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**FINNISH FOLKLORE AND SOCIAL CHANGE IN THE GREAT
LAKES MINING REGION ORAL HISTORY PROJECT 1972-1978**

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Dr. A. J. Janis
July 20, 1972

Paul Jalkanen

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began in middle of his reply

-----royal mining company and Dr. LaBine was the mining doctor at this time. We occupied a house that was used both as a medical center or clinic and also we occupied the back of this clinic, we had 2 rooms, a large room in which we would do our cooking and then a sleeping room. But I wouldn't stay there all the time because the company insisted we be there 24 hours a day or be available 24 hours a day and I was surprised at times at the people because I would get both mining people for patients and also the residents in Hurontown, Dodgeville, and so on, and these people, although most of them did work in this area, they did their paying at the time of the depression and they would pay me by bringing over, maybe like say, maybe 10-15 shocks of corn or some would even give me a bushel of potatoes and some even gave me moonshine which I never drank to begin with and so I didn't ever know how that came out but some of the moonshine that they did give me, I had a little daughter once that was playing and she spilled the bottle, one of the bottles, and it ran on the floor and to tell the truth about it, we wiped it up but the next day we noticed that the varnish was gone from the floor. So they did spend a lot of time-----it was gratifying because the first year I was up there, I had a shed full of produce from the patients that paid me in that regard.

Paul: How old were you at this time?

Dr.: 31. Then another thing was that we had a lot of time on our hands so Mrs. Janis and I would---we adopted a kind of a regime, we would jog after supper and at times we'd go out picking blueberries and I remember the blueberries or the huckleberries were so numerous one year that it took me one afternoon to pick a washtub full. Now that was very unusual and then Mrs. Janis and I would make jam, we had more jam all over the place that in fact we could even sell some of it. Now some of the calls that I would get, lot of times would be, one in particular, I will give you a detailed description, was one in Atlantic Mine. I received a call that somebody was real sick in Atlantic Mine and this was in the winter.

Paul: This was when you were still company doctor?

Dr.: Yes. And I went there to make a call and it was very stormy that day. And I got there about 5 o'clock or little after, I made the call, took care of the patient who had beginning pneumonia or something ^{fairly} serious and when I proceeded to go from the call to the main road, the county road, I could just barely get by the drifts and everything that occurred there, so I made it to the main road and I saw a country truck was stuck and so I couldn't go any further than that because they had to plow the road in front of me so I parked my car there and I went into the cab and warmed up a little bit and I told the men in the cab at that time that they should open their windows because they were getting a lot of fumes from the engine and they're liable to get into trouble. So they couldn't proceed or they couldn't plow at the time so I decided that I'd walk so I walked from Atlantic Mine to the city of Houghton on Hubbell Avenue but when I left, one of the men had a heart attack in the cab of this truck and the county had to send another truck in order to get the man out of the cab and into the hospital and this man actually died before he arrived in the hospital and that just shows you or demonstrates that in the wintertime it's more than difficult to make calls and also have good transportation even from home to the patient.

Paul: That man died of

Dr.: The man of heart trouble, that was the diagnosis, but precipitated by gas fumes from staying in the truck without opening the windows, it was real cold and they

had to keep themselves warm at the same time.

Now, another time, it wasn't here at the mine, but this was a little later, I was asked to make a call to Nisula and it was 20 below zero at the time that I left, which was around 5-6 o'clock at night. And by the time I got there, the child had pneumonia and I gave it a few shots and then some medicine and then I proceeded home. I remember having a 1933 brand new Chevrolet and I tried to make a hill, it was near the West Branch of the Sturgeon, and I tried to make the hill and I couldn't make it; I tried it in low, second, and high, and I still couldn't make the top so I walked from there, I had to take and whip my scarf around my ears and walk to the farmer's home and he got a horse--two horses--and his sled and in order to keep warm I had to run behind the sled to make it to my car and when he did hook on, he had a very difficult time pulling me out of this going up the hill, see, but finally we got there. Now when I got to Chassell the lights in my car were practically burned out because I had used so much juice when I was stuck so I got home about 3 AM that day and to show you how difficult times were for that call going out way to Nisula, this man didn't have any money at the time but he gave me a small fan that I could use to blow on the windshield to keep the frost off the window.

