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Best of All Possible Care : An Examination of Scientifically Progressive Medicine in Hays from 1867 to 1918

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THE BEST OF ALL POSSIBLE CARE: AN EXAMINATION OF
SCIENTIFICALLY PROGRESSIVE MEDICINE
IN HAYS FROM 1867 TO 1918

being

A Thesis Presented to the Graduate Faculty
of the Fort Hays State University in
Partial Fulfillment of the Requirements for
the Degree of Master of Arts

by

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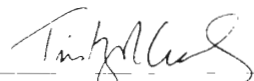
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ABSTRACT

From the mid-nineteenth century until the early decades of the twentieth century, medicine underwent a tremendous transformation. No longer was medicine to be based on archaic theories that were grounded on unquantifiable guesswork. Instead, medicine became scientifically progressive, pushing the reliability and credibility of medical professionals to new heights. Scientific progressivism was the concept of standardizing medicine around a common set of ideals, such as basing treatment upon scientifically sound methods and procedures.

A scientifically progressive community can be identified through the application of one or more of the following criteria: education, adaptability, and technology. These three criteria could be found at various times in Hays. I interpreted these three criteria from works written by a variety of medical historians. Through these authors' analysis of the development of science-based medicine, I was able to identify key elements that made a community medically progressive. When these criteria were applied to Hays, they showed that the community was medically progressive from 1867 to 1918.

The first phase of medical progressivism in Hays came when Fort Hays was opened nearby in 1867 and lasted until 1889. The fort included a post hospital where soldiers and civilians would seek treatment for their various medical needs. The hospital and its staff provided progressive care due to the high level of education and technology located within the facility. The military, during and after the Civil War, instigated major reforms to their Army Medical Department (AMD), allowing progressive minded leaders to implement the latest scientific education. The AMD had stringent standards

concerning education, cleanliness, and methodology. This created an army medical corps that was as progressive as possible, providing the best of all possible care to soldiers and civilians alike. The progressive nature of the AMD would manifest itself into the Hays community through the discharge of progressively trained hospital staff that would integrate themselves as drug store owners and medical professionals.

The second phase of medical progressivism in Hays was present from about the late 1870s until 1909. Prior to the closing of the fort in 1889, as the city of Hays grew and medical practitioners unrelated to the fort settled in the town, the community had begun to rely more on these local medical professionals. These individuals were scientifically educated and trained. The pharmacists of Hays were once highly trained hospital stewards at the fort, implementing the craft taught to them by the AMD. The physicians who settled in Hays were also unique, as they had received proper, science-based education from some of the top, progressive medical institutions in the country. This provided Hays with quality doctors that practiced the best of all possible care in the community. These professionals were the primary source of medical knowledge for the community and the surrounding region until the opening of Hays' first hospital, St. Anthony's.

The third phase of Hays' medical progressivism was with the founding of St. Anthony's hospital in 1909. The Sisters of St. Agnes, a Catholic congregation, founded St. Anthony Hospital with a large amount of support from the community. St. Anthony's first manifestation came in the form of a converted family home that held twenty patients. The new hospital was immensely popular. Within a few years, community leaders

decided that a new facility be built to accommodate the growing population of Hays and the expanding role of the hospital in medical culture. The second St. Anthony Hospital was a marvel of modern engineering, employing the latest technologies of communication, sanitation, and inpatient care. Educated nurses who had received training from formal nursing education institutions and scientifically trained doctors staffed the hospital. These dedicated individuals provided the best of all possible care to their patients. Community support for the institution was phenomenal, with many touting it as an example of the Western spirit of always moving forward. The citizens of Hays adapted well to the new ideal of receiving medical care from a hospital, establishing a long history of state-of-the-art hospitals in Hays.

By the end of 1918, the Spanish influenza ravaged the nation, shaking the very core of medicine. The new disease frightened and shocked many medical professionals. The flu acted as an impetus for change. Due to the mystery and devastation left in the wake of the disease, medical reformers were able to press the agenda of science-based medicine. This movement gained much credibility as the nation recovered from the wounds created by the many deaths associated with this illness. Medical professionals wished to prevent such a travesty from occurring again, with many supporting modern, science-based care to provide this much desired protection. This focus on modernization thrust allopathic practices to the forefront of medicinal theory, as communities began to reform their local medical care, bringing the standard to what the small, rural Hays community already possessed. As a result, the rest of the nation adopted scientifically progressive medicine.

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CHAPTER ONE

INTRODUCTION

Within a community, most people understand what is medically available to them. Citizens can point out their local hospitals, who their doctors are, and where to go in case of a medical emergency. Some even have heroic stories of doctors who might have saved lives or professional medical staff who rose to the occasion to alleviate a terrible ailment. Medicine is an important aspect of every person's life. Most communities, even those with small populations, provide medical care in some manner to their citizens. It is a service that is taken largely for granted, with few understanding how far medicine has actually come over time. Many deadly diseases that easily killed thousands every year are now distant memories, resurrected only as horrors now told in stories. Medicine has revitalized humanity, created monumental advancements in human life expectancy, and has made us aware of how *Homo sapiens* have less to fear from nature. To appreciate the advancements made by medicine and medical professionals, one must first be able to comprehend how previous generations survived through eras when medicine was still an untested science, when much was theory with limited results, and the fear of the unknown dominated how people reacted to their medical needs. Every community has had to develop in its own manner, with a unique medical history and culture to show for it, each with its own story.

Hays, Kansas is a town of roughly twenty thousand people that contains a state-of-the-art medical community. The town possesses many well-trained, talented doctors who manage ailments for thousands of patients. Hays serves as a focal point for much of western Kansas as a location to receive proper advanced care for difficult medical

situations, with easy access to even more advanced medicine in cities such as Denver, Wichita, or Kansas City. This tradition of modern care has a long legacy that began with Fort Hays, the area's frontier military post. Hays' history of medicine from 1867 to 1918 was progressive because professionals within the community followed science based criteria that I derived through the reading and interpretation of works by medical historians Roy Porter, John Barry, and R. Alton Lee. The town met the criteria of technology, adaptability, and education at various points throughout its history as Hays grew and evolved from a military outpost, to a frontier town, and finally into a settled western society. The community's medical culture was progressive during an era in American history when medicine was still underdeveloped as a whole.¹

From the late 1860s, when the first settlers and soldiers arrived in the region, up to the universal modernization and professionalization of medicine by 1918, Hays was a place of scientific progressivism. With access to military medical facilities, even in such a remote region of the country, Hays citizens were given care that many other frontier communities lacked. Fort Hays provided locals with a medical doctor and hospital to help alleviate some of the more dire ailments that might befall a person. With the fort's closing by 1889, Hays had local physicians and pharmacists who were of superior education and ability, some being experienced military medical professionals who were

¹ Scientifically progressive is used to represent the trend in medical history that was occurring in the U.S. from the mid-1800s to the late 1910s. This trend is examined in John Barry's *The Great Influenza*, Roy Porter's *The Greatest Benefit to Mankind*, and Volney Steele's *Bleed, Blister, and Purge* in which the authors use the terminology "scientific progressivism" to represent the movement. John M. Barry, *The Great Influenza* (London: Penguin Books, 2004), Roy Porter, *The Greatest Benefit to Mankind* (New York: W.W. Norton and Company, 1997), and Volney Steele, *Bleed, Blister, and Purge* (Missoula: Mountain Press Publishing Company, 2005).

able to disseminate into the local community. Long time Hays doctors, Joseph Middlekauff and George Snyder, provided unprecedented commitment and dedication throughout the entirety of their medical careers, giving the citizens of Hays professionals who were devoted to progressive medicine and medical practices. Even as the horse and buggy culture of medicine was beginning to fade out by the turn of the twentieth century, the citizens of Hays were not left behind as the town's first public hospital, St. Anthony's, was opened in 1909. In 1916, a new facility replaced the first St. Anthony's. This hospital would provide state of the art surgery facilities, treatment rooms, and inpatient care. Hays' medical history came into synchronization with the majority of other communities in the country by 1918, when the rest of the nation also adopted scientifically based medical methods. The history of Hays medicine is important to understand to appreciate the overall history of the community.

Much as Hays progressed medically through the late nineteenth and early twentieth century, so did the larger American medical community. This idea is known as scientific medical progressivism, the concept of standardizing medicine around a common set of ideals, such as basing treatment upon scientifically sound methods and procedures. Scientific progressivism is a complex and abstract idea that encompasses many different facets. A medically progressive community or practitioner would accept the following values: science-based education, professionalization, universal treatments, professional medical organizations, and appropriate governmental standards. All of these principles affected medical communities around the world, with different regions progressing at varying rates. Europe was the first region of the world to adopt

scientifically progressive ideas, with the United States developing a unique range of many different medical theories across its mainland by the mid-nineteenth century.³ Urban areas of the country would adopt these practices much more readily than isolated regions. The development of medicine on the frontier was hindered mostly by the extreme distribution of the population of the West, not by the lack of desire of the many newly trained doctors who were occupying the area by the late 1880s.³ Hays is an interesting exception, mainly because Fort Hays provided a remote community with an adequate hospital and experienced medical professionals, giving the region a head start on medical progressivism.

Medicine before the nineteenth century was by no means an exact science. Healers based treatments for patients primarily on superstitions, untested herbs, bloodletting, and the archaic system of balancing the four humors each human supposedly possessed.⁴ The Enlightenment of the eighteenth century brought many of these practices into question, forcing intellectuals and scholars to adopt scientific and quantifiable methods in all of their practices. This new methodology was applied to all aspects of life, including education, religion, and government. Medicine benefited greatly from this new scientific awakening, with new philosophies regarding how people should be treated and studied. Much of what was previously believed about medicine became instantly outdated and new approaches were being tested and studied to find

³ R. Alton Lee, *From Snake Oil to Medicine* (Westport, CT: Praeger Publishers, 2007), 4.

⁴ *Ibid.*, 12.

⁴ Steele, *Blood, Blister, and Purge*, 1.

more accurate methods of treatment. There was a shift from practicing medicine on the basis of each individual's illness to focusing on disease overall, and finding the common denominator that afflicts many. The study of medicine brought about by the Enlightenment would lead to the development of pathology as an effective approach to finding treatments, proving by the late nineteenth century the idea that germs caused disease. The discovery of germ theory revolutionized the way medicine would treat the sick and led to the development of many practices that are still used today. The start of this medical revolution has its beginnings following a revolution of a different sort.⁵

Paris was the site of the first modern medical breakthroughs, coming after the French Revolution of 1789. The city was ideal for the start of these medical breakthroughs for a number of reasons. First, the medical scholars of the area were true believers in the philosophies of the Enlightenment, using many of the era's ideologies upon which to base their groundbreaking research. Second, the hospitals of France were rapidly being converted from church ownership to public domain, placing them under governmental control. This migration freed up the hospitals for students from all over the world to study and monitor the new achievements in disease control first hand. A new style of medical practice developed out of the opportunities provided in Paris. Medicine was now based on scientific inquiry and observation, relying on newly-discovered rules of pathology and clinical trials, which allowed scientists to test treatments to gauge their effectiveness. The traditional ideas of scholarship were also changing as teachers supplemented book-based education with much more hands on experiences. Future

⁵ Porter, *The Greatest Benefit to Mankind*, 304.

doctors now preformed autopsies and one-on-one examinations of patients with various ailments of interest in order to graduate.⁶ The first stethoscope arose out of clinical examinations as well as the idea of clinical trials to test new methods of treatments. The idea of systematically testing which treatments worked and which did not was groundbreaking and it quickly led many medical professionals to abandon archaic practices, such as bloodletting.⁷ This redirection of medical theory established many different schools of medicine, each competing with one another for dominance in the medical arena.⁸ Students from all over the world flocked to Paris to learn all they could about this new style of medicine. The city allowed all kinds of experimentation and hands on experience, something students and teachers alike enjoyed and used to their advantage.⁹ Quickly, the new methods of scientific medicine spread across the English Channel, where British medicine would have groundbreaking developments of its own.

British medicine was particularly groundbreaking, not because of its scientific breakthroughs, but rather its implementation of governmental restrictions and regulations. Patients were not allowed to be used as instruments for medical study as freely as the hospitals in Paris allowed. This frustrated many medical students in England as they felt that English medical scholarship was disorganized and restricted. Regulation was the key in British medicine, setting the standard for what other governments around the world would implement later. With the 1815 Apothecaries Act, England required medical

⁶ Ibid., 306.

⁷ Ibid., 312.

⁸ Lee, *From Snake Oil to Medicine*, 4.

⁹ Porter, *The Greatest Benefit to Mankind*, 315.

practitioners to obtain the License of the Society of Apothecaries. To qualify, doctors had to attend lectures on anatomy, botany, and chemistry, and had to do six months of bedside hospital work.¹⁰ This idea of establishing a set of required standards was progressive in an era of lax governmental regulations, where just across the channel there was unrestricted medical practice. Britain would also go one step further by passing the 1832 Anatomy Act in an effort to curb an ever growing black market in corpses. This act allowed for unclaimed bodies to be used for science, in essence creating a supply of dead bodies that could be used for autopsies and study, providing many scientists another avenue from which to receive cadavers.¹¹ Graveyard thieves would have to turn elsewhere for quick paydays.

While new medical practices and the ideals of scientific progressivism were flourishing in Europe, the United States was lagging behind.¹² This did not stem from lack of a genuine desire to learn the latest medical sciences and practices, but rather the relaxed attitude of the American government during the nineteenth century allowed for a variety of medical methods and schools of thought to flourish. Schools could give medical degrees with little or no accreditation, with each school following its own standards and requirements. Many of the medical schools before 1875 sold quick degrees for little money. This practice would even continue into 1895 with one student who stated that he received his degree without once dressing a serious wound, never shown

¹⁰ Ibid., 316

¹¹ Ibid., 318.

¹² Barry, *The Great Influenza*, 32.

how to use a hypodermic needle, and having never witnessed a baby being born.¹³ The European system had little footing in American society, leaving European-trained Americans frustrated with U.S. medicine. Many attempts to try to gain some sort of support base for the perpetuation of progressive medical development were unsuccessful, with only the creation of the American Medical Association (AMA) in 1847 a minor victory. It would be many years before American medicine would begin to standardize, far behind its European counterparts. However, the American medical education community was not completely inept in comparison to their European counterparts. With the exception of some institutions designed to sell degrees to turn a quick profit, many medical schools taught contrasting theories of medicine, all part of an effort to get quality doctors into communities who would perpetuate their particular methodology of medicine. The history of the professionalization of American medicine encompassed intellectuals from many backgrounds, with the ultimate goal of unifying the many theories of medicine into one, science-based discipline.

In the late nineteenth century, four principle schools of medicine were in practice throughout the United States. These included homeopathic medicine, allopathic medicine, osteopathic medicine, and an eclectic approach. Homeopathy was based on the theory that ailments could be cured and relieved by giving drugs that induced similar symptoms. The study of allopathic medicine was based on the belief that contravening drugs were the answer to the majority of medical problems. The AMA based its membership and practices on this school of medicine, forcing many of the other schools

¹³ Porter, *The Greatest Benefit to Mankind*, 319.

of medicine out of the limelight once the organization gained more power by the turn of the century. Allopathic medicine would become the most common practice of medicine around the world, dominating the medical scene and rising to the top of the scientifically progressive ideal. Once the professionalization of medicine becomes complete by the first part of the twentieth century, allopathic medicine became the methodology taught and used by most medical doctors. The third school of medicine, osteopathy, believed that most human ailments related back to malfunctions of the blood and nervous system, with a strong linkage to the alignment of small bones in the lower back. Modern day chiropractic medicine is based on this theory. Eclectics were a collection of all of the other theories of medicine whose healers relied heavily on herbal remedies.¹⁴ Each of these medical theories had its own universities that taught conventional medical courses, but each had its own therapeutics as well, which caused major divisions in the American medical world. The education of future doctors in the United States was a clash of ideals involving science and practical learning versus relaxed governmental regulations. European-taught medical educators saw that the American medical education system needed reforms.

Medical progressivism finds its root in modernizing and standardizing medical education in the United States. In 1870, a medical student could fail four out of nine courses at Harvard and still receive his medical degree. Harvard had the first laboratory of experimental medicine in the country, one that was conveniently located in an unused attic, showing the level of priority the new facility received. Unfortunately for the new

¹⁴ Lee, *From Snake Oil to Medicine*, 4.

laboratory, Harvard's professor of pathologic anatomy confessed that he did not know how to operate a microscope.¹⁵ University presidents were calling for reform at institutions across the nation. The need to catch up to the universities of Europe was paramount as more American medical students were traveling overseas to receive their education.¹⁶ The answer came with the founding of Johns Hopkins University, which opened its doors in 1876, funded by a considerable donation. The university quickly hired the best scientists and medical educators in the world, establishing a credible institution that had the most up-to-date facility at that time.¹⁷ By mimicking the type of education many American students were seeking overseas, Johns Hopkins made American medical education as modern as that of Europe. It was not until after the Spanish influenza pandemic of 1918 when American medical regulations would catch up as well, after much lobbying by the AMA, making allopathic medicine the reigning king of medical theories. The progression of medicine in the late nineteenth century in the United States had a massive impact upon practicing doctors all across the nation. Many were unqualified, using dangerous and out of date practices to treat the sick. Every community was affected by the changing tides of medicine, as new treatments and attitudes concerning patients created a new heightened importance of medical care, linking each patient to the struggles of modernizing American medicine.

¹⁵ Barty, *The Great Influenza*, 32.

¹⁶ *Ibid.*, 32.

¹⁷ *Ibid.*, 34.

During the late nineteenth century, scientifically progressive doctors were becoming more abundant, with many receiving medical training that was considered beyond adequate for the era.¹⁸ A progressive medical doctor received his education from an institution that taught science-based treatments that were tested using experimental medicine and clinical trials.¹⁹ Future doctors were also exposed to anatomy lessons that involved real cadavers and the practice of mending wounds on actual people.²⁰ One of the most important aspects of this modern education was the understanding and acceptance of germ theory. Germ theory was an important term in the late nineteenth century. It was easily explained as “. . . [a] theory [that] said that minute living organisms invaded the body, multiplied, and caused disease, that a specific germ caused a specific disease”²¹ This theory became widely accepted in European medicine in the late nineteenth century, integrating itself into laboratories across the continent. The theory was becoming more prominent in the United States as more medical schools began to teach germ theory in their curriculum. Much of allopathic medicine is based on germ theory, allowing doctors to treat a disease, not just a person.

The military established much of the necessary foundations for the community of Hays to expand and flourish. Fort Hays was established in 1867 on the north fork of Big Creek, its primary purpose being to protect the railroad workers from Native American

¹⁸ The progressivism of medical education is described in John Barry's *The Great Influenza* and Alton Lee's *From Snake Oil to Medicine*.

¹⁹ Barry, *The Great Influenza*, 26.

²⁰ *Ibid.*, 42.

²¹ *Ibid.*, 49.

incursions and to provide support to the surrounding communities, namely Hays City.²² The military was also important in the development and advancement of medical practices in the United States.²³ The correlation between Fort Hays and the development of military medical practices is an important one to understand. A major movement within the ranks of military medicine was taking place at the same time Fort Hays became an important institution to western Kansas. During the many campaigns of the Civil War, it became grossly apparent that the medical training of field surgeons, the makeshift treatment facilities, and the overall medical care of wounded soldiers were terribly inadequate. Medical reformers witnessed and recorded many accounts of negligence on the part of the Union army, which was not providing the care that was required to save countless lives. The horrible conditions of the battlefield hospitals inspired many reformers to pressure the government for change, a cause that would shake the foundation of military medicine.²⁴

The concepts of disease control and the linkage between germs and disease were not yet mainstream in American medical traditions during the mid-1860s, but one movement was finding its start in American medicine. The implementation of sanitation and clean medical practices was gaining popularity as the primary cause of many medical

²² Hays City would later be shortened to Hays. Leo E. Oliva, *Fort Hays: Keeping Peace on the Plains* (Newton, KS: Mennonite Press, Inc. 1980), 17.

²³ The military's influence on scientific progressivism is thoroughly discussed in Mary Gillett's three volumes on *The Army Medical Department*, Ira Rutkow's *Bleeding Blue and Gray*, and briefly mentioned in Volney Steele's *Blood, Blister, and Purge*, Mary Gillett, *The Army Medical Department, 1818-1865* (Washington DC: Center of Military History, United States Army, 1987), and Ira Rutkow, *Bleeding Blue and Gray* (New York: Random House, 2005).

