

BOOK II *

THE HISTORY OF GENERAL MEDICAL PRACTICE AND LANCASTER GENERAL HOSPITAL, LANCASTER COUNTY, PENNSYLVANIA

INTRODUCTION TO BOOK II

Book II reviews the history of general medical practice in Lancaster County, Pennsylvania as well as the Lancaster General Hospital, its internship and general practice residency leading up its decision to establish a family medicine residency program in 1969, the year that family medicine became a specialty.

In Book I the reader was introduced to a brief history of general medical practice and medical education in America and how the generalist became a specialist. In Book III the reader will learn about the trials, tribulations, and successes of Lancaster General's residency program and its effect on primary care in Lancaster County and in America.

BOOK II: THE HISTORY OF GENERAL MEDICAL PRACTICE IN LANCASTER COUNTY

INTRODUCTION to BOOK II.....	1
<i>BOOK II: THE HISTORY OF GENERAL MEDICAL PRACTICE IN LANCASTER COUNTY.....</i>	2
<i>PART I: THE EARLY SETTLERS OF LANCASTER, PENNSYLVANIA</i>	5
CHAPTER I: THE FIRST 100 YEARS	5
WILLIAM PENN	5
THE AMERICAN INDIAN	7
THE EARLY EUROPEANS	8
THE MENNONITES AND AMISH	9
OLD HICKORY TOWN.....	10
SLAVES	12
CHAPTER II – THE REVOLUTIONARY WAR PERIOD.....	14
CHAPTER III: EARLY INDUSTRY.....	15
“BREADBASKET” OF EARLY AMERICA	15
MANUFACTURING	15
part ii: LANCASTER’S EARLY PHYSICIANS, 1715-TO 1893	16
CHAPTER IV: PROMINENT 18TH CENTURY PHYSICIANS.....	17
LANCASTER’S FIRST PHYSICIAN: HANS HEINRICH NEFF, M.D.	17
DR. NEFF’S DESCENDANTS.....	17
ALBERT SIMON KUHN, M.D.	18
HENRY ZIMMERMAN, M.D., AKA HENRY CARPENTER, M.D	21
DR. CARPENTER’S DESCENDENTS.....	21
THE MUSSERS	24
CHAPTER V: GENERAL EDWARD HAND, SOLDIER, POLITICIAN, AND PHYSICIAN	27
GENERAL EDWARD HAND, M.D.	27
MEDICAL DEGREE FROM TRINITY COLLEGE IN DUBLIN	28
CLOSING OF FORT PITT & REASSIGNED TO PHILADELPHIA, 1772.....	30
JOINS THE AMERICAN CAUSE & SETTLES IN LANCASTER, 1774	30
MARRIES KATHARINE EWING & JOINS WASHINGTON’S ARMY	31
THE HAND “SMALLPOX HOSPITAL,” 1777	33
THE TRIAL OF EDWARD SHIPPEN, M.D., 1780.....	34
HAND BECOMES WASHINGTON’S ADJUTANT GENERAL, 1781	36
HAND RETURNS TO LANCASTER, 1783.....	37
THE MOVE TO ROCK FORD PLANTATION, 1793.....	38
THE LANCASTER ALMSHOUSE AND HOSPITAL, 1800	39

HAND DIES OF “CHOLERA MORBUS,” 1802	41
THE HAND DESCENDANTS	42
CHAPTER VI: OTHER 18TH CENTURY PHYSICIANS	44
JOHN HOUSTON, M.D.....	45
THOMAS WHITESIDE, M.D.	46
SUSANNAH ROHRER MILLER.....	46
ROBERT BOYD, M.D.....	47
REVEREND WILLIAM STOY	48
“DR.” WILLIAM SMITH, AN IMPOSTER.....	48
ALBERT DUFRESNE, M.D., or REVEREND ALBERT DUBRESNE, OR MR. FRESNE?	49
CHAPTER VII: 19TH CENTURY PHYSICIANS	50
JOHN EBERLE, M.D. (1788-1838).....	50
SAMUEL HUMES, M.D. (~1786-1852).....	51
GEORGE B. KERFOOT, M.D. (1807-1850).....	52
THE ATLEES -A Lancaster Family of Medicine	54
THE MUHLENBERGS.....	58
ISAAC WINTERS, M.D. (1800-1873)	60
WILLIAM BAKER FAHNESTOCK, M.D. (1804-1886).....	61
D. HAYES AGNEW, M.D. (1818-1892)	62
BENJAMIN SIDES, M.D.....	67
THE STUBBS	67
THE RAUBS	69
THADEUS ROHRER, M.D. (1859-1918)	74
THE HELMS: CROSSING TWO CENTURIES	74
THE WENTZS	75
H.M. ALEXANDER, M.D. (1851-1906)	79
REUBEN CHAMBERS, 1800-1859	82
THE IMPOSTERS.....	84
THE POWWOW DOCTORS OF LANCASTER COUNTY	84
CHAPTER VIII THE LANCASTER COUNTY MEDICAL SOCIETY	85
CHAPTER IX: LANCASTER’S APOTHECARIES.....	88
THE APOTHECARIES.....	88
APOTHECARY VS. PHARMACY VS. PHARMACIST	88
WILLIAM BROWN, M.D. & THE FIRST PHARMOCOPEIA	89
LANCASTER COUNTY’S FIRST APOTHECARY	90
<i>Figure 31. McElroy’s Drug Store, Lititz PA, 1955 Exterior View, (Courtesy Cory Van Brookhaven).....</i>	93
HENRY STUBER AND JAMES PETER.....	94
CHRISTOPHER MARSHALL	94
HEINITSCH PHARMACY	94
OTHER 18 th CENTURY APOTHECARIES	97
19 th CENTURY APOTHECARIES.....	97

THE SODA FOUNTAIN	99
FRAILEY'S PHARMACY	101
GLATZ DRUG STORE AND JUDGE LIBHART OF MARIETTA	102
CHAPTER X: THE FIRST HOSPITALS.....	103
THE COLONIAL HOSPITALS.....	103
CHAPTER XI: THE 1800 LANCASTER ALMSHOUSE & HOSPITAL	105
CHAPTER XII: ST JOSEPH'S HOSPITAL.....	108
ST JOSEPH'S HOSPITAL INTERNSHIP & SURGICAL RESIDENCY	110
CHAPTER XIII: LANCASTER GENERAL HOSPITAL: 1893-1943	111
THE REVEREND MR. D. WESTLY BICKSLER.....	111
THE HOSPITAL'S MISSION, ITS CREED AND PATIENT POLICY	113
THE NURSING SCHOOL	114
TYPHOID FEVER	114
THE FIRST 541 ADMISSIONS TO LGH.....	117
ALBERT L. HENRY, M.D., LANCASTER GENERAL'S FIRST RESIDENT	118
THE NEW HOSPITAL (1896-1905)	119
THE INTERNSHIP, A REQUIREMENT FOR LICENSURE, 1912	119
THE HOSPITAL COMES OF AGE	120
1918-1919: THE INFLUENZA EPIDEMIC OF 1918	122
MOOSE LODGE TO ACCOMMODATE OVERFLOW OF HOSPITAL PATIENTS WITH INFLUENZA.....	124
CHARLES STAHR, M.D. (1877-1952).....	124
THE 1920S	126
THE WOMEN INTERNS	127
THE 1930S	127
1943: LANCASTER GENERAL HOSPITAL BECOMES 50 YEARS OLD	132
JOSEPH APPLEYEAR, M.D.....	134
HAROLD E. STAUFFER, M.D. (1910-2007)	135
DR. ROGER W. DEBUSK AND DR. DONALD C. SMELZER.....	138
CHAPTER XIV: COLUMBIA HOSPITAL.....	140
CHAPTER XV: EPHRATA HOSPITAL.....	143
CHAPTER XVI: OSTEOPATHY AND LANCASTER COMMUNITY HOSPITAL ...	145
CHAPTER XVII: GRADUATE MEDICAL EDUCATION AT LANCASTER GENERAL HOSPITAL.....	148
THE INTERNSHIP PROGRAM.....	148
THE GENERAL PRACTICE RESIDENCY PROGRAM.....	149
SURGICAL RESIDENCY	150
THE DIRECTOR OF MEDICAL EDUCATION	150
PAUL G. WEDEL (1964-1999)	151
ACKNOWLEDGEMENTS.....	155
INDEX.....	158

PART I: THE EARLY SETTLERS OF LANCASTER, PENNSYLVANIA

CHAPTER I: THE FIRST 100 YEARS

WILLIAM PENN



Figure 1. William Penn (1644-1718), Founder of Pennsylvania. (Courtesy Wikipedia)

In the 16th and 17th Centuries, the kings of Europe would borrow money from the wealthy to arm their troops or to cater to the welfare of their *subjects*. In 1681 King Charles II of England paid his debt to William Penn's father by deeding him an enormous tract of land (46,055 square miles), nearly the size of England itself (50, 341 square miles).¹ It came to be called Pennsylvania (Penn's woods). Lancaster County was carved out of Chester County, a vast wilderness of beautiful forests, magnificent small and large waterways, and rich fertile soil. Throughout the 17th century, when the first settlers of French and English fur traders entered the area, it was inhabited

¹ Philip S. Klein and Ari Hogenboom, *A History of Pennsylvania*, 3rd ed. (University Park, PA: The Pennsylvania State University Press, 1973), 39.

primarily by the Conestoga Indians of the Delaware Tribe within the Iroquois nation.²

Following Pennsylvania's acquisition by William Penn, among its earliest settlers were the pacifist Quakers, like Penn himself. Later Quakers from England, Wales, Scotland, and the Netherlands immigrated. In 1682 alone, nearly 2,000 Quakers were enticed to immigrate because of Penn's promise of freedom from religious persecution.³ Although they were concentrated in the new thriving city of Philadelphia, some made their way westward, where they were greeted by the friendly indigenous Iroquoian-speaking Susquehannock or Conestoga Indians. By 1691, Quakers, mostly English but some Irish Quakers as well, found their way into what became Lancaster County. By 1725 the Quakers opened their first meeting house in Sadsbury.⁴ Penn's openness to religious freedom had its effects. Many of the settlers worshiped a brand of Christianity disfavored by the governments of their homeland, including the Huguenots, Puritans, Catholics, and Calvinists.

² Frederic Shiver Klein, *Old Lancaster, Historic Pennsylvania Community*, (Lancaster, PA: Early American Series, 1964), 17-18.

³ *Ibid.*, 42.

⁴ Paul L. Whitely, "A History of Friends in Lancaster County," *The Journal of the Lancaster County Historical Society*, 51, no. 1 (1947): 2.

THE AMERICAN INDIAN



Figure 2. "The Treaty of Penn with the Indians" by artist Benjamin West, 1771-1772. The painting depicts William Penn entering into a peace treaty in 1683 with the Delaware Indians in 1683 at what is now Kensington in Pennsylvania. (Courtesy Pennsylvania Academy of Fine Arts)

The native American Indian continued to dominate the population in Lancaster County during the first 100 or more years before they were gradually pushed westward by the growing number of European settlements. William Penn, who expressed the desire to maintain good relations with the indigenous Indians, developed amicable agreements to allow for the peaceful settlement of his people. However, as their numbers increased, the settlers began to spread out and violated the agreed-upon borders, creating mistrust and growing hostilities with the indigenous people.⁵ Penn's sons, after his death in 1718, did not manage the population as well as their father had.

