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THE FRONTIER MEDICAL COMMUNITY OF LEAVENWORTH, KANSAS

CHARLES R. KING

One of the important elements in the development of a North American frontier community was a system of medical care. During the nineteenth century the work of all frontier professionals was dramatically facilitated by new means of transportation and communication. Mid-century frontier communities had direct contact with urban centers via the telegraph and could acquire supplies over railroads and improved roadways. The development of a medical care system in Leavenworth, Kansas, during the second half of the nineteenth century illustrates the important role that physicians and other health providers

played in community building on the western frontier, as well as the ways community building affected medical practice.

Leavenworth developed as a community amid the turmoil over slavery that attended the opening of Kansas Territory to settlement and the Kansas-Nebraska Act of 1854, and that was resolved only by the Civil War. The territorial significance of Leavenworth itself and its rapid development from an army post into a civilian community gave it the "air of a promising though youthful metropolis."¹ Essential to the new community was the establishment of formal institutions, including local government, schools, churches, political parties, voluntary associations, and a system of health care. These institutions created "stability, continuity and order" within the community, and they permitted "continual movement" and the possibility of subsequent community expansion.² The stability of these institutions was important for community growth, but conflict and competition among different interests and institutions also spurred growth and development.

Medical care on the trans-Mississippi frontier was an integral part of the larger social

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order. Family and close friends provided the first health care but soon doctors, midwives, and other lay healers attended the sick and dying. The larger medical community also required other social institutions, including local government, schools, newspapers, churches, and benevolent lay organizations to aid the professionalization of doctors. By mid-century, community growth enabled the construction of hospitals, the opening of drug stores, the enactment of public health laws, the publishing of medical journals, and the establishment of medical schools, professional associations, and government agencies. In Leavenworth, all these features of an established medical community were rapidly integrated into a system of medical care that facilitated the growth of Leavenworth and the continued expansion of the surrounding Kansas frontier.

EPIDEMICS ON THE GREAT PLAINS

Westward migration, especially the mass migration of mid-century, and the expansion of the railroads also facilitated the spread of infectious diseases, like cholera and smallpox, along the frontier. This rapid westward spread of epidemic diseases indicated that frontier cities were integrated into the national system of transportation and communication. The epidemics also demonstrated the need for medical practitioners and the latest information about infectious disease in both East and West.

Despite the purported healthfulness of Leavenworth and other frontier communities, cholera, a gastrointestinal illness that the London physician John Snow (1813-58) recognized as spread by contaminated water supplies, frightened and concerned all nineteenth-century Americans. A major cholera epidemic first appeared in North America in 1832, and other epidemics swept the country in 1849 and 1866.³ The frontier was not spared these attacks, and innumerable immigrants and settlers died. Hannah Anderson Roper, an early

Kansas nurse, lamented, in a series of letters to her mother in Boston, her inability to aid victims of fever, including typhoid fever, malaria and cholera. "Oh, they will all die, and I can't help them." Physicians were also limited in their ability to help. They came "often and [sat] awhile" but they really had no effective medication against cholera, diphtheria, scarlet fever, childbed fever, or the other common infectious conditions of the day.⁴

Despite the lack of effective treatment, some nineteenth-century physicians attempted to prevent and control the spread of contagious diseases. Early physicians in Leavenworth were no exception. An anonymous editorialist in the *Leavenworth Medical Herald* called for professional, public, and government support of measures to prevent cholera epidemics.

We are no alarmists, for we have been through several epidemics of the disease, and are thoroughly familiar with it and its horrors, but we must protest in the name of humanity against allowing the riotous entrance of disease among us, which shall carry the desolation of death to a thousand homes, and cripple the business interests of our city, when all experience demonstrates its susceptibility by intelligent and conservative effort.⁵

The doctor's concerns were not ill founded. In July 1867, Dr. C. A. Logan reported at a Leavenworth Medical-Chirurgical Society meeting a case of cholera with "all stages of the disease."⁶ The Society properly advised citizens to boil water before use, practice personal and community cleanliness, and to use carbolic acid and chloride of lime as disinfectants. Local newspapers seconded the recommendations and urged burning offal and rubbish, draining stagnant pools, and developing quarantine practices. On its front page the *Leavenworth Times* advertised less effective popular commercial products, like Mrs. Broad's Disinfectant. If this agent, reportedly

recommended by the Boards of Health of New York City and St. Louis, were used in a "timely manner" and according to "directions," then "there shall be no case of cholera, yellow fever, smallpox or other infectious disease."⁷ Elsewhere on the frontier the populace was also encouraged to prevent cholera by a broad range of both effective and popular but ineffective hygienic measures. These measures may have prevented disease, but at least as important, their general acceptance boosted community spirit and development.