²⁴ Rutkow, *Bleeding Blue and Gray*, 6.

reformers. The idea of proper sanitation in hospitals was being correlated with a much larger success rate concerning inpatient care and surgical operations. Unfortunately, the concepts behind proper hospital sanitation were alien to many hospital administrators and physicians across the country. Much of what the reformers were saying about proper sanitation was falling upon deaf ears, in both the legislative and educational arenas.²⁴ This would all change drastically once the horrors of medical treatment during the Civil War became public. One man who was crucial to the reform of military medicine was Dr. William Hammond.

Hammond spent much of his early career in the army as an assistant surgeon in the West performing naturalist and medical research duties. He left the army by 1860 due to a heart condition, but returned when the Civil War began. Due to the growing concern of the condition of soldiers in military hospitals, the secretary of war appointed Hammond as surgeon general of the Army Medical Department in 1862.²⁵ His appointment to monitor hospitals stemmed from his incredible understanding of the field of sanitation, having received his education in Europe. Movements in Europe to increase the effectiveness of hospitals had been underway for at least a decade because of the Crimean War. The war had forced British medical professionals to witness the horrors of brutal combat that was coupled with poor medical facilities. A British nurse, Florence Nightingale, led the cause to reform the building of hospitals. The traditional style of a hospital limited the ability of medical professionals to create sanitary environments.

²⁴ Ibid., 264

²⁵ Mary Gillett, *The Army Medical Department, 1818-1865*, 178.

which led to a complete remodeling of the layout. New hospitals required the maximization of air circulation, clean facilities, adequate space, and appropriate ventilation. This so-called “pavilion-style” of hospital also established multiple wards that branched out from a central building. The hospital used many windows and doors to help maximize ventilation. Smooth surfaces, minimal furnishings, and the removal of right angle corners helped eliminate dirt accumulation. All of these changes plus sanitary practices such as consistent chamber pot removal, daily cleaned bathrooms, appropriate drainage ditches that allowed for proper waste removal, and timely trash collection, provided the perfect combination for a sanitary medical facility.²⁷

Hammond took his knowledge of the new trends of sanitation in Europe and lambasted the U.S. military hospitals. He called for the reconstruction of a number of hospitals to meet the European pavilion-style standard.²⁸ His ability to shake up the military hospitals had a trickle down affect that manifested itself in reforms in major cities across the U.S., the first being New York.²⁹ The idea of the hospital as being a place of death was quickly changing. The debunking of the idea of a hospital as a poor man’s last resort came as a result of the reforms of the Civil War.³⁰ The new emphasis on sanitation placed many hospitals in the United States on a par with those of Europe, even if the general education of medical professionals was still largely unregulated and backwards in comparison. The military would adopt a new mentality in regards to field

²⁷ Rutkow, *Bleeding Blue and Gray*, 153.

²⁸ *Ibid.*, 154.

²⁹ *Ibid.*, 265.

³⁰ *Ibid.*, 152.

hospitals and general treatment practices, focusing much more attention on proper sanitation.³¹

The terrible atrocities of medical negligence during the Civil War were a combination of many things. A lack of general knowledge of how disease spread and contributed to death would become obsolete only a couple of decades later, too late to save the lives of countless wounded soldiers. The principles of antiseptic surgery would reach the shores of the United States shortly after the war's end, adding to the tragedy of poor timing. Had the Civil War occurred a few decades later, the number of dead due to poor medical practice would have shrunk remarkably.³²

The Civil War did not create any groundbreaking medical accomplishments. The new emphasis on preparedness and medical organization is the true testament of the Civil War. It awakened the U.S. to the need for stronger medical reforms and gave to the proponents of proper sanitation a rallying point from which to champion effective changes in medical facilities across the nation. Physicians received invaluable real world experience in both patient care and surgical procedures that could be applied to civilian medicine, making many previously unaware medical doctors understand the value of proper hygiene, the fundamentals of illness control, and a general better understanding of the responsibilities of being a medical professional.³³ Along with the increasing

³¹ Gillett, *The Army Medical Department 1818-1865*, 299.

³² Rutkow, *Bleeding Blue and Gray*, 317.

³³ *Ibid.*, 319.

influence of European models, the Civil War can be seen as a turning point for American medicine.

The military took much of what it had learned during the Civil War to heart and applied many of the new practices to the continuing expansion of the frontier and the conflicts with the Native Americans. These frontier posts were largely remote and difficult to occupy. Disease, injury, and death were common occurrences. The need for proper medical facilities was a necessity. Many of the forts provided the first true medical institutions on the frontier.³⁴ The quality of the hospitals varied from fort to fort, but the emphasis was always on improvement. The very nature of the frontier made it difficult to provide the most up-to-date care, but when the opportunity warranted, advancements were made.³⁵ Fort Hays had one such hospital that provided care to soldiers and pioneers who happened to find themselves injured in western Kansas. The hospital at Fort Hays would be the first period of scientific progressivism in the western Kansas community.

My discussion of the early history of Hays medicine will be divided up into three main periods and will cover the various stages of medical development, focusing primarily on how this development would be progressive for its period and location. The first phase of development began in 1867 with the opening of Fort Hays' hospital and lasted until its eventual closure in 1889. The second phase of medical development in Hays revolved around the care provided by local physicians and pharmacists from 1889

³⁴ Steele, *Bleed, Blister, and Purge* 216.

³⁵ *Ibid.*, 218.

until 1909. The third and final phase of development examines the history of St. Anthony Hospital, which provided a permanent medical structure from which citizens could obtain modern treatments and care. The examination of the final phase will end in 1918, with the professionalization and modernization of medicine.³⁶ After the influenza pandemic of 1918, science became the new focus of medicine as professionals tried to solve the mystery of the disease. As a result, medicine throughout the country became scientifically progressive.

Three criteria are used to distinguish a scientifically progressive medical community, institution, or doctor from those that are fundamentally grounded on unscientific, superstitious, and outdated medical treatments.³⁷ Not all three criteria need to be present at one time in a community, so long as there is the presence of at least one of the following elements. The first criterion in the development of progressivism is education and training. Formally educated physicians, nurses, and administrators comprised the primary source of progressive methodology in a community, having attended schools that focused on science-based healing, as well as germ theory and experimental medicine.³⁸ Medical assistants, such as stewards, who observed and

³⁶ Dr. William Halling introduces the three phases of Hays medical development in the work *At Home in Ellis County*. Dr. Halling discusses the phases as the varying settings in which physicians practiced medicine. I use these phases to describe eras of development in Hays. William Halling, "Medical Doctors at Fort Hays," *At Home in Ellis County*, vol. 1, Blaine Burkey, ed. (Hays, KS: Ellis County Historical Society, 1991), 22.

³⁷ The three criteria used to establish medical progressivism are adopted from Alton Lee's description in *From Snake Oil to Medicine* of what constitutes a progressive medical doctor. These criteria also draw influences from Barry's analysis of medical education and Rutkow's observations in *Bleeding Blue and Gray* of adaptability as a result of the Civil War.

³⁸ Lee, *From Snake Oil to Medicine*, 5.

experienced scientifically progressive medical principles at military posts and other progressive institutions, are considered trained in progressive medical practices. The second criterion is adaptability. A medically progressive hospital, community, or doctor should be always aware of a rapidly changing field of medicine. This is done through the review of medical journals, adjustments to practice when old methods are discovered to be obsolete, and through the adoption of new medical technologies as they become available.³⁹ The final criterion is technology. As new medicines and tools are created to help with healing, the use of and access to modern medical facilities projected how much a community is aware of the changing times and knows that these new procedures are beneficial to patients.⁴⁰ However, even when an up-to-date facility or hospital was not available within a community, like the period in Hays from 1889 to 1909, progressive medical professionals used alternatives, such as quality home care, to try to provide as best as possible modern care to their patients. By applying these three criteria to Hays, I will establish Hays was scientifically progressive.

The argument for the progressiveness of Hays will be outlined in four subsequent chapters. The next chapter will examine Fort Hays in-depth, detailing the medical care available, how it affected the citizens of Hays, and how the fort hospital established medical progressivism in the region. The third chapter examines the details behind physicians and pharmacists of Hays, describing how they were a facet of Hays society. These individuals kept Hays progressive during a period when the community went

³⁹ Ibid., 23.

⁴⁰ Ibid., 78.

without an established hospital. The chapter will emphasize the care provided by such doctors, how the community of Hays handled medical needs, and what citizens did to manage their health requirements. The fourth chapter will explore the development of St. Anthony Hospital, Hays' first permanent medical facility, describing how the hospital provided progressive medical care to the community for many years leading up to the end of the first decade of the twentieth century, when medical legislation and education became standardized completely. The fifth and final chapter will draw conclusions about Hays' medical culture by describing Hays' reaction to the 1918 influenza pandemic that ravaged the nation.

CHAPTER TWO

THE FIRST PHASE: THE ROLE OF FORT HAYS

Western Kansas in the mid-nineteenth century was full of images of cattlemen, the railroad, and rustic individualism. The ideals of open prairie enticed and mystified people from all over the world. Stories that told of old western forts that protected settlers and railroad workers from the American Indian were reality in this part of the country. Infamous outlaws and famous lawmen dominated the local celebrity scene as the taming of the West was a difficult endeavor. Countless settlers were migrating from the East in their chance to claim a piece of the American dream. Hays, Kansas was the location many adventure seekers and daydreamers sought to develop themselves and establish a stable way of life. Fort Hays was there to protect and foster that ideology, establishing a military presence that was to secure the proper establishment of Hays.

Fort Hays not only helped the railroad to venture through Western Kansas by protecting workers from Native Americans, it also gave the citizens of Hays access to the resources necessary to build a community, although it would be rough going at first due to the many vices that tend to accompany a military post. Among the support offered was that of the post hospital and surgeon, a facility that provided a higher level of scientifically based care. Local doctors would send patients to the fort when the former were helpless, lacking the proper equipment with which to treat their most grievous patients. The fort facilitated medical progressivism in Hays through the presence of the fort hospital and surgeon. Through the army's efforts to standardize and reform military medicine after the Civil War, Fort Hays was able not only to provide a higher level of care to the region, but it also allowed for experienced and trained hospital stewards to

establish science based practices within the community of Hays. The availability of a hospital, scientifically trained post surgeons, and experienced hospital stewards all contributed to the progressive nature of Fort Hays and the nearby town of Hays. This development placed Hays ahead of other frontier communities in relation to the level of progressive medical care available in the region.

Fort Hays began as Fort Fletcher, established in 1865 along the Smoky Hill Trail at the trail's crossing of the north fork of Big Creek. The first buildings at this location were primarily log cabins and dugouts.¹ The initial mission of Fort Fletcher was to protect travelers that were crossing the prairie. Providing support to the Smoky Hill Trail gained importance after the Butterfield Overland Dispatch began to use it as a main supply route in 1865.² American Indians, including Cheyenne, Arapahos, Sioux, Kiowa, Comanche, and Pawnee, used this region of Kansas as a hunting ground for bison, an important animal to many Indian cultures and survival. They did not care much for the sudden intrusion of Easterners into their lands. As a result, the Indians created a great deal of havoc for the Smoky Hill travelers, thus creating the need for a more prominent military presence in the area.³ The constant struggles with the Indians caused too much trouble for the Butterfield Overland Dispatch, causing executives to change the route. This rerouting left Fort Fletcher obsolete, with commanders abandoning the fort in May

¹ Oliva, *Fort Hays*, 5.

² *Ibid.*, 2.

³ *Ibid.*, 1.

1866.⁴ The abandonment was a result of the army's lack of personnel, funds, and resources to combat the Indians, as well as the absence of a clear mission due to the rerouting of the Butterfield Overland Dispatch.⁵

Fort Fletcher remained abandoned for only a few months, as the Kansas Pacific Railroad began to make headway into the region with a route to Denver. Due to issues with flooding and poor location, military commanders moved Fort Fletcher closer to the railroad construction site and renamed it Fort Hays.⁶ Hays City was gaining population, and a reputation, by 1868.⁷ Fueled by the presence of the fort and the ongoing construction of the railroad, Hays grew into a community infamous for its lawless nature and women of ill repute, and as a haven for gamblers, murderers, and rowdy soldiers.⁸ Another decade would pass before Hays was calm enough for families to begin settling in the area. Fort Hays began building permanent structures in 1867, but the progress was slow. Soldiers and citizen employees with limited carpentry and masonry skills slowed construction. To make matters worse, soldiers had to fulfill their soldiering responsibilities, which delayed progress further. The construction style of Fort Hays was unique in comparison to its contemporaries. The buildings at the fort were built to be clean and comfortable, a significant difference from the typical nature of frontier outposts

⁴ Hays Chamber of Commerce, *Fort Hays and Hays City* (Hays, KS: Old Fort Hays Historical Association, Inc., 1959), 2.

⁵ Oliva, *Fort Hays*, 9.

⁶ *Ibid.*, 13.

⁷ Hays City is referred to as "Hays" by 1885. For the sake of uniformity, the community of Hays City will be known as Hays, even in references prior to 1885 and the found name change. Hays Chamber of Commerce, *Fort Hays and Hays City*, 22.

⁸ *Ibid.*

that were usually built hastily and poorly.⁹ The building materials also had to be imported, which caused logistical troubles all their own. Lumber, nails, tools, and other materials were shipped in, which was rather expensive and slow. The time and attention spent on the fort was well worth it as many soldiers stationed at Fort Hays took notice of its superior standard of living. One officer stated, "Fort Hayes [sic] is, I think, by far the cleanest, and loveliest post that I have ever seen."¹⁰ At the fort were four frame soldiers' barracks, each able to hold one hundred men, four frame married soldiers' quarters, and ten frame officers' quarters. There were also quartermaster stores, a commissary storehouse, and a guardhouse. The guardhouse was replaced by a stone structure in 1872 that accompanied a stone blockhouse and bake house.¹¹ Other important buildings were a stable, a workshop, a grain house, and an ice house.¹²

The post hospital was a particularly important facet of any frontier outpost. Hospitals varied in quality from location to location, each providing the best possible care considering their unique conditions. Some were simply converted barracks or dugouts, while other post hospitals were specifically constructed for the purpose of caring for the sick, and possessed such amenities as a laundry, kitchen, and bathing facilities.¹³ Fort Hays had a hospital that provided a good source of quality care for the soldiers and citizens of the region. Prefabricated in St. Louis, the military shipped the hospital out to

⁹ Oliva, *Fort Hays*, 27.

¹⁰ *Ibid.*, 30.

¹¹ *Ibid.*

¹² *Ibid.*, 33.

¹³ Steele, *Bleed, Blister, and Purge* 217

western Kansas in pieces, and soldiers at Fort Hays erected the building in November 1867.¹⁴ Surrounded by a white picket fence, the hospital complex had a forty by twenty-four foot main ward with a connection to a smaller twenty-eight by twenty-four foot ward. Within the smaller ward were a surgeon's office and a dispensary. Attached to the main ward was a kitchen and dining area. Within the complex were also a "dead house," the hospital steward's home, an outhouse, and a garden to grow fresh produce for the hospital mess hall.¹⁵ Historian Leo Oliva argued that the fort had "the finest and best-equipped hospital in the region."¹⁶

The true ability to provide medical care fell squarely on the post surgeons, stewards, and contract surgeons stationed at Fort Hays during its history. Throughout the Civil War and into the late nineteenth century, the army hired two types of doctor to operate the hospitals at the many posts in the West.¹⁷ The first, known as the medical officer, received his position only after a long and heavily competitive selection process in which the applicant had to pass a series of stringent written and oral examinations based on the most modern, science based medical knowledge. These individuals, once selected, became commissioned officers in the army and earned the distinction of either surgeon or assistant surgeon depending on their experience. The second type of doctor was the contract surgeon, also referred to by the more formal title of "acting assistant

¹⁴ Oliva, *Fort Hays*, 33.

¹⁵ A "dead house" was used to house the corpses of the deceased until interment.

¹⁶ Oliva, *Fort Hays*, 61.

¹⁷ James W. Wengert, "The Contract Surgeon," *Journal of the West* vol. 36, no. 1 (January 1997): 67-76, 67.

surgeon.” The army hired this type of doctor under contract to have many of the same responsibilities as the medical officer, though without all of the respect and compensation. These individuals were not put through the same strenuous selection process; but they still had to come from reputable schools and have the support of other respected doctors.¹⁸ The process of becoming a doctor for the army was under the control of the Army Medical Department.

The inclusion of medical officers as a part of a military contingency was no new development. Formally, the army has had an Army Medical Department (AMD) since 1818.¹⁹ Modeled after the organization that the military used during the War of 1812, the AMD was one of the first three permanent staff departments created by Congress to be a part of a newly reformed military. These changes allowed the small peacetime military to have a sound structure and central command.²⁰ The AMD witnessed many struggles with Congress in organizing the department, mostly with the frequent downsizing of the army and the constant caps placed on the number of surgeons the army was allowed to employ.²¹ There were also concerns that medical officers in the department were not being paid enough in comparison to other officers working in different departments. After much negotiating, it was decided that in 1834 senior surgeons would be given the pay of a major, assistant surgeons be paid that of a captain, and less experienced assistant

¹⁸ Ibid., 69.

¹⁹ The development of the Army Medical Department is described in great detail in Mary Gillett's *The Army Medical Department* as well as in Ira Rutkow's *Bleeding Blue and Gray*.

²⁰ Gillett, *The Army Medical Department, 1818-1865*, 28.

²¹ Ibid., 30.

surgeons be paid the salary of a first lieutenant. The medical officers were not authorized a rank, however, much to the dismay of the AMD. While there was much issue with weeding out incompetence among applicants, the overall caliber of the Army Medical Department was high, gaining them praise from many.²² By 1832, the AMD had implemented a policy that required applicants, and those who were eligible for promotion, to pass an examination given by a medical board. The test took three days, requiring the applicant to meet the standards of the three examining surgeons who comprised the board.²³ From that point on, all those who wished to receive an appointment as a medical officer had to pass the requirements of a medical knowledge examination. This examination revolved around science based medical principles that ensured an applicant was trained in the most modern methodologies. Stringent testing guaranteed that the Army Medical Department hired qualified and progressively educated doctors. Another advance that benefited army surgeons was the authorization of a military rank that corresponded with their position. In 1846, surgeons became majors, while assistant surgeons were awarded the rank of captain. Although command was limited to within the AMD specifically, it gave medical officers the kind of respect they had been demanding from the military for decades.²⁴

By the beginning of the Civil War, the AMD found itself in a precarious situation. Unprepared and understaffed for the kind of unprecedented warfare the Civil War would

²² Ibid., 32.

²³ Ibid., 35.

²⁴ Ibid., 97.

inflict upon the United States, the AMD scrambled to try to meet the needs of the thousands wounded during battles.²⁵ Many of the surgeons that accompanied volunteer regiments fell below federally regulated, Regular Army standards, as it was the state that accepted surgeons into volunteer regiments, not the Army Medical Department. The lack of regulation from the AMD meant that doctors with poor credentials served throughout the war in volunteer regiments.²⁶ As the Civil War continued into the mid-1860s, many reforms were under way within the surgeon general's office. Surgeon General William Hammond brought about many changes in an effort to increase the quality of care of Union soldiers. He wrote medical schools asking to have their institutions add classes on hygiene and military surgery to their curricula. Hammond hoped that this focus on hygiene and surgery would boost the caliber of those physicians being hired as contract surgeons.²⁷ Contract surgeons were an important part of Civil War medicine, allowing civilian physicians to fill the void of an inadequate number of Regular Army surgeons. The government hired these doctors under one-year contracts renewed each year following a review of their previous years work, references from their superiors, and opinions from fellow doctors. The army employed well over five thousand contract surgeons during the Civil War.²⁸

The Civil War brought about many changes to the army's manner in which it dealt with medicine and medical treatments, with the most crucial being an emphasis on

²⁵ *Ibid.*, 176.

²⁶ *Ibid.*, 208.

²⁷ *Ibid.*, 182.

