work." He was apparently worried about the weight of the clothing constricting the abdomen and interfering with breathing. "The heart and lungs are forced up," he says, "and the viscera are pushed down so that backache results and floating kidneys. Passive congestion of the uterus and bladder and hemorrhoids may result." He also talks about high heels and other types of things that women wear which he feels are interfering with their good health.

MLC: Apparently the trousers suspended from the waist, though, didn't hurt the men.

JP: No, [laughter] no. I found another note that he made in his journal of notes that he took while in medical school. I'll read directly from it. They were talking about children's diseases, diphtheria and small pox and measles, mumps, all those diseases. Says, we do not know how scarlet fever, measles, and whooping cough are, are carried from one person to another. Then he says, mentions, that there should be quarantine for these diseases. In the old days, a placard was put up on the outside of the house, and when one of these infectious diseases was present, to warn people to stay away.

MLC: I remember that from my own childhood. I also remember a pest house where people with communicable diseases were taken.

JP: Uh-hum. Exactly. This journal of my father's is now in my property and I will probably give it to the museum when I get through with it. It has lists, lists all the diseases that are known, were known then and, of course, the same diseases are present now. But the interesting thing, there is a complete – the professor in the medical school would give a complete picture of the disease and so the students would take down notes, and they had a very good grasp of the disease. When it came to treatment, there was no treatment. And at the – in its description of many of the diseases, the professor discusses the whole thing very adequately. And finally he comes down, but he never admits there's any treatment. Of course, there wasn't very much treatment in those days possible. The drugs they used were without much value, laudanum for pain, and quinine for, I don't know for what reason. But lots of

laxatives. If you couldn't think of anything to do for the disease, you administer a strong laxative hoping whatever is wrong would be eliminated.

MLC: Did you go around with your father as a boy at all on house calls?

JP: I used to help him drive in the country. Of course, the roads were very poor, mostly dirt roads and when it rained, they became almost impassable and you needed someone to help you get out of the mud. I remember my father was skilled in putting a set of chains on. He could put a set of chains on in the middle of a mud puddle. He could put chains on in the winter in the snow drift. Nowadays, we think we have to jack up the wheels and put the chains on, but he could do it without doing that.

MLC: Where did your father have his office?

JP: His office was upstairs over the hardware – dry goods store, which is about in the middle of the 900 block on Broad Street, on the second floor. In fact, it was a very common practice in those days for the doctors' offices to be upstairs. And so that you had a stress test [laughter] as you made your visit to the doctor. While climbing the stairs the doctor could listen to your heart and give an estimate of how good it was.

MLC: If you were short of breath, he had some information already.

JP: Yeah. Another interesting thing is that one time there was a clinic of doctors here. I would say in the, probably in the twenties. A group of doctors rented some rooms over Cunning – or Talbotts, or Cunningham's Drug Store was. And a collection of them, I think about six, got together and formed a clinic. And patients were seen by the various doctors depending on whose specialty or interest was indicated. The clinic didn't succeed because none of the, most of the doctors, none of, I think, none of the doctors were specialists in any one thing. Well, why refer to a colleague if you don't think he's any smarter than you are? So the clinic failed. For various reasons it failed anyway. So the Grinnell clinic is no more.

MLC: Were there hospitals at that time?

JP: The – there were two hospitals in the early days, starting in 1916. One hospital was constructed and then the other one was constructed a year or so later. The two hospitals were rivals. And the disadvantage was that all the equipment for the hospitals had to be duplicated. Whatever one hospital got, the other one wanted or would get. And so there was some friction there that was quite unnecessary, most of us thought. But that's the way it was, and that persisted until the present new hospital was built, in about 1950. [Ed. note: The two hospitals merged in 1967. A new Grinnell General Hospital building was dedicated in February of 1968.]

MLC: I've been told that there's a large house on Sixth Avenue and Elm Street that once served as a hospital in Grinnell. Can you tell me anything about that?

JP: This was a large private residence that was converted to a hospital at the corner of Elm and Sixth. This large hospital, this large house had a downstairs living room that was converted to a surgery, and operations such as done in those days were carried out in this room. I've heard that the anesthetists after, say, a child has had his tonsils out, the anesthetist would pick up the child, carry it up a long flight of stairs to the second floor and be put to bed in a room up there. You can imagine what happened to the child on the way up, it probably didn't breathe all the way from the bottom of the stairs to the top. But that was the hospital back in those days.

MLC: Did that predate the St. Francis and Community Hospital?

JP: Yes, yes, it did. Along—the Community was built in 1916 or '17. And St. Francis was built shortly thereafter. These two hospitals persisted until about 1950 [1967] when the two groups of trustees of the hospitals got together and decided that one hospital would be best. So that's why we now have a very, very nice hospital with facilities unheard of back in those days.