THE FIRST DOCTORS IN LEAVENWORTH

Doctors and other professionals were among the early and essential residents of frontier communities. In mid-nineteenth-century frontier towns as well as older eastern cities, physicians often provided civic, political, and economic aid, in addition to health care. The eminent, early nineteenth-century physician Daniel Drake (1785-1852) was one of the founders of Cincinnati and the city's first medical student. Early Leavenworth physicians founded their medical practices along with the city, and many of them participated in general community development. Charles Robinson, the first governor of Kansas, was an early Leavenworth doctor who exchanged his medical practice for territorial politics. Other Leavenworth physicians, including John Haney Day, O. F. Renick, and Tiffin Sinks, secretary of the Leavenworth Coal Company, provided medical care and promoted land speculation.

Medicine was the first profession established in Leavenworth. The first physician in the area was the assistant military surgeon, Clement A. Finlay, who came to Cantonment Leavenworth in 1827. He was soon joined by Dr. Samuel Philips, who, along with Dr. Magruder, was still military physician at Ft. Leavenworth when the city was founded in 1854. These practitioners and three other doctors, including S. F. Few, later city doctor of Leavenworth, were members of the Leavenworth town com-

pany. The first practicing physician in the city was Dr. Charles Leib, who initially had his office in a tent.

By 1860, six years after its founding, twenty-nine doctors practiced in Leavenworth. Other professionals and tradesmen included 82 attorneys, 7 butchers, 7 musicians, 4 dentists, and 54 grocers. By 1868, when the population of Leavenworth had increased to 27,949, not including an additional 1387 transients, 41 doctors practiced in the city. This included two women, Mrs. Margaret Burdell, who began practice in 1861, and Eliza K. Morgan. Practitioners soon appeared in smaller nearby communities such as Kickapoo and Tonganoxie.⁸

Early Leavenworth physicians had varied training. Fourteen of the twenty-nine doctors in the 1860 city directory listed no degree. Most nineteenth-century physicians did not attend medical schools. Some learned their trade by reading medicine with an established practitioner, others attended proprietary schools of limited worth, some merely purchased a diploma from other proprietary medical schools, and some practitioners probably had no formal training at all.⁹ Some Leavenworth doctors, such as the Rush Medical College graduate William Martin, or Wellington V. Leonard, who had attended Jefferson Medical College, the Cincinnati College of Medicine and Surgery, and Rush Medical College—all good mid-nineteenth century medical schools—were well trained physicians. Others, such as Philip Lewis of nearby LeCompton, had read medicine with a practitioner and later completed training at a medical school. The nearly 50 percent of Leavenworth's doctors that had no medical degree may have had limited experience and training. Such variation was typical of the largely unregulated system of medical practice in mid-nineteenth-century America.¹⁰ Since the regulation and codification of medical, legal and other professional activities was less controlled in the West than the East, it is possible that ill trained physicians tended to come to the frontier.

OTHER HEALTH CARE PROFESSIONALS

The midwife was another important part of the medical community. Historically such wise women provided care for women during pregnancy and childbirth, but they often treated other female complaints and provided general medical care for the family. Until the dawn of the twentieth century, midwives attended the majority of American births. The 1860 Leavenworth City Directory listed four midwives, the same number that practiced in the young cattle town of Wichita at a comparable point in its growth. These Wichita midwives ranged in age from 32 to 68, and they had from 5 to 47 years of experience. One woman had attended the Medical College of Ohio. The experience and training reported by these women was comparable to that of other nineteenth-century midwives and of many physicians as well.¹¹ Nonetheless, many physicians regularly criticized the limited training and experience of midwives. At times such criticism was valid. One midwife, when asked what books she had read, replied: "Well, I hain't read none, because I cain't read, but I've had a heap read to me."¹² Like many ill trained physicians, some, but not all, midwives, were ignorant and poorly trained, and thus they probably cared inadequately for their patients.