That's what he paid you with?

That's what he paid me with.

What were the patients like besides, you know, they say they couldn't pay you very much money, what were they like when you were up, let's say you worked for that short time for Isle Royale Mine, what kind of ills did they have when they came in to see you?

Oh, there were the usual type of ills, usually, they have a lot of colds, lot of chest conditions and they had, oh, the usual run; for instance, appendicitis was quite frequent, thyroid conditions were quite frequent, and one of the things I can tell you now about maternity cases, they had no system of seeing a maternity case before the woman actually delivered. I would be sleeping in the back quarters and some man would knock on the door and he would come to say to me, "Dr., come see my Mrs., I think she going to have a baby"! And of course then I'd dress up and go over there and sure enough, she would have a baby and I'd have to stay, of course, until it was delivered so I remedied that situation. I wouldn't take anybody unless they see me beforehand. And I made that a rule and I adopted it and it worked out very nicely with the exception of certain people. I remember delivering one lady, very vividly, she had her baby and I had a very difficult time with her because I had to turn the baby around and pull it out feet first. And then I went home, of course I worried about her a little bit because of infection and stuff like that, but, when I made the call the next morning, I usually made a call the next morning, when I made the call I got into the house and I asked the lady that was washing near the washer, I asked her where is the--could I see the lady that had the baby last night? And she remarked, "I'm the lady that had the baby last night", so you can see they were real durable people at the time, they were really husky, rugged, and could endure a lot of pain and that where nowadays things have changed in that regard. So that was very, very unusual, I thought, at the time.

Paul: Were there a lot of midwives still at that time?

Dr.: And at that time practically everyone had a midwife of some kind. I remember Mrs. Hogback from Dodgeville. In fact I think every baby that was born in Dodgeville at the time had Mrs. Hogback engaged. She was a Finnish midwife and she was a good one. But here again you had to teach them certain things that they didn't quite understand. You know

Paul: Oh, you worked with the midwives?

Dr.: Oh, sure. They were good, because they did a lot of work that I didn't have to do

Paul: They were like a nurse on the scene.

Oh, sure, and I did a lot of delivering of babies at that time so I knew the midwife in Dodgeville, Atlantic mine, they had a few there, but I was particularly interested in Mrs. Hogback because she was one of the best ones that I worked with; she was good and you could teach her something, too, she was receptive but some of them were not so good, but some of them were not so good, I mean, they didn't understand too well but I delivered a large number of babies.

Paul: What kind of things did the midwives do for you?

Well, I'll tell you what they'd do.

Paul: Like this Mrs. Hogback.

Ya. Well, what she would do is she'd have a good clean linens ready, plenty of clean towels, she would kind of call me, you know a lot of times these maternity cases would come early and the patient really wasn't ready, in other words, it would take maybe 5-6 hours before she would deliver. Well, now, you see you could instruct a midwife: "now, when you see this bulging out or whatever it is, you call me," which meant that she saved me a lot of time, a lot of home calls and she did all the cleaning and the cleaning of the baby and all the work that had to be done by me, she done, so and most of those--the reason I liked Mrs. Hogback so well, is that she was clean and in those days infection in maternity cases, infection was a very paramount importance because it meant death because usually we didn't have penicillan, and that stuff during those times and an infection would be 3, 4, 5, 6 weeks in bed which means that a lot of times the woman died. So we had to do several things to prevent infection mostly.

Paul: How much money were you paid for, let's say---let's say if you were paid some money instead of being paid in produce or some other kind of goods like the fan you mentioned, how money were you paid, say, for delivery of a baby at that time, 1932 or 1933 or some time in there?