²⁸ Wengert, "The Contract Surgeon," 67.

sanitation, requiring both medical officers and contract surgeons to implement appropriate sanitary measures at their duty stations. Since the creation of the United States Sanitary Commission on June 13, 1861, the commission had played a large role in monitoring military hospitals and inspecting whether these institutions met a certain standard.²⁹ Hygiene became a new priority, requiring new hospitals be designed after a more progressive European model.³⁰

After the Civil War, attention shifted primarily to the other campaigns the army was undertaking in the West, as a part of the ongoing struggles with the American Indian. A large number of army posts dotted the American prairie, each facing its own kind of challenge, each requiring some kind of medical care. The mission of the Army Medical Department was to provide progressive, scientifically based medical professionals to the military posts in the West.³¹ However, the AMD was simultaneously fighting a different battle to maintain a permanent place in the army. After the Civil War, there was an extreme downsizing of the military, an obvious result due to the fact that the mostly volunteer armies had returned home.³² Congress limited the number of army surgeons commissioned to two hundred and seventeen people: sixty surgeons, or majors, and one hundred and fifty assistant surgeons, or captains/lieutenants.³³ This number was hardly

²⁹ Rutkow, *Bleeding Blue and Gray*, 67.

³⁰ *Ibid.*, 153.

³¹ Steele, *Bleed, Blister, and Purge*, 110.

³² Wengert, "The Contract Surgeon," 67.

³³ Mary Gillett, *The Army Medical Department 1865-1917* (Washington DC: Center of Military History, United States Army, 1995), 13.

adequate when there were two hundred and thirty nine posts in 1869 that needed to have a medical officer stationed at each. At one low point in 1869, the AMD's strength of surgeons was down to only one hundred and sixty eight commissioned medical officers, creating obvious issues that limited the ability of the AMD to function effectively. The shortage forced the organization to look elsewhere to fill the void, either through the hiring of more contract surgeons or through temporary substitutions from surrounding communities.³⁴ Commissioned medical officers were the pride and joy of the AMD. These highly trained doctors received praise from many of their counterparts, superiors, and enlisted soldiers alike. Mary Gillett, author of the comprehensive *The Army Medical Department*, regards army surgeons as the best of the best:

The army surgeons of the 1870s practiced medicine that was up to the highest standard of the time, and they practiced it under circumstances that would intimidate modern physicians. Furthermore, while they cared for the sick, they were themselves in greater danger of contracting disease than anyone else was. And while caring for the wounded they were in greater danger from enemy stacks than anyone else was.³⁵

The true intellectual knowhow of these professionals was astounding. Historian James Wengert describes the subject matter of the examinations:

In addition to anatomy, pathology, physiology, general therapeutics and materia medica, forensics, toxicology, and surgery, the Medical Department wanted a man versed in the arts and sciences. The candidate was fair game for testing in Latin, Greek, and often French and German, as well as in classic mythology. Exams on aspects of algebra, trigonometry, geometry, and calculus could be expected. And for good measure, questions on geography, geopolitics, history, literature, botany, and natural physics were the norm. The exams might last a week, with

³⁴ Wengert, "The Contract Surgeon," 68.

³⁵ Steele, *Bleed, Blister, and Purge*, 107.

daily attrition. One candidate, somewhat poetic, remembered candidates falling the first day like the leaves of autumn.³⁶

The failure rate was always over fifty percent, thus making it not insulting to fail the exam. In 1877, twenty-one doctors out of one hundred and eighty-five tested passed the exam. Before a candidate was even able to take the exam, he had to acquire letters of reference from some of the best medical schools in the country. The medical officers of the Army Medical Department really were the best of the best.³⁷ Of course, they were expensive to maintain, especially during a period of extreme budget cuts in the decades following the Civil War. An assistant surgeon would make \$120 a month, including money to help pay for a servant, while his superior, a full surgeon was paid \$215 a month and support for two servants.³⁸ This was an excellent salary considering the average beginning civilian doctor would make roughly \$83.33 a month.³⁹ The alternative was to fill the void of the inadequate number of medical officers with those civilian doctors who were brought into the army under contract.

Contract surgeons had to meet a high standard as well in order to receive a contract from the army.⁴⁰ While not being required to take the exam like a medical

³⁶ Wengert, *The Contract Surgeon*, 69.

³⁷ Ibid.

³⁸ Peter Olch, "Medicine in the Indian-Fighting Army, 1866-1890," *Journal of the West* vol. 36, no. 1 (January 1997): 32-41, 36.

³⁹ Wengert, "The Contract Surgeon," 68.

⁴⁰ To read more on contract surgeons, Peter Olch and James Wengert have excellent articles on the topic in the January 1997 edition of the *Journal of the West*. Volney Steele also discusses the presence of contract surgeons on the frontier, as does George Adams in his work *Doctors in Blue*. Mary Gillett discusses the role these contract doctors play in the Army Medical Department in her work *The Army Medical Department, 1865-1917*. George Washington Adams, *Doctors in Blue*, (New York: Henry Schuman, Inc., 1952).

officer candidate, a future contract surgeon had to be of good character, in sound health, and a graduate of a reputable medical school. To renew their contract each year, the contract surgeon had to receive a favorable letter of recommendation from his senior army commanders. Some even had to receive letters from their medical officer counterparts. Many contract surgeons were those who had attempted to pass the rigorous medical examinations, but failed. One individual mused about the plight of the contract surgeon as follows:

The mule, without pride of ancestry or hope of posterity, neither horse nor ass, unloved and unlovely, the recipient of contumelious language, was the army's standby and salvation in the field in time of trouble. The contract surgeon's status was somewhat similar. Neither commissioned or enlisted, without regiment or corps, having no hope of promotion and dubious rank, they survived because they were needed, were respected for their personalities, were as necessary as the mules, harder worked, and quite as much as ever present help in trouble. They have never been accorded their just dues.⁴¹

Once accepted as a contract surgeon, the doctor was sent to one of the most remote, undesirable posts the army had to offer; he wore neither uniform nor rank, thus limiting the respect he received from enlisted men and officers.⁴² The quality of the contract surgeon is a point of much contention among authors, because although the army tried to contract quality doctors, some incompetent ones still managed to slip through the cracks and practice at military posts across the country. Some gained a reputation for being drunks and hacks who had failed in private practice.⁴³ Most historians on the subject,

⁴¹ Olch, "Medicine in the Indian-Fighting Army," 36.

⁴² Steele, *Bleed, Blister, and Purge*, 111.

⁴³ George Adams discusses in *Doctors in Blue* that many reformers needed a scapegoat to accept the blame for many of the atrocities occurring in hospitals during the Civil War. As the contract surgeon

however, agree that most of those who were contract surgeons were of high caliber and provided great care.

Contract surgeons had many different motivations to join the ranks of those who were destined to journey to the remote reaches of the American prairie. Some appreciated the salary, which averaged \$120 a month and afforded them an opportunity to save money to begin a practice in a region where physicians had yet to saturate the market.⁴⁴ Others felt the need for adventure, as the ideals of the West dragged them to remote locations to blaze their own trail. Some hoped to find their fortunes in mining and other get-rich-quick schemes for which the West was so famous.⁴⁵ Others had simply failed in private practice and desired only a fresh start with a steady income.⁴⁶ Whatever their reasoning, contract surgeons found themselves out west, many of them arriving at Fort Hays to take their turn in the constant rotation of surgeons at the post hospital.

The post surgeon became a jack-of-all-trades once he arrived at his duty station.⁴⁷ The number one priority of the medical staff, whether it was a medical officer or a contract surgeon, was to provide medical care to all officers, enlisted men, and government employees. As well as performing their primary duties, the surgeons had a plethora of other responsibilities. The surgeon also had to monitor living areas, water

did not have to pass a rigid exam, with many of them being chosen from their individual states, they became the natural candidates. This unfortunate stereotype carried over into the post-Civil War era. While in some instances there truly were poor contract surgeons, the majority after the Civil War were not.

⁴⁴ Wengert, "The Contract Surgeon," 68.

⁴⁵ Steele, *Bleed, Blister, and Purge*, 111.

⁴⁶ Adams, *Doctors in Blue*, 175.

⁴⁷ The title of post surgeon was given to whoever was in charge of the post hospital, regardless of whether they were a medical officer or contract surgeon.

supplies, and cooking to ensure that everyone followed appropriate sanitation requirements. He also had to be the advocate for progressive changes to the post's facilities, often times petitioning the post commander to bring about changes to better the living conditions of those at the post. On top of that, he was the director of the post hospital, constantly evaluating the performance of the staff needed to run the hospital. He also had to act as the hospital's accountant, monitoring funds and ordering new supplies for the facility. He examined new recruits and supervised the pharmacy. The post surgeon had to serve on military boards, write voluminous accounts about the daily administration of the hospital, and submit quarterly sick reports to the surgeon general. Twice daily, the doctor made a notation on the temperature, wind conditions, and other weather anomalies to try to monitor trends of sickness in relation to the weather.⁴⁸ To make the daily life of a surgeon even more productive, many of the post doctors also established private practices in nearby towns and made extra money when the opportunity presented itself. The doctors also occupied themselves with extracurricular activities, such as botany, zoology, and archeology. One doctor, Edgar Mearns, requested to be a post surgeon for the sole reason of being able to study flora and fauna in the remote deserts of Arizona.⁴⁹ Witnesses stated that the doctor would have "removed arrows from trooper's backsides. . . and collected plants and animals when time allowed."⁵⁰ The post surgeons of the frontier were a special breed.

⁴⁸ Olch, "Medicine in the Indian-Fighting Army," 36.

⁴⁹ Steele, *Bleed, Blister, and Purge*, 110.

⁵⁰ *Ibid.*

Soldiers at Fort Hays would see many medical officers and contract surgeons come and go from its hospital, with many only remaining for around a year before orders would take them elsewhere. Some would return, while others would only spend a short time at Fort Hays before going on to other western posts. Some of the most fascinating remnants from these individuals are their monthly surgeon reports that were submitted to the district command. These reports vary as much in quality and quantity as did the constantly changing staff of the post hospital. The surgeons wrote about many topics, including the weather, reports on repairs to the hospital, status reports on the sick, information on aid provided to civilians, as well as providing information on the changing of medical officers and staff. The surgeon's reports are an invaluable resource that provides a glimpse into life at the fort. Some reports, however, are only three to four sentences long, which limits severely their value. On the other hand, there are some that are an abundant source of information. Sound conclusions can be drawn primarily from those doctors who wrote in-depth reports.

While the presence of the fort might have brought unusual problems to Hays, such as saloons, prostitution, and gambling, there were benefits to having the post nearby. There were various economic incentives, as soldiers would come into town to make purchases. The post also provided protection from Indians, outlaws, and other frontier worries, helping mitigate the stresses caused by having rowdy soldiers in town.⁵¹ One of the most beneficial aspects of having a military post nearby was access to the fort hospital, something many civilians would use throughout the life of the fort. Early in the

⁵¹ Oliva, *Fort Hays*, 11.

town's history, especially when there were no real doctors in the area, the fort played an important role in providing care to civilians.⁵² Within the records kept by post surgeons there are accounts of civilians using the fort hospital for a variety of reasons. The following are examples of both heroic craftsmanship that saved the life of one local worker and an instance of deep sadness as death took an infant at the hands of an incompetent post doctor.

The post commander of Fort Hays in October 1869, Major George Gibson, sent a letter to a superior who was stationed in Saint Louis.⁵³ The purpose of the letter was to discuss some of the local excitement that had been occurring under the post commander's watch. The letter shows an instance when a post surgeon was praised for using inventive means to treat a patient. In the letter, Gibson justified his actions in dealing with a shootout between two civilians that occurred in Hays. The major had intervened and taken the two men involved into custody. An unruly man, whom he referred to as Cole, had shot a German employed by a local trading company in the gut, "through the liver injuring an intestine."⁵⁴ The wounded German was eventually taken to the fort hospital, while Cole then proceeded to cause trouble around town until he was shot himself, strung up by the locals and was about to be hanged when the local sheriff stepped in, stopping the vigilante violence. Upon hearing the story, Gibson rode into town requesting that Cole be handed over to his custody. Cole was then placed in the post hospital under

⁵² Blaine Burkey, "Druggist James O' Brien," *Hays Daily News*, February 6, 1972, 13, Pioneer clipping file, Kansas Room, Hays Public Library, Hays, KS.

⁵³ Oliva, *Fort Hays*, 80.

⁵⁴ Major George Gibson, Fort Hays, to Colonel W.G. Mitchell, Saint Louis, October 27, 1869, *Fort Hays Letters Sent*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

guard with the same person he had shot in the gut the night before. It was at this point in the letter that the post commander praised his post surgeon:

Strange to say (through the admirable skill of our post surgeon, who I believe introduced a new combination of remedies in their treatment, mainly carbolic acid and morphine) the German is this day walking about the streets of Hays nearly well and has requested me to withdraw the guard over Cole (also rapidly recovering) it being his intention not to prosecute him.⁵⁵

Apparently, as the two men were being treated at the hospital, a Catholic priest had intervened, causing both men to reconcile their differences.⁵⁶ Unfortunately, the name of the actual surgeon is missing from the report. A surgeon's report from the month of October 1869 is absent from the record, and the report of November 1869 tells of a new post surgeon arriving. However, a roster of surgeons employed at Fort Hays shows that a Captain William Buchanan was post surgeon during October, allowing one to make an assumption that he was the doctor who gave the treatment to the wounded German. With the rank of captain, Dr. Buchanan was a medical officer and assistant surgeon whose skill was a testament to his training and ability to pass the stringent Army Medical Department exam. Major Abel Mechem, who would arrive at the fort as a full surgeon, replaced Buchanan.⁵⁷

The post doctors also helped pioneers who were attempting to make Ellis County their home. The Seth family was emigrating from Scotland when they arrived in Ellis

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Abel Mechem, "Surgeon Report of November, 1869," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

County in 1873. Due to the nature of the journey, namely the lack of adequate drinking water on the boat as they were crossing the Mississippi River, many of the family members had to drink from the river. They settled near Big Creek, about six miles south of Victoria, Kansas, a small community about ten miles East of Hays. The Seth family fell ill while trying to establish their homestead.⁵⁸ John Seth recounts the efforts to get a doctor to help:

The only doctor in the country was an army doctor at Fort Hays, some fifteen miles west of us. He came once in an ambulance with four mules hitched to it and a solidier driving. I suppose he prescribed some medicine for us because I remember Tom [John's brother] went to Fort Hays with him and walked the whole way back with the medicine but nothing did any good. We commened to take sick one after the other. It was typhoid fever brought on by drinking the Mississippi water I believe the doctor said.⁵⁹

Unfortunately, due to the nature of the disease, nothing could be done. According to fort records, Dr. John Janeway was post surgeon throughout the year 1873, indicating that he would have been the one who had attempted to help the Seth family.⁶⁰

One acting assistant surgeon, referred to only as M. O'Brien, served as post surgeon from September 1878 until December 1878.⁶¹ While at the post, his reports were incredibly detailed on many different topics. O'Brien wrote substantial entries about the

⁵⁸ John Seth, Russell, KS to I va Ireland, April 1937, Seth Folder, Ellis County Historical Society Hays, KS.

⁵⁹ Ibid.

⁶⁰ John Janeway, "Surgeon Report of October, 1873," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

⁶¹ M. O'Brien is not to be confused with James O'Brien who would later open a pharmacy in Hays. M. O'Brien was a physician while James O'Brien had been a fort nurse before establishing a business in Hays. Burkey, "Druggist O'Brien," 13, Pioneer clipping file, Hays Public Library.

stewards, substitute surgeons, the weather, in-depth reports on the status of the hospital, hospital funds and supplies, reports on each building on post, and the status of civilians from Hays who happened to use the fort hospital for treatment.⁶² O'Brien writes, "A citizen of Hays City was admitted into [the] hospital for treatment on the 21st [October, 1878], suffering from [unreadable] of tibia, right leg."⁶³ O'Brien would also list some months when no civilians used the fort for medical assistance by simply stating as such in his reports. Near the end of the fort's history, the post surgeon, Dr. William H. Corbusier, recorded many civilians using the fort hospital for a number of reasons, a possible result of the winter months. In October 1888, eighteen civilians were taken sick, eight of them suffering from acute bronchitis, four with cases of intermittent fever, three cases of some unreadable disease, and two sufferers from tonsillitis. The report also tells of the post surgeon vaccinating the civilians from an unknown disease.⁶⁴ In January 1889, Dr. Corbusier writes of eight sick civilians and two who gave childbirth.⁶⁵ Corbusier made no distinction between civilians who lived at the fort and those who arrived from Hays, individuals who were completely unrelated to the military. O'Brien, on the other hand, made a clear distinction, making it easier to monitor Hays' civilian who needed the fort's medical facilities.

⁶² M. O'Brien, "Surgeon Report of October, 1878," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

⁶³ *Ibid.*

⁶⁴ William H. Corbusier, "Surgeon Report of October 1888," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

⁶⁵ William H. Corbusier, "Surgeon Report of January 1889," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

The replacement of post surgeons at Fort Hays was a frequent occurrence, with some lasting only a month. Post commanders for that matter changed duty stations just as frequently, with the majority of the officers remaining for only a few months.⁶⁶ Surgeons would report changes in medical personal in their monthly reports. In the case of the previously mentioned Dr. M. O'Brien, he was replaced by Captain L.Y. Loring on December 16, 1878 and sent to another undisclosed post on December 21.⁶⁷ Whenever there was a gap created by a scheduling discrepancy, where in which the present post surgeon had to leave the fort before the arrival of his replacement, or from a short absence, a substitute would be hired to manage the post hospital until the post surgeon's return. One popular substitute who was mentioned throughout the surgeon's reports is Hays' long-time physician, Dr. George Snyder. When the army asked him to fill in, Dr. Snyder was paid \$100 a month for his services.⁶⁸ When a doctor was relieved of his post, a set of orders would be issued naming who this individual was being replaced by. In the change of duty station of Captain L. Y. Loring, the following orders were issued:

In compliance with S.O. [special order] No. 12. . . Asst. Surgeon Leonard Y. Loring, US Army, is relieved from duty at this post and if able to proceed with "B" 23rd Infantry to Fort Dodge, Kas, where he will report to Colonel Jeff C. Davis, 23rd inftr. for duty. If not able to proceed with Co. "B" when it leaves, he will comply with this order as soon thereafter as his health will permit. He will transfer to Acting Asst. Surgeon A.I. Comfort, USA, all public funds and property for which he is responsible.⁶⁹

⁶⁶ Oliva, *Fort Hays*, 80.

⁶⁷ Leonard Loring, "Surgeon Report of December 1878," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

⁶⁸ M. O'Brien, "Surgeon Report of October, 1878," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

⁶⁹ Leonard Loring, "Surgeon Report of January, 1879," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

With such constant changing of the medical personnel at the fort, a number of differing personalities would be in charge of the soldiers' health and the medical needs of any civilians who might have come to the fort for assistance. Most of the time this was not taken for granted. However, when the fort received an incompetent doctor, the results could sometimes be dire. Incompetence runs in every profession, unfortunately for the medical field, it can often lead to someone's death.

In 1872, Annie Chadwick Macintosh Gilkerson's infant daughter was the unfortunate victim of an incompetent post surgeon. Having taken her daughter to the post hospital to treat her for typhoid fever, she had a meeting with the post surgeon:

I was obliged to take, through much misgiving, a besotted army surgeon, and I also engaged to help me care for her James O'Brien. And O how many times have I regretted that I (had not) employed only the latter, for I believe had I done so my child would have been saved. But instead she was murdered.⁷⁰

James O'Brien was a local druggist, one of the first in Hays, who had prior service as a steward at Fort Hays.⁷¹ As the drama of Mrs. Gilkerson's infant continued to unfold, it was discovered that the child had developed an abscess behind her ear. It is obvious that Gilkerson blamed the post surgeon; she reported that "From the first, the doctor neglected the case coming only to see her when he happened to think of it."⁷² The abscess had to be lanced, involving an operation, one the post surgeon was to perform. Gilkerson noted that "He did try to sober up enough to perform the operation, but failed to carry a steady

⁷⁰ Burkey, "Druggist O'Brien," 13, Pioneer clipping file, Hays Public Library.

⁷¹ Ibid.