PROFESSIONAL ORGANIZATIONS

As the number of physicians in a frontier community increased, they soon formed into professional organizations that consolidated medical practice, enhanced the quality of medical care, promoted community growth, bettered the social position of regular physicians, and ended the practices of many sectarian, or irregular, practitioners. Leavenworth physicians banded together in 1862 under the leadership of Drs. Houston, Logan, and Sinks to form the Leavenworth Medical and Surgical Association. The local press described the society as "one eminently calculated to advance and protect the interests of the medical

profession."¹³ Three years later the Leavenworth Medical Chirurgical Society was founded with its object "the advancement of medical and surgical knowledge, and the cultivation of the governing principles of ethics and fraternal intercourse enunciated by the American Medical Association."¹⁴ Membership was limited to regular physicians with diplomas from medical schools that the society recognized. Sectarian practitioners were excluded.

With these organizations and their emphasis upon the professional and ethical principles of the American Medical Association, Leavenworth physicians and their colleagues throughout the nation promoted their professional interests and expanded their social position. They regularly met at local doctor's offices, where they emphasized education, business practices, and socializing. Meetings featured educational programs, including the presentation of papers and their discussion by the members present. On occasion the essayist for the evening was not prepared and the meeting was presented in abbreviated fashion. In such cases, according to one member, absentee members were the losers, for those who attended enjoyed the "shaping" of medical thought and opinion. At one of the first meetings of the society, Dr. C. A. Logan reported the use of the recently introduced clinical thermometer. He concluded that it was "destined to become of great importance in the diagnosis of disease." Doctors used other occasions to establish fee schedules and define other business practices. Some meetings were more social than professional, such as a party given by Dr. W.O. Bidwell for his gentlemen friends, to celebrate five years of medical practice in the city and the doctor's birthday.¹⁵

THE LEAVENWORTH MEDICAL HERALD

Within two years of the organization of a local medical society, Drs. C. A. Logan and Tiffin Sinks began the publication of the

monthly *Leavenworth Medical Herald*. For three dollars the subscriber was guaranteed at least forty-eight pages per issue. The editor of the *Western Journal of Medicine* called the *Leavenworth Medical Herald* "one of the best, both in form and substance, of our monthly medical exchanges." The same critic, however, perhaps somewhat tongue in cheek, criticized the *Leavenworth Medical Herald* for including advertisements from undertakers. While some questioned the aesthetics of advertisements that confirmed the limitations of medical practice, few doubted that the new journal would be "an exponent of medicine, and its collateral sciences, throughout a region which is destined, before many years, to turn with a population of millions." The "co-operation of all physicians throughout its range of influence" was necessary if physicians were to attain the lofty professional and social goals the editor proposed. Communications from practitioners were invited "upon medical and scientific subjects, reports of cases, reports of societies, jottings of medical news, etc. etc."¹⁶ By encouraging professional association and action, the editors promoted the growth of the local medical community and furthered the education and social position of frontier practitioners.

The *Leavenworth Medical Herald* regularly published original medical articles by practitioners from Leavenworth, northeast Kansas, and western Missouri as well as all other areas of the country. Each monthly issue contained practical sections on surgery, obstetrics, and therapeutics. Articles from other medical journals and presentations at national meetings were reprinted, usually within months of their initial publication or presentation. Book reviews appeared soon after the book's publication. A reviewer of *Foeticide or Criminal Abortion* by Philadelphia gynecologist Hugh L. Hodge admonished readers in 1869 that the volume should be in "the hands of every mother and father in the country."¹⁷

The advertising pages of the *Leavenworth Medical Herald* often included notices about

the latest medical books offered for sale by Leavenworth book sellers. William A. Rose, who had standard works "constantly on hand," advertised used copies of Philadelphian Charles Meig's: *Treatise on Obstetrics and Woman and Her Diseases* on sale at \$3.25 each. Drake Brothers, who represented Henry C. Lea and other publishers, advertised that their stock eliminated the need to order new medical books by mail from Chicago or St. Louis. The rapid reprinting of national and international medical articles and the ready availability of recently published medical books allowed Leavenworth physicians to participate directly in the national medical scene and facilitated transmission of new medical ideas from eastern practitioners to western physicians.