Dr.: Well, it would range anywhere from \$10-\$15 a case and that would mean the delivery and 3-4 calls after and so on.

\$10 or \$15!

Dr.: Right

So you weren't grossing a lot of money in those days

Dr.: No, I wasn't grossing a lot. (laughter) No, there was nothing real spectacular about the financial rewards, I can tell you.

Paul: Did you have a kind of a good relationship with the people in the mine and then why did you leave if you thought it was going so well?

Dr.: Well, the reason I left, the mine closed.

Paul: Oh, during the depression it closed up then.

Dr.: The mine closed and I was named the--or the mine designated me as the doctor up there in place of Dr. Simon Levine and then, after the mine closed

Paul: Did it close in '32?

Dr.: Well, it closed in about '32 and after the mine closed then I discontinued and I worked

for the county for Dr. Sabine instead of Levine and I worked for him for 2½ years

Paul: And that was county-wide?

Dr.: That was county-wide!

Paul Vow! And that's the reason you had some of those cases where you had to go to Nisula which is the county.

Dr.: That's right! And when I worked for the county 2½ years, I had to go all over: Nisula, Alston, Elo--lot of calls in Elo, and Atlantic and out to the canal and one of the-- oh, I used to work along with Mr. Heikkila; he used to be a funeral director here in Hancock and I used to work with him because he used to go out with his wagon, you know, lot of times we'd be called and these people died, you know, or were dead before you got there and he used to go along with me sometimes; I wouldn't say it was ambulance chasing but--or funeral director chasing but he had helped me a lot because we got stuck in the snow banks a good many times and we'd both kind of work together.

It was kind of tough those years.

It was tough, ya.

Paul Any other reminiscences from the depression, what it was like living in--not only your work but how else, what else was it like living in 1933-34, in this area?

Well, I think myself the people were in general, very frugal and very saving in every respect, they were generally clean and they didn't--most of them, I'd say, a large percentage of them were on relief or on WPA and their pay was very small and--but they all seemed to get along because they made their own bread, they made their own biscuits, and they utilized the berry crop and they planted--there was a lot of planting at those times, a lot of planting of potatoes and well, the biggest crop was having a lot of potatoes because a lot of them used potatoes in practically all their meals; flour, they'd make their own bread; I remember tasting some of their bread which was real good, I don't know what they called it but it was not very thick, I mean, it wasn't those big hefty loaves like some people make, it was maybe an inch, inch-and-half, high and large cylinder discs and it was more kind of a white rye variety and then they used to make from sour milk, they used to make that (I don't know if you call it nisua) they used to make it from sour milk and the curds, they used to let the curds dry out and they had their own way of making these because they would--they had a kind of method in which they would save certain portion of the sour milk and they would use this sour milk and cream to make a new batch, in other words, it was a kind of continuous strain or mold or whatever it might be which they could make this--well, it taste good, it was a kind of cheese--

Paul I can't remember the name--I know what it is

It was a kind of a cheese, you know, and they used to make it in discs and most of it I would say, tasted real good. I tasted a lot of it because

Paul: offered to you when you come to the house or something

Dr. ya, they drank a lot of coffee those days, too, they would always offer you coffee and nisua or cake of somekind

Paul: Were they generally good to you when you came to the house?