The Indians of Pennsylvania were soon decimated. Some succumbed to the settler's rifle, but many more died as they fell victim to the white man's diseases, particularly smallpox and measles. Those that survived either went west, like the Iroquois, or negotiated with the English for a peaceful

⁵ Klein, *Old Lancaster, Historic Pennsylvania Community*, 18, 31.

situation and co-habitated with the settlers.⁶ In a relatively short period of time, the Indian population dropped precipitously, so that by the 1790 census, there were only 1,300 “pure” Indians left in all of Pennsylvania out of a total original estimated population of 350,000.⁷

THE EARLY EUROPEANS

Besides the farmers, during the early colonial period many of these early settlers in Pennsylvania were the English, French, and Dutch fur traders, who set up trading posts, which helped to foster a lucrative trade business for their respective companies, but at the same time created a major power struggle for control amongst these three nations.⁸ However besides these warring powers, the Swedes and Finns, who were among the earliest settlers, also played a role in these settlements, so that by the time William Penn was to take possession of his land in 1682 they made up a significant percentage of the 2,000 settlers along the Delaware.⁹

⁶ Robert Secor, ed., *Pennsylvania 1776* (University Park, PA: The Pennsylvania State University Press, 1975), 80.

⁷ Ibid., 122.

⁸ Klein and Hogenboom, *A History of Pennsylvania*, 8.

⁹ Ibid., 14.

THE MENNONITES AND AMISH



Figure 3. Mennonite Meetinghouse in Philadelphia, built in 1700. (Courtesy Wikipedia)

By 1708, William Penn's "holy experiment" and promise of religious freedom attracted many other sects, including the Scots, the Irish, and the Germans, but especially the persecuted Mennonites of Switzerland, many of whom settled first in Germantown, outside of Philadelphia, and then more westward in what was Chester County. The Mennonites and the Amish soon dominated the landscape of what became Lancaster County. Although today the Mennonites and Amish make only about 10% of the population of Lancaster County,¹⁰ they continue to impact much of the nearly 1,000 square miles of beautiful countryside and rolling hills, with their juxtaposed dairy farms on rich fertile land interspersed with lovely streams and the meandering Conestoga Creek, which ultimately empties into the Susquehanna River.

The county's "gentle" or plain people are a Germanic people of the Swiss Anabaptist tradition. Although many have taken up the lifestyles of the "English," the Amish, in particular, have maintained the faith and customs of their forbearers and remain devoted to home, family, and the land. They live in a closed community made up of extended family members and

¹⁰ "Anabaptist Statistics," *Lancaster Mennonite Historical Society*, accessed June 10, 2019, <https://www.lmhs.org/about/anabaptist-statistics/>.

Amish neighbors, obedient to a literal understanding of Bible teachings.¹¹ There are approximately 38,000 Amish “of the Old Order” living in Lancaster County now.

Today the Lancaster County Amish operate small dairy farms. Most families own about 100 acres or less, their land having been divided and subdivided over the centuries. They raise enough corn sufficient to feed their animals, as well as wheat, vegetables, and fruits to feed their families.¹²

Amish do not subscribe to social security, home-owner, or health insurance, for there is the expectation that their fellow Amish brethren will rally around one in need.¹³ They are recognized as conscientious objectors and do not serve in the military. Traditional Amish do not use electricity, drive automobiles or use most of the inventions of the 19th and 20th centuries. They will accept rides in automobiles to get help or travel on trains to visit the USA. Their respect for the land means a father needs to provide his children with land to prosper. This need has forced many Amish families to leave Lancaster County for cheaper farms in Mexico, Canada, Wisconsin, or other locations.

The Amish comprise 10% of the patients in the Lancaster General Hospital residency program’s family practice center located in rural southern Lancaster County. There they make up less than 5% of the visits as they use medical services for acute illnesses and injuries. Rarely do they seek health maintenance care. Amish families are vulnerable to the childhood infections for which they have not had vaccinations. Life conditions for the Amish today are hardly different from what they were like in 1893, when Lancaster General Hospital was founded, and perhaps not all that different from the earliest settlers in 1692. Farming and wood construction remain major occupations of this population.

OLD HICKORY TOWN

¹¹ James A. Warner and Donald M. Denlinger, *The Gentle People, A Portrait of the Amish*, 1st ed. (Soudersburg, PA: Mill Bridge Museum, 1969), 24-25.

¹² Ibid., 12-13.

¹³ Ibid., 150.



Figure 4. The Jasper Yeates House in Lancaster, the 18th century home of Judge Jasper Yeates, Uncle of Kathryn Ewing, wife of General Edward Hand. (Courtesy Wikipedia)

Lancaster County was established as the fourth county in Pennsylvania when it was carved out of Chester County in 1729.¹⁴ Lancaster borough, once known as “Ol’ Hickory Town,” became its county seat on May 1, 1730, when there were just 3,000 settlers. Hickory Town had fewer people than many of the other towns in the county, but the borough served as a staging post for people going west, and it grew rapidly.¹⁵ The 18th century Jasper Yeates house still stands in downtown Lancaster and was typical of the upscale homes of the times. Lancaster developed quickly, so that by the latter 18th century, the town was bustling with activity.

¹⁴ John Ward Wilson Loose, *The Heritage of Lancaster* (Woodland Hills, CA: Windsor Publications, 1978), 2.

¹⁵ Klein and Hogenboom, *A History of Pennsylvania*, 187.

SLAVES

Slaves made up another significant population group in Pennsylvania and Lancaster County. Slavery had nearly disappeared throughout Europe, but sadly enough, it gained a foothold on American soil. Even William Penn owned slaves, and on the eve of the revolution, there were 838 slaves in Lancaster County. An adult slave could be bought for forty pounds sterling, and although most were well fed, decently clothed, and housed in their masters' homes, they were often not treated humanely. Most of the slave owners were Scotch-Irish Presbyterians, and they possessed on average one to three slaves at any given time.¹⁶

On the other hand, the Anabaptist German settlers found slavery reprehensible and very few owned slaves. Slaves were utilized mostly as domestics, but also as farm hands, working side by side with their masters. The Mennonites and Quakers continued to argue for abolition of slavery throughout the colonies, especially in Pennsylvania, where there were significant numbers. At their Yearly Friends Meeting in 1776, the year the Americans announced their "Declaration for Independence," the Quakers announced that any congregant still holding slaves was to be excommunicated. The Quakers helped Pennsylvania pass the Gradual Abolition Act of 1780, which required slaves to serve as indentured servants up until age 28 before they were free. By 1810 the slave population was less than 1,000 in the entire state.¹⁷

Lancaster County played an active role in helping to free slaves during the antebellum period and was a waystation for the "Underground Railroad." William Wright of Columbia was among the first persons to help slaves seeking freedom from the south to escape to the north and into Canada. The backlash was the 1850 "Fugitive Slave Law," which made it unlawful to assist slaves from fleeing their owners. This even meant that a person who extended a humanitarian act such as providing food to a starving runaway slave was subject to arrest. The first conflict under this law took place in Lancaster County, where there were many free African-American people living in Lancaster County. They and their anti-slavery friends finally took up arms to prevent slave catchers from entering their properties looking for

¹⁶ Ebersole, Mark C., "Presbyterians and Slavery," *Journal of the Lancaster County Historical Society* 108 (Winter 2006-2007): 151.

¹⁷ Secor, *Pennsylvania 1776*, 123-125.

slaves. Their concern was that a slave catcher might take a free Negro over the border into Maryland and sell him or her back into slavery.¹⁸

¹⁸ Franklin Ellis and Samuel Evans, *History of Lancaster County Pennsylvania*, (Philadelphia: Everts & Peck, 1883), 71.

CHAPTER II – THE REVOLUTIONARY WAR PERIOD

By the 18th century, many elegant brick homes with dormer windows protruding from steeply pitched roofs were built along Queen and King Streets in the city of Lancaster. The courthouse, Lancaster's most dominant structure, was located in the center of town at the intersection of King and Queen Streets.¹ The city occupied an area of about four-square miles, comprised of four nearly equally divided quadrants.

During the Revolutionary War, on September 27, 1777, Lancaster served as the country's capital for one day, as well as the principal headquarters for Pennsylvania's representatives for nine months until the British vacated Philadelphia.² Also during the War, Washington utilized several large facilities in Lancaster County, including the Moravian Brethren House in Lititz and the Ephrata Cloisters, to care for the sick and wounded.³ Lancaster was the capital of Pennsylvania for 13 years (1799-1812). Wheatland, a well-known landmark on the western edge of the city, was the homestead of President James Buchanan, the 15th president of the United States. On the southwest edge of the city is the Rock Ford Plantation, another important landmark and the homestead of General (Dr.) Edward Hand, who is a central figure in this story of Lancaster County medicine. The Central Market is the oldest continuing farmers market in America, just off the central square.

¹ Loose, *The Heritage of Lancaster*, 25.

² Ibid., 26.

³ Klein and Carlson, *Old Lancaster Historic Pennsylvania Community*, 56.

CHAPTER III: EARLY INDUSTRY

“BREADBASKET” OF EARLY AMERICA

As in all the colonies, agriculture was Pennsylvania’s major industry. Lancaster County, in particular, came to be known for its very rich farmland, and to this day, agriculture has remained its major industry. For a long time, it was considered the “breadbasket” of America and remains as one of the richest agricultural centers in the country.

MANUFACTURING

Moreover, then, and as it is today, Lancaster had its fair share of artisans and developed a highly diversified manufacturing base. During the Revolutionary War, Lancaster’s Pennsylvania Rifle was recognized as among the rebels’ most important weapon.¹ Lancaster was also known for its cotton mills, the Conestoga wagon,² Epsom salts (magnesium sulfate),³ and the pretzel. Beginning in 1810, the pretzel was a distinctive bakery product of the Sturgis family in the Lititz borough community for many generations. The pretzel represents the folded arms crossed in prayer, and was considered an art form developed by the Sturgis family.⁴ Thus, from its very beginnings, Lancaster County had developed many industries and had a diverse population made of artisans, common laborers, slaves, and the plain folk, who farmed the land, all of whom contributed to make Lancaster quite prosperous.

¹Klein and Carlson, 43.

²Ibid, 93.

³ Ibid, 130.

⁴ Ibid, 136.

PART II: LANCASTER'S EARLY PHYSICIANS, 1715-TO 1893

Part II will highlight some of the earliest and more interesting physicians of the 18th and 19th centuries.

CHAPTER IV: PROMINENT 18TH CENTURY PHYSICIANS

LANCASTER'S FIRST PHYSICIAN: HANS HEINRICH NEFF, M.D.

The first physician to make it to Lancaster was a Swiss Mennonite, Dr. Hans Heinrich Neff, who arrived with his brother, Francis, sometime before 1715. The brothers were among a group of Mennonites who underwent religious persecution, when they left Switzerland in the early 18th century to take up residence in Alsace, and it is from there they immigrated to America. Hans bought land from William Penn, along the Conestoga, which came to be called Hardwicke. It became so well known that when boundaries were established in 1729, the one border along Manheim Township was drawn along his property, which was described as “the Old Doctor’s Ford.”¹ It is not certain that Francis was also a physician, but he did settle in what came to be known as Neff’s Run, which emptied into the west branch of the little Conestoga.

DR. NEFF’S DESCENDANTS

Many of Dr. Neff’s descendants became physicians. Among his children were Abraham and Christian, both physicians. There was also a sister who married Dr. Abraham Brenneman, who not only maintained an active practice, but also operated a drug store. His nephew by the same name, also a physician, was known as the “water doctor.” The therapeutic use of water, or as it came to be known as hydrotherapy, included the various ways to administer hot and cold water to manage fever and other manifestations of illness.²

In the tax rolls of 1781, the year the American Revolutionary War ended, the municipalities, which compiled the names of physicians living in the area, listed a number of Dr. Neff’s descendants, including, Drs. Christian Neff, Abraham Neff, Adam Breneman, Abraham Breneman, and John Breneman, nearly all of whom acquired their physician status through members of the Neff dynasty and the apprenticeship system. The record does not indicate that they attended medical school, although for some that would have been possible during their time.³

¹ Ellis and Evans, *History of Lancaster County Pennsylvania*, 247.

² Ibid., 248.

³ Ellis and Evans, *The History of Lancaster County, Pennsylvania*, 248.

ALBERT SIMON KUHN, M.D.