⁷² Ibid.

hand.”⁷³ Due to the doctor’s incompetence, the infant bled to death after having been operated on too close to a major artery.⁷⁴ The druggist, O’Brien, attempted as best he could to fix the malpractice of the post surgeon. He attempted to stop the bleeding as best he could through the use of an astringent, but unfortunately, the infant would live for only another night before she would pass. Mrs. Gilkerson recalled, “That child was surely murdered by that Doctor as though he had struck her but one forceful blow. I have always felt.”⁷⁵

Other stresses and misfortunes would affect surgeons at Fort Hays. The Annie Gilkerson account provides an example of drunkenness among one of the post surgeons. It is well known that many soldiers at Fort Hays battled alcoholism, using alcohol as an escape from the many drudgeries of life on a frontier post.⁷⁶ The stresses of working in the frontier took its toll in other ways. Acting Assistant Surgeon Robert Christian was another tragic example. On the way to Camp Supply in Indian Territory, in present day Oklahoma, Dr. Christian shot himself. He died at 10:30 AM November 17, 1871 as a result of his self-inflicted wound. The surgeon’s report states that Christian was “laboring under an obscure mental disease.”⁷⁷ While the doctors selected by the Army Medical Department were screened to the best of the department’s ability, sometimes

⁷³ Ibid.

⁷⁴ It is difficult to pinpoint who was the post surgeon who performed the surgery on Gilkerson’s daughter, as there were three different surgeons who were stationed at the fort throughout the year of 1872.

⁷⁵ Burkey, “Druggist O’Brien,” 13. Pioneer clipping file, Hays Public Library.

⁷⁶ Oliva, *Fort Hays*, 63.

⁷⁷ John Janeway, “Surgeon Report of November, 1871,” *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS. microfilm.

incompetents managed to pass through even the most rigorous prerequisites. This is in spite of the best efforts of the military in trying to provide to the utmost of its ability the best medical professionals and care possible.

Post surgeons had to deal with a number of different and unusual ailments, many of which were a result of their environment. A list of the most common ailments was as follows: boils, bronchitis, influenza, cholera, colic, conjunctivitis, constipation, contusions, diarrhea, fever, frostbite, gonorrhea, gunshot wounds, headache, inebriation, laryngitis, neuralgia, rheumatism, sprains, syphilis, tonsillitis, ulcers, and various wounds. There were only a few instances of alcoholism, corns, earache, eye injury, heart disease, hernia, smallpox, measles, and whooping cough.⁷⁸ In 1867, just as the post had opened at its new location, there was a devastating outbreak of cholera. Before the emergence of germ theory, many doctors were unaware of what caused disease, but proper sanitation was observed to stop the spread, as well as quarantining victims, following the most current methods to control disease. The post medical staff staved off the epidemic as best as possible, but deaths still ranged in the fifty percentile. Civilians were also treated at the post hospital during the 1867 cholera epidemic, with one hundred and fifty civilian deaths and thirty-six soldier deaths. Unfortunately for the post, the main structure of the post hospital had yet to arrive by train from Saint Louis, leaving many of the sick and dying in tents set up on the fort's grounds.⁷⁹ A proper hospital would have allowed doctors to create a much more controlled and sanitary environment, giving the

⁷⁸ Oliva, *Fort Hays*, 79.

⁷⁹ *Ibid.*, 69.

medical staff an opportunity to quarantine the afflicted more adequately, resulting in a diminished spread of the disease.

Throughout the years of use at the fort, the post hospital went through many cycles of disrepair. It was important to ensure that hospital maintenance be taken seriously, as the facility needed to remain clean and hygienic to be the most effective when treating patients and monitoring illness. Many of these instances were recorded in surgeon's reports. For example, Dr. M. O'Brien discussed many of the changes occurring at the hospital under his watch in 1878. The hospital was in dire need of repainting and other minor repairs. The development of a chemical lab and other advancements were also addressed. Doors needed fixing as well as windows. O'Brien comments, "When the foregoing repairs shall be made, the hospital will be in excellent condition and, in appearance, an ornament to the post."⁸⁰ With all buildings, constant maintenance was always a concern, and the post surgeons attempted as best as possible to make their voices heard, by both the post commander and the Army Medical Board. Often the surgeon general would send money, "You are respectfully informed that the Surgeon General has this day approved and forwarded to the Quartermaster General of the Army, an estimate for repairs and improvements to [the] hospital at your post amounting to \$107.55."⁸¹ Common repairs included fresh paint and minor maintenance. Many of the surgeons reported their efforts to keep the hospital in consistently good condition. There are a large number of reports that state that the hospital was in excellent

⁸⁰ O'Brien, "Surgeon Report of October, 1878."

⁸¹ J. D. Middleton, "Surgeon Report of August, 1881," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

condition and whenever there happened to be an unfavorable report, the post surgeon stated what was being done to remedy the situation, ensuring that the hospital remained as sanitary as possible.

Some of the downfalls of the fort hospital seem to revolve around providing proper bathing stations. While the instruments and other medical equipment were well kept, the soldiers were not forced to use, nor provided with, adequate wash facilities, something that would have boosted disease control to a higher level.⁸² There is an indication, however, that post surgeons had attempted to get appropriate bathing facilities, as is evident by Dr. Janeway's comments on the subject:

The weather being now too cold for the men to bathe in the creek, and as it is in my opinion extremely necessary that the whole body should be washed entirely at least once a week, for health and cleanliness, I would respectfully request that authority be given to erect at least one wooden bath tub in each of the wash rooms of the barracks of this post.⁸³

Why the post commander never authorized the building of a bathing facility is difficult to tell, but as is often the case in the military, superiors sometimes ignore the advice of their subordinates, which seems to be the case in regard to the lack of bathing facilities at Fort Hays.

A large amount of the experience possessed by the post's medical staff often times came from years of service as a military hospital steward.⁸⁴ A critical part of a

⁸² Oliva, *Fort Hays*, 71.

⁸³ Janeway, "Surgeon Report of October, 1873."

⁸⁴ The role of a pharmacist, primarily as it relates to the military during the Civil War, is discussed in-depth in Michael Flannery's *Civil War Pharmacy*. Particularly interesting is his discussion of hospital stewards and their relation to the creation of pharmaceuticals. Michael Flannery, *Civil War Pharmacy* (New York: Pharmaceutical Products Press, 2004).

military hospital's operation, the hospital steward had many different roles in his job of monitoring the facility. The primary job of the steward was to be the chief administrator of the hospital. This meant being in charge of all those who worked within the hospital and ensuring that all those involved did their part in providing appropriate care. The steward answered directly to the medical officer, carrying out any order that was assigned him. These orders included: "order and security, light and ventilation, quality and quantity of food, cleanliness and orderliness." While the steward was responsible for a large variety of tasks, his primary function was that of pharmacist.⁸⁵ A steward was required to "have sufficient practical knowledge of pharmacy to enable him to take exclusive charge of the dispensary."⁸⁶ The steward also maintained all of the hospital's equipment and surgical instruments, while making requisitions for needed supplies.⁸⁷ The position of hospital steward exposed the individual to a complex and challenging medical career, one that amply prepared him for the civilian equivalent, having been exposed, not only to a trained medical doctor, but to the trade itself. Although hospital stewards did not receive a formal education, they did acquire a hands-on, field education under the supervision of a properly-trained medical doctor.

Even with the large amount of skill required of a hospital steward, they tended to be under appreciated and underpaid during the Civil War. In 1861, the profession of making pharmaceuticals was not formally recognized by the military, greatly

⁸⁵ Flannery, *Civil War Pharmacy*, 80.

⁸⁶ *Ibid.*, 81.

⁸⁷ *Ibid.*, 82.

depreciating the value of the steward. After the war, many stewards wrote Congress and the military to petition fairer pay scales and to have pharmacy recognized as a profession valuable to the Army.⁸⁸ Many of their requests fell upon deaf ears; there was no change from the term "hospital steward" until 1902, when he became a "pharmacist."⁸⁹ While hospital stewards did not receive the recognition they deserved, many would become successful in their civilian lives due to the training and experience gained during their years in the military. This was the case for many of the druggists and pharmacists who would open up their drug stores in Hays, the first of which opened for business the same year as the town itself.

While post surgeons changed constantly at the fort, one of the main sources of consistency was the hospital steward who tended to remain at the position regardless of who was the new person in charge of the hospital. One of the longest serving and best-respected hospital stewards of Fort Hays was a man named Hugo Kohl. Born in Dresden, Saxony on June 23, 1844, Kohl went on to work in a drug store in Europe until he moved to the United States in 1862. Upon his arrival, Kohl began working at a drug store in Boston until he joined the army in 1864.⁹⁰ While in the army, Kohl's duty station became Fort Hays, where he would remain in the capacity of hospital steward until his discharge in 1879. During his fourteen years as hospital steward, he served under many different post surgeons. Upon his discharge, his commanding officer referred to Kohl as:

⁸⁸ Ibid., 88.

⁸⁹ Ibid., 90.

⁹⁰ *Ellis County News*, August 21, 1915.

"An excellent and reliable hospital steward and as far as my knowledge extends, a sober and industrious soldier."⁹¹ Kohl took his talents and experience as a hospital steward to provide services and care to the citizens of Ellis County, where he made his living as a drug store owner until his death in 1915.⁹²

As the mission of Fort Hays became more outdated due to the taming of the frontier and the settling of much of the region, the post was closed on November 8, 1889. All of the land and buildings were turned over to the Department of the Interior, with the fort stores and supplies forwarded on to other posts. The land the post stood on has since been given to the state of Kansas for a multitude of uses. Today, the site of the fort contains a visitor's center and four original fort buildings.⁹³ All that remains of where the hospital stood is the reminiscence of a foundation, a lasting testament to the hard work and dedication given by the hospital's medical staff. The technology criterion of the fort was with the ability of the establishment to provide as up-to-date a facility as possible, what Oliva describes as "... the finest and best-equipped hospital in the region as long as the post was active."⁹⁴ This statement reinforces the level of technology available at the fort and how there was an ongoing effort to ensure that the post hospital was maintained as well as possible.

⁹¹ A.I. Comfort, "Surgeon Report of January 1879," *Fort Hays Medical Records*, Forsyth Library, Fort Hays State University, Hays, KS, microfilm.

⁹² *Ellis County News*, August 21, 1915.

⁹³ Oliva, *Fort Hays*, 75.

⁹⁴ *Ibid.*, 61.

Fort Hays provided to the region progressive doctors who had passed the many rigors of becoming a medical officer, establishing early on in the area, especially in the city of Hays, a tradition of progressive methodology. The majority of the educated, experienced, and well-trained medical staff of the post hospital provided the best of all possible care, leaving a legacy, according to Olivia, that “the health of the Fort Hays garrison generally was good and the health care provided was adequate.”⁹⁵ The true lasting legacy for Hays was the number of experienced, well trained stewards it released into the community, students of the many post surgeons who were always rapidly changing. These individuals, such as Hugo Kohl, would go on to implement their experience through pharmaceutical practices in the community. Complemented by the progressive, well-educated doctors who would migrate to the plains of western Kansas, a tradition of medical excellence was established that continued into the twentieth century.

⁹⁵ Ibid., 71.

CHAPTER THREE

THE SECOND PHASE: THE ROLE OF PHYSICIANS AND PHARMACISTS

A typical train would pull into the station in Hays, bringing and receiving passengers with the regularity and consistency that had come to be expected of the Kansas Pacific. Without this set of rails, the community in which the train was stopping would be nothing but open prairie, exposing an onlooker to a vast horizon of waving prairie grasses. However, through the constant railroad expansion of the 1860s, Hays flourished in the barrenness of western Kansas. While the train might have been an example of the ordinary, the futures of those passengers riding it to their new destinies were unique. Pioneers found new life on the frontier, the start of incredible legacies that would continue into the early twentieth century and beyond. Hays held for young medical professionals an opportunity to reinvent themselves, to become successful and to find their place in the world. Competent and progressive medical professionals, such as doctors and pharmacists, came to Hays to establish themselves as essential members of the community, providing care that benefited the well-being of Hays citizens.

A circular of the Big Creek Land Co. printed in Hays' first newspaper, *The Hays City Railway Advance*, produced this description of the community:

Hays City, the seat of Ellis County, is situated upon the company's lands and is one of the most thriving towns on the road. It is a point of great railroad importance and situated midway between the eastern terminus of the UP [Union Pacific] and Denver. There will not, from the want of wood and water across the great plains, be any other town until approaching the mountains.¹

Hays' early history was dependent primarily on the railroad expansion that was occurring across the country. The town flourished because it was at an important juncture point

¹*The Hays City Railway Advance*, November 9, 1867.

between the railroad and Fort Hays. Known early on as Hays City, the community was a rough bastion of outlaws, rowdy drunks, and sin seekers.² One early settler wrote in July 1867 that “there were 22 saloons, three dance halls, one little grocery store, and one clothing store. We do not think anything of having one or two dead men on the streets nearly every morning. Some of them are soldiers from the fort. There is no law except the law of the six shooter.”³ Many of Hays’ first residents were former inhabitants of Rome, Kansas, a town located just to the west. Once it became aware that that the railroad station and the fort were going to be located in Hays City, the entire community of Rome moved into Hays City, helping establish a solid population base.⁴

As a direct result of its rowdy nature, Hays also became the stepping ground for some Western greats, such as Wild Bill Hickok, who attempted to keep order and calm in Hays from December 1867 to August 1868.⁵ The rough exterior and lawless nature of Hays would ease over the decades, as more families would begin to call the town their home, with emigrant farmers and professionals setting up shop in the western community. One of the more drastic social changes in Hays’ dynamic would come with

² Hays Chamber of Commerce, *The Story of the Early Life of Fort Hays and Hays City*, 22. For a thorough examination of the early lawlessness of Hays, refer to James Drees’ *Bloody Prairie Volumes One and Two*. James Drees, *Bloody Prairie: Ellis County’s Wildest Years, 1865-1875*, (Hays, KS: Hays Daily News, 1996), and James Drees, *Bloody Prairie: Volume II*, (Hays, KS: Hays Daily News, 1996).

³ *Ibid.*

⁴ Herman J. Tholen, *Early History of Kansas, Ellis County, Rome, and Hays*. Speech given at the Centennial Program of the Hays Business and Professional Women, February 27, 1967, Hays Public Library Kansas Room Collection, Hays, KS, and Blaine Burkey, “Rise and Fall of Rome,” in *At Home in Ellis County*, vol. 1, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991) and

⁵ James Drees, “Wild Bill Returns,” in *At Home in Ellis County*, vol. 1, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 95.

the arrival of the Volga Germans, Germans who had originally moved to Russia to establish farms near the Volga River under the rule of Catherine the Great.⁶ After many hardships faced in Russia, the Volga Germans turned to America to fulfill their desire for success, with many of them emigrating in the mid-1870s.⁷ The influx of families from Russia quickly helped tame the town of Hays, bringing in more businesses, children, and farms.

Hays provided a number of options for citizens to fulfill their medical needs. In addition to the care provided by the fort, the first were the local physicians. Physicians across the nation were trained at different medical schools, each with their own requirements and degree programs. With medicine being a popular field by the late nineteenth century, many young professionals found themselves in saturated markets all along the East coast. Medical schools continued to produce educated, young doctors at an unprecedented rate, causing congestion in the profession. To alleviate their inability to find work, many doctors traded their city lives for the frontier, hoping to establish themselves where they were needed. Small communities were springing up all across the West, each needing their own medical professionals.⁸ Hays citizens had physicians, such as Drs. George Snyder and Joseph Middlekauff, at their disposal from the mid to late 1870s on.⁹ Medical doctors may seem like an obvious choice to today's society, but

⁶ Norbert R. Dreiling, *Official Centennial History of the Volga German Settlements in Ellis and Rush Counties in Kansas, 1876-1976* (Hays, KS: Volga-German Centennial Association, 1976), 22.

⁷ *Ibid.*, 40.

⁸ Steele, *Blood, Blister, and Purge*, 168.

⁹ Burkey, "Druggist James O'Brien" 13.

during the 1870s many people still did not entirely trust the abilities of a physician, seeking treatment elsewhere. Pharmacies and drug stores offered one of the earliest avenues from which citizens could seek advice for their medical care. Hays acquired its first drug store in 1867 when one opened up owned by J. V. Macintosh.¹⁰ Pharmacists filled the void when doctors were not available or trusted, providing citizens a variety of remedies current at the time.¹¹ Hays was an ideal site for druggists, as experienced hospital stewards from Fort Hays, such as Hugo Kohl, frequently went into business in the community after their discharges from the military, bringing the army's progressive practices and their personal experience to the locals. One other remedy for medical ailments stemmed from the more superstitious treatments presented by folk medicine practitioners in the area.¹² Volga Germans had arrived in America with their own set of medical practices, including the bizarre bone doctoring which relied more on intuition than anatomical knowledge.¹³ With an innate distrust for professionals, some Hays citizens would turn to folk healers for assistance. From these three options, medical doctors, pharmacists, or folk healers, Hays residents would receive their medical care.

¹⁰ *The Hays City Railway Advance*, November 9, 1867.

¹¹ Burkey, "Druggist James O'Brien," 13.

¹² Phyllis Japp, "Pioneer Medicine: Doctors, Nostrums, and Folk Cures," *Journal of the West* vol. 36, no. 1 (January 1997): 15-21, 18.

¹³ Bone doctoring is an usual form of folk medicine that involved healers who were believed to have special healing powers and intuitions. These bone doctors would set broken bones and provide treatment by sensing what region of the body needed assistance. Lawrence Weigel, "Volga-German Folk Medicine," in *At Home in Ellis County*, vol. 1, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 231.

With the closing of Fort Hays' hospital in 1889, the community of Hays was without a dedicated medical facility to manage dire cases that required hospitalization. The end of this first phase of Hays' medical culture brought about the era of horse and buggy doctoring, where local physicians and pharmacists with scientifically based training filled the void created by the absence of the fort hospital and staff. This second phase of Hays medicine was a transitional period, one that still allowed people to have many options for treatment that did not necessarily center on one universal school of thought in medicine. It is not until the early twentieth century that treatment began to focus overwhelmingly on allopathic care, or care based on remedies that are brought about through science-based methods, such as medicines and or surgery. The medical culture in Hays was all about trust. If an individual trusted his progressive, east coast educated doctor, he would turn to him for relief. If a patient felt that tradition dictated his medical needs, he would turn to his local folk medicine provider. However, as the nineteenth century began to draw to a close, the physician's stigma was quickly disappearing, with many locals turning to their educated and experienced frontier doctors for their medical needs. The progressive nature of Hays' second phase of medical development is demonstrated by its meeting the criteria of adaptability and education. Well-educated physicians from the newly modernized medical schools of the East found in Hays a community from which to establish their practices, while experienced and progressively trained veterans of the Army Medical Department also added to the level of education and experience found in the community. Adaptability came in converting a physician's medical training to a frontier setting while also trying to stay aware of all of

the changes in medicine that were occurring constantly around the world. Former hospital stewards converted their military lifestyle and training into a practical civilian business, with most of them opening drug stores. The physicians and pharmacists of Hays provided the progressive base from which Hays medicine continued to develop between the closure of the fort in 1889 and the opening of St. Anthony Hospital in 1909.

Frontier physicians came west to find their place in the rapidly expanding United States, establishing practices in frontier communities throughout.¹⁴ By the time the first permanent medical doctor arrived in 1876, medical training had evolved drastically, with many schools following a European model. By the mid 1870s, reforms were occurring in medical schools around the country, with many universities changing to include appropriate curricula to train medical students properly for their future profession as doctors.¹⁵ The progressiveness of a doctor was based upon the training he received from his medical school. Were the medical school progressively minded in its curriculum, the new graduate would implement these practices in his everyday practice of medicine. These schools tended to be allopathic in practice, with an emphasis in science, anatomy, and proper sanitation.¹⁶ With many different individuals heading west who had a variety of educational backgrounds, it was hit or miss whether a community received a skilled doctor.¹⁷ The state attempted as best as possible to weed out irregular doctors and those

¹⁴ Steele, *Bleed, Blister, and Purge*, 168

¹⁵ Barry, *The Great Influenza*, 32

¹⁶ Lee, *From Snake Oil to Medicine*, 4

¹⁷ Steele, *Bleed, Blister, and Purge*, 14

who were in the practice of quackery, by sending members of the State Medical Association to review the medical degrees of practicing physicians. As is evident by the following excerpt from the *Hays City Sentinel*, Hays doctors were subject to this examination as well:

An examining board, consisting of two or three physicians of the State Medical Association is on its way to Hays for the purpose of examining the diplomas of practicing physicians. The time of its arrival here we cannot definitely state; as its duties extend to all the town east on the line of the Kansas Pacific. If this work be honestly performed, it will work an effectual riddance of quacks, and elevate the standard of the profession.¹⁸

Even with such examinations in place, quacks and irregular doctors found a way to practice in communities across the state.