MLC: That's very interesting to get the history of those hospitals. Can you, before we go on to other medical information, can you tell me anything about your mother and other members of your family?

JP: My mother went to Grinnell College also and later went on to Iowa City. She came from Marshalltown.

MLC: She and your father met, I suppose, in Grinnell?

JP: And they must have met here. I don't really know the details of that. So they settled here in 1903 and, in fact, in my present location. My wife and I are retired, we live underneath that home. I can look over my left shoulder and see a water tower. I was born just west of the water tower on Main Street, and you can see the little house that I was born in. So, I've come full circle, I started there, lived there, now I'm back. Back again.

MLC: I suppose that, now I want to ask too, that you have a sister, do you have other siblings? I know Margaret's also being interviewed.

JP: My brother Charles was younger. Also, both of them, Margaret and Charles went to Grinnell. Charles went into business, and he died in 1967. But he managed the, owned the baseball manufacturing company in Tullahoma, Tennessee. And this company is now run by his son, John.

MLC: So you have a real Grinnell College history with your family, don't you?

JP: We have a history of four generations going here.

MLC: Yes.

JP: And then perhaps there will be a fifth. The college has always meant a great deal to our family. And so we have supported it, of course, for many years.

MLC: Did you want to be a doctor as you were growing up? Was that your ambition as you watched your father?

JP: I imagine that influenced my decision. I liked science, and so when I took the science courses in Grinnell, they seemed to point more and more towards a medical career. So that seemed natural to go into medicine. At the time I went to medical school, which was in 1927, back in Boston there were about twenty Grinnell st—Grinnell College graduates in the graduate schools of Harvard. In Harvard medical school, where I went, there were five Grinnell students. One of them was John Talbott. John Talbott was the son of the owner of the Talbott Drug Store, now where the Cunningham's now is. John Talbott is a brilliant clinician. He finally became professor of medicine in Buffalo University medical school. And later on he became the editor of the *Journal of the American Medical Association*. Quite a prestigious thing. Later on he retired in Florida. But John grew up here and first went to the college, went to the medical school and became quite famous in his day.

MLC: You graduated from medical school when?

JP: I graduated from Harvard in 1931. At that time in the graduate schools of Harvard, which was Business and Law and Medicine, there were a total of twenty Grinnell College graduates.

MLC: That's really remarkable. Then you went to Johns Hopkins to do your internship, I believe.

JP: Yes, I did. Then I returned here and practiced with my father until his death, and continued to practice until 1976 in Grinnell.

MLC: When did your father die?

JP: He died in 1946. We had practiced together for several years, and then I went to the Navy during World War II. And when I returned I took over his practice. He was in failing health, and he died soon thereafter.

MLC: I see. Did you practice out of that office on Fifth Avenue and Broad Street?

JP: We had purchased a building called the Register Building. It's where the *Grinnell Register* paper was published by C. K. Needham. And we purchased that—and, building and then our offices were there and we officed together until his death. And then I continued to have my offices there until I retired, which was in 1976.

MLC: I see. I think you received an honor from Grinnell College a few years back. You mentioned your connection with Grinnell and didn't you receive an honorary –?

JP: Yes, I did. The first honor that I received was the – to carry the –

MLC: The mace, isn't it?

JP: The mace, or something. I carried that at the head of the procession at graduation ceremonies at the college. And then the next was an honorary doctorate, which came a few years later.

MLC: Can you tell me –

JP: – Doctor of sciences.

MLC: Doc – yes, that's right. Excuse me for interrupting you. Tell me a little about your time in the service, where you were, and how your career was furthered.

JP: I was in the Navy, and my first duty was in San Francisco. I remained there for about six weeks, I think. It was interesting that Treasure Island, which lies at the foot of the bay bridge, became a naval facility and an embarkation point for sailors going out to the Pacific. And I was in one of the hospitals that took care of the boys that came through there. Since the access from the bay bridge down to Treasure Island was by single little curved road, the Marine guards at the gate had complete control of the place. The Treasure Island, as you probably remember, is not too many acres in extent, but lies out in the middle of the San Francisco Bay. When the sailors would be placed aboard ships, some of them were rather reluctant to go, so they would hide out in various places around the island. Well, the Marine guard at the gate prevented them from getting over to San Francisco, so they had to stay. They would get in our chow lines, and eat with the, the food that the – for our patients and so they were undetected for a while. But every two weeks, the Marine guard would sound a siren, all the police, the Marines, Navy Police would search the whole island. And they would turn up several hundred sailors, reluctant sailors. And of course they would be the first ones to be sent to the Pacific.

MLC: I've never heard that before. That's very interesting. So you were there then in San Francisco for –?