Dr. Albert Simon Kuhn arrived in Lancaster in 1740. As one of Lancaster's most prominent citizens, he was a justice, a promoter of parochial schools, an active member and officer of Trinity Lutheran Church, and founder of Adamstown, which comprised the northeast quadrant of the city. He fathered Adam, John, and Frederick Kuhn, all of whom apprenticed with him and became highly respected physicians.⁴

Dr. Adam Kuhn



Figure 5. Dr. Adam Kuhn, 4th faculty member of first medical school in America, established in the College of Philadelphia in 1765. (Courtesy Wikimedia)

Dr. Adam Kuhn was his exceptional son, already described as one of the first faculty members of the first medical school in America. Adam Kuhn traveled to Europe and studied medicine in its major medical centers. Among his mentors was Carl Linnaeus, the famous Swedish physician and botanist, who said of Kuhn that he cherished him *“as a beloved son,” ...and “for your unwearied ardor and application in cultivating the sciences, in which you were surpassed by no one.”*⁵

When Kuhn returned to Philadelphia from Edinburgh in 1768, he joined the new medical school in the College of Philadelphia as chair of Botany and Materia Medica. During the revolutionary war, Adam, who was then still on

⁴ Ibid.

⁵ Whitfield J. Bell, Jr., *The Colonial Physician & Other Essays* (New York: Science History Publications, 1975), 59.

the faculty at the medical school in Philadelphia, was appointed to serve in the prestigious role as director general of the Hospital for the Provincial troops in New Jersey. Even though the Committee of Safety appointed Adam as Physician and Director General of the Hospital for the Provincial Troops for the New Jersey campaign, he refused to pledge allegiance to the revolutionary cause and did not sign the “*Test Oath of 1777*.” During the British occupation, he remained in Philadelphia and after the British departed, he left for the West Indies. He did return to Philadelphia in 1780 before the British surrendered, but was arrested and returned to the Caribbean. When the War ended one year later, there were 48 of Philadelphia’s most prominent citizens who signed a petition requesting that Washington allow him to return. He did return to his teaching position at the medical school and practiced medicine for the next 30 years.⁶

In 1771, John Kuhn graduated from the medical school where his brother Adam taught. During the Revolutionary War John served as a surgeon in New Jersey.⁷ After the war, John and his brother Frederick Kuhn practiced in Lancaster. The following letter from Adam to his brother John, dated March 6, 1810 is in the archives of the Edward Hand Medical Heritage Foundation and illustrates an interesting medical anecdote between them. He writes a thoughtful response in regard to his brother’s illness. John takes his brother Frederick’s advice and offers his own recommendations on how to best treat his ailment to include cupping, bleeding, and purgatives.

⁶ George W. Corner, *Two Centuries of Medicine, A History of The School of Medicine, University of Pennsylvania* (Philadelphia: J. B. Lippincott Company, 1965), 34-35.

⁷ Ellis and Evans, *The History of Lancaster County, Pennsylvania*, 51.

Philad^a March 6th 1810

Dear Brother

I am sorry to find by your letter that you have experienced paralytic affections; but I trust you are using precautions to guard against a return, and as we are seldom proper Judges in our own cases, that you take & ^{follow} ~~plend~~ ^{advise} of Brother Sederwich. If I were threatened with an attack of that nature, I would have an issue in each leg, keep the bowels in a proper habit by taking occasionally 10 or 15 grains of Rhubarb at bed time, observe a strict regimen & particularly refrain from green Tea, Coffee, malts & spirituous liquors & be occasionally cupped on the Temples & back part of the neck to take off fullness in the vessels of the head. Use moderate daily exercise & in case of headach, ^{or other symptoms of plethora} bleed from the arm & take an active purgative of Sclaf with or without Calomel. I am your affectionate Brother

A. Kuhn

Figure 6. Letter from Adam Kuhn to his brother Frederick, dated March 6, 1810. (Courtesy Edward Hand Medical Museum, Lancaster, PA).

“Phila. March 6th, 1810

Dear Brother,

I am sorry to find by your letter that you have experienced paralytic affections; but I trust you are using precautions to guard against a return, and as we are seldom proper judges in our own cases, that you take and follow the advice of Brother Frederick. If I were threatened with an attack of that nature, I would have an issue in each leg, keep the bowels in a proper habit by taking occasionally 10 or 15 grains of rhubarb at bed time, observe a strict regimen and particularly refrain from green tea, coffee, malt spirituous liquors and be occasionally cupped on the temples and back part of the neck to take off fullness in the vessels of the head. Use moderate daily exercise, and in case of headache or other symptoms of plethora lose blood from my arm and take an active purgative of Jalap with or without Calomel. I am your affectionate Brother

A. Kuhn”⁸

HENRY ZIMMERMAN, M.D., AKA HENRY CARPENTER, M.D

The German physician Dr. Henry Zimmerman, was born in 1680 in Switzerland. While studying in the medical arts, he joined a rebellious group against his government. Fearing arrest, migrated to the colonies and arrived in Philadelphia in 1698. He returned one year later to Switzerland to marry his sweetheart. They bore two children. The authorities again came after to him, but he and his family managed to escape and returned to America in 1706. They settled in Germantown before moving to Lancaster in 1717.

DR. CARPENTER’S DESCENDENTS

Henry anglicized his name to Henry Carpenter, and had his children learn English. Dr. Carpenter’s descendants made for five generations of physicians by the name of Henry Carpenter, including Henry Carpenter the 5th, born in 1819, personal physician to President James Buchanan.⁹ Henry V often visited President Buchanan at his home in Wheatland, just outside the city’s western perimeter. He was one of the founding members of the Lancaster City and County Medical Society, serving as its president in 1855. During the Civil War, he served the Union Army. Following the war, he

⁸ “Letter from Dr. Adam Kuhn to his brother, Frederick, March 6, 1810” *A Collection of Letters and Documents, From the Dr. John Kuhn family, dated between 1799 and 1813*, (Lancaster, PA: Edward Hand Medical Museum).

⁹ Ellis and Evans, *The History of Lancaster County, Pennsylvania*, 250.

became the secretary and vice president of the Pennsylvania Medical Society.¹⁰

The following letter was written from President Buchanan to his doctor, Dr. Henry Carpenter, from his home in Wheatland on August 10, 1861:

Wheatland 10, August 61

“My dear Sir,

The swelling in my right foot and leg I think increased and my left foot begins slightly to swell. I should be glad if you could call sometime today or tomorrow in daylight to examine them.

Yr friend

Very respectfully

James Buchanan” (sic)¹¹



Figures 7-8. (Left): James Buchanan, 15th President of the United States. (Right): Henry Carpenter, M.D., President Buchanan's personal physician. (Courtesy S. Kendrick Eshelman)

¹⁰ Henry S. Wentz, “Henry Carpenter, M.D.,” In *Lancaster City and County Medical Society, 1844-1994, Our Medical Heritage*, (Lancaster, PA: Lancaster City and County Medical Society, edited by Herbert L. Tindall, 1995), 157.

¹¹ “Letter from President Buchanan to Henry Carpenter, M.D., August 10, 1861.” Edward Hand Medical Museum.

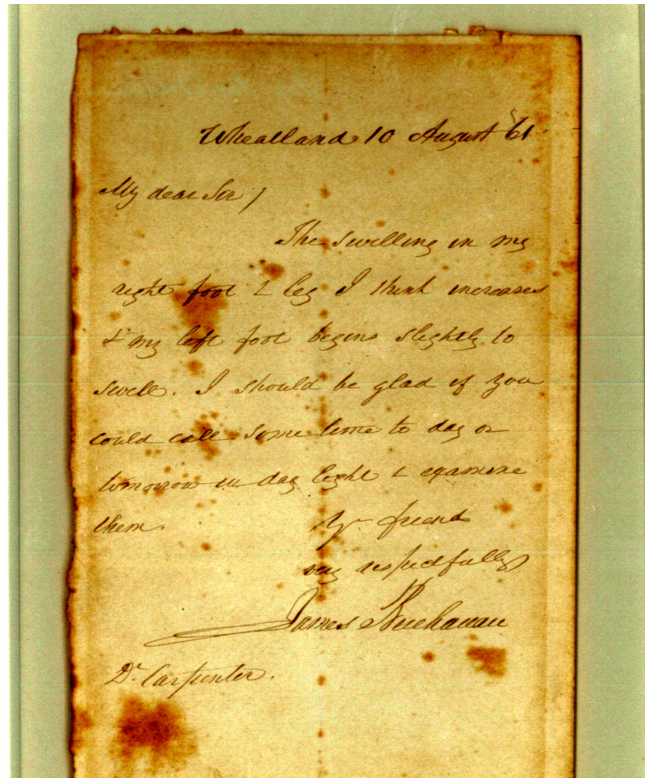


Figure 9. Letter from President Buchanan to his personal physician, Dr. Henry Carpenter, dated August 10, 1861. (Courtesy of S. Kendrick Eshelman)



Figure 10. Wheatland, home of President Buchanan in Lancaster. (Courtesy tripadvisor.com)

THE MUSSERS

The Mussers learned medicine through an apprenticeship relationship from their father or relative, as was the case with the Neffs, the Carpenters, the Muhlenbergs, and the Stubbs. John Musser and his family immigrated to America in 1727 from Switzerland and settled in the southeast section of Lancaster. He apprenticed with another physician to study medicine. As was the case with many other physicians, he was also a farmer. He acquired land in what is part of today's Manor Township, contiguous to what was an Indian preserve, known as Conestoga Manor, where the Conestoga Indians and their tribes resided. This section is also known as "Indiantown," and it is where the colonial powers would come to negotiate their trades and treaties with the Indians. It was on their property that the despicable "Paxtang Gang" massacred the Indians in 1763.

After John died in 1752, his son Jacob, who learned medicine from his father, inherited the property and built the homestead. One of Jacob's sons, Benjamin Musser, born in 1749, was a farmer and also learned medicine from his father. He fathered 18 children from his two wives. He built a very large house to accommodate his family, and in time, the doctor provided a room for an apothecary as well as rooms for overnight stays for some of his sickest patients. Thus, this may well have been the first private "hospital" in Lancaster County. The Manor Township property still stands. Benjamin Musser was also known for the discovery of the "White Salve," which was used to treat venous ulcers of the lower extremities.¹² White salve is white petrolatum with rectified turpentine oil, white wax, and a perfume, and provides soothing relief for dry skin and minor burns, including sunburn.¹³ It is still used to this day.

Two of Benjamin's sons studied with their father without further formal medical education. Joseph Musser practiced in Marietta for a while before he left for Ohio. Martin Musser practiced in Lampeter.¹⁴ One of Martin's sons, Benjamin, did become a physician and was the first of the Mussers to

¹² Wentz, "The Doctors Musser," In *Lancaster City and County Medical Society, 1844-1994*, 143.

¹³ "White Coversine Salve," National Museum of American History, accessed June 12, 2019, americanhistory.si.edu/collections/search/object/nmah_717066.

¹⁴ Ellis and Evans, *History of Lancaster County Pennsylvania*, 261.

graduate from a medical school. Benjamin Musser, M.D. graduated from Jefferson Medical College in 1846. He died in 1883.



Figure 11. Homestead of the Musser family in Mussertown, Manor Township, Lancaster County, Pennsylvania. (Author's personal collection)

Four of Benjamin's grandsons and five of his great grandsons acquired degrees in medicine. Among the most notable was John H. Musser, M.D. (1856- 1912). He was a grandson to Martin, grew up in Southern Lancaster County, and was educated in the Strasburg schools and Millersville State Normal School. He acquired his medical degree from the University of Pennsylvania in 1877. He practiced in Philadelphia, joined the faculty at his alma mater, and grew to national prominence as a result of his more than 200 scientific papers and his highly authoritative dissertations on managing gallbladder disease. His medical text, "*Medical Diagnosis*," was popular and widely used by medical students and practicing physicians. His concern for accessible health care for the poor led him to help establish the social service department at the Hospital of the University of Pennsylvania.¹⁵ He also became active in medical politics, serving as president of the AMA in

¹⁵ Wentz, "The Doctors Musser," In *Lancaster City and County Medical Society, 1844-1994*," 145-146.