The first occurrence or mention of a doctor in the Hays community is found in *The Hays City Railway Advance* of June 23, 1868. The advertisement is for a Dr. C. E. Merrill, who stated he was an eclectic physician and dentist. His advertisement made the following announcement:

Dr. C. E. Merrill, Eclectic Physician and Dentist, Would announce to the citizens of Hays City and vicinity that he is permanently located here, and is prepared to practice his profession with success. Special attention given to the treatment of Chronic complaints of all kinds. Dental Work of all kinds done in the neatest possible manner. The patronage of the public is respectfully solicited. Office Macintosh's Drug Store.¹⁹

¹⁸ *Hays City Sentinel*, June 20, 1879.

¹⁹ *Hays City Railway Advance*, June 23, 1868.

An eclectic doctor was one who was essentially an herb healer.²⁰ Little is known about C.E. Merrill and the level of success his practice achieved, but he is typically not cited as the first physician of Hays, which might be an indicator of his worth as a doctor.

Doctors would frequently come and go in Hays, with few actually staying long enough to establish a permanent practice. In the early 1870s, some would entice people to come visit the practices they had established in local hotels:

Henry Wehking, Physician, Surgeon, and Accoucheur [sic] Respectfully announces to the citizens of Hays City and vicinity that he has permanently located at this place. Has studied seven years in Berlin, Germany, and practiced in this country 28 years. Is well experienced and warrants satisfaction to all who may favor him with their calls. Will attend to all calls promptly. Can be found at Manning's Hotel, Hays City, Kansas.²¹

Wehking stayed only a few months in Hays before moving on. Others would briefly survey the area to see if they might have any luck establishing a practice; such was the case with a Dr. Newth, who spent a week in the area before deciding that "his city was too healthy for him."²² By the late 1870s, Hays would acquire some physicians who not only remained in Hays, but would also leave a lasting impact and legacy.

The distinction of the first permanent physician in Hays is given to a man by the name of George B. Snyder.²³ Dr. Snyder was born in Hollidaysburg, Pennsylvania in 1853. He began to study medicine in 1872, transitioning to the University of

²⁰ Lee, *From Snake Oil to Medicine* 4.

²¹ *Ellis County Star*, August 3, 1876.

²² *Ellis County Star*, July 27, 1876.

²³ Burkey, "Druggist James O'Brien," 13.

Pennsylvania Medical School. Snyder graduated in 1876, whereupon he came directly to Hays to establish his practice. He had established his first office "on Pine street, between H.P. Wilson's store and the Land Office," which was opened around the early part of November 1876.²⁴ Dr. Snyder established a stable career in Hays, serving in many different positions in the community.²⁵ Snyder's alma mater, the University of Pennsylvania Medical School, was one of the hospitals that found itself at the forefront of medical reform and progressivism. Having been the only medical school in the thirteen original colonies in 1765, the school at Pennsylvania was an innovator in the standardizing of medical education during the nineteenth century. Medical education's largest reforming body, the American Medical Association, had its first president from the medical school at the University of Pennsylvania.²⁶ The University of Pennsylvania also had on staff a great medical reformer, William Osler, from the 1870s onto the 1880s. Osler wrote a monumental textbook on medicine called *The Principles and Practice of Medicine*.²⁷ This work would leave an impact upon many physicians, particularly Osler's discussion of ignorance in American medicine.²⁸ Osler would later go on to collaborate in the formation of Johns Hopkins University. The University of Pennsylvania also opened

²⁴ *Ellis County Star*, November 2, 1876.

²⁵ William G. Cuider, *History of the State of Kansas*, vol. 2 (Atchison, KS: Atchison County Historical Society, 1976), 1294.

²⁶ "History of the School of Medicine," University Archives and Records Center | University of Pennsylvania, <http://www.archives.upenn.edu/history/schools/med.html> (Accessed 11/07/08).

²⁷ William Osler, *The Principles and Practice of Medicine* (New York: D. Appleton and Company, 1901).

²⁸ Barry, *The Great Influenza*, 72.

the first hospital designed exclusively for the teaching of medical students, providing bedside teaching programs decades before their counterparts.²⁹ The education Dr. Snyder received was certainly progressive for the mid-1870s.

Dr. Snyder would play an important role in Hays, Kansas in many respects. He would be a frequent substitute surgeon at Fort Hays, working to fill any void that might occur due to the constant changing of the medical staff at the fort hospital. During the absence of Dr. O'Brien from the fort in October 1878, Dr. Snyder performed the duties of the post medical officer for a fee of \$100 a month.³⁰ Snyder also served periodically as the county coroner and county physician for Ellis County.³¹ Snyder settled and remained in Hays for the majority of his career. In 1920, after approximately forty-four years in Hays, Dr. Snyder moved to Chicago, Illinois where he lived out the remainder of his life in retirement.³²

One of the most important doctors to arrive in Hays was Dr. Joseph Middlekauff.³³ Dr. Middlekauff and Dr. Snyder were the only doctors known to have practiced continuously in Hays after the closing of the fort hospital in 1859 and the opening of St. Anthony Hospital in 1909. Middlekauff arrived in 1879 with his African-

²⁹ "History of the School of Medicine."

³⁰ M. O'Brien, "Surgeon Report of October 1878."

³¹ Cutler, *History of the State of Kansas*, 1294.

³² U.S. Bureau of the Census, "1920 Census," Ellis County Historical Society, Hays, KS.

³³ Dr. Middlekauff's life is examined thoroughly in Mac Brewer's *The Prairie Doctor*. It is also interesting to note that Joseph Middlekauff's wife, Josephine, lived until the early 1960s, having lived in Hays since 1867. She survived into her early 100s. Mac Brewer, *Prairie Doctor* (Kansas City: University of Kansas Medical Center, 1962).

American servant, George, from their home state of Maryland.³⁴ Middlekauff had recently graduated from the University of Maryland School of Medicine located in Baltimore. The University of Maryland had adopted many of the same philosophies regarding medical education that had the University of Pennsylvania. The medical school in Baltimore was one of the first public medical schools in the nation. It was also one of the first to make human dissection mandatory, causing large amounts of controversy in 1807 that led to mob violence.³⁵ The school required two years to earn a degree, one in basic science and the other in clinical science. Middlekauff took the following classes during his time at the university: anatomy, practical anatomy, physiology, hygiene and disease of throat and chest, chemistry and pharmacy, diseases of women and children, obstetrics, surgery, operative surgery, material medica and therapeutics, practice of medicine as well as ear and eye surgery.³⁶ With his mind full of medical knowledge, Middlekauff made the move to Hays in 1879 in search of a successful career.

Dr. Middlekauff was only twenty-three years old when he began practicing medicine in Hays, something he found a little unnerving at first as he was gaining experience, as is evident from his records.

³⁴ Brewer, *The Prairie Doctor*, 5.

³⁵ Lynne Lamberg, "University of Maryland School of Medicine: 200 Years for Nation's First Public Medical School," *Journal of the American Medical Association*, vol. 297, no. 1 (2007): 25-27, 29.

³⁶ Brewer, *Prairie Doctor*, 8.

June 4, 1879 – The first case of my own where I was all alone and responsible – I imagined that I would meet all the different complications But everything passed off, All O.K.³⁷

Middlekauff's business did not take long to gain in popularity and he soon became an important asset to the community. Middlekauff's servant, on the other hand, did not like the desolate nature of his new home, thus abandoning Middlekauff, taking with him a large number of the doctor's belongings. So infuriated was Middlekauff that he sent word to the Kansas City Police, who apprehended George while he was on his way back to Maryland. The doctor felt sorry for George and sent some money to have him taken to Maryland first class. George apologized for what he had done, but lamented, "Hays, Kansas was no place for a colored gentleman."³⁸

Dr. Middlekauff's first practice was located on the West side of Chestnut Street, just south of Main Street.³⁹ Although Middlekauff had been in town for only a short while, he had already drawn the attention of the *Hays City Sentinel*, which stated in its local section that, "Dr. Middlekauff has acquired quite a practice even now." The newspaper also commented on how the young doctor was purchasing land around the community, in hopes of developing it into a farm and eventual home.⁴⁰ By 1883, the young bachelor had eloped with Josephine Hawickholtz by traveling out to the fort one

³⁷ Ibid., 3. Mac Brewer had access to a large amount of primary documents in relation to Dr. Middlekauff that were not available during the writing of this thesis. The quoted text is taken directly from Dr. Middlekauff's obstetrical records that were used by Brewer to complete his work.

³⁸ Ibid., 5.

³⁹ *Hays City Sentinel*, May 30, 1879. Chestnut Street was changed to Main Street in 1929, while Main Street at the time is now known as 10th Street.

⁴⁰ Ibid.

afternoon and asked the chaplain to marry them.⁴¹ Hays had provided all that Middlekauff needed to live a satisfactory life: a successful practice, a wife, and most important, a community in which to build a future.

Dr. Middlekauff's horse and buggy style of doctoring kept him on the go for much of his career. During the last decades of the 1800s, cars were still a thing of the future, so Middlekauff relied on his trusted horse, Charlie, to get him around the area. Middlekauff practiced within a radius of twelve miles, going out to homesteads in all kinds of weather.⁴² Many of his cases were births, and he charged \$16.50 for a normal birth, \$25.00 for artificial labor, and \$35.00 for placenta previa.⁴³ The doctor also performed operations, including amputations. The nature of performing operations on the frontier often times placed the doctor in less than ideal conditions. One account by Charlie King, a Hays resident, told of how Dr. Middlekauff sometimes had to perform amputations with a butcher's saw and horseshoe rasp, after sterilizing the equipment with carbolic acid. While Dr. Middlekauff might have been a progressive doctor, situations arose when more primitive methods were necessary.⁴⁴

Dr. Middlekauff often adapted his practice and his methods as technology and education evolved over the years. The doctor would read the *Journal of the American Medical Association* to stay abreast of the changes in medicine. He changed the kinds of

⁴¹ Brewer, *The Prairie Doctor*, 14.

⁴² *Ibid.*, 15.

⁴³ *Ibid.*, 17.

⁴⁴ *Ibid.*, 18.

medicine he used for more up-to-date alternatives on many occasions. He began using ergot and chloroform in 1882, but later converted to using pituitrin and ether upon learning that the latter were safer and more effective. One of the greatest changes to his practice came with the introduction of the mass-produced automobile at the turn of the century. As soon as Middlekauff became aware of the Ford automobiles being sold across the country, he desired to purchase one. However, as there were no dealerships in his part of the country, the doctor could not buy one. To remedy this, Middlekauff applied for his own dealership franchise, and in 1907 Hays received two red Model R Fords. The arrival of the cars was a town-wide event as most the community turned out to see the new machines. As soon as the cars were assembled, Middlekauff paid a mechanic to teach him how to drive and soon the doctor was giving rides up and down Main Street to all who asked. The fifteen horsepower engine could reach speeds up to fifteen miles an hour, completely shocking those who would go for a ride. Upon having received the cars from Ford, Middlekauff dropped his franchise and sold one of the cars to another doctor.⁴⁵

The Middlekauffs had four children, two boys and two girls. He tended to be over protective of his girls and incredibly lax with his boys.⁴⁶ Dr. Middlekauff had hoped that one of his children would continue the family business, but in their early adulthood, none seemed interested. One of his great ambitions was to open a modern, up-to-date medical facility in Hays that would house appropriate surgery rooms, a business that he

⁴⁵ *Ibid.*, 23.

⁴⁶ *Ibid.*, 21.

would run with his two sons. One of his sons, Casper, majored in pharmacy at the University of Kansas, something that disappointed Dr. Middlekauff, but he understood his child's need to develop himself⁴⁷ However, as Casper studied chemistry and medicine, he began to enjoy it and soon wanted to become doctor, much like his father. He attended the Jefferson School of Medicine in Philadelphia, where he did well and excelled. Nearing the completion of his degree, with World War I finally engulfing the United States, Casper Middlekauff, like many young men, joined the army to serve his nation. His eventual fate would be bound with worldwide events and would affect tragically his father.

His father had become an important part of Hays' medical culture, personifying what a horse and buggy doctor was during a dynamic time in American medicine. The doctor was a progressive individual who had graduated from a modernized medical school. When the hospital in Hays, St. Anthony, finally opened in 1909, Dr. Middlekauff embraced that as well, bringing patients to the new facility.⁴⁸ Physicians such as Drs. Snyder and Middlekauff provided the community of Hays with appropriate progressive care, but they were by no means the only experienced medical care providers in the community. This distinction included the local pharmacists as well.

Pharmacists are a large part of today's medical community. Dispensing pharmaceuticals and providing home remedies is a pharmacist's primary function, one that might seem familiar to those who went to the drug store over a hundred years ago.

⁴⁷ Ibid., 26.

⁴⁸ Fred Halbleid, "St. Anthony's Hospital," *Ellis County News*, July 22, 1916.

The pharmacy has been an institution in American communities since the beginning of the 1800s, as pharmacology began to move away from physicians and into the hands of trained pharmacists. Physicians would frequently make and dispense their own medicines, but as more students attended medical schools instead of pursuing apprenticeships to receive their medical training, the art of pharmacology was lost among this new generation of doctors. As a result, medical-school-trained physicians would write out prescriptions, and pharmacies would fill them, increasing the importance of pharmacies in communities. Pharmacies and adequately trained pharmacists became even more important with the start of the War of 1812, as most drugs at the time were imported from England. The sudden lack of supply of patent medicines and drugs provided an opportunity for American medical manufacturing to begin.⁴⁹ As a result of all of these changes occurring in the pharmaceutical profession, the tradition of the American pharmacist became an institution in communities across the nation.

Before the Civil War, there were only six colleges of pharmacy in the United States.⁵⁰ There was no requirement for a pharmacy license in any state, creating the perception that it was more about on-the-job training rather than a formal profession that required intense schooling. Most pharmacists of the nineteenth century only spent two to three years apprenticing before beginning their own pharmacy. In 1860, only five percent out of eleven thousand pharmacists had received any formal schooling on the

⁴⁹ Gregory J. Higby, introduction to *In Search of Excellence: The First Century of the American Association of Colleges of Pharmacy*, by Robert A. Buerki, *American Journal of Pharmaceutical Education*, (Fall Supplement 1999): 1-16, 4.

⁵⁰ Michael Flannery, *Civil War Pharmacy*, 25.

subject, with only twelve percent having done so by the turn of the century.⁵¹ Pharmacy curricula began to become a part of state universities across the country in 1868.⁵² Most pharmaceuticals were made on location, with mass production of medicine lagging far behind that of Europe. Premade patent medicines became popular after 1865, making their way to the majority of pharmacies across the nation.⁵³ Drugs prepared at the local pharmacy were made of a variety of ingredients and were typically turned into pill form. One of the most popular ingredients in many of the medicines produced was opium, including the refined opiate, morphine.⁵⁴ By the end of the nineteenth century, states began to require licenses to operate pharmacies, with national legislation coming in the early twentieth-century in the form of the Food and Drug Act of 1906 and the Harrison Narcotic Act of 1914.⁵⁵ While the production of medicine from a twenty-first century perspective might seem primitive during the nineteenth century, it was a complex and extremely difficult trade, one that required much dedication from the pharmacist. While many had no formal training, their experience was based upon the knowledge gained from their predecessors, utilizing methods that had been a part of pharmacy for many decades.⁵⁶

⁵¹ *Ibid.*, 27.

⁵² Glenn Somedecker, David I. Cowen, and Gregory J. Higby, *Drugstore Memories* (Madison: American Institute of the History of Pharmacy, 2002), 67.

⁵³ Flannery, *Civil War Pharmacy*, 28.

⁵⁴ *Ibid.*, 33.

⁵⁵ Somedecker, Cowen, and Higby, *Drugstore Memories*, 67.

⁵⁶ *Ibid.*, 47.

In *The Hays City Railway Advance*, an advertisement appeared for a drug store owned by J.V. Macintosh on South Fort Street in 1867.⁵⁷ This drug store was the earliest instance of such an establishment in Hays. Macintosh was a former hospital steward who had arrived in Hays in 1867. Having served in Indian raids in Texas, he lived an eventful five years in Hays before his death in 1871. While simultaneously running his drug store, Macintosh also became the county coroner, the clerk of the district court, the probate judge, the register of deeds, the county sheriff, and a representative to the state legislature. Pharmacists served as important parts of their communities, offering medical care and advice to many who required it.⁵⁸ The pharmacist was often referred to by the honorary title of “doc” or doctor, even though he had not graduated from a medical school.

James O’Brien opened his drug store in 1876 after a career in the army. O’Brien was the drug store owner referred to in Anne Gilkerson’s account of her dying daughter and the valiant effort by O’Brien to save her. Gilkerson’s reliance upon O’Brien to save her child is an example of the high esteem given pharmacists for their healing ability. Little is known about the druggist’s life other than his emigration from Ireland as a child and military move to Fort Hays in 1869. O’Brien’s drug store was known as the “Mammoth Drug Store,” mostly due to the building’s enormous size that stood out among the other buildings located on the Ryan block district of Hays. Besides drugs,

⁵⁷ *The Hays City Railway Advance*, November 9, 1867.

⁵⁸ Burkey, “Druggist James O’Brien,” 13.

O'Brien's drug store sold a variety of items ranging from paints to stationery.⁵⁹ O'Brien also sold a large selection of cigars, gaining him the reputation of being known as "the boss cigar man in town."⁶⁰ The druggist was also used in many tongue and cheek comments found throughout the *Ellis County Star*, often pertaining to inside jokes, but these seemed to show a level of respect the editors of the *Star* had for O'Brien. Most of these inside jokes involved statements such as, "Green corn and cucumbers have made their appearance Doctor O'Brien is the first man you want to consult after partaking."⁶¹ This statement and the use of the title "doctor" is an indication of the high regard felt by the community for the medical knowledge of O'Brien.

Unfortunately for O'Brien, he sustained a terrible leg injury in 1872 that troubled him for the rest of his life. He would be hospitalized many times due to the injury, including being taken to the fort hospital to have pieces of bone removed from his leg. The injury continued to bother him to the point where he traveled to Leavenworth, Kansas to have an operation to fix the problem. This operation was a failure, unfortunately killing O'Brien. He died in Leavenworth on October 2, 1878. O'Brien's drugstore was taken over by a man named John Hobbs, who continued to run the establishment well into the late 1880s. O'Brien had spent only a short time in Hays as a

⁵⁹ Ibid.

⁶⁰ *Ellis County Star*, June 8, 1876.

⁶¹ *Ellis County Star*, August 3, 1876.

druggist. He left a positive impact with his regular customers and patients he served until an actual doctor arrived in Hays in 1876.⁶²

Another druggist who was given much respect in Hays was Hugo Kohl. Kohl developed a large amount of experience from being the hospital steward at Fort Hays for many years. After Kohl's discharge from the army in 1879, he opened a drug store in Victoria, Kansas, about ten miles east of Hays.⁶³ He eventually moved to Hays to open a store there in 1894.⁶⁴ He was an important figure to the region because of his ability to speak both English and German, which allowed him to communicate well with locals, many of whom had trouble learning English after their emigration from German speaking areas of Russia. This distinction gave him the opportunity to provide services to German immigrants. His reputation grew among the Germans and soon Kohl became a trusted professional who would aid in health related issues, sometimes even assisting in legal concerns.⁶⁵ During his time in Hays, Kohl performed many roles, including county coroner and health officer.⁶⁶ Kohl also served on the local school board.⁶⁷ His wide appeal as an approachable professional quickly garnered him the title of doctor, causing many of Hays' citizens to refer to him as Dr. Kohl, regardless of his lack of a proper

⁶² Burkey, "Druggist James O'Brien," 13.

⁶³ *Ellis County News*, August 21, 1915.

⁶⁴ Blaine Burkey, "Pharmacy in Hays," in *At Home in Ellis County*, vol. 1, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 229.

⁶⁵ Alfred Harkness, "Kohl, Hugo Bernherdt," in *At Home in Ellis County*, vol. 2, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 320.

⁶⁶ *Ellis County News*, October 12, 1901.