JP: I had duty there for a while, and then I was sent to Australia and was a surgeon in the base hospital in Sydney, Australia. An interesting thing happened there. One day a little Japanese submarine, one-man sub, two-man sub, entered the harbor. Sydney Harbor is a beautiful harbor, but the entrance is only a few hundred yards wide and they had a large chain that they put across the entrance. And when a ship needed to come in, they would lower the chain. Well, the little Japanese mini-

sub followed one of the ships in before the chain could be raised again and fired a torpedo at the cruiser *Chicago*. And, but at that time, a ferry going across Sydney Harbor was struck by the torpedo and blew up. Well, it frightened the Australians so much that the whole town of Sydney immediately took cover. How they did that was, they boarded up every – this is quite a large city even in those days – boarded up every store front. The people in the hills surrounding the harbor all put boards over their windows. And of course that was the last action they ever had, so they spent the next four or five years boarded up, and nobody could see out [laughter]. They were so frightened of the Japanese. We had a base hospital there and received casualties from the Guadalcanal and other operations that went on in the South Pacific. I made two or three trips to New Guinea to evacuate some casualties. Pass – our ship passed behind the Great Barrier Reef. Of course, any ship that got behind the Reef could go for twelve-hundred miles without ever being in danger from submarine attacks, and so the ship's lights would be turned on as soon as we got behind the reef at night and we had no trouble traversing it long distances up to New Guinea. I then went to Finch-hafen, New Guinea, and spent some time in a base hospital there. But by that time the war had gone on to Hollandia and the Marianas, and so we didn't have very many casualties coming in there. And the place was fairly secure, because, while the Japanese still controlled Rabaul and Truk, the planes didn't attack New Guinea very much after that. So I didn't really see any active combat. We had a few scares, but that was all. Then I was, when I came back to San Francisco and worked at a base hospital there as a surgeon and was discharged after about four years in the service, in the Navy. Then I returned to Grinnell and took up medical practice in Grinnell again.

MLC: Were you married while you were in the service?

JP: Yes.

MLC: When did you meet your wife and where?

JP: Well, I met her in Grinnell, as she was a friend of Kate DeLong's. And I met her one day when Kate had her come over from Independence. And we were married before I went into the Navy and she spent some time with me in San Francisco and then again after the – I came back from overseas, we spent some time in San Francisco. Very pleasant area to live.

MLC: What was her maiden name?

JP: Her name was Elizabeth Cook. And she came from Independence, her father was an attorney over there.

MLC: I see. Can you tell me anything about any experiences, medical experiences during the war that might be of interest to us? When first you had access to antibiotics, for instance, and sulfa drugs and that sort of thing.

JP: I had used sulfa drugs for a year or two prior to the Navy.

[Ed. note: At this point, the audio tape contains some information about medicine, including drugs such as sulfa and penicillin and ailments such as pernicious anemia. There is also a description of a direct transfusion of blood.]

## Side Two

JP: My – when I started in practice in 1933, with my father in Grinnell, the Depression was on. I've written down some of the charges made in those days.

MLC: I'd like very much to hear those.

JP: A delivery was fifteen dollars. If you made a, had a, if the delivery took place in the country, you could add a few cents a mile for mileage to get to the case. Office calls were a dollar and a half. Appendectomy was \$125. When I started in practice, as the newest doctor, I got all the charity cases. And also, at that time, we had a director of relief because times were so hard that people had to have a place, an access to some relief. Sam Reagan was the director of relief in those days, and he would authorize me to call on a patient or a patient to come and see me in my office. Same with the other doctors. So Sam had control of the medical system for a while. And if he thought you were sick enough, why, he would authorize you to go to the doctor. And so –

MLC: There must have been a lot of people who found it difficult to pay for medical care during that period.

JP: Yes, indeed. My income my first years was mainly from taking care of relief cases authorized by Sam Reagan.

MLC: Did deliveries almost always occur at home at the time you came back to practice?

JP: Well, a large percentage still took place in the home. And I can recall going out to see a woman in labor and finding after driving eight miles over a muddy road, that labor, or delivery was not imminent. So that rather than drive back, and also at the woman's insistence that I stay, I would have to stay for several hours, over night or a whole day or so before delivery took place. I recall one instance in which I went

out to the country home, and the woman was in labor alright, but not, not imminent delivery. It looked like it'd be several hours. Rather than drive back, I decided to stay. Well, this was a small country home. There were other children in the family. I looked in the first bedroom to see if I could find a place to lie down for a while. Looked in there, there was the husband and a couple of children. Looked in another room, there were two or three children. Here was a large bed where the woman in labor was lying, and she was having pains, and they would be every five or ten minutes, not very often. I laid down beside the lady and she and I slept part of the night in the same bed. In the morning, during the night if she would be having a pain, I could reach over and feel how hard the pain was and decide nothing too much was going on yet. But five in morning, which is usual time for babies to arrive anyway, she went into harder labor, and I delivered her baby. So that many, many children were born in country homes in those days. And it was, with some reluctance, doctors – that people would go to the hospital, and finally doctors almost insisted. And nowadays home delivery is not possible.