1903-1904, during the AMA's medical education reform initiatives which forced many of the nation's inferior medical schools to close their doors.

Another John Musser, M.D., born in 1936, was a classmate of mine at the Perlman School of Medicine at the University of Pennsylvania. John practiced internal medicine in the Philadelphia area.

CHAPTER V: GENERAL EDWARD HAND, SOLDIER, POLITICIAN, AND PHYSICIAN

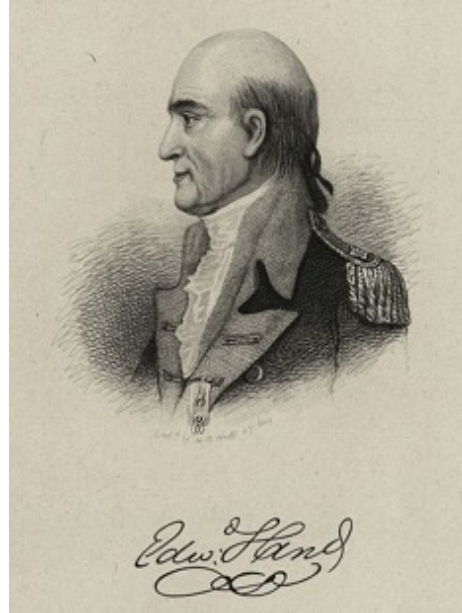


Figure 12. General Edward Hand, M.D. (1744-1802) (Courtesy Wikipedia)

GENERAL EDWARD HAND, M.D.

General Edward Hand, M.D., born in Ireland in 1744, was a physician and a military officer who became one of Lancaster's most illustrious citizens and political leaders. He acquired his medical education in Dublin, joined the British military as a surgeon's mate, and left for America, assigned to Fort Pitt in western Pennsylvania.

This story of Edward Hand was published in the Spring 2018 edition of the *Journal of Lancaster General Hospital/Lancaster General Health* in an article entitled "General Edward Hand: An Extraordinary Lancaster Patriot, Military Officer, Physician and Surgeon."¹ Besides, being one of Lancaster's most prominent physicians and cofounder of Lancaster County's Alms House and Hospital in 1800, Hand's contributions to Lancaster's rich history and America's independence are well documented. He rose quickly through the officer ranks of the Continental army with his military achievements,

¹ Nikitas J. Zervanos, "General Edward Hand: An Extraordinary Lancaster Patriot, Military Officer, Physician and Surgeon," *Penn Medicine Lancaster General Hospital/Lancaster General Health* 13 (Spring 2018): 22-26.

ultimately becoming General Washington's Adjutant General. Discharged as a major general, following the war, he was a celebrated political leader of Pennsylvania and served as Lancaster's chief burgess, while at the same time, maintaining a successful medical practice. The article, with permission, is recounted below.

Edward Hand was born into a privileged Anglican family on December 31, 1744, in Clydruff, a small village in just west of Dublin in King's County, Province of Leinster, in Southern Ireland. This meant he had certain social advantages, as he was neither an Irish protestant dissenter nor of the Roman Catholic majority.²

MEDICAL DEGREE FROM TRINITY COLLEGE IN DUBLIN

Hand attended Trinity College in Dublin, where he studied medicine under the reputable Sir Edward Barry, a physician-general and author of major medical texts. He was also greatly influenced by his mentors and teachers, George Cleghorn, a noted physiologist, and David MacBride, a brilliant clinician. In order to meet the certification requirements of the medical guild regulations, Hand had to complete a 5-year apprenticeship under a Dublin surgeon or serve as a surgeon's mate in the British army. Hand chose to do the latter and John Nicholls, Dublin's Surgeon-General, endorsed Hand's surgical skills, which cleared the way for Hand to become a surgeon's mate in the British Army. He was assigned to the Royal Irish 18th Regiment, which was to be sent to the American colonies in 1765 and stationed at Fort Pitt.

The 18th Brigade arrived in Philadelphia on July 11, 1767, and then travelled to their assigned post at Fort Pitt in the Ohio River Valley. Enroute they went through Lancaster, and Hand was impressed with the community and its beautiful environs, expressing the desire someday to establish a medical practice in the area.³ During those early days in Western Pennsylvania, Hand engaged in friendly discourse with the local Indians, and he took it

² Michel Williams Craig, *General Edward Hand: Winter's Doctor* (Lancaster, PA: Rock Ford Foundation, 1964), 1-2.

³ John W.W. Loose, "General Edward Hand M.D., Physician, Patriot, Soldier," In *Lancaster City and County Medical Society, 1844-1994*, 141.

upon himself to learn their medical practices and how they utilized plants and herbs for their medicinal value.⁴

Unfortunately, lacking rank, his military experience proved disagreeable, as he grew resentful and impatient with incompetent and lazy officers. One of his duties was to negotiate with traders to acquire the necessary provisions for the fort. He was frustrated with foolish orders that compromised his ability to acquire military supplies and the much-needed medical supplies. Some of these traders had Lancaster connections and later became business partners. With them he managed lucrative investments and very attractive land deals. One of his investments was the purchase of 1,632 acres in Westmoreland County, which was indentured on December 28, 1770.⁵ He was able to sell off some of this land later to purchase his ensign commission in 1772.

In 1770 George Washington, who was then an officer of the British Virginia Militia, and known to the Indians as Caunotarius, aka Caunotocarius or town-taker, visited Fort Pitt. The name “Town-taker,” which stuck with George, was given to his great-grandfather, John, for his notorious reputation of destroying Indian villages. Hand was invited to dinner at Semples Tavern in the local village where Washington was the guest of honor. These two gentlemen stood out among the others, as they were probably the only two six-footers. Undoubtedly, conversation included much of the history of Fort Pitt to include the time in 1753, during the British/French and Indian Wars, when Washington fought with the British and Fort Pitt was known as Fort Duquesne. They probably also discussed the rising tensions between the Americans and the British government relating to the unpopular Royal decrees of the time. They bonded and formed a close relationship that was to last a lifetime. Little did either of them know what was in store between these two great men.⁶

In 1772 Hand, with funds he earned from his lucrative land deals on the western front, purchased an ensign’s commission and became the supply officer, a coveted position in the British garrison. With the growing hostilities in the eastern cities throughout the colonies, the decision was

⁴ Craig, *General Edward Hand: Winter’s Doctor*, 4.

⁵ Edward G. Williams, “Fort Pitt and The Revolution on the Western Frontier,” *The Western Pennsylvania Historical Magazine* 59 (June 1976): 266.

⁶ Craig, *General Edward Hand: Winter’s Doctor*, 5.

made to close down Fort Pitt, and to begin its demolition. To the delight of the traders and settlers in the area, this resulted in the sale of the nearly 7,000 pounds sterling of goods and equipment, including “shirts, powder, blankets, flint, steel tomahawks, and other miscellaneous supplies.” The value in today’s pounds sterling would be about \$1 million. Much of this was purchased by Hand himself, serving as a silent partner with two other notables, Alexander Ross and a fellow Irishman, William Thompson. The return to the British crown was less than 1% of their original value. The British authorities refused to keep the fort intact because of the now serious and growing rift between the Crown and the Americans. They declared, “The ungrateful Americans can now fend for themselves against any hostile influences, Indians, or otherwise.” ⁷

CLOSING OF FORT PITT & REASSIGNED TO PHILADELPHIA, 1772

With the closing of Fort Pitt in the fall of 1772, Hand completed his five-year tour. The 18th Regiment was reassigned to Philadelphia. Following the passage of the Tea Act in May of 1773, there was great protest, but to little avail. In December of that year, Samuel Adams and his famous tea party boarded three recently docked ships with tea cargo and dumped hundreds of crates of tea into the Boston Harbor, creating another firestorm and further recrimination from the King and his parliament. There was great turmoil in the colonial cities, particularly in Boston and Philadelphia. Hand witnessed the intense spirit of indignation and the call for liberty among the people in the streets and taverns of the city. He not only sympathized, but to the dismay of his fellow officers, Hand became quite outspoken in defense of the American cause. Following the Boston massacre and the closing of the Boston Harbor, he sold his ensign’s commission (for 400 pounds) and terminated all ties to His Majesty’s forces in 1774.⁸

JOINS THE AMERICAN CAUSE & SETTLES IN LANCASTER, 1774

He had not forgotten the promise to himself that he wished to establish a medical practice in Lancaster, Pennsylvania, and make it his home. He befriended the Reverend William Smith, the provost of the College of Philadelphia and Medical School, who obviously took a great liking to this once British officer and doctor. So, with the following letter of introduction from the Reverend Smith to the Reverend Mr. Thomas Barton of Lancaster’s

⁷ Craig, *General Edward Hand: Winter’s Doctor*, 5-6.

⁸ *Ibid.*, 7.

Anglican St James Episcopal Church, he made his entrance into the Lancaster community:

“Dear Sir

“I am this moment favored with yours by your son & shall take another opportunity of answering the obliging Things in it.

“The Bearer Dr. Hand of the Royal Irish, has some Intention of settling in Lancaster, as he has heard that Dr. Boyd is about removing to Philadelphia. I am under so many obligations & have so sincere a Regard for the Gentlemen Officers of the Royal Irish & to Dr. Hand in particular that I could not let him go without testifying to you the good character he sustains.

“He has heard of Dr. Fred Kuhn’s Intention to settle with you & he knows both his Family Interest & just Pretensions to encouragement & you may be sure that I do not mean by this to interfere myself or expect that you would interfere with the Interest of any of our Friends of Dr. Kuhn’s Family, nor particularly with Frederick, who is a Son & Graduate of our College, but Dr. Hand will have his Friends & his Design is to consult them & consider whether there may not be Room and Business sufficient to encourage him to settle with you also. Lancaster and its Environs have encouraged from Time to Time half a Score of Doctors of some kind or another. Pray might not two regular-bred and able men be better than all of them.

“On this or any other Subject I know that you and Dr. Hand’s other Friends in Lancaster will be ready to give him the best advice. I am affectionately

“Yours & Wm. Smith

“Philada March 11th 1774

To Rev. Mr. Barton”⁹

MARRIES KATHARINE EWING & JOINS WASHINGTON’S ARMY

Edward Hand, M.D. soon acquired a good reputation in Lancaster, gained favor among the gentry, and his practice grew quickly. He was beginning to earn a favorable income from his land investments on the frontier. He became a close friend of Judge Jasper Yeates, and through Judge Yeates met his petite and pretty 23-year-old niece, Katharine (Kitty) Ewing (1751-

⁹ Heiges, George L., “Apothecaries of Lancaster County, 1760-1900,” *Papers Read Before the Lancaster County Historical Society*, 50, no. 2 (1946): 34.

1805), the daughter of Captain John Ewing (1727-1754) and Sarah Yeates (1731-1823). They married just before she turned 24 in March 1775.¹⁰ By then, the hostilities between the Americans and the British government reached a fever pitch, and there was a great deal of excitement throughout the colonies, with cries for independence and a call for taking up arms against what was felt to be growing British oppression. Dr. Hand by now established a close personal relationship with the leading members of the Lancaster community and acquired a sympathetic attachment for their cause. Among the most vehement patriots, was the septuagenarian, Edward Shippen, Esq., once mayor of Philadelphia and one of Lancaster's most prominent and respected citizens. He had important connections to the medical profession, as his cousin, Dr. William Shippen, was the first appointed professor of anatomy and surgery in America's first medical school in Philadelphia. The doctor was a fellow patriot.

Edward's son, Edward Jr., was living in Philadelphia, but to his father's dismay, he remained loyal to the Crown and considered himself a Tory, as was Edward junior's daughter, Peggy, the future wife of Benedict Arnold.