⁶⁷ *Ellis County News*, August 21, 1915.

medical education.⁶⁸ In 1902, a man by the name of C.A. Harkness came to work for Kohl. Harkness, who had graduated from Emporia College in Emporia, Kansas with a degree in pharmacy, eventually married Kohl's daughter and took over the business when Kohl grew too old to manage it.⁶⁹ Harkness Pharmacy continued to remain in business until the early 1960s, offering a large drug store and popular hangout for local students.⁷⁰ Kohl died in 1915, leaving behind a legacy of community commitment and excellence.⁷¹

Even with such scientifically progressive medical professionals as Kohl, Middiekauff, and Snyder present in Hays, there was no guarantee that everyone in the community would go to the doctor once sick. There were many reasons as to why a person would still refuse to go to the doctor, even in an era in which medicine and science were merging into effective healing methods. Some people still held a powerful distrust of professionals of any kind, especially doctors. The stigma that doctors had no better chance of curing a person than did any home remedy was earned. Before the mid-nineteenth century, the doctor was more of a tool to ease suffering and to try whatever means possible to ease a sickness, something that could be done just as easily by a loved one in the home.⁷² This stigma associated with doctors was a hard one to shake, so many people relied on folk medicines and healers to take care of their medical needs well into

⁶⁸ Harkness, "Kohl, Hugo Bernherdt," 320.

⁶⁹ Alfred Harkness, "Harkness, Charles Adam and Louisa," in *At Home in Ellis County*, vol. 2, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 234.

⁷⁰ Burkey, "Pharmacy," 229.

⁷¹ *Ellis County News*, 21 August 1915.

⁷² Japp, *Pioneer Medicines*, 18.

the turn of the century. Much of this was cultural, as these folk remedies had been passed down for generations, giving the treatments credibility, even when doctors dismissed them. According to Volney Steele, author of *Bleed, Blister, and Purge*, scientifically based medicine's banishment of folk medicine as a legitimate treatment philosophy is unfortunate, as some of the remedies actually held some merit in comparison to their science-based counterparts.⁷³ While some of the methodology of the folk healers seems rather unorthodox in comparison to today's standards, home remedies as a source for relief was an important aspect of any frontier home.

Whichever method of care citizens used to treat whatever ailed them, Hays had one of the most progressive medical communities in the region. The town was the site of offices for educated doctors who had learned some of the most progressive methodologies to date at the time. These doctors provided a level of commitment that allowed Hays to have modern medical care during a period in its history when no hospital existed in the town. To enhance the already superior education of the doctors, Hays also possessed experienced and well-trained pharmacists who had come from the ranks of the highly regarded hospital stewards of the army. These individuals observed and served with the progressively trained doctors of the Army Medical Department, giving them exposure to the latest treatments known. While there was still a rather active folk medicine culture in Hays, the option to receive progressive care was readily available. The only thing missing now from the Hays medical scene was a hospital, and by the turn of the century, the area did not have to wait long to have this void filled.

⁷³ Steele, *Bleed, Blister, and Purge*, 131

CHAPTER FOUR

THE THIRD PHASE: THE ROLE OF ST. ANTHONY HOSPITAL

When Mother Agnes first arrived in Hays in 1904, it was meant to be a trip of relaxation and recuperation, a way to ease the many ailments that plagued her. The warmer, milder climate of the Southern Midwest was a drastic change from the much colder conditions of her home state of Wisconsin. While it was not Texas, which was the initial destination of this journey, Mother Agnes was too weak to carry on, making Hays her new home.¹ However, there would be little relaxation, as Mother Agnes' personality never allowed her just to sit back and observe the events of others. She was a talented organizer who had already played a key role in the growth of the Sisters of St. Agnes. The Congregation of St. Agnes believed in the development of communities, having already built one hospital in Wisconsin by the turn of the twentieth century to better serve the citizens of Fond du Lac. When local doctors and community members of Hays approached Mother Agnes for help in acquiring a hospital for their town, she could not turn them away. With her health dwindling dramatically, Mother Agnes made one final promise before her death, to establish a hospital in Hays, Kansas.² With that promise, St. Anthony Hospital was born.

Hospitals have been a part of American culture since the birth of the nation, but the understanding and purpose of hospitals has changed drastically over the past two hundred years. The first hospital to be built within the British colonies was Pennsylvania

¹ Margaret Lorimer, *Ordinary Sisters* (Fond du Lac, WI: Action Printing, 2007), 148.

² *Ibid.*, 193.

Hospital in 1752. Most hospital funds for development in the late eighteenth and early nineteenth centuries came from voluntary donations collected from neighborhoods and wealthy philanthropists.³ Founded as institutions to aid the poor who could not afford nor had the resources for home based treatments, many people began to associate hospitals with the downtrodden, as respectable citizens of the era received all of their medical care from within their own homes. Hospitals were not the scientifically based institutions of healing that people use today.⁴ Throwbacks to the morally obligated religious hospitals of the Middle Ages, these institutions sought to create an organization that healed poor people in an effort to allow them to become productive members of society once again.⁵ If a person had a disease considered incurable or disproportionately dangerous, hospital physicians sent them to “pest houses” to await their fate.⁶ Due to these elements, it is obvious that the earliest of American hospitals were more for social justifications than actual medical care.⁷ It was not until the Civil War that this mentality towards the hospital began to change as the introduction of science-based medicine began to add more legitimacy to inpatient care.

There are a number of factors that eventually brought the importance of hospitals to the forefront. First, as more people began to move into large urban areas, the ability to

³ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc., 1982), 150.

⁴ *Ibid.*, 151.

⁵ George Rosen, “The Hospital: Historical Sociology,” in *The Hospital in Modern Society*, ed. Eliot Freidson (Toronto: The Free Press of Glencoe, 1963), 25.

⁶ Starr, *The Social Transformation of American Medicine*, 151.

⁷ Rosen, “The Hospital,” 25.

provide large amounts of medical care became more economically feasible. This population boom allowed facilities to provide care en masse, as opposed to specialized home-based care. The second is the inclusion of science-based medical procedures. As the importance of sanitation became apparent and ether was discovered as an anesthetic, the hospital soon became the logical site to perform surgeries within a controlled environment.⁸ Hospitals soon began to shed their stigma as a place for the poor and became credible institutions that healed people. Hospitals began to hire professionally trained nurses by the 1870s, greatly increasing the quality and level of care found within these institutions.⁹ As medical advances continued to dominate the scene by the end of the nineteenth century, the use of surgery to manage illness and the understanding of the spread of disease placed hospitals at the forefront of the medical profession. By the early half of the twentieth century they were a necessity.¹⁰ Medical facilities began to grow in number as more religious and charity groups entered into the realm of healthcare to meet their moral obligations. While common in mission and purpose throughout the United States by the turn of the twentieth century, hospitals had histories and backgrounds as unique as the many organizations that founded them.

Hospitals built and operated by Roman Catholic nuns was not a new concept. The Daughters of Charity of St. Vincent DePaul in St. Louis founded the first Catholic

⁸ J. Donald Snook, *Hospitals: What They Are and How They Work* (Gaithersburg, MD: Aspen Publishers, Inc., 1992), 5.

⁹ Starr, *The Social Transformation of American Medicine*, 155.

¹⁰ Snook, *Hospitals*, 6.

hospital in the United States in 1828.¹¹ Many of these hospitals were the first instances of organized medical care for remote, rural frontier communities. Nuns placed themselves in a position of medical authority diagnosing diseases, setting broken bones, and prescribing treatments. These hospitals provided the perfect foundation for a medical community when doctors became more abundant in the West.¹² Each religious community ran its hospitals differently, with different congregations and denominations establishing their own medical facilities. A hospital is much more than just a building; it involves investors, doctors, and administrators, in other words, dedicated individuals who devoted their lives and support to caring for others. The Congregation of St. Agnes, which founded St. Anthony Hospital in Hays, is an example of a religious community that worked tirelessly to heal the sick.

St. Agnes was born to a wealthy Roman family. In 304 CE, Agnes would become canonized a saint in the Catholic Church and would become associated with virginity, purity, and the preservation of innocence.¹³ She would become the inspiration for one man who desired to preserve his religion in a new, untamed world, to create a guiding light from which every American frontier Catholic could turn for a reminder of faith. Father Casper Rehr, an Austrian, came to Wisconsin to found the Sisters of St. Agnes, basing his new congregation on the innocence of the organization's namesake.¹⁴ A

¹¹ *Ibid.*, 5

¹² Steele, *Bleed, Blister, and Purge*, 221

¹³ Sean Kelly and Rosemary Rogers, *Saints Preserve Us!* (New York: Random House, 1993), 8.

¹⁴ Rehr founded the sisterhood to recruit nuns to teach at the various schools he wished to establish for Catholic children. These schools were a reaction to the poor religious education Midwestern

young woman named Gertrude Rehberg became the first sister of the Congregation of St. Agnes. Not too long after, two more women joined the sisterhood.¹⁵ All the sisters had to take an oath of poverty, chastity, and obedience. They also made the following commitment: "... to devote myself assiduously to my perfection and personal education, and most carefully to instruct and educate the youth entrusted to my care, and even to perform manual labor."¹⁶ It was with this oath that the Sisters of St. Agnes became a reality.

The new congregation was not without its growing pains, with sisters leaving and some even returning after their initial departure, but once these first few setbacks were alleviated with the continued growth of the sisterhood, things fell into place.¹⁷ Although Father Rehrl's unwavering commitment and dedication to the cause of education brought about the creation of the Congregation of St. Agnes, it would be under the leadership of the organization's first mother superior that the sisterhood began to make its most important and lasting contributions. This remarkable leader was Mary Agnes Hazotte, whose rise to power within the Sisters of St. Agnes redirected, redefined, and reinvigorated the future of the congregation.

Mary Hazotte was born in Buffalo, New York on May 7, 1847. Growing up in Detroit, her early life was filled with death, as many siblings and her father passed away

Americans were receiving and the influx of Protestants in the region. Margaret Lorimer, *Ordinary Sisters*, 37

¹⁵ Ibid., 36.

¹⁶ Ibid., 37.

¹⁷ Ibid., 43.

from a variety of diseases.¹⁸ By the time she was thirteen, Mary's mother had also passed away, leaving her in the care of her two older brothers and an older sister. Her siblings sacrificed much to provide the finest education for young Mary, but the suffering she experienced early on in her life brought her to the church for comfort. Her teachers saw a great deal of potential in Mary early on, winning her the affections of many in the community, including one Sister Thecla.¹⁹ Sister Thecla was Mary's neighbor for many years before the former moved to Wisconsin to join the Sisterhood of St. Agnes. She kept an eye on Mary through correspondence with her mother, who lived near Mary's family, concerning herself with the young woman's eventual vocation. She had always felt that Mary had been ordained by God to do great things.²⁰ In an effort to foster this development, Sister Thecla sent a letter to Detroit inquiring whether Mary would like to come to Barton, Wisconsin to spend some time with the Sisters of St. Agnes, in hopes of recruiting her into the Congregation.²¹ The attempt succeeded. In 1863, much to the dismay of her family, Mary Hazotte left Detroit to join the Sisterhood of St. Agnes.²² At the convent in Barton, Mary quickly became immersed in the life of sisterhood. Father Rehrl took a particular interest in her, providing for her many outlets from which to develop her talents. He provided her with teaching instruction, music lessons, and an

¹⁸ Ibid., 47.

¹⁹ M. Vera Naber, . . . *With All Devotedness* (New York: P.J. Kennedy & Sons, 1959), 39.

²⁰ Ibid., 38.

²¹ Ibid., 37.

²² Ibid., 40.

organ so she could enhance her already skilled abilities with the instrument. Father Rehrl found in Mary what he called "a child of destiny."²³

The Sisters of St. Agnes found themselves in an eventful period in the middle to late 1860s, around the same time Fort Hays was establishing a foothold on the plains of western Kansas. The schools established by the sisterhood were successful, with more students enrolling each year.²⁴ Sister Agnes moved up the ranks quickly at the convent, and when the first elections for Mother Superior were held in 1864, Agnes received the most votes, which was quite an accomplishment for a seventeen-year-old. Of course it is also important to keep in mind that there were only five sisters who were eligible to vote.²⁵ Nonetheless, Sister Agnes was placed in a position of power, even if much of it was superficial, allowing her to develop her influence within the convent. Father Rehrl still made the decisions, allocated resources, and provided opportunities for the sisters, so Sister Agnes' influence was limited.

After an ideological struggle between Rehrl and Sister Agnes, the latter gained more dominance in the organization. This shift created a precedent for the Sisters of St. Agnes that gave the superior more control, allowing her the ability to be much more dynamic as the needs of the convent required.²⁶ With this newfound power, Father Rehrl moved to the background in regard to sisterhood decisions. Sister Agnes was redefining

²³ Ibid., 41.

²⁴ Ibid.

²⁵ Lorimer, *Ordinary Sisters*, 50.

²⁶ Ibid., 54.

the role of sisters within their own convent. Rehrl would soon resign over this conflict, giving almost complete control to Agnes.²⁷ She moved the congregation to Fond du Lac, Wisconsin where she received the title of Mother Agnes.²⁸ With her in charge, the Congregation of St. Agnes was in a position to do many great things, to expand, and to provide to the communities they served a number of benefits. One of those communities would soon be Hays.

Hays in the mid-1870s was a stereotypical wild, western community. Ranchers, railroaders, soldiers, and roughhousers dominated the town's image. It was not seen as a stable community from which to raise a family and it certainly was not a place for decent, God-fearing folk.²⁹ The entire purpose of Hays changed with the arrival of the Volga Germans out of Russia in 1876.³⁰ These farmers brought with them their families, desiring to start their lives anew in the soil of Western Kansas. Of course, these Volga Germans had needs that the previous infrastructure of Hays could not provide. Devoutly Catholic, the Volga Germans desired religiously based education and instruction. Hays did not have specific church buildings until 1879, with many congregations using the local schoolhouse to accommodate their desire to worship. The schoolhouse was a busy place on Sundays as Episcopalians, Catholics, Lutherans, Congregationalists, and

²⁷ Ibid., 63.

²⁸ Ibid., 65.

²⁹ Hays Chamber of Commerce, *Fort Hays and Hays City*, 22.

³⁰ Dreiling, *Official Centennial History of the Volga German Settlements*, 22.

Presbyterians all held their services at the same location.³¹ Hays had few resources available to provide a proper Catholic education. A local Catholic leader, Father Hyacinth Epp, had become acquainted with the works of the Sisters of St. Agnes and wrote a pleading letter to Mother Agnes requesting help in forming a school for the local children. The letter sent by Father Epp outlined the desperate situation and the optimism he felt for Hays' potential. He wrote, "I truly believe that in time the Sisters will have more schools in Ellis County, for the need is great and will not lessen. Presently the people are poor but every beginning is hard. I do not doubt that the Sisters coming would not be in vain."³²

The first Sisters of St. Agnes arrived in Kansas in 1879 to begin a school in Herzog, now known as Victoria, located approximately ten miles east of Hays.³³ The sisters travelled to Hays periodically to teach at the newly built St. Joseph's Catholic Church, which was the first dedicated church in the community. The 42' X 22' frame building was first used in 1879, beginning the long legacy of St. Joseph's Catholic Church in Hays.³⁴ In 1881, more sisters arrived in Ellis County to provide assistance, allowing some of the sisters to establish a permanent residence in Hays.³⁵ The sisters

³¹ Blaine Burkey, "Variety of Churches," in *At Home in Ellis County*, vol. 1, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 159.

³² *Ibid.*, 169.

³³ "Sisters Reach 'Wilds' of Kansas in 1879," *Hays Daily News*, May 19, 1972, Sisters of St. Agnes clipping file, Kansas Room, Hays Public Library, Hays, KS.

³⁴ Blaine Burkey, "St. Joseph's Catholic Church, Hays City," in *At Home in Ellis County*, vol. 1, ed. Blaine Burkey (Hays, KS: Ellis County Historical Society, 1991), 163.

³⁵ Lorimer, *Ordinary Sisters*, 171.

faced many hardships in Ellis County, with some of them dying from diseases such as typhoid fever. Even with such hardships, the sisterhood was experiencing great success in Kansas. The schools were doing well and the congregation was expanding to other communities in the area. The Sisters of St. Agnes was having an impact and a permanent influence on the region.³⁶

The sisterhood had many interests other than just education. The sisters were instrumental in developing mental hospitals, nursing homes, farms, and orphanages around Wisconsin. One of the major projects of the sisterhood, and one that had a continuing impact on the communities within which they were built, was the establishment of hospitals. The sisterhood's first hospital was built in Fond du Lac, Wisconsin, the home of their motherhouse. The development of this first hospital was a testament to the sisterhood's continuing desire to provide for their communities. It also explains the congregation's expansion into medicine and their newfound desire to help provide quality medical care. Local Fond du Lac businessmen and doctors pleaded with Sister Agnes for ten years to try and develop a hospital. Unfortunately, as much as Mother Agnes wished to help, there were just not enough funds in the congregation's coffers to sponsor such a project.³⁷ By 1895, local businesses had helped raise enough money to begin building the hospital. Mother Agnes placed all of the support of the Sisterhood behind the building and staffing of the project. She sent a handful of sisters to learn nursing and surgical techniques from a doctor in Chicago, while a local Fond du

³⁶ Ibid., 172.

³⁷ Ibid., 139.

Lac doctor travelled to Europe to learn the most up-to-date methods and procedures to allow him to be a more capable chief of medicine.³⁸ The simple hospital opened in 1896, available to all who might need medical attention. Local physicians were urged to send their sick to the new facility as well as direct their patient's care from within its walls.³⁹ With this hospital, St. Agnes Hospital, the Sisterhood of St. Agnes set a precedent for providing quality medical care. Mother Agnes was a believer in progress, much to the dismay of many of her contemporaries. She called for modern amenities, electricity, and expansion. Many benefited from this eye towards progress, with the citizens of Hays soon experiencing it for themselves.⁴⁰

Mother Agnes was devoted to providing quality medical care to those who needed it. Her response to opponents who came to her home to try to talk her out of supporting St. Agnes Hospital was an example of her commitment to the project. The conversation, according to church historian W. Vera Neber, is said to have gone like this.

"Gentlemen," she [Mother Agnes] said, "when Christ was on earth He not only preached. He also healed the sick on many occasions and in great numbers. Would you say that He did a good work?" "Well, yes," the men replied. "But you're not Christ," snapped one of her antagonists. "No, indeed, nor do we pretend to be," she said, "but Christ has called us to continue His work on earth, and as long as God permits illness, He will also expect His creatures to care for the sick. We have considered the matter and have decided to undertake the building of the hospital. We shall not reverse our decision. Good day, gentlemen. Thank you for your interest."⁴¹

³⁸ Ibid., 140.

³⁹ Ibid., 141.

⁴⁰ Ibid., 136.

⁴¹ Neber, . . . *With All Devotedness*, 128.

It is with such a solid commitment that the Congregation of St. Agnes became members of the medical community.

Mother Agnes became a member of the Hays community more out of necessity than actual desire. Agnes had made previous trips to Kansas to accompany sisters who were being transferred to Ellis County to fill vacancies. While in Kansas, Mother Agnes found the climate to be enjoyable and positive for the many sicknesses that she had begun to develop in her old age.⁴² By the early 1900s, Mother Agnes found herself in declining health. Now in her fifties, Agnes was suffering from colitis, tuberculosis, diabetes, and a heart ailment.⁴³ She was bed ridden five months out of the year and increasingly frustrated at her inability to accomplish the many tasks required of her as mother superior. In 1904, Agnes received permission from the local archbishop to leave Wisconsin for an extended period in an effort to try to recuperate. Her idea, location was Texas, where she believed the climate was warm enough to help alleviate her many ailments. She had fallen in love with Texas while on one of her many mission trips and wished to bask in its beneficial climate. Fate, however, would have a different direction for Agnes, as she would only make it as far as Hays, Kansas before her health took a turn for the worse and she decided it would be best to remain in Kansas for the time being. She purchased a house from the Beach family, in hopes of one day converting it into a home for tubercular sisters. Mother Agnes did not live much longer after her arrival in

⁴² Ibid., 147.

⁴³ Lorimer, *Ordinary Sisters*, 147

Hays, with her illnesses taking her life in March 1905.⁴⁴ However, even in death, Mother Agnes continued to contribute to the communities she cared so much for. She had made a promise to the community leaders of Hays that a hospital would be built in the area and it was promise that was to be kept.