MEDICAL SUPPLIERS

Drug stores, apothecaries, and other medical suppliers helped maintain frontier medical communities. In the first issue of the *Leavenworth Medical Herald* the editor urged that subscribers read the advertisements of such suppliers and patronize their establishments. "We commend them one and all to the favorable notice of our patrons." Drug stores and suppliers of pharmaceuticals were the most conspicuous advertisers, but copy for banks, liquor dealers, dentists, and furniture and dry good stores also appeared. Local Leavenworth druggists, such as Brown Medical and Manufacturing and Thomas Eggersdorff, as well as national firms, such as the Eernal Agency of New York City and Bullock and Crenshaw of Philadelphia, appeared in the *Herald*. Bullock and Crenshaw advertised "sugar coated pills and granules" that cannot be "excelled in quality or appearance by any mode in this country or in Europe."¹⁸ At least according to the manufacturer, Leavenworth physicians and their patients had access to the best medications in the world.

Many early physicians in Leavenworth also operated drug stores. Dr. Samuel Norton of

nearby Weston, Missouri, founded the first drug store in 1854. Dr. Tiffin Sinks, who advertised himself as a practical and analytical chemist, operated a drug store and attended "to all cases entrusted to his care with promptness and at reasonable rates." Dr. G. J. Park included chemicals, stationery, paints and painter's materials, perfumes and fancy toilet articles, as well as drugs and patent medicines on his bill of goods. J. A. McKoon further expanded his line of goods and included French and English perfumes and "pure liquors for medicinal purposes." Some stores were more specialized. The Moonlight advertised "a large and very complete line of Homeopathy remedies." Thomas Eggersdorff, who began practice in 1864, was looked upon by the large German population as a "pharmaceutical wizard." For economic, fashion, and medical reasons, many consumers were interested in the locally manufactured Kansas Corset with its "perfect fitting, fine finish, and durability" and "symmetry of form." The importance of these products to the local economy was demonstrated by a total of \$409,000 in sales in 1879, compared to \$2.4 million in grocery sales.¹⁹ As these figures indicate, at least in terms of pharmaceutical sales, the business side of medical practice was considerable.

Medical products manufactured in Leavenworth soon gained a national reputation that prompted further expansion of the local economy. The Brown Medical and Manufacturing Company, founded in 1867 by Dr. J. B. Brown, made sarsaparilla, Brown's liver pills, cough balsams, extract of Jamaica ginger, and other medicines "adapted to the various diseases incident to the Western states and territories." Reportedly more than 3000 druggists throughout the West retailed Brown's products. In nearby Lawrence, Dr. Noah Simmons, who was later mayor, health officer, and corner of the city, as well as president of the Kansas State Medical Association, dispensed Simmon's liver tablets. His "business of considerable magnitude" was continued by his wife after his death.²⁰ Existing prescription files indicate that, in addition to these popular rem-

edies, a few efficacious drugs of the day, such as digitalis, opium, and iodoform, were also commonly dispensed.²¹

MEDICAL EDUCATION OPPORTUNITIES

The link between the frontier and the east meant that the *Medical Herald* accepted advertisements from established eastern medical colleges such as Elizabeth Blackwell's Women's Medical College of the New York Infirmary, "the only women's college in New York belonging to the regular school of medicine."²² The appearance of this advertisement was especially noteworthy since the editor of the *Leavenworth Medical Herald*, and most nineteenth century physicians, supported a Massachusetts Medical Society resolution that medical practice was "utterly incompatible with the gentler and ennobling attributes" of the female character.²³ Less controversially Chicago's Cook County Hospital regularly advertised its terms of clinical instruction, as did New York's Bellevue Hospital Medical College and the St. Louis Medical College. According to these advertisements, students could attend a term of classes for less than \$200.

The December 1873 issue of the *Leavenworth Medical Herald* advertised the Kansas Medical College of Independence, a southeastern Kansas town less than one-twentieth the size of Leavenworth. The editor noted satirically:

the absence of everything usually considered necessary for the success of a Medical College, with the exception of mere names and self imposed titles, is no reason why the faculty of the Kansas Medical College should not deliver a course of lectures.²⁴

Possibly experienced practitioners recognized the difference between good and bad medical schools, but many prospective students and poorly trained physicians seeking additional training were no more discriminating in their selection of schools and training than were

their patients, who readily consumed the popular proprietary remedies of the day.