Oh, always. Yes. Always. I remember one time, this is a joke but it's something that does occur once in a while

I remember going to a maternity case once in Boston and I had to walk from the new road to the old road, it was stormy then, and I had a maternity case there, and I remember, I said, "I wonder if I couldn't sleep here tonight because, I said, it probably won't occur until early in the morning," so I--the woman says, "yes, we have a guest room that you could use" and when we opened the door and she threw over the spread and turned on the light, and I must have seen a hundred, I always call them "heshians" but they were bedbugs going across the white sheet so, you know, things flashed in my mind, I said, "migosh, I'm not going to sleep there, I'll carry home all the bloody bedbugs that are up here". So I had to think fast so all I said, "I'm sorry, but come to think of it, I've got another case" and I'd rather probably just sleep on a chair and read this book", I usually took an anatomy book with me and I'd read until I couldn't read any more and then I'd sleep on the chair, so I remember I'd get by with that but I couldn't get over it, the place was clean all over but when she showed me this and you could see those galloping "heshians" going across the sheet, I retreated! Because I wasn't going to spend a night there on that cot because I would carry a lot of bedbugs with me home.

Paul: Do you think there's anything influential about the sauna at all? Not only the Finns use it, but other people use it too.

Dr.: I would say the Finnish people primarily are sauna users and I'd say that it is probably more of an inheritance or more of a family tradition that they probably got from Finland and was gradually introduced here in this country by the Finnish people and still is. a very important cog in their washing.

Do you think it was beneficial for their illnesses at all? Did they ever claim that they used it to go to a sauna, take a sauna for some sickness?

Dr. No, I would say this: that as a rule, they used the sauna because primarily it was a trait of the people first and then second, I'd say it was probably--they would cure certain ills amongst those with colds primarily, they would use that but in general I think that it was primarily something that they had gotten from Finland and brought over here and it stuck to them and they are still, you know, using it a good deal, but I think myself that the present generation is gradually kind of fading away from that. I think myself the present generation do not insist on saunas like they did in the olden days.

Why have you stayed in the Copper Country for 47 years?

Well, I tell you: I came here and I came here with the intentions of getting along with the people and I also didn't antagonize them and so on, and as far as I'm concerned, I established myself, I liked the Finnish people and I never had any faults with them, I usually--I had the right "steering committee" in my girl that I had in the office--she was a Finnish girl--she used to give me tips on what not to do, what to do and primarily when I came there, there was a dominance of Finnish people, I would say, a good 60% or more probably at the time I came. Then usually we had other types of people come here; now I still think they are dominant as far as Hancock and Houghton are concerned but I would say this is gradually disappearing and I would say we have other types now. I'd say Italians are gaining and I'd say the Irish are keeping their own and I'd say that the German are gaining and I'd say the reason I stayed here is I established a good start, I got along nicely with all the people, and they seemed to take to me as far as medicine was concerned and I increased my patient load and I gradually improved and my financial status increased every year and I couldn't see myself going anyplace else where I wouldn't be any better off, in fact, less so than here because I had the good will of the people and I always improved my medical position by studying outside, I went to Chicago, for instance, and took 4-5 weeks of

dog surgery and did nothing else but surgery on the dogs to improve my surgical technique; I went to Mayo's from 1933 to 1963 every year for 10 to 2 weeks, I studied various methods, I studied surgery, detailed surgery; I knew a good many of the fellows and also surgeons at the Mayo Clinic and they would even call me in and drape me and tell me, "all right, you can look over my shoulder and see the details" and I knew by going there every year, every spring I used to go there, around Eastertime, and in that way I would at least develop some of the newer methods, I would keep up with new remedies, new drugs, and so that I didn't have any trouble really keeping up until of late, of late of course I chose to retire because I knew that I was not 100% like I was before and that's why I chose to retire.

(end of tape)

I'd like to ask you about the medical techniques you used and also about what your medical philosophy was, Is there a kind of a philosophy in medicine and how you felt and what you used in the Copper Country?