The old man, lawyer Edward Shippen, gave the revolutionary spirit in Lancaster added creditability and was named honorary chair of the revolutionary committee.¹¹ In May 1775, he called for a meeting of the leading members of the community to discuss the growing crisis. Over a three-day period, there was a consensus among the county's freemen to pledge their lives and their fortunes in support of the rebellion. Men with military experience were called upon to serve as officers, and although Hand, only recently married and Kitty already pregnant (with Sarah), responded with conviction when asked.¹²

Having already met Ensign Hand while at Fort Pitt, Washington was well aware of his qualifications and was pleased to learn that he would serve. In June 1775, the Continental Congress offered and Dr. Hand accepted the commission as Lieutenant Colonel. Under the command of Colonel William Thompson, he joined the famous First Battalion Pennsylvania Riflemen,

¹⁰ Ellis and Evans, *History of Lancaster County Pennsylvania*, 44.

¹¹ Loose, "General Edward Hand M.D., Physician, Patriot, Soldier, History of Medicine," *In Lancaster City and County Medical Society, 1844-1994*, 38.

¹² Craig, *General Edward Hand: Winter's Doctor*, 9-10.

which marched to Boston. He developed a reputation of working directly with his men, a characteristic that endeared him to the soldiers under his command.¹³

As the war progressed, Hand was to become not only one of Washington's most-trusted and ablest officers, but one of his closest friends. He was promoted repeatedly, as Washington sought his advice and counsel and valued his leadership. By 1777, he was a Brigadier General, making him the youngest general of the Continental Army. Because of his familiarity with the Fort Pitt area and the growing problem the settlers were having with hostile Indians, he was sent there to quell the threat.

THE HAND "SMALLPOX HOSPITAL," 1777

Later in 1777, when serving with the Continental Army as the Commandant at Fort Pitt during the War, he dedicated six acres of a 331-acre plot of his own land, to build a hospital for smallpox victims among his troops.¹⁴ The Hand Hospital, as it came to be called, was built on land that he purchased while serving with the British forces at Fort Pitt. The "smallpox hospital," was a windowless log building, two stories high with three rooms on each floor, 100 feet long and 30 feet wide, with a roofed porch all around. It was defended by as many as ten blockhouses (structures of heavy timber, pierced for gunfire), which circled the hospital.¹⁵ Although there were other facilities used as hospitals during the war, it may well have been among the first hospitals that was constructed for that purpose in America. Today, there is a plaque on the site where Hand commanded his brigade. The site is identified as, "Fort Hand, 1777-1779, the only Fort erected in Westmoreland County by the Continental Congress, Blockhouse surrounded by Stockade with wall guns."¹⁶

¹³ Loose, "General Edward Hand M.D., Physician, Patriot, Soldier," In *Lancaster City and County Medical Society, 1844-1994*, 41.

¹⁴ William W. Betts, *Sword and Scalpel, The Life of Edward Hand of Lancaster* (Berwyn Heights, MD: Heritage Books, 2014), 97-98.

¹⁵ Williams, "Fort Pitt and The Revolution on the Western Frontier," 267.

¹⁶ Tindall, ed., "General Edward Hand," In *A History of Medicine in Lancaster County, Lancaster Medicine: The Lancaster City and County Medical Society*, 52, no. 2 (October 1976): 34.

Under Hand's command at Fort Pitt was the Indian agent George Morgan (1743-1810), who was considered particularly knowledgeable about Indian transportation routes and sources of supply. George Morgan developed a reputation as an agriculturalist back East on his Princeton farm, where he conducted experiments on hybrid grains that grew resistant to the destructive effects of the Hessian fly. George was the brother of Dr. John Morgan, the founder of America's first medical school in Philadelphia. After the war, the brothers acquired nearly 9,000 acres of land in Western Pennsylvania.¹⁷

In the late summer of 1778, and after a brief visit with Kitty and his family (Sarah, now two, and Dorothy, now one), General Hand was reassigned to the Albany front to take command of the troops in the area. By February 1779, the effort was expanded to include the armies under Generals Sullivan & Clinton, which eventually resulted in the stabilization of the Indian uprisings in New York state. It took nearly the entire year to successfully defeat the British and the Six Nations Indians, but nonetheless, he managed to visit Kitty to witness the birth of their third daughter, Katharine (b. December 14, 1779).¹⁸

By January 1780, General Hand resumed command of the American troops in New Jersey, now buried in six feet of snow in Morristown. He found them demoralized as there were skimpy supplies, inadequate clothing and footwear, and little food. The troops were described as "half naked and two-thirds starved." Soon, however, after Hand arrived, food was made plentiful and morale picked up.¹⁹

THE TRIAL OF EDWARD SHIPPEN, M.D., 1780

By now, the raging "Shippen" scandal took front stage, and Washington called on General Hand with his medical background and administrative skills to handle the matter. From March to July 1780, General Hand presided over the court martial of William Shippen, Jr., M.D. (1736-1808). The Shippen/Morgan rift began in 1765, as Dr. Shippen, who was to be a cofounder of America's first medical school, felt betrayed, for he was bypassed by John Morgan, M.D. (1735-1789) who took sole credit for

¹⁷ Williams, "Fort Pitt and The Revolution on the Western Frontier," 255.

¹⁸ Craig, *General Edward Hand: Winter's Doctor*, 63-70.

¹⁹ *Ibid.*, 73.

creating the medical school at the College of Philadelphia in that year. According to Shippen, dating back to a “communicated plan” while Morgan was in England, he was awaiting Morgan’s return from Europe to establish a medical school.²⁰ Since then, their mounting animosity toward one another was well established and irreparable by 1780.

Morgan was the Director General of Hospitals for the Continental Army, and in July 1776, Shippen was appointed the medical director of the hospitals in the Jerseys. This unfortunate circumstance put him under Morgan’s command. Within several months, Shippen managed to split the command so that Morgan was in charge of the hospitals east of the Hudson and Shippen became the Director General of Hospitals west of the Hudson in October 1776.²¹ In this role, Shippen managed to manipulate circumstances and even usurped his authority in order to embarrass Dr. John Morgan. This caused terrible repercussions and aggravated the hostilities between the two. Morgan, who was considered an exacting administrator and a good doctor, alienated many of his subordinates, as he treated many of them unkindly. Congress picked sides and, perhaps inappropriately, forced Morgan’s dismissal in April 1777.²² Dr. Shippen was then given the role of Director of all the Continental Hospitals and Physician-in-Chief of the Army. Unfortunately, he grossly mismanaged his duties, leading to accusations of misappropriating funds and supplies intended for use in the care of the wounded soldiers. Shippen failed to report the deaths of soldiers to lessen any blame on him for any mishap. Morgan demanded an inquiry. The trial ended in July 1780. Although, Hand considered himself a friend of Shippen’s Lancaster relatives, he was not happy that the doctor was acquitted.²³ At least Dr. Morgan was vindicated by a resolution of Congress that Dr. Shippen had possibly mismanaged his position. However, following the war, Morgan never returned to the medical school and gradually withdrew from medical practice and died a poor man in 1789 at age 53.²⁴

²⁰ George W. Corner, *Two Centuries of Medicine, A History of the School of Medicine, University of Pennsylvania*, (Philadelphia: J. B. Lippincott, 1965), 23.

²¹ *Ibid.*, 33.

²² Craig, *General Edward Hand: Winter’s Doctor*, 74.

²³ Williams, “Fort Pitt and The Revolution on the Western Frontier,” 249.

²⁴ Corner, *Two Centuries of Medicine*, 33.

HAND BECOMES WASHINGTON'S ADJUTANT GENERAL, 1781

General Hand became Washington's close confidant and aide, so when the time had come for Washington to reshuffle his administrative staff, he chose Hand as his Adjutant General. This caused a temporary rift between Washington and Washington's aide-de-camp, Lt. Col. Alexander Hamilton, who felt disappointed, if not slighted. Although Hand's appointment was delayed until the Congress debated and approved his selection in January 1781,²⁵ he remained at Washington's side in this position until the moment of the British surrender at Yorktown on October 19, 1781. He was rewarded for his distinguished service by being promoted by brevet (an honor bestowed without commensurate pay), to the rank of Major General before he returned to Lancaster to practice medicine in 1783.²⁶

General Hand served in a number of political roles, including Pennsylvania assemblyman and as a member of the Constitutional Convention in 1789-1790. During this period, he was also appointed as Lancaster's chief burgess.²⁷ As a Federalist, Hand was a member of the Continental Congress in 1784 and 1785. In the meantime, he helped to establish the "Order of Cincinnati," founded in 1783. This highly prestigious organization is the oldest hereditary military society and was organized to preserve the ideals and fellowship of the officers of the Continental Army.²⁸

The following letter, dated January 14, 1784, from George Washington underscores the high esteem he had of Edward Hand:

"Dear Sir, When I left Philadelphia I hoped to have had the pleasure of seeing you at Annapolis before my departure from thence, and to have had an opportunity (previous to my resignation) of expressing to you personally, amongst the last acts of my Official life, my entire approbation of your public conduct, particularly in the execution of the important duties of Adjutant General.

"Notwithstanding I have been disappointed in that expectation, and have it now in my power only as a private character to make

²⁵ Tindall, ed., "General Edward Hand," In *A History of Medicine in Lancaster County*: 33.

²⁶ *Ibid.*, 103.

²⁷ Loose, "The Heritage of Lancaster," 42.

²⁸ *Ibid.*, 140.

known my sentiments and feelings respecting my military friends, yet I cannot decline making use of the first occasion after my retirement of informing you, my dear Sir how much reason I have had to be satisfied with the great zeal, attention, and ability manifested by you in conducting the business of your Department, and how happy I should be for an opportunity of demonstrating my sincere regard and esteem for you. It is unnecessary, I hope, to add with what pleasure I should see you at this place, being, with great truth,

“My dear Sir, Y^r real friend &

“Most Obe^d Serv^t

“G^o. Washington

“The Hon^b

“Gen^l Hand” sic²⁹

During his time in the military, General Hand managed to get home to visit with Kitty long enough to father three daughters, Sarah (1775-1850), Dorothy (1777-1862), Katharine (1779-1791), and one son, John (1782-1807).³⁰ John was born after the war, while Hand was in Philadelphia, still serving in the army. The Hand family resided in a temporary house on Spruce Street. Ironically, it was Dr. William Shippen who attended the delivery of their first son. Hand described him as “a chopping boy.”³¹ One very sad anecdote is reported by Jack Brubaker in “The Scribbler” in the December 1, 2016 issue of the Lancaster newspaper, *LNP*. Brubaker writes that in Bett’s biography of Edward Hand (“Sword and Scalpel”) six innocent Indians of the Lenape and Munsee tribes were murdered by soldiers under his command in 1778. Although Hand accepted “the blame, in no way could he excuse himself.” As commander he bears ultimate responsibility.³²

HAND RETURNS TO LANCASTER, 1783

Hand returned to Lancaster with Kitty and his family after the final peace treaty was signed in Paris on September 3, 1783. They had four more

²⁹ Craig, *General Edward Hand: Winter’s Doctor*, 105.

³⁰ Zervanos, Nikitas, Descendants of General Edward Hand, *Journal General Hospital*, (Summer, 2018), 13, no. 1: 58.

³¹ Craig, *General Edward Hand: Winter’s Doctor*, 100.

³² Jack Brubaker, “The Scribbler: Edward Hand’s Soldiers Killed 6 Innocent Indians,” *The Scribbler Column, LNP* (Lancaster, PA), December 1, 2016.

children, Jasper, (1784-1828), Mary (1786-1880), Margaret (1789-1800), and Edward (1792-1812).³³

THE MOVE TO ROCK FORD PLANTATION, 1793



Figure 13. Rock Ford Plantation. (From Author's personal collection)

In the meantime, the general and Kitty had been planning their dream home for their growing family. It was in 1793 that they moved into their mansion at Rock Ford, along the Conestoga River, just southwest of the city's perimeter.