The *Leavenworth Medical Herald* regularly contained advertisements for Dr. R.H. Storer's Boston Lectures on the "Surgical Diseases of Women." The second series of twelve lectures, for December 1867, required a \$50 fee and the presentation of a medical diploma for entry. According to the advertisements, such "female diseases" were the "cause of more suffering than any other."²⁵ The publication of these advertisements showed that the *Leavenworth Medical Herald* and the Leavenworth medical community had achieved national recognition and close contact with the national medical scene. The editor of the journal echoed the Massachusetts views of women and their health, showing that frontier physicians were receiving and assimilating new medical ideas.

THE PROFESSIONALIZATION OF MEDICINE

The last third of the nineteenth century saw the professionalization of physicians both in the east and on the frontier. The specialized knowledge and skills of medical practice were codified within a recognized system of educational preparation, professional organization, and ethical conduct and behavior. Initially, the profession regulated itself although later in the century states began regulation and licensure. Professional organizations, including medical societies, were founded at the county, state, and regional level. Medical schools and government public health agencies were organized and more medical journals were published. Regular doctors came to exercise increasing control over their sectarian competitors and to expand their public and professional status.

Local medical societies published lists of members and fee schedules.²⁶ In some instances fee limits were obligatory, but the bill published by the Leavenworth Medical Chirurgical Society for 1869 was "recommendatory; advising a rigid adherence to it, when possible." Flexibility was allowed for patients too poor to pay the full fee, but doctors were expected

to require full charges whenever possible. House calls within the city limits cost from \$2.50 to \$10.00, double that at hours specified by the patient or at night. The usual charges plus \$1 per mile were levied for country visits. Delivering a baby was supposed to cost \$15 to \$50, although existing doctor's day books rarely denote charges greater than \$10 to \$15. Surgeons' charges ranged from a minimum of \$2 for repair of anal prolapse to a maximum of \$500 for removal of a bladder stone or resection of large complicated tumors. In an effort to punish immorality doctors increased the charges (\$10 to \$200) for the treatment of venereal diseases and required at least one-half of the payment before starting therapy. The Leavenworth Society resolved to act against members who did not follow the fee bill, since the bill was "equitably adapted to the high price of every commodity in Leavenworth," and failure of compliance was an "abuse" and an affront to "the dignity of the profession."²⁷

Throughout Kansas and the nation local medical societies strengthened their position. The Atchison (Kansas) County Medical Society reduced its 1867 membership fees from \$5 to \$3 to attract more members but also required prospects to present a diploma from "any regular medical college" to enhance professionalization. The Medical Society advised its members to consult only with other society members, not with "irregular" physicians: practitioners of alternative medical philosophies such as homeopathy or osteopathy. The editor of the *Leavenworth Medical Herald* also opposed consultation with "irregular doctors."²⁸ Regular physicians encouraged other practitioners and patients to seek what they accounted a higher standard of medical care. By late in the century, this professionalization, along with the acceptance of the germ theory, the availability of anesthesia, and the utilization of new technologies, such as the x-ray, enhanced the social, economic, and professional position of regular physicians.

Professionalization included the acceptance of a national code of medical ethics. Kansas

physician Willis King, later an officer of the American Medical Association, described medical ethics as "the highest law in the universe outside of the Bible."²⁹ This ethical code held doctors accountable for their conduct toward each other, their patients, and the general public and excluded irregular doctors, often branding them "quacks." As W. L. Schenck of Topeka, editor of the *Kansas Medical Journal*, asked rhetorically: "What honorable and intelligent physician will affiliate either with those whose credal walls would bar him out or with their fellows whose single nostrum promises to cure all disease?"³⁰ In spite of such professionalization, the public, as one practitioner noted, often mistook "a smooth tongue or a studied silence," or a "few Latin phrases for the very depths of knowledge in the medical sciences."³¹ Consequently, many sectarian practitioners, especially homeopaths who followed Samuel Hahnemann (1755-1843) and prescribed minute amounts of drugs to treat disease, and eclectics, physicians who did not follow a single philosophy but rather utilized the most appropriate elements of all systems, continued active practice in Kansas. By the 1890s, however, with consistent enforcement, further legal definition, and public support of medical licensure laws, professional power and status were solidly in the hands of regular physicians.