Well, when I first came here most of the methods were fairly up-to-date but they were behind in techniques and they were also behind in treating post-operative patients and pre-operative patients. For instance one of the things that struck me funny when I first came here is the post-op treatment for various types of conditions like gall bladder operations, and hysterectomies and so on. They were using about 50 cc. of fluids to give to the individual after their operation and that was just a teaspoon and I would give a thousand cc. of normal _____ and 5% glucose and one of the incidents that I might say when I first got here is, I was coming into the locker room and Bucklund and LaBine were discussing things inside and I happened to come in and Dr. Bucklund was a rough, tough type, you know, and he made this remark. He said, "you know, we give a little syringe-full of liquid after an operation", but he said, "you ought to see that Pollak down there", he says, "he's giving it to 'em by the gallon"! And that struck me as funny but it just exemplified that they were not up-to-date on post-operative treatment so I introduced mostly a lot of post-operative treatment for various operations. Another thing that I introduced in this community was the operations for ulcers, of the stomach and also of the duodenum. I learned by going to Chicago like I stated before and also at Mayo's that certain things could be done in these operations and so I introduced the first re-section of the stomach in this community. They used to do a little "hook-up", just a small operation, hooking up the small intestine underneath the stomach and we call gastrointrostomy but that was the simplest way to take care of it but it wasn't the up-to-date or did it--it might have taken care of, I would say, 40% of the cases being successful but this operation which I introduced was, I would say, between 75 and 90% successful as far as treating ulcers so I really became interested in ulcer surgery and I developed it to where it is at the present time in this community and--but before, you know, they had no real way of taking care of it and this also applied to cancer of the stomach and so on. Now another thing that I didn't introduce completely but I introduced the technique that was used here for prostate operations. They would--mostly patients here that had enlarged and trouble with their prostate was sent away either to Ann Arbor or Duluth or someplace like that but I maintained that it could be done here so I developed the technique and did a lot of prostate operations, removing the entire prostate. Now, of course, they don't do that operation, only when the man has cancer or when there is such grave obstruction that they take the entire gland out; now, they usually funnel thru the gland so those were 2 things and another thing I introduced here was low Cesarian section. Everybody was just cut "the apple in half", take the baby and sew it up, but I developed a technique in which I could do my cesarians just near the bladder and I would take the baby out in the small incision about 4" in length, just enough so that the baby would pass so I introduced "low Cesarian Section" here. Now some of the other things that I--oh yes--another thing, Dr. LaBine and I introduced was everybody was breaking their hip and we'd have to keep them in bed or in cast for so long, so we developed a "pin" method, in other words, inserting a pin in the hip and getting them up earlier so that was another

thing we had introduced in this area. Now there are probably other things too but they are minor in proportion so what I tried to do here was to be the best in the area and to give the people the best modern medicine it was possible for one man to give and I think myself that over this 40-year period I have, you know, I don't want to brag about this situation but I think I have accomplished or did accomplish what I intended to do. Now later on when Dr. Moyer came and now they have a few other doctors, they have taken up where I left off or I think they have improved conditions since that time too. But as far as contributing, I think, myself, like I said, I have one thought in mind: I didn't put the financial reward ahead of technical and helping the people in front, in other words, I proceeded to keep the welfare of the community and health of the community as number one and maybe my financial rewards, two, and then whatever rewards you can get after that, three, but I always did it in that order. And I think I did that until the end.

Paul: I think most people would agree with you in this area that they feel that way, too.

Dr.: Ya.

Paul: Do you think that people in the Copper Country were clanish? Different groups, the Italians, Irish

Dr.: Well, yes. I think myself when I first came here they were very clanish. I think myself that the Finnish people went off with their group, I think the Italians went off with theirs, the German, and the Irish, and I think to a great extent that is still true.

It really hasn't completely broken down.

Dr.: No, it really hasn't jelled into a real pot, you know, a melting pot

Paul: Maybe we don't need it though, maybe it's still good community without it

No, I think--yes, I think it is a good community without it because I think that with certain sets of people, kind of work along and get along much better than if they're mixed because then the lines of communication are broken and we don't see eye to eye. I mean there's more, let's say, confrontation as a result of too much mixing.

Paul: Do you think that the Finnish people had a good reputation in the area?