MLC: I'd be interested to know, there are so many cesarean sections done today in apparently critical situations during childbirth, do you feel that many women lost, died or lost babies at that time because they didn't have that access to the hospital?

JP: I think probably they did. I don't recall any serious trouble. If you found that after arriving at the country home, and finding the woman in labor and without progress after the opening was completely dilated, oftentimes we would take her to the hospital. Or if labor seemed slow or otherwise you would take her, insist on having her go to the hospital so you weren't completely without skilled care in the hospital. You could go from the country home to the hospital. Back in the days before hospitals, there were of course, casualties, baby and mother, because there was no access to care.

MLC: When did house calls stop?

JP: I'd say they were tapering off at the time I quit practice. In the, probably in the '60s and '70s it became almost impossible to get a doctor to come to the home. I can understand, perhaps you can understand, that the doctors' limitations of treatment in the home are such that he didn't feel that it is worth it to the patient to be seen in the home. If he wasn't that ill he could come to the office; if he was really ill, then he could go to the hospital.

MLC: I think we can still get house calls in some cases. When a patient is –

JP: Yes, there's no doubt places, times when doctors should be called to the home in emergency case and then transportation to the hospital follow.

MLC: How, how was your family affected by the Depression? To what degree? Can you give us any instances of how your family coped with the Depression?

JP: My father was practicing at that time, and he had some remuneration in goods, like chickens and eggs instead of money. But there wasn't much of that, that I recall. And when I came along during the Depression, the main relief that people got was in lower fees and, I mentioned, the office calls, a dollar, a dollar and a half. But even then, those days, in the Depression, some people went without care, I suppose, that really should have had it. I don't recall any deaths from that, but perhaps there were. But the Depression was quite a terrible thing and many people suffered from it.

MLC: How did your – how did you feel or your family feel about Franklin Roosevelt and about the New Deal and the measures?

JP: Younger people felt that the New Deal was necessary. My father was rabid about it against the New Deal, as many of the old generation were, and he was not a fan of Roosevelt's. So that I don't know whether he ever saw the necessity of the things that Roosevelt carried out, But we know that at time they were probably necessary.

MLC: Would you have been at Grinnell College at the time that Harry Hopkins was here? I don't have very much idea.

JP: No, he was, he was ahead of me.

MLC: I would assume so. So that you don't have any particular first-hand information about him?

JP: No.

MLC: I understand that there were Jamaican immigrants here in Grinnell – I think working with corn detassling or something during the Depression or war period. Do you know anything about that?

JP: No, I don't.

MLC: You didn't have any medical contact with them?

JP: No contact. In fact, I don't think we had them here. I remember my kids used to go out and detassle and pollinate.

MLC: Yes, ours too. Do you have any other anecdotes about your medical practice that might be of interest to us, or just any other information of any kind?

JP: I can recall that the first gas anesthesia machine brought in to Grinnell. We didn't have sophisticated machinery in the hospitals those days and so when the

machine was brought in it was quite an advance. [Ed. note: description on tape] I remember the first hospitals we had, they were both similar in design. In the community hospital, the third floor was the operating room suite, which was one room. The accident was right next to it, right next to it was the nursery for newborn, right next to that was the X-ray machine. What a jumble! And, so in an emergency case that would be brought in, it would be brought in next to the operating room, and quite often the nurses circulating would be circulating in both places. Very bad arrangement. Regional hospitals, for their day, were probably not so bad. And, but the contrast to the present day fine hospital that we have here now is a just, almost beyond belief. I credit Frank Crisbens for bringing the two hospitals together. He went out and talked to Sister Stanislaus and they agreed a duplication of equipment was not good, that one hospital would probably be a good thing. And two hospitals got together and finally we have the present fine structure.

MLC: Some of the nuns continued to work in the hospital then, didn't they, afterward?

JP: Yes, they did, and I don't think I've ever heard of a similar place. Maybe there are, but the nuns did work in the new general hospital. As that order of St. Francis seemed to taper off, why, fewer and fewer nurses were available, so finally none were in the hospital.

MLC: Did you or your father ever have any concerns about malpractice?

JP: My father took out an insurance policy – this would be in 1903 or '04 – and the coverage that he had would pay up to fifteen thousand dollars in damages to a patient. The premium was fifteen dollars. Now it's twenty to fifty to a hundred thousand dollars.

MLC: How do you feel about what's happened in the area of malpractice?