As a physician, he was described as “skillful in diagnosis and surgery and a pioneer in smallpox inoculations and in hospital quarantines.” Hand was known to be compassionate and particularly sensitive to the needs of the poor, treating many patients at no charge.³⁴

Hand's medical career was highlighted by mentoring Edwin Atlee, the brilliant and youngest son of William August Atlee, an intense patriot and a Chief Justice of the Supreme Court of Pennsylvania. After William died in 1793, Edwin, at age fifteen, came to live with the Hands and over the next

³³ Zervanos, “The Descendants of General Edward Hand,” 58.

³⁴ Jack Brubaker, “The Scribbler: Compelling bio of Edward Hand still needed,” *The Scribbler Column*, LNP (Lancaster, PA), January 13, 2015.

five years learned medicine under Dr. Hand's tutelage. Edwin then went on to study at Dickenson where he earned a master's degree, excelling in music and becoming proficient in Latin.³⁵ He practiced medicine for a time in Columbia, Pennsylvania before he acquired his medical degree at the University of Pennsylvania in 1804. He settled and practiced successfully in Philadelphia. He was considered a skillful obstetrician and nominated for the chair of obstetrics at the University of Pennsylvania, but the board of directors did not approve his appointment because of his very conservative religious views. He wrote a treatise on "The Influence of Music on the Cure of Disease" and a book on the "Life of William Penn." He was among the most distinguished citizens of Philadelphia.³⁶

THE LANCASTER ALMSHOUSE AND HOSPITAL, 1800



Figure 14. Lancaster County Almshouse and House of Employment. (Courtesy Wikipedia)

Hand assumed a number of elected political positions as a delegate to the Congress of the Confederation, as a representative to the Pennsylvania Assembly, and Chief Burgess (Mayor) of Lancaster. He was among the

³⁵ Williams, Edward G, "Fort Pitt and the Revolution on the Western Front," 249.

³⁶ Ellis and Evans, *History of Lancaster County Pennsylvania*, 249.

community leaders calling for “an act to provide for the erection of houses for the employment and support of the Poor in Counties of Chester and Lancaster.” This act required the election of six reputable citizens to serve as directors. Hand was among those elected to serve in this capacity.³⁷ One of those buildings, the Lancaster Almshouse and Hospital, is a stone house that still stands. The County Home, as it came to be called, served the needs of the poor for more than 150 years. A new, contiguous extended-care facility was built in the early 1960s, now called Conestoga View, and has since come under private ownership in 1990. The Lancaster City and County Medical Society took unprecedented action, through the courts, to assure that the original Almshouse be preserved.

As for Hand, unfortunately, after Washington died in December 1799, he lost much of his political influence. In 1801 Thomas Jefferson was elected President and, under the new Republican administration, Hand was no longer Inspector of Customs, which resulted in a considerable loss of income and mounting debts.

³⁷ Ellis and Evans, *History of Lancaster County Pennsylvania*, 211-212.

HAND DIES OF “CHOLERA MORBUS,” 1802



Figure 15. Tombstone of Edward Hand, located at Lancaster’s St. James Episcopal Church Cemetery. (From Author’s personal collection)

The following year he became ill with an intestinal disorder described as cholera morbus,³⁸ a cholera-like illness, manifested with symptoms of vomiting and diarrhea. There was no cholera in the colonies at the time, but to die from such an illness in less than one day leaves questions as to the exact cause of his death, but his death is described as “sudden.”³⁹ Perhaps he self-medicated, thinking that he had been sickened by a toxin. Common purgatives used in such circumstances, such as calomel or Hamilton’s worm destroying lozenges, would have hastened his death from dehydration or an

³⁸ Craig, *General Edward Hand: Winter’s Doctor*, 110.

³⁹ “Hand: Edward Hand Reunion and Genealogy Collection, 1805-1984,” Call number: MG-116, Folder 3, Chronology, 1744-1802, Lancaster History, Lancaster, PA.

electrolyte imbalance.⁴⁰ He died suddenly at Rock Ford before he was able to settle his affairs on September 2, 1802, and is buried on the grounds of Lancaster's St. James Episcopal Church.⁴¹

THE HAND DESCENDANTS

The following account was published in the summer 2018 edition of Penn Medicine, Lancaster General Health.

Edward and Kitty had eight children, five daughters and three sons. They were Sarah (1775-1850), Dorothy (1777-1862), Katharine (1779-1791), and one son, John (1782-1807). Among the other children were Jasper Yeates (1784 -1828), Mary (1786-1880), Margaret (1789-1800) and one more son, Edward, who was born on January 19, 1792.⁴²

Sarah, Dorothy, Mary, John, Jasper, and Edward were still alive after Kitty died in 1805. The general left behind a considerable debt and, having no valid will, he died in intestate. The children were saddled with managing these affairs, having to sell nearly everything, including the Plantation.⁴³ Tragically, in 1807 and in the midst of all this turmoil, their son John, at age 25, was found dead on the second floor of Rock Ford with a self-inflicted gunshot wound.⁴⁴ The Plantation was subsequently sold on July 14, 1810, to William Montgomery for 5,000 pounds.⁴⁵ Edward died in 1812 while overseeing the sale of cargo on a merchant ship in Cuba. He was only 20 years old.⁴⁶

⁴⁰ Mann, Alison, "What Really Caused the Death of General Edward Hand." (2012): 5. <http://www.edwardhandmedicalmuseum.org>, (accessed March 16, 2017).

⁴¹ Craig, *General Edward Hand: Winter's Doctor*, 110.

⁴² Zervanos, Nikitas J. "Descendants of General Edward Hand: Lancaster Patriot, Military Officer, Physician and Surgeon." *Journal of Penn Medicine Lancaster General Health*, 13 (Summer 2018): 58-59.

⁴³ Charles Smith, Esq., *Intestate, Edward Hand, Lancaster County Archives*, 1803-1805, March 25, 1805, 312-313 and July 31, 1805, 396, Lancaster County Government Offices, Lancaster, PA.

⁴⁴ Craig, *General Edward Hand: Winter's Doctor*, 100.

⁴⁵ Hand: *Edward Hand Reunion and Genealogy Collection, 1805-1984*, Call number: MG-116, Folder 2, 7 and Folder 3 (Chronology), Lancaster History, Lancaster, PA.

⁴⁶ Craig, *General Edward Hand: Winter's Doctor*, 109.

Sarah, who was born on December 8, 1775, married Samuel Bethel, III, but they had no children. She died October 21, 1850.⁴⁷ Mary never married. She lived into her 90s, and died in New Haven Connecticut.⁴⁸

Only Dorothy (1777-1862) and Jasper (1784 -1828) had children. Dorothy married Edward Brien (1769-1816), an iron-master, and they had five children, among them Sarah Brien Rogers. Sarah's daughter, Catherine Brien Rogers, (1831-1902) married Dr. John L. Atlee Jr. (1830-1885), a highly regarded physician and the son of John L. Atlee (1799-1885), one of the most prestigious physicians in America of his time, a cofounder of Lancaster's and Pennsylvania's medical societies, and the president of the American Medical Association in 1882. This would make Catherine the great-granddaughter of General Edward Hand.⁴⁹ They had a total of twelve children including eight daughters and three sons, none of who became a physician.⁵⁰

Jasper Yeates Hand graduated from Princeton University and the Philadelphia Medical College after his father died in 1802.⁵¹ He moved to Chillicothe, Ohio, where his father was granted land for his role during the revolution. He then moved to nearby Hillsboro, Ohio in 1809, where he was in a partnership practice with Dr. George Smith, which included an apothecary. After George Smith died in 1811, Jasper married George's wife, Phebe (born ?1790), and they had seven children. Soon after their marriage, he served in the war of 1812 as a rifleman and later as a surgeon. Before his discharge in 1814, he reached the rank of Brigadier General of the Highlands Militia.

Although he had a very busy practice, Jasper made little money, as many of his patients paid him from the produce raised on their farms. In 1825, he took on a partner, Dr. Jacob Kirby, who just graduated from medical school. Sadly, Jasper came down with consumption and died in 1828, a month or so after his last child, Molly, was born. Ironically, Jacob married Jasper's

⁴⁷ Ibid., 17.

⁴⁸ "Hand," Folder 2 and Folder 3.

⁴⁹ Ellis and Evans, *History of Lancaster Pennsylvania*, 45.

⁵⁰ "Hand," Folder 2 and Folder 3.

⁵¹ Craig, *General Edward Hand: Winter's Doctor*, 106.

widow, Phebe, and took responsibility for the Hand family, including their seven children, ranging in age from one month to 13. Their firstborn, John, became a physician and after his marriage settled in Pittsburgh. Phebe died in 1850.⁵²

CHAPTER VI: OTHER 18TH CENTURY PHYSICIANS

Among some of the other physicians who came to Lancaster in the latter 18th and early 19th century who were introduced as newcomers or advertised in the local newspaper:

Dr. John Howard acquired the name of the “Chinese Doctor,” as he came from Canton in the East Indies and promoted medicines that he prepared from Chinese herbs and roots.

Dr. J. Common promoted himself as performing surgery and midwifery besides physic.¹

Dr. G. W. Aldersterren advertised his apothecary on “North Queen Street at the house of David Hall,” and that he would not accept compensation unless his patients were cured.

Dr. Isaac Cohen just arrived from Hamburg, Germany, and announced that he studied seven years in the city of Copenhagen. His practice was at the house of John Hatz, the innkeeper at the sign of the Pennsylvania Arms on North Queen Street. He offered to those who claimed to be poor and unable to pay for his services that he would “cure” them at no charge. However, they would have to “show a certificate from a clergyman that they are indeed poor.” He also instructed that anyone who wished a house call that would require travelling a distance to please send a horse for him.

⁵² https://www.geni.com/people/Dr._Jasper-Hand/6000000018949049396.

¹ Ellis and Evans, *History of Lancaster County Pennsylvania*, 249.

Dr. Duvoisier announced his recent arrival from London and offered his services “as a surgeon and the practice of physic at E. King Street in the corner house opposite Major John Light’s tavern.”

Dr. Dowlin, who lived in Mrs. Bicklam’s house, near the English church, promoted himself as a surgeon and man-midwife from London. He announced that *“as the season approaches in which fevers, agues and fluxes appear and become distressing, he offers his assistance as he has acquired particular information while serving in the British army during his residence in Africa and the West Indies, as demonstrated from the success of his practice in Lancaster last fall.”* Dr. Dowlin also advocated inoculation for the prevention of smallpox and even measles, even though there was no known vaccination or preventive against measles at that time. He was, however, the first in the county of whom there is any record who inoculated for smallpox.²

Dr. J. F. Nissen of Hamburg, Germany, described himself as a “Physician, Surgeon, Man-midwife, and Oculist and an Honorary Member of the Medical Society of Philadelphia...” He wanted the public to know that *“the treatment of ocular diseases is too often neglected, and that he has acquired special skills during his later years in Germany, particularly in the management of cataracts, using a new procedure, which he invented and not known elsewhere in America.”*

JOHN HOUSTON, M.D.

Dr. John Houston (1742-1809), one of the most well-educated physicians in the county, served with distinction for seven years as a surgeon in the Revolutionary War. He was born in Salisbury Township, went to Edinburgh Scotland to become a minister, but instead completed his studies there in medicine. He returned to Lancaster County to practice as a general practitioner in Columbia, Western Lancaster County. There, he met Susanna Wright, daughter of John Wright, Jr, who was among the County’s

² Ellis and Evans, *History of Lancaster County Pennsylvania*, 250.

most illustrious figures and owner of the famous “Wright’s Ferry,” which connected Lancaster and York Counties.

THOMAS WHITESIDE, M.D.