I would say that as far as I was concerned the Finnish people had a real good reputation in other words, they were sturdy, good workers, they were religious, a lot of them were very religious, and I would say, let us say, the majority were not religious in the sense that they were real religious but they were a religious people in general. I'd say there were very few athiests that I know and I'd say that they were in general a religious set of people and another thing, ^{they} we always strived to do is get ahead. They were musically inclined and they did pay a good deal of attention to the music and they tried to make the most of it and lot of them were very successful in that regard. Another thing they did was to preserve their, was it, ethnic culture. I'd say they wanted and do preserve the culture from Finland and now in America.

Paul: How did you feel in 1930's and '40's and I know the feeling would be different today about the mining companies, you as a doctor who had serviced not only the worker which you had I suppose some of too, Calumet & Hecla workers and others, but also I suppose you had relations because you were a doctor in a professional manner had relations with the company managers, etc.

Well, I'd say this: that when I first began I don't think that the companies were fair with the miners and the employees. I'd say that they held a kind of a "stick"

let us say, now I would say this too: that you speak to the ordinary miners and trammers and shaftmen and so on, and they would say, that they were a little afraid of the management and the company.

Is that what they told you when they came into the doctor's office?

Dr.: That's what they would say. They're afraid to lose their jobs. See? and especially those times. Now, as things

Paul: That was in the '30's-'40's?

That was in the '30's, ya. But as things progressed they became more brave, so to speak, they would speak out more and they'd organize unions and so on and I would say that as far as advancement and that is concerned, they really advanced from 1930 to where they were more like individuals that were not afraid, were not "bulldozed" so to speak by the company officials. And I think myself it was a better relationship, better for the miners and also for management but I'd say that that had gradually bettered itself itself as the years came by.

Paul: What particular problems did a doctor face in the Copper Country beside what you already elaborated upon what you consider to be somewhat poor post-operative, pre-operative methods, what other kind of things, was it distance from major cities or anything like this, was this ever a problem?

Yes. I would say that we lacked the consultation with specialists and the reason we lacked consultation with specialists was because of the distances we had to travel, because of expenses that were involved and now this is little or no problem because anyone can get 100% medicine no matter where they are because there are so many companies, insurances and Medicare and everything now, that we don't hesitate to send them for consultation or they don't hesitate to go. People don't just stay here now, they get the best there is to get here and then if this isn't good enough, they go elsewhere which they should.

Paul: Were the (I don't want you to damn the hospitals or anything) but were they behind? Do you feel that they were also behind in their techniques or in their methods in---

Well, I'd say when I first came here I would say they were behind in their techniques and also their care and so on, I would say by anywhere from 5 to 10 years. Surely 5, and then they gradually improved and now I'd say they are standard.

Paul: Did you ever go to a Finnish wedding? Funeral?

No, I never attended that I could say a purely Finnish wedding but we, I was going to say "yes" I have attended Finnish weddings, yes. And I have attended funerals because a lot of my friends were Finnish people and I felt obliged to go.

Paul: Did you feel that they were any different, their funerals or their wedding customs, any different than the customs of a different ethnic group at all?

No, I would say that they had their little individual differences that all ethnic groups have but I'd say it wasn't anything unusual; I'd say most of the ceremonies that I've attended were--I would regard them as "high ranked", in other words, very good in every respect, in fact, I think myself that the way the ministers conducted themselves I think was--I would say, exceptional or I would say, better than a lot of the other groups. I'd say they're detailed better.

Paul: Did the Finnish population or the Finnish men have a hard time keeping their jobs or

finding jobs?

Dr.: No, I'd say that they didn't have any trouble keeping their jobs

I mean, more so than any other group?

Dr. No, I definitely would say "no", in fact, to tell the truth about it, I would say they retained their jobs while probably someone else couldn't retain it because I'd say that they were very, very good as far as work was concerned; like I said, they were diligent, they were faithful and did their jobs well.