Leavenworth physicians played an important role in the statewide expansion and growing political control of Kansas medical societies. The third annual meeting of the Kansas State Medical Society, incorporated in 1858, was held in Leavenworth in April 1867. By 1869, eighteen of the fifty-eight members of the society were from Leavenworth. Like the local medical societies, the larger state organization promoted regular doctors. The state society's charter provided for licensure "after due examination by the board of censors," ensuring that doctors "may be enabled to practice medicine by warrant of the state society."³² The society hoped to gain sufficient political power that "no competent,

well meaning physician will care to be placed in antagonism" with organized medicine in the state. By 1880, sparked by a February 1879 Kansas state licensure law, nearly 700 doctors had paid the \$5 fee and were approved by the society's examining board, composed of regular physicians, homeopaths, and eclectic practitioners. More than one quarter of those approved were graduates of quality medical schools, including Rush Medical College (59), Jefferson Medical College (44), the Medical College of Ohio (35), or St. Louis Medical College (34). Initial applications from 160 doctors who did not fulfill the minimal criteria were rejected.³³ Professional self-regulation by physicians, with limited governmental oversight, remained the common practice into the twentieth century.

ESTABLISHING A MEDICAL COLLEGE FOR KANSAS

The growing demand for physicians along the rapidly populating frontier spurred the need for a medical college in the state. As early as 1886, C. A. Logan and two other doctors were appointed by the Kansas State Medical Society "to confer with the Regents of the State University in regard to the establishment of a medical department thereto."³⁴ During the 1870s Kansas City had several medical colleges and St. Joseph, Missouri, was the site of the Ensworth Medical College and Hospital. Not surprisingly the largest communities of northeast Kansas—Leavenworth, Lawrence, Topeka—also proposed medical schools. The editor of the *Leavenworth Medical Herald* accurately noted that a medical college should be located "in a commercial metropolis" that provided population, doctors, hospitals, and "abundant dissection" to render "the education . . . practical and demonstrative."³⁵ The editor both promoted Leavenworth and argued against establishing a medical school in Lawrence in connection with the newly established University of Kansas. Both Lawrence and Leavenworth were rejected by the State

Board of Regents. By July 1872, however, the Topeka Medical College was founded in the capital city without state support. The editor of the *Leavenworth Medical Herald* noted that the college buildings, including a hospital and dispensary for the poor, existed only in the college announcement and called for the state to regulate medical education to make it more real than the “paper towns” of frontier land speculators.³⁶

The Kansas Medical College of Independence, organized in 1872, had closed by 1875. The Topeka Medical College lasted from 1872 until 1875. The first successful, yet also short lived, medical school in Kansas, also called the Kansas Medical College, began in Topeka in 1890 amid similar inadequate facilities and marginal resources. Another unsuccessful school was organized in Wichita in the 1890s. Even though the president of the Kansas Medical Society, G. W. Hogeboom, called in 1894 for the establishment of a state medical school, an educationally sound and successful medical school did not become completely operational until 1905, when the University of Kansas School of Medicine was organized in Kansas City.³⁷

ESTABLISHING HOSPITALS

While most medical care in nineteenth century America was provided in the home, as the century advanced hospitals became widespread both in the East and on the frontier. Most nineteenth-century American hospitals began as havens for the deserving poor and were founded by Roman Catholic orders and Protestant philanthropists as acts of Christian charity. Leavenworth examples included St. John's Hospital (1864) and the Protestant Home for the Friendless (1868). Other Kansas hospitals were not founded until the 1880s.³⁸ Leavenworth's two-decade head start reflected the city's early and rapid growth.

The Roman Catholics constructed Leavenworth's first hospital, which was similar to facilities they had erected in Milwaukee and

Chicago in the 1850s. Bishop Miede, the 200-pound Jesuit Vicar Apostolic of Indian Territory, called the Sisters of Charity of Nashville to Leavenworth, where they taught, cared for orphans, and nursed the sick. In spite of civil war, statehood, and local financial distress, these Catholic women founded St. Mary's Academy (1858), St. Vincent's Asylum (1862), and St. John's Hospital. In all three the sisters provided more tender loving care than curative medicine.³⁹

St. John's, like other nineteenth-century hospitals, resembled a middle-class home, with homelike furnishings, carpets, tables, beds and linen, dishes, and utensils. Hospital behavior was intended to provide the healthful order and decorum of a home. The Sisters maintained the sort of moral tone mothers were supposed to maintain in the home. Unsanitary, even “immoral” habits—smoking, chewing, spitting, passionate conversation, or incomplete or disarrayed dress—were not permitted.⁴⁰ These women extended their expected moral duties beyond the home, significantly shaping frontier social and health care institutions.