JP: The doctors are quite fearful now of malpractice, so the cost of medical care has, has gone up because of that. In other words, the doctor wants to cover himself, to protect himself from liability in case he missed something. So the numberless tests that are ordered, X-rays, CT scans, everything is done to ensure that you haven't overlooked anything. How this will be taken care of in the future, I don't know. As medical expenses rise, the day will come when perhaps one cannot have the sophisticated tests that he thinks he deserves. And perhaps a board or a commission will say, well, we don't think this is indicated in your case and you'll just have to go without that.

MLC: That's rather what's happening with health maintenance organizations, isn't it? They keep their costs down by limiting the number of tests that are done.

JP: So what the future holds for that, I don't know. But I can see the time when perhaps everyone won't be able to get the sophisticated medical care that they really need because it's too expensive.

MLC: When antibiotics first became available here, was there a great overuse of them as there was in some places, using them for minor colds and minor infections?

JP: Yes, I think probably we are always torn between the desire to cure the patient and preventing him from becoming more ill by giving an antibiotic when probably it wasn't indicated. I think probably the doctors are a little more careful nowadays about that. It was such a wonderful thing, that the first thing you'd reach for was an antibiotic in case of some infection. As we became more acquainted with the antibiotics and found their limitations we would come to use them more carefully.

MLC: How did you treat a child who came into you, before the antibiotics, with a severe ear infection?

JP: [Ed. note: description of procedure on tape]

MLC: Do you think of other things you might tell about diseases that are no longer a problem were handled in the early days before some of the modern medical developments?

JP: I'll tell some things were handled in the old days that didn't turn out very well. Back in the 1880s —

### Side Three

MLC: This appears to be going alright. I guess we can try one more time. Now tell me about going out into the homes and procedures that didn't proceed according to plan.

JP: Well, I have a sort of a history about Iowa medicine and it has many stories of how medicine and surgery was practiced in the 1860s and up to 1900s. This one story — [Ed. note: Reads of the death of a child from lockjaw].

JP: [continues] I remember when I was a child, let's say six or eight, one of my friends fell out of a tree and broke his thigh. He was taken to his room in his home and placed in this apparatus and everything went fairly well. I don't know whether he had any, I don't think he had even had any deformity or anything following. The leg healed up. So in those days the broken bones — I recall that I jumped out of a

swing, trying to jump as far as I can, like kids do, and I broke my right arm. So I went home, I was probably ten years old, so I went home. My father was called. So he called Dr. Harris, Clint Harris, he was the anesthetist in those days. And Dr. Harris proceeded to administer ether and put me to sleep as I lay on our davenport. And my father manipulated my arm and set it and put it in a splint, and that's the way it was handled.

MLC: That was the way it was taken care of.

JP: You didn't bother with hospitals.

MLC: What did you do for people with whooping cough?

JP: I don't recall that we had any cases of whooping cough, perhaps, I don't know when the vaccine first came in. It must have, my father, of course, had many cases of whooping cough, and the steam kettle and —

MLC: My husband was very ill with whooping cough as a child, as a young boy. As you look back over your career, what medical advances, what things stand out in your mind as producing the greatest change?

JP: When I was in my first year in medical school, Banting and Best came out with their product for the treatment of diabetes, and it was called insulin. [Ed. note: description on tape] This came out just as I was starting into medical school. At the same time, about the same time it came out, [Vitamin] B-12 came out for the treatment of pernicious anemia. What other? The antibiotics came next.

MLC: I was wondering what the date was for the insulin. I knew it had to be along in there somewhere.

JP: Out here in Iowa, we were farther removed from the great centers, like Chicago, New York and Boston, great medical centers. And so some of these things filtered out here a little bit later than they would have otherwise. I recall that giving the intravenous fluids, when I got here, was done by the nurses, of course, making up their own solutions. But after we got the solutions then the thing was to give it continuously over a period of time. If you wanted to give it intravenous over a period of time you had to repeat the injections, and putting in the needle. So you had a way of using a cannula and putting it in the vein and giving the fluids over a period of two or three days sometimes. That isn't necessary nowadays, because the equipment is such that you can give the fluids without too much discomfort to the patient.

MLC: This must have a big improvement in terms of, you know, childhood mortality because children often became dehydrated, didn't they, and treatment of children is —

JP: I remember what advance we thought it was when the first oxygen tent came to our hospital. The oxygen was released inside the tent. And of course the patient being in the tent would breathe the enriched air with oxygen added. This method made it very hard to care for the patient, because the nurse had to disrupt all this tent apparatus every time she waited on the patient. So, while it seemed like quite an advance at the time, administering the oxygen by a nasalcatheter or some other method was much better and the tent went out of fashion, but I can remember what a stir it made in the town when we said we have an oxygen tent in our hospital.

MLC: That was a big piece of news. The ability the ability to administer the medications through the intravenous tubes also is a big advance over the—

JP: A big advance over the rectal injection of nutrients fluids, which didn't work very well, or the subpectoral route, where you give the needle in the side of the chest.