Paul: What kind of gripes did they tell you about when they came to the office? When you saw, let's say, the local man who was working at C&H or who was working at Franklin Mine or some other mine, what kind of gripes did they have? What things angered them?

Well, I would say, first would be long hours. That they worked too long.

Paul: 10-12 hours?

Ya. That's right. And then second, the conditions in the mine. Too much gas, you know, they didn't have methods to blow out the gas sufficiently, that would be a gripe; and wet, you know, I mean the conditions lot of times when the shaft, I mean the crosscut or the ways was too wet, that they had to work in wet conditions. Another thing they would complain of was working in dusty places so dust, water, gas, in other words, the conditions weren't ideal and they could be improved.

Paul: Was this something that was evident to you when you gave them physicals or whatever it might be? Was it ever--

No, that's one thing I could say about the copper miners in that they didn't have what the iron miners and had so much, it wasn't prevalent, there was some tuberculosis (mining T.B. as we'd call it here) but I don't think it was a prevalent as it was in iron mining.

Paul: How did people react in 1939-40-41 when the war started? First of all in Europe and of course, our involvement in the war? What was the

Dr.: Well, of course; I would say this, that

Not only the Finnish population, I mean, kind of totally, maybe individually

Dr.: I'd say, totally that they were kind of apprehensive; they had just finished a war not too long before and of course now, they first didn't want to be involved in the second world war and most of them thought that we should keep out of it as long as we possibly could but now wait awhile--this was when Japanese attacked us, isn't it, so I would say this, that they tried to --- I would say they were all very patriotic. They all, now, I made a statement there that they were kind of apprehensive and that

Paul: maybe apprehensive before the Japanese attacked

Dr.: ya, that's right. Ya. But I would say that they were very patriotic and they were all willing to do what they possibly could in every respect, in financial help, physical help and in helping in any way they could.

Paul: How did people feel to the sheriff's department, the law authority or any other authority? What did they say about the sheriff, city police, or whatever it might be in any town around here? In the 1930'-40's, let's say, before the end of the war, before 1950?

Paul: Any different attitudes now than there were at that time?

Yes, I think myself that these police department, sheriff's department, in 1940's and so on, I think they more or less thought them inadequate. They weren't trained, they were not--they didn't do their jobs quite as they should and as years have gone by since that time, I think myself that that condition has improved considerable but I still think that we still lack the efficiency and the real hard law enforcement, I still think that we still lack certain degrees of say, for instance, efficiency and so on, that we are not 100% like we should be yet.

Paul: What other comparisons could you make between 1970 and 1940 and 1935? You know as far as kind of reflecting back now from your 70-year perspective?

Well, in what regard would you say, I mean, what

In what way to you think that we have changed so tremendously that people are kind of maladjusted/^{or} that they cannot feel that they really feel more alienated now than they did during the depression? You know, I've already heard, I've talked to other people who felt that a lot of the workers were communists, big mine workers, and you know you hear the same kind of thing to day they call people some communists, any similarities or major differences?

real

Oh, I think before we had a little or no/organizations that were trying to be rule or dominate the people in general. Before it was more or less, I would say, industrial or managerial dominancy and then I think myself as years gone by the management has decreased in its importance and later has gradually gained the upper hand. And I'd say now that we reached a point at which labor is too dominant in comparison to managerial companies. I'd say that they are "swinging" now in which the labor is over taking the dominance of the managerial type of conditions we have. I'd say that † really there should be a leveling off.

Paul: Kind of find a middle point in there.

That's right

Paul; What kind of things did you do when you, I know you had very full office, you know, when you had many people there and you had to go out very often, what kinds of things did you do and did other people do on a Saturday night? Friday night? What kind of things were you called in emergencies for that you found out the next morning that you had to go to the hospital or you were on call? What kind of trouble did they get into?