Dr. Thomas Whiteside (b. 1750), the son of a prominent Scotch-Irish gentleman, was born in the family homestead in Little Britain, PA. He fought in the Revolutionary War, got his medical education, and returned to the family homestead. Thomas Whiteside was the first regular physician to practice in Southern Lancaster County. He and other members of his family served with distinction in the Revolution and assumed leadership roles in the development of Lancaster County.³

SUSANNAH ROHRER MILLER

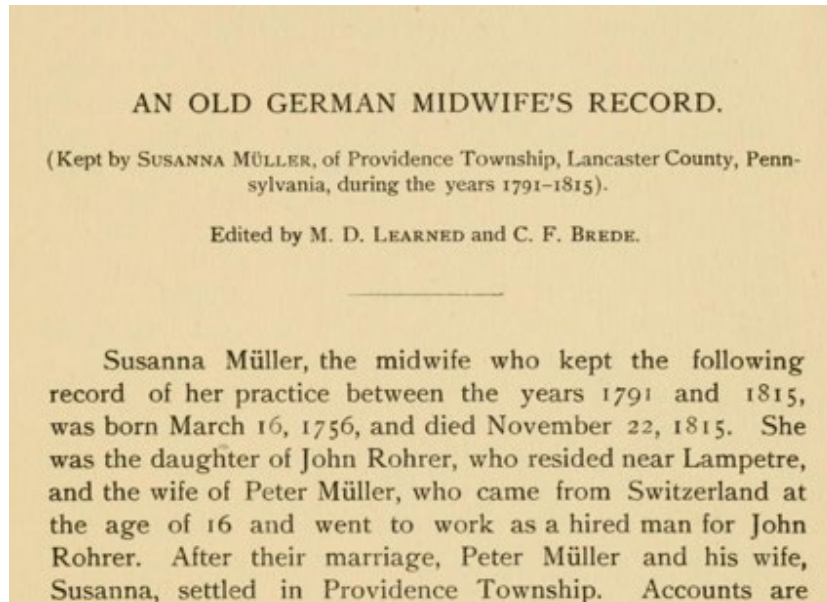


Figure 16. “An Old German Midwife’s Record” kept by Susanna Muller (Courtesy krishocker.com)

Susannah Rohrer Miller, born on March 16, 1756, was one of the few woman doctors in Lancaster’s history. She was self-educated, and it is not known with whom she apprenticed, but she learned from many physicians. This remarkable woman, married with ten children, came from a family of devout Christians and farmers. Her life was motivated by her faith, deep devotion to the care of the sick, and the alleviation of suffering. One of her

³ Tindall, ed., “Dr. John Houston, Dr. Thomas Whiteside,” In *A History of Medicine in Lancaster County*, 36-37.

most impressive accomplishments was her passionate endorsement and administration of the Jenner vaccine, based on Jenner's observation that cowpox pus could prevent the deadly smallpox in humans. Despite the skepticism of many physicians, Susannah R. Miller became zealous about vaccinating as many people as would agree to it.

She learned midwifery and assisted many physicians with their obstetrical patients. She delivered independently as a midwife. Her unique legacy was that she kept very precise birthing records of the names of the father and mother of each birth. She spoke and wrote both English and German, so she brought the records from the immigrants into their new country. These records have been used in genealogy and tracking homestead rights in Lancaster County. She was recognized for her compassion and especially for her midwifery skills. She attended 1,667 births in her lifetime. Her fame spread throughout Lancaster and neighboring York County, and when she died in 1815, there were an estimated 2,000 people who attended her funeral.⁴ Remarkably, she bridged the world of irregular and regular physicians in the 18th Century, yet in no records does she appear as either an M.D. or a Doctor; nevertheless, her impact was that of an accomplished healer.

ROBERT BOYD, M.D.

One incidental report of Dr. Robert Boyd from Maytown Lancaster, gives a glimpse in the life of a physician. He was called upon to give testimony on whether the 1771 death of a young man beaten by his master could be considered homicide. The boy's body had large bruises caused by a large stick used to beat the boy. Dr. Boyd conducted an autopsy and discovered dark watery liquid pouring from a ruptured liver abscess, which he believed was caused by a contusion of the liver with resulting infection. The master was convicted of murder and sent to prison.⁵ Not all medical care is of the living.

⁴ Wiles, Alice Miller (Mrs. Charles P.), "Susanna Rohrer Miller and Her Ancestry," *The Journal of the Lancaster County Historical Society*, 41, no. 6 (1937): 168-172.

⁵ McMaster, Richard, "Murder in Maytown, The Life and Death of the Poor in the 18th Century," *The Journal of the Lancaster County Historical Society* 102, no. 3, (2000): 34.

REVEREND WILLIAM STOY

Reverend William Stoy, born in Germany on March 4, 1726, arrived in America in 1752 and served parishes in Lebanon, Philadelphia, and Lancaster Counties. He returned to Europe to study medicine in Leiden, The Netherlands. He returned to Lebanon and practiced there beginning in 1767. He acquired fame because he was known to be able to cure hydrophobia, better known as rabies. His regimen, known today as theriaca, included the mixture of one ounce of the herb red chickweed with “four ounces of theriac or Venice treacle, and one quart of beer.” Theriac was used by the ancient Greeks as a medical concoction derived from snake venom, formulated in homeopathic amounts. During the middle ages, opium was added and blended with molasses or honey and was considered useful for treatment of maladies associated with pain. It was considered to be a panacea for centuries. It was dispensed with one full glass of wine. His concoction was widely used throughout the area.⁶ According to *Dorland’s Medical Dictionary*, it could contain as many as 60 to 70 substances.⁷ He successfully used this old remedy to enhance his reputation.

“DR.” WILLIAM SMITH, AN IMPOSTER

Although physician imposters were prevalent, it would appear that from time to time some of these self-professed physicians without any education, training, or credentials were discovered to behave criminally, caused obvious harm to their patients, and were taken to court. One such individual was a “Dr.” William Smith, who was tried in court on August 5, 1735. As reported, Mr. Smith was found guilty of being an imposter, rendered a sentence, which involved corporal punishment, and literally chased out of Lancaster County:

“At a court of general quarter sessions, Dr. William Smith, a vagabond and beggar, being convicted before the court of being an impostor, it is the judgment of the court that he receive in the county of Lancaster, ten lashes, and be conducted from constable to constable, and be whipped with ten lashes, in the most public place,

⁶ Dobbs, Joseph H, “William Stoy,” *The Journal of the Lancaster County Medical Society* 6, no. 3 (1901-1902): 92-95.

⁷ *Dorland’s Illustrated Medical Dictionary*, 30th ed. (Philadelphia: Saunders, 2003), 1899.

till he comes to the bounds of the county at Octorara, and then be dismissed.” (sic)⁸

ALBERT DUFRESNE, M.D., OR REVEREND ALBERT DUBRESNE, OR MR. FRESNE?

Dr. Albert Dufresne, known as the “Swisser Doctor,” was born in 1748 and died in 1823.⁹

In the Lancaster newspaper, “Lancaster Zeitung,” August 19, 1789, there was an advertisement announcing the arrival of “A. DuFresne, Doctor, Of the High School of Turin, Master of Surgery of the Faculty of Balenz, and graduate of medicine in the Faculty of Padua, has the honor to inform his friends that he will shortly be located and can be found in the house on Queen Street lately occupied by Frederick Mann.”

The “du” in his name would indicate his claim to an aristocratic background. One year later in the same newspaper, he offered a \$40 award to find the culprit who broke the doors and windows in his building where his office was located. He had an entrepreneurial bent as he advertised a salve that he invented to treat bladder conditions and he was known as a money lender. He became a busy and successful general practitioner and became quite wealthy. By 1810, he became a bank director for the Farmers’ Bank. He engaged in many scientific pursuits, which included the dissection of animals and laboratory procedures. He built his own observatory, known as Dufresne’s Observatory, still standing on the south end of town on North Christian Street. When he died in 1823, his obituary described him as a “native of Prussia... an indulgent parent... a successful practitioner, and an honest man.”¹⁰

The life of Dufresne takes on considerable fascination when another side of the Old Doctor’s life was reported by a Mrs. S. A. Cox. When only eleven

⁸ Ellis and Evans, *History of Lancaster County Pennsylvania*, 247.

⁹ Ibid., 248.

¹⁰ Robinson, Mary N., “Dr. Albert Defresne, A Man of Mystery,” *The Journal of the Lancaster County Historical Society* 13, no. 4 (1909): 81-93.

years old, while living in Basel, she remembered the “Old Doctor” as a shy, retiring gentleman and a good musician, living with his family in a house with attractive furnishings and a beautiful garden. She was surprised to learn that, while serving as a minister, Dufresne was charged by the church authorities as an imposter, “a thief, impious seducer, and incorrigible” and was to appear before his accusers in February 1786, in which his punishment was to be exposed for one half hour in the public at the pillory (a wooden post with holes exposing his head and hands). On the pillory was a scroll, which described him_ *“an impious, scandalous, turbulent, and dangerous Minister... and shall ask pardon from God...for these impious disorders and scandals. He was condemned to a perpetual banishment from the Lands of the Principality.”*¹¹ He never appeared at his hearing. It was three years later that he appeared in Lancaster. Hence, we don’t know for sure whether his claimed credentials while in Lancaster were in fact true, but more than likely, as he was in Basel, he was nothing more than an imposter as well. Perhaps Mr. Albert Fresne? Certainly, an irregular physician?

CHAPTER VII: 19TH CENTURY PHYSICIANS

And there were many more. These physicians were all considered generalists and they performed surgery or became known for their particular competence in one or another area of medical practice. By the 19th century, many more concentrated their practice in surgery.

JOHN EBERLE, M.D. (1788-1838)

Dr. John Eberle, born in 1788 in Manor Township, the son of a blacksmith, was another Neff descendant and figures prominently as a leading academician of his time. He was recognized as gifted and unusually bright at an early age, coming under the attention of a prominent Lancaster attorney, who volunteered to underwrite his medical education. He graduated from the University of Pennsylvania in 1809, set up practice in the Manheim area, and then began to write articles in medical journals, which attracted the attention of a Philadelphia publisher. Among his noteworthy publications was his own journal, *The American Medical Recorder* and his 1822 two-volume book on *Materia Media and*

¹¹ Ibid., 97-100.

Therapeutics, which became so popular that it was even translated into German and published in Germany. His two-volume *"Treatise on the Practice of Medicine"* became an authoritative text and went through five editions. In 1825 he was invited to become a professor at Jefferson Medical College, teaching a course on the "Practice of Medicine" and as chair of Materia Medical. He was then offered and accepted similar posts at the Ohio Medical College and Transylvania University in Lexington, Kentucky. His whirlwind career ended abruptly in Lexington, when he died at the early age of 50. He was honored along the way as a member of several prestigious medical societies of his time, including the Linnaean Society of the Academy of Natural Sciences of Philadelphia, and the Medico-Chirurgical Society of Berlin. A very special celebration of his accomplishments took place at the old court house in Lancaster in March of 1826, at the behest of Dr. Samuel Humes and Frederick Muhlenberg. Dr. Samuel Gross, while a student at Jefferson, remembered him *"of short stature, with a light olive complexion, a keen black eye, and good forehead. He was a model of a student, reticent, patient, laborious, and brimful of his subject. Whatever he knew, he knew well... He was a most zealous student, and above all, he was the architect of his own fame and fortune."*¹

SAMUEL HUMES, M.D. (~1786-1852)

Samuel Humes, the son of a Lancaster lawyer, was a prominent citizen and served as the city's treasurer for some time. He decided to take up the practice of medicine, and in 1808 Humes graduated from the University of Pennsylvania. He became one of Lancaster's most eminent general practitioners and surgeons and enjoyed a very successful practice. The Lancaster medical practice environment was becoming quite competitive, and there were far too many quacks and charlatans and even irregulars caring for the sick. Dr. Hume was among a group of regulars who wished to separate themselves and establish a standard of medical care in the community. In order to do this, he led the initiative to establish a county medical society in 1823. Unfortunately, there were also many of the regular physicians who had petty jealousies and quarrels, especially among those with dubious credentials, who felt threatened. So, after one or two

¹ Ellis and Evans, *History of Lancaster County Pennsylvania*, 252.

meetings, the idea collapsed. It took another twenty years, but in 1844, this time Humes and a group of his cohorts were successful.²

GEORGE B. KERFOOT, M.D. (1807-1850)

One of the more colorful figures in the 19th century was an Irishman with an Episcopalian background, George B. Kerfoot. He and his parents immigrated to Philadelphia before settling in Lancaster in 1818. Samuel Humes, M.D., the family's personal physician, was duly impressed with young George, who he considered to be unusually bright. He convinced his parents to allow George, then age 15, to become his student. During the next seven years he apprenticed with Dr. Hume. He became proficient in Latin and Greek and learned to read German. He devoured all his medical books, then went to Philadelphia, where he studied medicine at Jefferson Medical College. He acquired his degree in 1830 and returned to Lancaster at age 22 to begin his medical practice.³ At the time, Lancaster had a population of 7,704 people, with more than one physician for every 428 people, which made for a competitive medical community.