MLC: Yes, and also the ability to give out tranquilizers and pain medications also, is very, very fine.

JP: I can recall that in Boston, we had a case of a little child who was burned badly, and what a great thing we thought it was, because we could put this intravenous line in and this one stayed open, and was a record, I guess. The intravenous fluids were administered through this one vein for a period of two weeks while the child recovered from its burns.

MLC: Those burns are very difficult things to treat, aren't they?

JP: They certainly are.

MLC: They certainly are. What attitudes, what changes in attitudes have patients toward their doctors have you seen over the years? Do you, do you think there's been a significant change in the way people regarded their doctor, from the time your father was practicing to the present?

JP: I think that with the advent of all the new drugs and the new procedures that are possible for people, the doctor is not quite so much on the spot as he was in the early days. I think the early doctors had to have a strong personality because he knew the outcome was going to be unfavorable in many cases, and he had to will that patient to keep on going no matter what the odds were and put on a cheerful countenance. And probably the old time doctors were better at this than nowadays. The first thing we do is frown and reach for a drug or a pill of some kind.

MLC: And he didn't have those.

JP: He didn't have anything, so he had to rely on his personality and ability to encourage the patient to keep fighting. And, of course, the doctor knew secretly that

he wasn't doing very much, but he would give some drug, nostrum of some sort, to the patient, and say, "Now only take six drops of this" – had to be innocuous liquid of some sort – "Take only six drops over three hours." So the patient would be so busy watching and following orders, that maybe he would get well on his own.

MLC: Sort of a magical approach to practice.

JP: Yeah. Yeah. I have a book written by Dr. Osler who was a famous physician from England, and then he practiced in Baltimore. But his book gives all the tricks of the trade. And he – the treatment wasn't always successful, but he did the best he could, I suppose. One thing he, I remember, had a list of cases of appendicitis. Appendicitis was a dread disease, of course, because the outcome was quite often unfavorable and percentages perhaps were a little bit with you, but it was a fatal disease in many, many cases. [Ed. note: Further explanation of Osler's study on the tape] His conclusion was, the best thing for appendicitis since only about seventy out of the three hundred cases that he had died, he concluded that probably the best treatment was not to operate, to carry the patient along, and outcome would be favorable in most cases. Of course, now, since Reginald Fitz of Boston proved that operating early was the treatment, why, Dr. Osler's method of treatment went out of date pretty fast. But it's interesting to know that a man with his reputation would conclude that operation was not justified. And it was probably true at that time, because the risks of the operation and anesthesia and everything together, the chances were better to not do anything.

MLC: When, in those days, when an appendix ruptured, I suppose the outlook was pretty grim, wasn't it, for the patient?

JP: Yes, [Ed. note: Explanation of dangers, then more treatments of such things as hernias]

MLC: Did any of your daughters ever express any interest in following in your footsteps and studying medicine? Would you have wanted them to?

JP: My daughter Jane worked for a doctor in Iowa City for a time, and afterward she told me she might have studied medicine and been happy at it. I don't know how that would have turned out. She – the doctor that she worked for didn't have a particular pleasing personality. Perhaps that discouraged her from going on. The other two did not express an interest in medicine.

MLC: Let's stop for a moment.

JP: In my father's day, which is early 1900s, transportation was a problem for the doctor because he had to call on the patient. And in order to get to a patient in the country, my father would go across the street from his office and rent a livery, a team

and a buggy. This livery stable was now where the present Post office is. He would rent this team and buggy and take his little medical bag and head for the country, and after a long trip, would arrive at the scene and do what he could with his, with a few drugs that he had at hand. Dr. Sommers, an early Grinnell doctor, had the first car in Grinnell. This was a little two cylinder car, which often we would see as we would pass by in later years. It was still stored in a barn in back of the place where we could call now, the college calls the White House. [Ed. note: College administration office building on Park Street] But there was a garage back there in which he kept his little car. This little two cylinder car would putt-putt around town and scare all the horses and cause quite a sensation. My father got his first car in about 1906 or '08. And as I recall, I wasn't very old, of course, at that time, it had buggy wheels instead of regular wheels and tires, and a small two cylinder motor which cranked under the seat on the side. He progressed into the early cars, which, of course, were open cars. There weren't any sedans in the early days. And in bad weather he had to put on side curtains. Side curtains were kept up under the top and in inclement weather they would be buttoned up on the inside of the car and make it somewhat weatherproof. I can recall the first enclosed car that my father had. It was a touring car upon which was placed a hard top. This hard top was made out of wood with glass inserts and would be placed on the body of your car and held on with bolts and screws. Well, you can imagine, since the roads in those days were gravel or usually dirt, some gravel, but very bumpy, how that thing would rattle as you would go along. So his car was – could hardly talk in the car as he drove along on the country roads. Then came the – you can imagine what happened to a person who was in an accident in one of those cars. You'd be impaled by lots of pieces of sharp timber. So the hard top, steel top car came along, and that was quite a boon to the doctors of the day, because then they could make their calls in the country enclosed. My first car, when I started in practice in 1933, was a second-hand Ford Model A with a cloth top. No, it wasn't enclosed, you had to put on side curtains. It had no heater as I recall. And so some of the first money that I earned, I bought a new car, which was an enclosed steel body, enclosed, and that was the ultimate in luxury, I thought.