Oh, I'd say that it was the usual amount. I'd say that car accidents played a very important part and I'd say that as the number of cars increased, the accidents increased, that was one. I would say that drunkenness with fighting, I don't think that had increased any, I think that we had had as many drunks fighting in the '40's as we do in the '65's and '70's. I don't think that has changed much but I think myself that automobile accident played a major role as far as getting out on Saturday night is concerned because, you know, of certain conditions, increase in the number of cars, increase in the number of bars,

Paul: Did people go out on Saturday night then in the 1930's?

Oh, ya, they would go out but I don't think it would be half as bad as it is, you know, as it gradually increased today

Paul: Or they didn't have the money for one thing, because of depression. What kind of feelings about life today? Life is better today?

Dr.: I'd say that we have, that the conditions, as far as life is concerned, is greatly improved in every respect with the exception of our young individuals and I think that there is a drastic change in the young individuals and to tell the truth about it, I wouldn't definitely say that it's for the good or for the bad because I think myself that the change is good. But there are all kinds of elements that are changing the change where it shouldn't be. In other words in my high school days I didn't know what dope was hardly let alone use it! And as far as I'm concerned I had a goal that I wanted to be a doctor when I was in the 10th grade and that goal was never stopped. Nowadays you don't have that goal, the kids don't have it, they have too much to begin with and so that's why I'd say this: now, for instance an example: now when I wanted to buy a house, this was just pure tannic, I 'spose, and it's realistic to begin with, but when I wanted to buy a house I made enough money so that I could buy a house but I'd also have a little left for a rainy day. Well, nowadays, kids--no!. Children nowadays will go out and if they don't have one thousand bucks in their jeans, they go out, buy a house and they pay for it as they can, mortgages, lending money, and stuff and so on; now there's the difference between the way we operated and the way they're operating now. Like I said, the change is good! Now maybe that's the way they should do it, I don't know, I mean I think myself it's going to tell, but I think what happens nowadays, there's too many radical elements like for instance, the hippies. You know yourself that is a deviate or it's an element that's undesirable to begin with and then you take Black Panthers, now I mean various organizations and don't think too that don't forget that the Russians are still working on the communistic tendencies here too. They will insert various individuals in our groups that are protesting and so on and make it twice as bad as it is.

Paul: Well, thank you very much, I'd like to stop now because the tape's going to come to an end.

Memoirs of A. Jarvis

CHILDHOOD DAYS

My parents were originally from ^{Born} Bessemer, Princeton Wisc

After they married they moved to - Bessemer (LA 1900)

My father worked as a

Mother and Father raised - brother, + 4 sisters

Whenever anyone became ill - call doctor (more than do

The toughest problem we faced ^{goose grease, honey, brandy}

As a family we took part in - ^{earning money for college}

The teacher who influenced me - ^{Picnics, base ball + Football games}

The good times we had - ^{Picnics, baseball, football, skiing, skating, Hockey}

MAKING MY MARK

When I started on my own U. R. Mich., ^{brothers + sisters with school also.}

Since then I have worked - M. D. Kapio S. L. ^{2 year 1931 case}

The first time I voted for U.S. President - 1932

Getting married - 1930 Chokio, Minn.

The local minister often

The people in our neighborhood - ^{industri hard working}

For a good time we used to - ^{some very religious}

People got riled up here when - ^{to us with car in use, Sunday afternoon}

When the mines began closing - ^{working conditions in mines}

In our community we looked up to - ^{people left} Mayor, Mr. S. Libinz, Mr. Shields, Mr. Smith ^{to go}

My biggest accomplishment was - ^{Surgical contributions to community}

The best time of the year here ^{Summer + Fall}

REFLECTIONS

Today my feeling about life - get nothing saved by effort

In this area we need - ^{my hus. - hard work - need respect of community.}
^{Industry (wood)} reopen mines (+ study situation)
Visitors who come here should - was large (mining) man gradual act
^{Beauty, address,}
My prediction for the future of this area - ^{grow steady, slow, hope come back, small ed industry}
Collecting these memories about