The Protestant denominations of Leavenworth soon followed their Catholic fellow citizens, undertaking an orphanage and a hospital in the early 1870s. In Leavenworth and other comparable cities, the wives of leading merchants and businessmen established benevolent associations that aided the poorer segments of the population. In Wichita, Kansas, the Ladies Benevolent Home, the forerunner of the Wichita Hospital, was founded “to afford and give temporary shelter and relief to the sick and disabled who came as strangers to the city.”⁴¹ These benevolent acts promoted Christian charity, but they also reflected the wealth and power that the participants enjoyed. The establishment of hospitals demonstrated the private role of women in health care and their expanding position as public moral leaders.

The Leavenworth Home for the Friendless was founded by Mrs. Harriet Cushing, who

had previously started a similar facility in Chicago. Initially an orphanage, it rapidly included homeless, sick, and pregnant women, and eventually added a home for the elderly poor. The facility was founded on moral as well as medical grounds. The staff, physicians and attendants provided the "best influence" on "the inmates" to send them forth "better instructed and fortified for the work of life." The home fulfilled its moral role by admitting "unmarried pregnant girls and women," caring for them throughout confinement, and helping with child placement after the birth.⁴² Many women, particularly the poor or unmarried, had no other facilities for childbirth. Since most women gave birth at home, attended by other women rather than physicians, many nineteenth-century hospitals, including St. John's, did not admit birthing women. Pregnant women without homes, excluded from hospital care, found the Home for the Friendless essential.

The City-County Hospital and the Homeopathic Free Dispensary, both founded in 1866, also cared for patients in early Leavenworth. The most successful alternative hospital was the proprietary Evergreen Hospital established by Bellevue Medical College graduate Clarence Case Goddard. This facility and its staff of more than twenty provided care to patients with nervous conditions; eye, ear, nose, and throat disorders; and gynecologic illnesses. The hospital was surrounded by a twelve-acre lawn watered by a mineral spring Kansas Native Americans reported as having medicinal properties. Evergreen's founder believed that at least as important as the medical care were the amenities, including steam heat, pianos and violins in the parlor, croquet grounds, a dancing pavilion, trained attendants, and fruits, vegetables, milk, cream, and buttermilk produced in abundance on the facility's own grounds.⁴³ Private for profit hospitals touted such extras in their advertisements as they competed with one another for wealthy patients. Apparently the facilities and personnel at the Evergreen were competitive,

for among other clients, the temperance fighter Carrie Nation died there in June 1911.

CONCLUSION

By the end of the nineteenth century, the successful Leavenworth hospitals like St. John's and the Evergreen symbolized the closing of the western frontier and the opening of the twentieth century medical frontiers. Physicians expanded their authority as the advisers and consultants about the nation's health. The professional organizations of regular physicians largely enabled their collective rise in social and professional status. New medical practices, including the availability of anesthesia and antisepsis, and the development of operative skills, were essential in professionalization. Hospital birthing became more frequent, and more home births were attended by physicians. The microscope and the diagnostic x-ray allowed physicians to find microorganisms and to "see" the inside of the human body. The hospital laboratory could undertake important new chemical studies on blood and urine and the isolation of microbial agents. An increasing number of Americans accepted the advice and counsel of physicians with their new diagnostic tools and therapeutic practices. The closing of the frontier figuratively marked this transition, and at the same time signaled the integration of the frontier into the nation.

NOTES

1. *Leavenworth City Directory and Business Mirror*, 2nd ed. 1860-61 (Leavenworth: James Sutherland Publisher, 1860), p. 190.
2. Don H. Doyle, "Social Theory and New Communities in Nineteenth Century America," *Western Historical Quarterly* 8 (1977): 151-65.
3. Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849 and 1866* (Chicago: University of Chicago Press, 1987), p. 115.
4. Hannah Anderson Roper, *Six Months in Kansas* (Boston: John P. Jewett, 1856), pp. 88, 109.
5. "Editorial," *Leavenworth Medical Herald* 1 (1867): 140.
6. *Leavenworth Medical Herald* 1 (1867): 160.
7. *Leavenworth Times*, 19 September 1867, p. 1.