MLC: How far afield did you go making house calls? Did you go out of the county here or was it pretty much – ?

JP: My father had a friend in Brooklyn and this friend would often call him down there to see cases. And so that my father also acted as a consultant for the two doctors who were in Deep River. And Deep River is a town about fifteen to twenty

miles away. And the doctors would call my father down, and I can recall, he would pack up his portable operating table, put it in the trunk and take a nurse along and packs of sterilized instruments and gauze and so forth and go down and operate in the home of a case in Deep River, because these doctors for some reason didn't like to come to the hospital. So he would do occasionally an operation in the country.

MLC: So he did a lot of surgery and apparently you did too.

JP: We did, I'd say, just a small to moderate, small amount of surgery in those days.

MLC: Did you ever consider doing anything other than family practice? Was that—?

JP: Although I went to school in the East and saw how medicine was practiced in the large city, my obligation was to return—repay my father for his investment in me and medical school and so forth. And then, just the fact that to practice with your dad was not too bad. So I didn't consider going to other places, as long as the opportunity was here and the need was here, and so I returned and practiced with him for many years before his death.

MLC: And you felt, you were happy with the way you spent your career, I assume.

JP: Yes, I was satisfied. Grinnell is a rather unusual place, with the college here. It made a very desirable place to practice and it still is. Is it on now?

MLC: It's on now. You're ready to go.

JP: Oh. In my days of practice, we didn't have the CT scan or the Magnetic Resonance Imager. So that I didn't have any opportunity to become acquainted with them. One of the most recent things that shows quite great, great promise is the use of ultrasound. [Ed. note: description on tape]

MLC: It sounds as if you continue to read your medical journals in your retirement, keep up with what's going on. Is that correct?

JP: Yes, I do.

MLC: How would you feel now about starting, if you were a young man now, young woman just getting ready to start at medical school, how would you view starting a career in medicine now as compared with when you started? What do you see as the advantages now, and what do you see as some of the disadvantages, perhaps?

MLC: Dr. Parish, for this time, and I want to thank you, Dr. Parish for cooperating with this oral history project. Thank you very much.

[tape stops and starts again]

MLC: It is now the afternoon of February 11th and we're resuming the interview with Dr. Parish.

JP: I'm going to read from Dr. Osler's book on the treatment of pneumonia back in the days when they had no antibiotics, very little else that we think would do for pneumonia, that the doctor in those days could do for pneumonia. But here is what Dr. Osler says about the treatment of pneumonia. [Ed. note: Description directly from book and other mucocele descriptions including tuberculosis treatment.] I bought a home.

MLC: Yes, well, I was thinking, you told us over on Broad Street, didn't you, 1120 Broad, was where you grew up?

JP: Yes. As a young boy, I grew on Broad Street just north of Sixth Avenue and I can well recall the day that the paving crew came along. Our previous dirt street all of a sudden was covered with beautiful new pavement and we were up out of the mud.

MLC: That must have been a pleasant improvement.

JP: I remember, before the street was paved, and some of the cars were starting to appear on the streets, two ladies that lived down a few houses bought a car. And one day they, they weren't too sure of how to drive it. Anyway, my mother was standing out along side of another car parked in front of our house and as she leaned back, the sisters drove too close and knocked her down. And she was knocked unconscious. She was brought into our house, taken directly into our house and put to bed where she stayed for two weeks to get over her concussion. Nothing happened, so I guess it wasn't a serious case and it was probably a good thing that the road was not paved because she'd have received a harder blow if it had.

MLC: If the car had been able to move faster, she might have been worse injured.

JP: Yeah. When I first came back to practice, my father's office was on Broad Street, on the second floor. And I took a little back office, one or two, two rooms and with only one window for the whole works and set up practice there. The patients were few and far between at first. My father gave me a hundred dollars to start up in practice, with which I bought some equipment and so forth. And I noticed I still have the check stub from that first check book and I got down to three dollars and a half

before any money started to come in. I thought that was getting pretty close.  
[laughter]

MLC: That was getting a little close alright.

JP: Now I also remember that J. P. Ryan, who was a professor at Grinnell College, who taught speech and what else?