As stated earlier, Mother Agnes purchased a home known as the Beach House for \$5,600 in December of 1904.⁴⁵ This property was located on the northeastern corner of Walnut and 13th Street, now inhabited by the Developmental Services of Northwestern Kansas (DSNWK) building. Many in Hays began to realize that Mother Agnes was going to be spending much time in town and her reputation spread quickly. Community leaders had heard of Mother Agnes' success in building St. Agnes Hospital in Fond du Lac, Wisconsin and now desired such a facility in their own community. Before her death in 1905, Mother Agnes promised to do all in her power to have a hospital built in Hays, but her passing added uncertainty to those plans.⁴⁶ After her death, a new mother superior was chosen. Her name was Sister Antonia, now Mother Antonia, and she inherited a large amount of work. Mother Agnes' failing health had left her unable to attend to many of her responsibilities, and the mother house in Wisconsin and the congregation as a whole had fallen into disrepair. There were many projects that also needed attending.⁴⁷ Not until 1908 was the discussion of a hospital in Hays renewed.

⁴⁴ Ibid., 148.

⁴⁵ "First St. Anthony in 'Beach House'," *Hays Daily News*, May 19, 1972, Sisters of St. Agnes clipping file, Kansas Room, Hays Public Library, Hays, KS

⁴⁶ Lorimer, *Ordinary Sisters*, 193.

⁴⁷ Ibid., 182.

The sisters stationed in Hays continually sent letters to Mother Antonia to try to persuade her that such a project would be a positive undertaking. Mother Antonia was concerned about the expense of such a project, even though all of the funds were being produced locally. The Sisters of St. Agnes' commitment would be to provide nurses to staff the facility. Mother Antonia agreed to those terms and St. Anthony Hospital, named after Mother Antonia's patron saint, came to fruition.⁴⁸

The community was motivated to make this new hospital operational in a short amount of time. The Beach House was to be converted to accommodate the patients and medical facilities. Dr. Joseph U. Catudal was elected chief of staff and eight sisters were dedicated to staff the facility. One was to be an administrator, two were to be nurses, two were cooks and three were assigned to do laundry, baking, and other miscellaneous tasks. The hospital was filled with dedicated staff and doctors. Nurses were trained by those who had been educated at the sister's other hospital in Fond du Lac, giving the Hays nurses a scientifically progressive education that would serve them well at the new facility. The sisters collected food from throughout the countryside to save money. The cost of an elevator was too much, even with the surgery room on the second floor. If a patient had to go upstairs, and could not make it on his or her own, Dr. Catudal carried the person on his back. It was because of these sacrifices that the debt of converting the Beach house into a hospital was cleared in two years.⁴⁹ The three-story house had no wasted space. The first floor held the administrative offices, Sisters' quarters, chapel,

⁴⁸ Ibid., 193.

⁴⁹ Ibid.

dining room, kitchen, and laundry. Twenty patient rooms were spread out among the other two floors to provide as much inpatient care as possible.

Dr. Catudal was an important figure in organizing and garnering support for a hospital in Hays. Originally from Plainville, Kansas, Catudal had established a successful practice in Hays that “kept him on the jump, day and night.”⁵⁰ He was disturbed by Hays’ lack of medical facilities to attend to the medical and surgical needs of his patients. Like most doctors in Hays, if emergencies were to arise, doctors had to work with what they had to save a patient’s life. With the lack of nurses and a proper facility to watch over these healing patients, much was left to chance. By this time in American history, hospitals were supposed to be sanitary places where complex and necessary operations could be performed and where patients could recover under the supervision of trained nurses who helped ensure that complications were kept to a minimum. This constant monitoring by nurses helped drop mortality rate, from surgery drastically.⁵¹ Dr. Catudal was desperate to have a facility that provided Hays with proper medical care. Finally, after ten years his desires turned into reality with the help and support of the community and the Sisters of St. Agnes. Catudal became the hospital’s first chief of medicine and wasted no time getting patients to the new hospital. Hays resident Frank Motz recalled seeing Dr. Catudal bring patients to the new hospital in buggies, carts, and even on lumber wagons. Catudal had a mistrust of the reliability of automobiles during its early years, along with inadequacies of the roads in the region.

⁵⁰ Frank Motz, “In Retrospect,” *The Hays Daily News*, April 17, 1952.

⁵¹ Starr, *The Social Transformation of American Medicine*, 155.

requiring the doctor to rely primarily on horses.⁵² It was Dr. Catudal's hard work and dedication that helped St. Anthony's grow into a vital community resource.

The community banded around the new facility, helping ensure that it would prosper. This community involvement is a testament to Hays' adaptability to the changes in medicine. With hospitals becoming even more important for a properly functioning community, Hays citizens refused to be without their own. The ability for Hays as a whole to be looking forward is an example of not only the town's ability to shed the old ways, but of its progressive nature, adapting as necessary. When the hospital opened on August 25, 1909, it became a popular place for doctors to send their patients. Local doctors would refer their patients to the hospital in the event that they required constant observation or a procedure that was not feasible from home. During the first year, one hundred fifty-five patients were admitted into the hospital.⁵³ With its intense popularity, it became clear that the three-story building would soon be inadequate. The expansion of the facility was being discussed within the first year, but it would be about seven years before these aspirations would come to be realized.⁵⁴

The dedication of the original St. Anthony Hospital created great fanfare in the community. A reporter for the *Hays City Republican* was on hand to record the festivities. The newspaper documented that the Hays City band played throughout the day and tours were given to all those who wished to see the "the finely equipped

⁵² Frank Motz, "In Retrospect."

⁵³ Amanda Wirtz, *Cell to the Western Plains* (Hays, KS: Printcraft Printers, 1980), 57.

⁵⁴ *Ibid.*, 58.

building.”⁵⁵ Religious services continued into the evening and there was a speech by the mayor as well. The Sisters of St. Agnes welcomed all the citizens of Hays to the event.⁵⁶ Many in Hays saw the idea of a new hospital as a positive step for the community. One report in the *Ellis County News* reflected this with much enthusiasm. The article, dated May 7, 1909, outlined the plans of the Sisters of St. Agnes, including a discussion of the many new amenities that the hospital would possess. The editor of the *Hays City Republican* had this to say about the new facility:

Once more the hand of Progress knocks at the portals of Hays; once more does the finger of enlightenment beckon to her citizens; once more does the beacon of modern advancement shed its rays upon the path of civic pride and light the road to civic duty.

It is hoped that the people of this community will contribute generously and freely to this splendid enterprise. Hitherto surgical cases and serious medical cases requiring hospital care have been sent at great expense, inconvenience, and often danger to the patient, two or three hundred miles away to the hospitals at Topeka, Kansas City, or Denver. From this point of view, the projected hospital should appeal to every individual and every family in Ellis County.⁵⁷

The common problem of finding advanced surgical care in those major cities listed above alienated many patients who otherwise could not afford to have the procedures done. Local doctors had to improvise greatly to try to accommodate those who could not travel. St. Anthony Hospital alleviated the need to travel to receive adequate health care.

⁵⁵ *Hays City Republican*, August 28, 1909.

⁵⁶ *Ibid.*

⁵⁷ *Ellis County News*, May 7, 1909.

The community benefited immediately from the opening of the hospital. One of the first patients in the new facility was Bridget Carroll. At the age of 77, Carroll would spend her remaining days at the hospital praying in the small chapel located on the lower floor. Some of the sisters believed it was because of her nonstop prayers that the hospital was a success.⁵⁸ Many of the hospital's patients were mothers and their newborns. The first baby born at St. Anthony Hospital was Fred Clarence Haffamier on November 8, 1909.⁵⁹ Doctors from all over the area were invited to use the new facility; many of them took up the offer because it was conveniently located. Some of the first doctors to use the facility were listed in the July 22, 1916 edition of the *Ellis County News*. The list included many local doctors, mostly horse and buggy doctors. These physicians were "Dr. Blake, Dr. Caton, K.C. Haas, G.P. Hemm, O.A. Hennerich, C.H. Jameson, the two Drs. Kidd, Meade, Middlekauff, and Geo. Snyder."⁶⁰ The modern surgical facilities of the hospital drew in individuals from all over the region. The *Ellis County News* often ran articles about successful surgeries that occurred at the new facility, showering praise on the staff and the amenities. A Mrs. Wynne of WaKeeney had gone to St. Anthony for a procedure and quoted in the paper, "The hospital is certainly fine and the good Sisters in charge are deserving of the public support."⁶¹ However, as the hospital became more popular, the three-story house was becoming crowded. With one hundred and fifty

⁵⁸ "Sisters Reach 'Wilds' of Kansas in 1879 "

⁵⁹ Ibid

⁶⁰ Halbleid, "St. Anthony's Hospital."

⁶¹ *Ellis County News*, November 19, 1909.

patients the first year, by 1915 the number had reached four hundred. The roof of the Beach house was being used as a place to keep additional patients during periods of extreme space limitations.⁶² It had become apparent that there was no more time to waste in expanding the hospital.

By 1914, plans were underway to study the feasibility of building a new hospital in place of the Beach House. In January 1914, Mother Antonia made a journey from Wisconsin to Hays to survey the hospital to see what options were available. By April 7, the decision was made to go ahead and build a larger facility.⁶³ A Mr. C. Smith of Salina was the architect of the new building, with Mr. Jacobs of Hays contracting the building of the facility for \$75,000.⁶⁴ Upon the completion of the building in June 1916, the new hospital was a marvel of modern engineering.⁶⁵ A multitude of operating rooms was situated on the top floor of this three-story building. Adjacent to the operating rooms were sterilizing, anesthetic, and surgeon's dressing rooms. The main kitchen on the ground floor was thirty-five feet by twenty-five feet and contained a large refrigerator. On each floor, there were smaller "diet" kitchens that had a smaller fridge and were connected to the main kitchen by an electric dumbwaiter. The hospital now had an electric Otis elevator that took patients and staff to all the floors. Throughout the hospital were sixteen stations from which the state-of-the-art intercommunicating phone system could be used. The hospital also had a silent call system installed that allowed for

⁶² Halbleid, "St. Anthony's Hospital."

⁶³ Naber, . . . *With All Devotedness*, 172.

⁶⁴ Halbleid, "St. Anthony's Hospital."

⁶⁵ "Sisters Reach 'Wilds' of Kansas in 1879."

patients to get the attention of a nurse discreetly. The Kelmac modulating vapor heating method was placed throughout the building to provide adequate heating. Drinking water was spread throughout the building and was conveniently accessible by using one of the drinking fountains located on each floor. The boiler room and the laundry were located in a separate building. The laundry had all of the appropriate modern amenities, such as a drying room, tumbler, drier, an electric motor, soap-boiler, and electric irons. The entire cost of the building came to be \$110,000. The new facility could hold sixty patients comfortably, with the ability to hold up to eighty patients without hindering normal operations⁶⁰

The new and modern amenities of the hospital proved to be essential in many ways. The communication systems allowed hospital staff to be notified immediately of any kind of emergency, enabling them to provide quick and efficient service to patients. The drinking fountains gave visitors and patients clean, cool water, a sanitation measure that limited the spread of disease. The state-of-the-art heating allowed the hospital to control its temperature, which helped keep patients comfortable, while also preventing an environment that fostered the growth and spread of disease. The modern laundry allowed workers to clean sheets and linen adequately, ensuring that the next round of patients was not affected by the previous user's illness. Sanitation was key in this new building, using the newest technologies to provide adequate care for patients. The adequateness and progressive nature of the new hospital is evident in its selection to be included on the 1917 College of Surgeons list of approval. The college's primary goal with the list was

⁶⁰ Halbleid, "St. Anthony's Hospital."

to inform the public of hospitals that met requirements of standardization. Hospitals had to meet the following requirements: "Ethical and medical standards, adequate facilities for diagnosis and treatment, and competent supervision of all activities in the best interests of the patient."⁶⁷ This is a monumental achievement, as only about thirteen percent of hospitals across the nation were considered acceptable enough to be placed on this list.⁶⁸ The progressive nature of the technology used in the hospital, as well as its compliance with medical standardization, is a shining example of St. Anthony's progressivism and, as a whole, that of the community of Hays.

The grand opening ceremonies for the new St. Anthony Hospital was held on July 23, 1916 and ran from two until six P.M.⁶⁹ Tours of the facility were offered and the new hospital was blessed. Mother Antonia had passed away in May of 1916, becoming the second mother superior to miss the opening of her labors in Hays.⁷⁰ The *Ellis County News* covered the event in their July 29, 1916 issue. A large number of visitors from the community turned out to witness the opening and they had an opportunity to tour the new facility. The *News* reported that all those who visited commented positively about the new hospital and spoke "in nothing but the most flattering terms." "Simple, practical, grand, the last word up to date, nothing better anywhere: is the final verdict," quoted the *Ellis County News*. Visitors were given the opportunity to discuss the new facility with

⁶⁷ "Meets the Standard College of Surgeons," *Ellis County News*, October 18, 1928, Health Care clipping file, Ellis County Historical Society, Hays, KS.

⁶⁸ Ibid.

⁶⁹ *Ellis County News*, July 22, 1916.

⁷⁰ "Sisters Reach 'Wilds' of Kansas in 1879 "

the Sisters of St. Agnes and were treated with punch. The entire event was free and there were no requests of donations or contributions.⁷¹

There was an obvious pride that could be felt in all of the commentary that circulated in the newspapers of the time. Some believed that such a grand hospital could have been achieved only in the West, with eastern contemporaries supposedly lacking in ability:

To express the sentiments of the people of the east I only need to narrate a few phrases which Dr. Caton uttered while sojourning in town on a business call lately. He remarked that it would be thought impossible in the east for such a spacious and up-to-date hospital to be successfully erected and sustained in as small a town as this.⁷²

Many in the area felt that Hays was a center of progress, as though the western spirit was one that could reflect the necessity of always moving and looking forward. This sentiment was described well in the commentary of Fred Halbleib in his article for the

Ellis County News:

The sentiment of the west is enthusiasm and progress. So whenever any lasting mark of improvement, any monument of prosperity or home divine charity and dignified patience, such as been completed by the devoted Sisters, who truly know the motto of land of smiling sunshine and the regal sunflower "To the stars with difficulty," arises in our very midst. Let it not be said of us that we lacked enterprise or good will to boost it, let us be up and doing and always glorying in the improvement and aggrandizement of the western part of our noble state, especially when such an exalted achievement of mercy and monumental alleviation for man's innumerable distresses presents itself for our consideration.⁷³

⁷¹ *Ellis County News*, July 29, 1916.

⁷² Halbleib, "St. Anthony's Hospital."

⁷³ *Ibid.*

Ellis County was the second county in Northwestern Kansas to have a hospital, behind Barton County, whose Central Kansas Medical Center opened in 1903. St. Anthony Hospital served surrounding counties for decades, the majority of which did not receive their own hospitals until the 1950s.⁷⁴

The creation of St. Anthony Hospital was an achievement that helped bring the community of Hays proper medical facilities to meet the ever-changing dynamics of medicine. The methods of horse and buggy doctors were becoming obsolete as the importance of having a sterile and properly staffed facility from which to treat patients became more apparent. Without proper facilities, surgeries were even more dangerous. The recovery period after a surgery was typically difficult to monitor, as there were limited numbers of trained attendants available to oversee the healing process. A modern medical facility such as St. Anthony Hospital gave quality inpatient care to a population and region that was lacking modern medical amenities. The open nature of the hospital allowed for local doctors, most of whom had limited hospital experience, to use the facility at their leisure and adapt to the increasing importance of the hospital setting. The previous stereotype of a hospital as being a fore bearer to death melted away quickly as admittances to St. Anthony increased proportionally after 1909.

Based on the criteria established to distinguish a medically progressive community, the development of St. Anthony Hospital fit all three. The education criterion was met with the use of trained nurses to provide science-based medical care and the inclusion of the local physicians into the planning, use, and implementation of the

⁷⁴ "Northwestern Kansas Hospital Data," *History of Saint Anthony Hospital*, Personal papers of Alice Pfeifer, Hays, KS.

new facility. Hays already possessed experienced, well-trained doctors from the horse and buggy era of medicine, now they would be naturally integrated into more of a hospital based care system. Technology is evident throughout the entire 1916 facility, giving Hays citizens the most state-of-the-art care. The adaptability criterion was met through many different means. First, the efforts of the community showed that the citizens of Hays understood the importance of establishing a hospital in their town, representing the changing trend in medicine. The local doctors all signed on to use the new hospital, showing a fluidity in the way they would continue to practice medicine through a dynamic period. Finally, the Sisters of St. Agnes demonstrated a great ability to ensure that the dream of a hospital in Hays stayed alive, while providing the best of all possible care in situations that were economically stringent.

One of the true testaments to the progressive nature of Hays is how the community came together to make the dream of an adequate hospital a reality. Funded on local monies, St. Anthony's story is one of community action. Coupled with the devotion and dedication of the Congregation of Saint Agnes, whose continuing mantra of community development shines through in the accomplishments of St. Anthony Hospital, the community of Hays provided for its citizenry a convenient, safe and state-of-the-art medical facility that embodied the nature of science-based medical progressivism. As the needs of the community changed, so did the hospital. A new era of medicine was dawning, one that focused on concentrated care in medical facilities. For western Kansas, Hays surpassed the standard. Fortunately for Hays, this state-of-the-art medical facility, staffed by knowledgeable doctors and dedicated nurses, was in operation shortly

before it would be needed the most, as a nation would be at the mercy of one of the most malicious diseases ever to devastate humanity.

CHAPTER FIVE

THE SPANISH INFLUENZA AND PUBLIC HEALTH IN HAYS

The year 1918 was eventful for a plethora of reasons, ranging from the jubilant to the sinister. That year, the world experienced the end of the “war to end all wars,” a paramount achievement, not only from a technological standpoint, but one that was a testament to human sacrifice and endurance. World War I was fought like no other war previously, changing the entire dynamic and rules of warfare for all future conflicts. Its end in November 1918 brought much joy to all those who were affected, because they had loved ones in Europe and they were ready to have them home again. It is easy to assume that the Middlekauff family in Hays, Kansas was ready to have its son, Casper, returned to them, to allow him the opportunity to work with his respected physician father, Joseph.

One of the most sinister aspects of the end of 1918 was the fact that among all of this happiness and celebration lurked a disease that struck in a manner that shocked, frightened, and confused many around the world. The Spanish influenza struck with ferocity causing much death. The influenza that ravaged the world in 1918 rocked the still developing foundation of medicine to its core.¹ The story of the Spanish influenza, and the resulting pandemic, gives us insight into medical progressivism and public health, as the nation became more conscious of the importance of science-based methodology in the combat of disease.² This new consciousness caused many communities to update

¹ Barry, *The Great Influenza*, 5. Barry examines the effect of the Spanish Flu on science-based medicine. Barry believes that the Spanish Flu brought drastic changes to medicine, helping its full transition into the modern era.

² A pandemic occurs when a disease affects a high proportion of a population over a wide geographical area. Pandemic is often times confused with an epidemic. The latter refers to a high proportion of the population infected within a contained community or region.

their medical care, allowing them the opportunity to catch up to medically progressive communities such as Hays.

The flu of 1918, known as the Spanish influenza, was uniquely vile for a number of reasons.³ The first, most striking aspect is how deadly it was. The Spanish influenza killed two and a half percent of its victims. This percentage seems like a minute amount, but in comparison, in a typical flu outbreak only one-tenth of one percent actually died from the disease.⁴ The flu also attacked those who were in their prime; eighteen to thirty year olds had the highest mortality rates. The virus seemed to feast on the typically healthy. Experts estimated that up to ten percent of young adults around the world were taken by the Spanish influenza.⁵ The disease also killed extremely quickly, infecting and killing the majority of those who would fall ill in a span of twenty-four days.⁶ Although fifteen million people died as a result of World War I, this number is smaller in comparison to the twenty million worldwide who were killed by the Spanish influenza.⁷ The most confusing aspect of this disease, however, has to be how quickly it disappeared. The major outbreak lasted only from October to December, after which it just disappeared, with morbidity numbers dropping drastically. The flu came as a storm cloud and then, as quickly as it arrived, it dissipated.

³ Gina Kolata, *Flu* (New York: Farrar, Straus and Giroux, 1999), 16.

⁴ *Ibid.*, 7.

⁵ Barry, *The Great Influenza*, 4.

⁶ *Ibid.*, 5.

Kolata, *Flu*, 7.

There is no doubt about the severity of this terrible strain of influenza. How the extremely deadly characteristic of the virus first came into existence was more of a mystery. Many scientists and epidemiologists place the first emergence of this strain of influenza in Southwest Kansas. While it is hard to imagine anything of such magnitude developing in a barren region of land with such a low population density there is much evidence to support that it might have begun in the remote Kansas county of Haskell. Haskell County documented an outbreak of an unusual form of influenza at the beginning of 1918.⁹ From there the virus spread with the movement of new army recruits from Haskell County to Central Kansas with harsher results.