8. J. L. Everhardy, "A History of Leavenworth County Medical Society," Read Before the Leavenworth County Medical Society, 4 May 1925, unpublished pamphlet, Leavenworth Public Library, Leavenworth, Kansas.
9. Kenneth Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York: Basic Books, 1985).
10. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982).
11. Howard Clark, *A History of the Sedgwick County Medical Society* (Wichita: n.p., 1950), p. 28.
12. Willis P. King, *Stories of a Country Doctor*, rev. ed. (Kansas City: Burton Company, 1907), p. 144.
13. Thomas Bonner, *The Kansas Doctor* (Lawrence: University of Kansas Press, 1959), p. 42.
14. Charles Collins, *Collins' Business and Resident Directory of Leavenworth*, (Leavenworth: Charles Collins, 1868), p. 22.
15. Ibid.
16. *Leavenworth Medical Herald* 1 (1867): 184.
17. *Leavenworth Medical Herald* 3 (1869): 232.
18. *Leavenworth Medical Herald* 1 (1867): 48; 7 (1874): n.p.
19. *Leavenworth City Directory and Business Mirror*, 1860-61 (note 1 above), pp. 70, 48, 16; W.S. Burke and J. C. Rock, *The History of Leavenworth the Metropolis of Kansas, and the Chief Commercial Center West of the Missouri River* (Leavenworth: Leavenworth Times Books, 1880), pp. 71, 43, 83.
20. *Leavenworth City Directory and Business Mirror*, 1860-61 (note 1 above), p. 70.
21. "Adolf Lange Prescription Book," Kansas State Historical Society, Topeka, Kansas.
22. *Leavenworth Medical Herald* 7 (1873): n.p.
23. *Leavenworth Medical Herald* 1 (1867): 141-42.
24. *Leavenworth Medical Herald* 7 (1873): n.p.
25. *Leavenworth Medical Herald* 1 (1867): 184.
26. George Rosen, *Fees and Fee Bills* (Baltimore: Johns Hopkins University Press, 1946).
27. *Leavenworth Medical Herald* 3 (1869): 140-43.
28. *Leavenworth Medical Herald* 1 (1867): 331.
29. King, *Stories of a Country Doctor* (note 12 above), p. 287.
30. W.L. Schenck, "Quacks and Quackery," *Kansas Medical Journal* 4 (1892): 741.
31. G.W. Hogeboom, "Some Stray Thoughts on Medical Education," *Leavenworth Medical Herald* 1 (1867): 104-07.
32. *Leavenworth Medical Herald* 1 (1867): 474-75.
33. *Transactions of the Kansas Medical Society for 1880*.
34. Anonymous, "History of the Kansas Medical Society," *Journal Kansas Medical Society* 24 (1925): 81.
35. "Editorial," *Leavenworth Medical Herald* 3 (1870): 376.
36. "Editorial," *Leavenworth Medical Herald* 6 (1873): 11.
37. "Report of the Kansas State Medical Society," *Kansas Medical Journal* 6 (1894): 255-60; Joan E. Lynaugh, "The Community Hospitals of Kansas City, Missouri, 1870 to 1915" (Ph.D. diss., University of Kansas, 1982), pp. 12-13; Anonymous, *Lamps on the Prairie: A History of Nursing in Kansas* (Emporia: Gazette Press, 1930), p. 75.
38. Charles Rosenberg, *The Care of Strangers* (New York: Basic Books, 1988).
39. "Miscellaneous Papers," Sisters of Charity, Archives of the Mother House, St. Mary's College, Leavenworth, Kansas.
40. Ibid.
41. Anonymous, *Lamps on the Prairie* (note 37 above), p. 74-76.
42. "Statement in Regard to the Home for the Friendless, Leavenworth, Kansas," Archives Cushing Memorial Hospital, Leavenworth, Kansas; Collins, *Collins' Directory*, 1868 (note 14 above), p. 22; J. A. Hall and L. T. Hand, *History of Leavenworth County, Kansas* (Topeka: Historical Publishing, 1923), p. 269..
43. *Report of the Evergreen Hospital Corporation for 1900*, Kansas State Historical Society, Topeka, Kansas.