MLC: That's what I know about.

JP: Anyway, he taught speech. Appeared at my door one day, and so I ushered him in and asked him what his trouble was. He says, well, he had a lump on his back. So he proceeded to take off his shirt and I looked at his back and there was a small lump, which was innocuous, It was probably a little lipoma or something innocuous. So, I said that's what it was and so he put his shirt back on, said "Thank you," and went out, and paid the bill. I didn't realize until many years afterward that all he was doing was trying to encourage me in my work. He wasn't worried about that little lump at all. All he was doing was giving me a little business and send me on my way. I'm sure that's what happened.

MLC: Isn't that interesting. That's very interesting. Well, if the young doctor in town needed some encouragement.

JP: Yeah. My father did all his own laboratory work, blood counts and urinalysis. And I remember that the centrifuge we used to spin down the urine to examine the sediment was hand-cranked. And I think that I persuaded him that it would probably be better to get a centrifuge run by electricity.

MLC: I have seen a hand-cranked centrifuge, but I've —

JP: Perhaps, Mrs. Clotfelter wanted me to tell about Dr. Fishbine. Dr. Fishbine was an editor of the *Journal of the American Medical Association*, which is the official journal of the AMA, and he was editor for many years. When the new hospital for Grinnell was projected, it was thought that it might be a good idea to have Dr. Fishbine to come out and stir up some enthusiasm for the hospital and help people to realize we needed one and help in the fund raising perhaps. So Dr. Fishbine came out to Grinnell. This was in the late, this was in about 1950 [Ed. note: probably 1967], I think. Dr. Fishbine appeared, but he came in early, it was practically a whole day. So I proceeded to show him about the town, show him Grinnell. In our tour, we went up to Grinnell College and here was the new library, which had just been completed, and beautiful structure with lots of glass. So we went through the library. And then we visited other places. But that evening, when he gave his fund raising talk, he said, "In case — I'd like to tell the audience and the doctors here, in case anything happens

and I become ill, don't take me out here to the local hospital, but take me to the new library at the college." That made a hit.

MLC: That encouraged people to get their billfolds out, I guess. [laughter]

JP: So, soon thereafter, funds were raised and the new hospital, the new Grinnell General Hospital was built. The present-day hospital now has a staff of twenty people. I can remember back in the days when the total number of doctors, the highest number in the early days was probably eight or ten when I was first came back to Grinnell. There was one specialist. Dr. Clint Harris for a time was the nose and throat specialist. And, but the rest of the doctors were general practitioners. At the present time, the staff of the hospital has specialists in nearly every type of medicine. Let's see. Perhaps I might conclude this interview with a conclusion that I wrote to an essay about practice, medical practice, ninety year overview, that I wrote some time ago. This is the final paragraph: "Persons born in this country in 1990 can expect to live an average of 75 years. This is a result of better medical care, safer food and water, sanitary sewers, aseptic surgery, antibiotics, and sophisticated diagnostic equipment. The new hazards that mankind faces are overpopulation, contamination of the environment by toxic fumes, radiation, contamination of drinking water by pesticides and herbicides, death or injury by motor vehicles or airplanes, as well as death or injury by drugs and alcohol."

MLC: Thank you very much. Dr. Parish, just give me a little bit of information on how you regard the Depression when you look back on it now.

JP: As I recall, my early years of practice, we had very little in the way of resources. Particularly I didn't, because I was just starting out in practice. And so everybody worked hard and didn't worry too much about it. The—Sam Reagan took care of you, of course, if you were ill and weren't able to afford a doctor. He would issue you a writ of some kind and you'd present it to the doctor and get treated. As I recall everybody got something to eat and had some shelter. Of course, we were lucky in living in Grinnell, we looked after each other here. And so I might have a different view if I lived in a city. I don't remember when I was studying in Boston and Baltimore that there were any great amount of troubles there during the Depression. There probably were, and we used to in Hopkins Hospital, we used to treat many people in the accident room who apparently weren't able to afford a private doctor. But nobody made too much of it. The—out here in Iowa and Grinnell, the Depression, I don't believe has had the impact that the present one does. People have become so used to having everything that when you cut them off it, you don't

quite know how to behave. Back in those days, when we didn't have so much, we weren't used to it, perhaps is easier to do without.

MLC: This program that you have mentioned a couple of times, the relief program for people, here at that time, was that a federal program that was administered and what was, do you know what agency that was or —?

JP: No, I don't know the exact political set up of that. But, Sam Reagan was appointed as the director of relief, so that was the way it was handled.

MLC: That was the way it was handled. Thank you very much, Dr. Parish. We've really enjoyed getting this information from you, and I'm sure it will be beneficial to a lot of people in the future. Thank you very much.

JP: Thank you for asking me.

MLC: You bet.