Due to the war, people and supplies circumnavigated the globe at unprecedented rates. In Haskell County, after weathering this initial outbreak of flu, new recruits were being sent to the primary training station for troops in the country, Camp Funston, located directly outside of Fort Riley, Kansas. In March 1918, after it appeared in Haskell County, the first severe outbreak of deadly influenza occurred there. The flu at Funston continued approximately seven weeks before it was contained.¹⁰ Experts believe that the virus then traveled with the new recruits to Europe, where it might have interacted with another flu virus, or it could have just mutated into a much stronger strain of influenza.¹¹ The actual causes of the change is still a mystery, but, whatever the reason, the virus

⁹ *Ibid.* 91.

¹⁰ Judith R. Johnson, "Kansas in the 'Grippe,'" *Kansas History* Vol. 15, no. 1 (Spring, 1992): 44-52-44. A common colloquialism for the era is the use of the term "grippe" to describe the flu.

¹⁰ Alfred W. Crosby, *America's Forgotten Pandemic* (Cambridge: Cambridge University Press, 1989), 19.

¹¹ Barry, *The Great Influenza*, 176.

returned to the United States with vengeance as soldiers returned home. The flu raged throughout Europe in the summer of 1918, first arriving in America in the middle of August. It was a couple of weeks before officials on the East coast knew that the sudden sicknesses was something to be concerned about and it was then that the rest of the country began to take note.¹² Newspapers informed citizens that the flu was spreading, but it was not until about a month later that the virus arrived in Kansas.

News of the flu hit Hays by the final week of September. The information came in the form of an article discussing the sudden influx of flu at military camps across the nation. Editors hid the article inside the newspaper, far from the front page.¹³ Its position of importance changed by the first week of October as news of local illnesses and obituaries began to monopolize the front pages of Hays' papers. The headline, "Influenza Spreading Fast," was one of the first indications that the flu was a growing problem in the area when the editors of the *Hays Free Press* included it in their September 26 edition.¹⁴ The denial of the seriousness of the flu was also in the local papers, causing newspaper editors to write statements such as:

The daily papers have been carrying wildly exaggerated stories this week of the grippe epidemic at Hays and in the vicinity of Hays. We do not assume to charge them with wanton malice but the facts in the case do not at all justify the wild assertions made. From the best evidence we can gather there is no justification for calling it anything except the usual, ordinary old fashioned grippe. It has always been true that some years the grippe is much more severe than other years, and this seems to be one of the severe seasons. The great danger seems to lie in the lowered vitality due to the ravages of the disease, and the later development of pneumonia

¹² Crosby, *America's Forgotten Pandemic*, 45.

¹³ *Hays Free Press*, September 26, 1918

¹⁴ *Hays Free Press*, October 3, 1918.

with its serious results. But this business of scare head lines about Spanish Influenza etc., and the consequent frightening of people both here, and those away who have boys or girls here, is unfair and unjust. There is too great a disposition on the part of the modern reporter who wants to warp truth to make a "story."¹⁵

This editorial was symbolic of the level of confusion that became associated with the early stages of this illness. Many did not understand how this flu was different or that it was a cause for concern. Unfortunately for Hays, this strain of influenza was anything but the "usual, ordinary old-fashioned gripe." It struck hard and relentlessly, targeting the young and healthy, killing many who were in their prime. This became all too evident as the weeks wore on.

The Ellis County newspapers published many obituaries of young people who died due to the Spanish influenza. The death of people so young was difficult to understand, as is evident by statements found within the victims' obituaries. The obituary of twenty-one-year-old Victoria Wolf pondered, "It seems hard to give up one so young, with all of life before her. . . ."¹⁶ Thirty-four-year-old Solon Cunningham died of influenza after contracting the disease while visiting a town near Manhattan, Kansas. He passed away from pneumonia.¹⁷ With her husband away in France fighting World War I, seventeen-year-old Birdie Jack died of the flu on October 5.¹⁸ On October 16, Ellis County Attorney Jacob H. Summinger also passed away due to complications from the

¹⁵ *Ellis County News*, October 3, 1918.

¹⁶ *Ibid.*

¹⁷ *Ellis County News*, October 10, 1918.

¹⁸ *Ellis County News*, October 17, 1918.

flu, leaving behind a wife and seven children.¹⁹ The editors of Hays papers filled the front pages of their papers with obituary columns repeating similar stories of other people from Hays who had died of the Spanish influenza. The flu was also playing its part in Hays and the community was about to react.

Measures were being taken to prevent the spread of the virus. The Ellis County health officer posted a notice in the *Ellis County News*, by order of the State Board of Health, stating that "Pool Halls, Picture Shows, Schools, and Churches and all public gatherings will be closed until further notice. Parents are hereby requested to keep all children off the streets."²⁰ Dr. P. C. Anders, the county health officer, made a public announcement to the newspapers on October 17 stating that schools and churches would remain closed until the end of the month. In the announcement, Anders reminded citizens to follow proper hygiene rules and to avoid public gatherings. While taking such drastic measures, Dr. Anders remained optimistic, but cautious, commenting that "I believe since we have the epidemic under control we should keep it so and not be too much hurried about reopening our public places and exposing ourselves to a relapse."²¹ However, entering November, deaths from influenza still affected Hays residents. The Fort Hays Kansas Normal School allocated a hospital on the third floor of their coliseum to attend to students who had fallen ill to the flu. Lieutenant C.H. Hatfield was the doctor in charge, providing what the university paper, *The Leader*, called "the best of care."²²

¹⁹ Ibid.

²⁰ *Ellis County News*, October 10, 1918.

²¹ *Ellis County News*, October 17, 1918.

²² *The Leader*, November 7, 1918, Influenza clipping file, Ellis County Historical Society, Hays.

Two students, John Harkins and John Geiger, passed away in the early part of November due to the flu.²³ Some students were sent to St. Anthony Hospital, where all made recoveries with no student deaths reported from the hospital.²⁴

As a result of the growing number of influenza cases by the first few weeks of October, the local Hays Red Cross chapter, city and county health officials, and a number of citizens met to organize an emergency hospital. The hospital housed twenty-five beds and was staffed by a number of local volunteers.²⁵ The building that was used to facilitate the hospital was a city building that housed not only city hall, but a number of other city services, such as the fire department.²⁶ A physician had to recommend a patient be admitted to the hospital. The primary purpose of the emergency influenza hospital was to provide care to those afflicted while also simultaneously isolating these individuals to prevent further spread of the disease.²⁷ There was a request made in *The Ellis County News* asking citizens to donate "towels, pillow, and pillow cases, sheets, blankets, cots, and bedroom screens, bedding, hot water bottles, and ice bags."²⁸

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²³ Ibid.

²⁴ *The Leader*, November 21, 1918, Influenza clipping file, Ellis County Historical Society, Hays, KS.

²⁵ *Ellis County News*, October 10, 1918.

²⁶ *Hays Daily News*, April 16, 1944, Influenza clipping file, Ellis County Historical Society, Hays, KS.

²⁷ *Ellis County News*, October 10, 1918.

²⁸ Ibid.

Volunteers were also sought to help with the large amount of laundry expected to be produced by the hospital.²⁹

Hays was fortunate to have available Red Cross nurses who were able to supervise the care of the ill within the new emergency hospital. Because of an extreme shortage of nurses due to the war, many communities in western Kansas were without nurses during the pandemic. Mrs. P.C. Anders and Miss Mary Steward were nurses who alternated shifts three times a day. The hospital also acquired the services of volunteers who had taken a Red Cross sponsored Elementary Hygiene and Home Nursing course, which helped alleviate the short handedness of the first few days of the operation. During the first eleven days, the Red Cross hospital cared for twenty-five individuals who otherwise could not be cared for from their home. The emergency hospital had a large staff of individuals who volunteered their time for a number of duties. The varied work needed at the hospital required nurse aids, general helpers, kitchen staff, errand boys and girls, and laundry workers. The county agreed to pay all the expenses incurred through the use of the city building, while St. Anthony Hospital gave medical supplies. Various individuals also donated money to help finance the work done at the emergency hospital.³⁰ Though those who could do so worked hard to try to control the spread of influenza, the disease was not making their job any easier as October drew to a close.

At the end of October, the closure order was continued for another week in Hays, as there was no marked improvement in the number of ill. Some public locations, such as

²⁹ Ibid.

³⁰ *Ellis County News*, October 24, 1918.

stores, were allowed to remain open on the condition they follow stringent hygiene requirements.³¹ Community leaders lifted the closure order on November 2, allowing the town to return to its daily activities.³² By the middle of November, Ellis County was still considered an infectious county, but many of the limitations had been removed on the people.³³ The State Board of Health's regulations concerning quarantine and disease control were printed in full in the early part of December in the local papers in an effort to educate the public on what can and would be done to control disease.³⁴ By the end of the month, deaths associated with the Spanish influenza had dropped drastically, with some lingering effects, but as a whole, the community had returned to normal. Much of what was done in Hays and other communities around Kansas to help stem the spread of the influenza can be traced back to one individual, Dr. Samuel Crumbine.

Hays doctors and medical authorities relied on the guidance and information shared by the secretary of the Kansas State Board of Health. This individual, a doctor named Samuel Crumbine, would have a positive impact in controlling the spread of the Spanish influenza throughout Kansas.³⁵ A former frontier doctor, Crumbine would become a revolutionary in terms of public health through his application of germ theory

³¹ Ibid.

³² *Ellis County News*, October 31, 1918.

³³ *Ellis County News*, November 14, 1918.

³⁴ *Ellis County News*, December 12, 1918.

³⁵ Historian R. Alton Lee examines Samuel Crumbine's life in the work *From Snake Oil to Medicine* and, for a more personal perspective, Crumbine wrote an autobiography, *Frontier Doctor Samuel J. Crumbine*, *Frontier Doctor* (Philadelphia: Dorrance & Company, 1948).

to his public health policies.³⁶ In essence, Crumbine disseminated the message that sharing germs caused the majority of health problems and through the control of germ distribution a community could control the spread of disease.³⁷ Many Kansas communities, including Hays, turned to Crumbine for help and inspiration, following his every recommendation. As a result, the secretary made Kansas progressive in terms of public health and disease control by showing communities how to manage their illnesses. Kansas as a whole found itself with a much lower mortality rate than its east coast contemporaries due to this influence.

At the turn of the century, public health was emerging as an important element of medicine. According to Charles Edward Amory Winslow, a professor at Yale during the 1900s, public health was defined as:

The science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social

³⁶ Germ theory was first theorized by Louis Pasteur in 1878 with a paper given before the French Academy of Medicine. This paper stated that organisms were responsible for disease, with only specific organisms producing specific conditions. The paper went on to describe that once the organism is identified, prevention could be achieved through the development of vaccines. Samuel Crumbine accepted the germ theory of disease and applied it to his public health policies. Porter, *The Greatest Benefit to Mankind* 433.

³⁷ "Don't Spit on the Sidewalk." *A Sunflower Showcase*. DVD produced by Rachel Harmon (Nebraska City, NE: Sagebrush Productions, 2004). Crumbine made a variety of contributions to the public health of Kansas. He advocated the killing of the housefly to help stop the spread of various bacteria. He approached his health crusades by making a special effort to reach the layman. He posted fliers that had easy to remember sayings, such as "Swat the fly." He was instrumental in helping invent the first fly swatter. In a campaign to diminish the rat population, he used the slogan, "Bat the Rat." Crumbine's efforts also effected the way people walked on the sidewalk. To curb spitting that could pass contagious diseases, Crumbine had special bricks manufactured that had "Don't Spit on the Sidewalk" printed boldly across them. He also instigated groundbreaking measures to stop the spread of tuberculosis.

machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.³⁸

As a branch of medicine, public health began to take root in the mid nineteenth century, focusing primarily on sanitation and on the engineering of methods to “cleanse the environment of filth.”³⁹ Through cleaning up communities, public health advocates hoped to stem the spread of disease and promote a healthier society. As public health grew in importance with the predominance of germ theory and bacteriology by the end of the nineteenth century, the role of public health officials became more encompassing. Officials seemed to be executing their influence on every aspect of medicine, something that was met with a large amount of resistance from many private practitioners, as they felt that public health violated sacred tenants of private practice and property.⁴⁰

With the industrialization of the Western world, and population centers becoming more concentrated as a result, public health became increasingly important as a way to control disease. States began to organize government-sponsored health boards in the 1870s as a result of the Civil War.⁴¹ As these state organizations became increasingly successful, the push for a federal organization for public health was the next natural step. By 1912, Theodore Roosevelt formed the United States Public Health Service, but many different government bodies also gained health responsibilities. The War Office dealt with military health, the Interior Department maintained the health and hygiene of public

³⁸ Starr, *The Social Transformation of American Medicine*, 180.

³⁹ *Ibid.*, 181.

⁴⁰ *Ibid.*

⁴¹ Porter, *The Greatest Benefit to Mankind*, 418.

health, and the Department of Commerce and Trade and the Census Bureau dealt with factory and housing health. Public health now became a federal oversight, something that contributed greatly to the monitoring and control of the flu pandemic.⁴² While in its infancy, public health drew influences from many individuals who contributed to the institution as a whole. One of those individuals was Samuel Crumbine, who pioneered many methods advancing effective public health. While the flu had an impact on the field of medicine as a whole, it also left a life-changing impact on average citizens, many of whom had lost loved ones.

The Spanish influenza affected almost every person within the United States, namely those families with young adults who died due to the disease. The Middlekauff family was evidence of this tragedy. While away at medical school, Casper Middlekauff heard the call for service, signing up for the army.⁴³ He became a lieutenant in the Medical Reserve Corps after training at Fort Oglethorpe, Georgia.⁴⁴ He went to France on July 7, 1918, serving in the Battle of Belleau Woods and Chateau Thierry. While working in the Argonne region, Casper Middlekauff became ill with the Spanish Flu and died on October 5, 1918. He left behind many kind remarks by those closest to him. His commanding officer, Colonel John A. McKenna, wrote a letter to Casper's father, Dr. Middlekauff, with the following remarks: "Casper was my right-hand man in preparing for the September drive at Dombasle. You may always cherish the memory of having had a faithful patriotic son, whose devotion to duty was never lacking and who never

⁴² *Ibid.*, 419.

⁴³ *Ellis County News*, July 21, 1921.

⁴⁴ *Ellis County News*, December 26, 1918.

shirked his work or avoided danger.”⁴⁵ The *Ellis County News* said of Casper, “No young physician ever had a more promising future than did Dr. Casper Middlekauff and no physician would have given more freely of his talents, and fine training than he. His death is a great loss to the community in which he would have practiced.”⁴⁶ Dr. Joseph Middlekauff would remain bitter over the death of his son and lost legacy for the rest of his life.⁴⁷

After the dust from the flu pandemic settled, its implications concerning future medicine were profound. According to the medical historian, John Barry, the medical revolution caused by the Spanish influenza “had radically transformed American medicine, forcing its teaching, research, art, and practice through the filter of science.”⁴⁸ The true horror and harshness of the flu epidemic placed scientifically based medicine on a new pedestal, adding to its credibility amid the desire to try to prevent another such pandemic from ever occurring again. The flu was a motivator, an event that forced people, especially those in the medical community, to realize that they could not control the disease until they understood what it was. Even with all the advances already made in medicine, this was a disease that could not be controlled, or even better, killed. Adding to the frustration of trying to battle this disease was the fact that scientists did not understand the causative agent, the virus. This severely limited the effectiveness of any

⁴⁵ *Hays Daily News*, June 25, 1967, World War I clipping file, Ellis County Historical Society, Hays, KS.

⁴⁶ *Ellis County News*, December 26, 1918.

⁴⁷ *Ellis Review Headlight*, September 4, 1925, Joseph Middlekauff clipping file, Ellis County Historical Society, Hays, KS.

⁴⁸ Barry, *The Great Influenza*, 401.

effort to combat the Spanish influenza. Scientists made it their mission to understand the disease to control it. Research into the causes, source, nature, and treatment of disease boomed.⁴⁹ The study of epidemiology made major advances toward meeting their goals. As a field of study, epidemiology received its credibility during this era. Coupled with the advancing science of medicine and the almost universal acceptance of germ theory, the epidemiologist's role in controlling, preventing, and understanding the spread of disease became essential to any public health organization.⁵⁰

One of the most important implications of the Spanish influenza and its aftermath was the fact that it was used as the impetus for the modernization of science based medicine.⁵¹ This focus on modernization thrust allopathic practices to the forefront of medicinal theory, as communities began to reform their local medical care, adding institutions that science-based towns, such as Hays, already had. In Kansas especially, under the direction of Crumbine, communities received a crash course on disease control, with many making drastic changes to their town's medical infrastructure for the better. Medical organizations, such as the American Medical Association also benefited from this new understanding caused by the flu and were finally able to standardize the medical profession in the early 1920s on a national scale.

Since the mid-1840s, the AMA had campaigned for the standardization of medical education, ethics, and principles.⁵² The organization created policies and a code

⁴⁹ Ibid., 403.

⁵⁰ Ibid., 405.

⁵¹ Ibid., 5.

⁵² American Medical Association, *Caring for the Country* (Chicago: American Medical

of ethics for the medical profession as a whole. Unfortunately for the AMA, their initial efforts were largely ignored. Once scientific based medicine became the main methodology by the late nineteenth century, the organization's voice gained more power and with it, much more influence on national policy. By 1905, the AMA had formalized and released what the education of an ideal physician entailed, including an undergraduate education in the basic sciences, two years of medical school training in a classroom environment with an additional two years for clinical medicine and finally followed by at least one year of education in a hospital.⁵³ In 1927, the association created a list of medical schools and hospitals that were approved for training.⁵⁴ Education and the practice of medicine had been standardized as a profession, with ethics guidelines leading doctors to provide scientific, allopathic based medicine that was of the highest quality. However, with such drastic changes in medicine occurring leading into the twentieth century, some doctors were feeling left behind, as their entire profession seemed to shift out of their control.

Hays as a city had changed drastically from the Wild West town of the mid-1860s. By the 1920s, the city was now a relatively safe community that provided great resources for its citizens. Now equipped with an ever expanding, state-of-the-art hospital, Hays residents could receive quality, in-patient care. New standards in medical education were bringing a new breed of doctor into the community, young professionals who were seeking to create their own legacy. The aging Dr. Joseph Middlekauff had

Association, 1997), 13.

⁵³ Ibid., 59.

⁵⁴ Ibid., 64.

hoped that his son could begin to create his own legacy as a physician in Hays. With his son gone, Middlekauff began to struggle more with extreme depression and the feeling that he was becoming something of an out-of-date old doctor. On Friday, August 29, 1925, Joseph Middlekauff, with members of his family close by in another room, walked into the bathroom of his home and committed suicide.³³ After more than forty years as a respected Hays physician, Dr. Middlekauff could no longer bear the burden of feeling swept aside by the drastic changes of medicine without his son at his side to continue the family legacy of providing quality, scientifically based medicine to the people of Hays. The taking of his own life is tragically poetic of the changing dynamic of medicine.

Hays' medical professionals followed science based standards that met the three criteria of technology, adaptability, and education that were derived from the works of Roy Porter, John Barry, and R. Alton Lee. The community's progressivism began early on in 1867 with the introduction of science-influenced medicine into the region by the military doctors and hospital stewards who occupied Fort Hays. Due to the fort's presence and technologically advanced hospital, trained and educated personnel from the military would matriculate into Hays' civilian population as drug store owners and general health advocates. Coupled with progressive, scientifically educated medical doctors from the East who established long practices in Hays, the community was rarely at a shortage for quality, advanced medical care. The medically progressive adaptability of Hays medicine was exemplified with the introduction of a permanent hospital in 1909 that changed the way doctors would interact with their patients and provide state-of-the-art surgical and in-patient care facilities. With all these institutions developing over the

³³ *Ellis Review Headlight*, 4 September 1925.

course of about fifty years, Hays had, since its beginning, a medical culture that projected the most progressive, science based methodology that was known during each phase of the town's development. Today, Hays is still a center for state-of-the-art medical care in Western Kansas. This availability of care is a testament to the legacy of the past medical professionals who dedicated their lives to Hays to make it a healthier, and therefore, better place to live.

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