Thus, the enterprising and charismatic Kerfoot, with gifted oratorical skills, opened his anatomical hall at the Lyceum, promoting the notion that if one wished to acquire health, "in this republican age all should study anatomy." He attracted large crowds to hear his entertaining lectures, not only on anatomy, but also physiology, magnetism, mesmerism, and even phrenology. Phrenology, the study of skull formation as a genetic indicator of intelligence and character, was a public fascination and attracted great interest. At the time, phrenology was defined as "the union of a theory of localized brain functions with a primitive behavioristic psychology." He went so far as to promote the notion that phrenology could explain human character. For example, he offered the phrenological explanation of Nero's bloodthirsty disposition to the "large posterior to his head, a short neck, and receding forehead." Kerfoot, who may have had some doubts, was still capable of making it believable. Among his popular lectures were those on

² Ibid., 260.

³ Winpenny, Thomas, "Competing in the Medical Marketplace in Jacksonian America, The Creative Strategy of Dr. Henry George Kerfoot," *The Journal of the Lancaster County Historical Society* 101, no. 3 (1999): 32.

magnetism or mesmerism, and although this mode of therapy was controversial, he denounced those who would close their minds not to offer this to those with symptoms thought to have a psychosomatic cause. As one can imagine, these lectures made Kerfoot popular.⁴

Like so many other physicians at the time, he also operated his own drug store. It was called “The Drug Store in Center Square.” He advertised extensively and promoted many remedies, to be utilized, not based on a diagnosis or the actual ailment, but the patient’s symptoms. These products included: Epsom salts, spirits of turpentine, Thomsonian herbs or medicinal vegetables, oil of vitriol (sulfuric acid in oil), liquid opodeldoc (a liniment made of soap, spirit of wine, camphor, rosemary oil and sometimes spirit of ammonia), gum camphor, and African cayenne. He also promoted “Phoenix bitter,” which he claimed alleviated dyspepsia, asthma, piles, muscle aches, and headaches and Oldridge’s balm, which he used to treat baldness. In addition to drugs, he sold various medical and surgical instruments and supplies, which included stethoscopes, brass and silver lancets, and stomach pumps.⁵

The Lancaster Inquirer’s Sunday News reported another fascinating story about Dr. Kerfoot. He was known to have negotiated with a convicted killer who was to be hanged in the public square. For \$5.00, the killer, Henry Kobler Musselman, allowed Dr. Kerfoot to purchase his dead body in order to perform galvanic (electric) stimulation of his relatively fresh corpse one hour after he was declared dead. The awestruck audience observed Kobler’s deceased body twitch and move his extremities, while the stimulated diaphragm forced air in and out of his lungs.⁶

His alternative approaches to caring for patients and his many enterprises outside of direct patient care were subject to criticism by the members of the medical community, perhaps out of envy, or more likely because he had such an unorthodox medical practice. However, by 1843, perhaps, because of his old mentor, Dr. Humes, or outright peer pressure or just plain

⁴ Ibid., 35-37.

⁵ Ibid., 39.

⁶ Ibid., 40-41.

burnout, he ended up selling his drug store, shut down his anatomical hall, and ended his lectures. He joined Humes to become one of the 21 charter members of the Lancaster Medical Society on February 14, 1844, and he became a principal advocate of the society's newly established code of ethics, which condemned public advertising and the boasting of cures strictly for profit. Seven years later, Dr. Kerfoot died at the young age of 43.⁷

THE ATLEES -A LANCASTER FAMILY OF MEDICINE

The first of the Atlees to come to the Americas was William, from Middlesex, England. He arrived in 1733 to serve as the secretary to the Governor of Barbados. His grandson Edwin (1776-1852) was the first Dr. Atlee. He first studied and trained under the highly regarded physician, Dr. Edward Hand, and graduated from the University of Pennsylvania in 1804. Edwin Atlee was a gifted musician and writer. He settled in and practiced in Philadelphia, where he became known for his special skills in obstetrics.

⁷ Wentz: "George Kerfoot M.D.," In *Lancaster City & County Medical Society, 1844-1994*, 160-161.

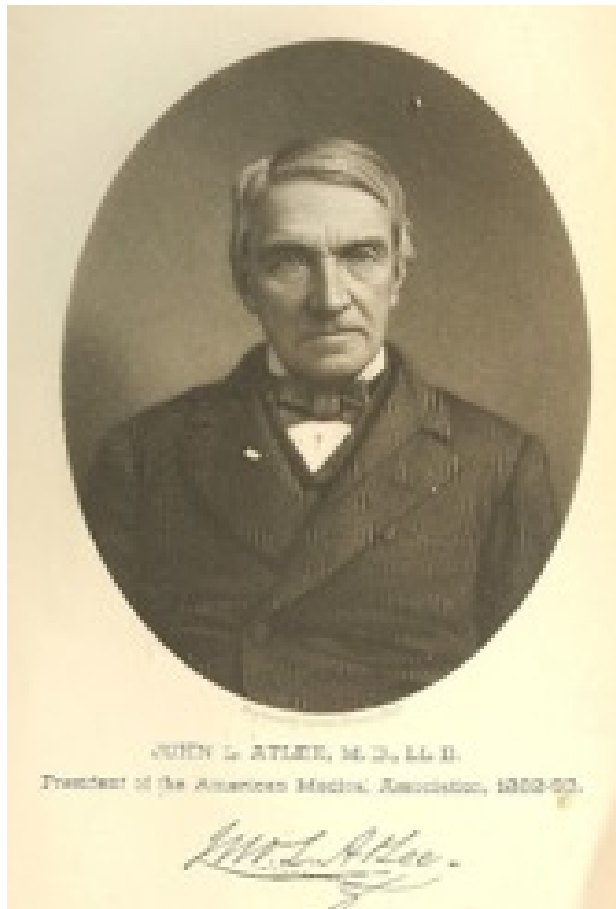


Figure 17. John L. Atlee, M.D., 1799-1885, (Courtesy of Edward Hand Medical Heritage Foundation)

There followed five generations of doctors with the name John Atlee, beginning with William's great grandson and Edwin's nephew, John Light Atlee (1799-1885). Those that followed were born in 1830, 1875, 1902, and 1933. The father of the third Dr. John L. Atlee was not a physician, but rather a lawyer, William Atlee, Esq.

The most famous Doctor Atlee was John L. Atlee, M.D. born in 1799. He left an indelible mark on Lancaster medicine, as he helped to promote the formation of the Lancaster City and County Medical Society in 1844 and the American Medical Association in 1847. He and his physician-brother, Washington, became well known for their surgical skills, and both played prominent roles in local medical politics and the promotion of high standards of medical practice. John Atlee rose through the ranks as president of the Lancaster Medical Society, and both the Pennsylvania Medical Society and the American Medical Association. He was president of the AMA at age 84 in 1883, the year when the Journal of the American

Medical Association (JAMA) was founded. He also played a prominent role in the history of the Almshouse of Lancaster, public health (Sanitary Committee), and the mentoring of medical students (apprenticeships and externships).⁸



Figure 18. Sketch of the Lancaster County Hospital by Paul Ripple, M.D. (Courtesy Paul Ripple, M.D., Lancaster, PA)

During the 1854 cholera epidemic, in his role as attending physician of the Lancaster Almshouse and Hospital, Dr. Atlee ordered the cleaning and whitewashing of the buildings from attic to basement, the removal of all dead matter, the cleaning of the sewers, and treating the outhouses with lime. He treated the patients with cholera by prescribing copious amounts of cold water, quinine, and opium. He accepted the theory that cholera was caused by a contagion and observed correctly that the disease was spread

⁸ Ziegler, Jacob L, "The Fiftieth Anniversary of the Lancaster City & County Medical Society, Address by Jacob L. Ziegler. M.D., February 7, 1894." In *Lancaster City & County Medical Society, 1844-1994*, 17.

by contact with a “specific poison” from the excreta of the sick. It was not until 1884 that the famous German microbiologist, Robert Koch (1843-1910), identified the bacterium, *Vibrio cholera*, that caused cholera in 1884.⁹ John L Atlee M.D. saved lives by his leadership.

John Light Atlee, M.D. (1799 – 1885) and his brother Washington Lemuel Atlee, M.D. (1808-1878), also a surgeon, became nationally and internationally renowned for developing the operative technique for the relatively safe removal of ovarian tumors. John and his brother performed the first such operation in 1843 in the patient’s home on the dining room table, using opium for analgesia and without any kind of antiseptics. She fully recovered without any complications. John is credited with performing 78 oophorectomies with an 82% percent success rate, while Washington ended up doing nearly 400. Although they were never harmed or persecuted, both were threatened with arrest for performing such a high-risk operation, and Washington was even branded as “a dangerous man, even a murderer.”¹⁰ Facing such vicious criticism, they obviously demonstrated extraordinary courage and self-confidence, as they managed to save many lives.

The second John L. Atlee, M.D. was born in 1830 and died in 1885, the same year as his father. The 1830 John Atlee married the great granddaughter of Dr. Edward Hand, Catherine Brien Rogers.¹¹ All the Doctor Atlees, but one, practiced in Lancaster County as prominent and highly regarded physicians and surgeons. The fifth of the Atlees, John Atlee, M.D., born in 1933, specialized in anesthesia, joined the faculty of the Medical School at the University of Wisconsin, where he rose to prominence as an anesthesiologist. He is now retired and continues to live in Wisconsin.

⁹ Wentz, “Epidemics in Lancaster County, Cholera,” in *Lancaster City & County Medical Society, 1844-1994*, 90-91.

¹⁰ Heckman, Jillian, “The Atlee Family: A Progression of Medicine in Lancaster County Through Lineage.” *The Journal of Lancaster County’s Historical Society*, (Lancaster, PA.: Lancaster History: 117, no. 1, Winter 2016): 51-52.

¹¹ Ellis and Evans, *History of Lancaster Pennsylvania*, 45.

THE MUHLENBERGS

The Muhlenbergs of Lancaster County are descendants of the noted itinerant priest physician of America's colonial period, Reverend Heinrich Melchior Muhlenberg (1711-1787). In 1745 he married Anna Maria Weiser, the daughter of Conrad Weiser of Berks County. They had 11 children and among them were three sons who settled and made their mark in Lancaster. Two in particular were notable, Frederick Augustus Muhlenberg, M.D. (1750-1801), a member of the Continental Congress, and Henry Ernst Muhlenberg, M.D. (1753-1815), who became the rector of Lancaster's Holy Trinity Lutheran Church and served in that capacity for thirty-five years.

Dr. Henry Ernst Muhlenberg's youngest child was Frederick Augustus Muhlenberg, M.D. (1795- 1867), named after his uncle. He was born and raised in and was among the most prominent of the Muhlenberg medical men. He apprenticed with Dr. Benjamin Rush at age 16 and graduated from the University of Pennsylvania School of Medicine in 1814. Highly respected as a clinician, his practice also included surgery, but unlike the Atlees, he performed few operations.¹² He was among the original members of the Lancaster City and County Medical Society and was elected as one of its first two vice presidents (1844). Dr. Jacob L. Ziegler, who gave a speech on February 7, 1894, before the Lancaster City & County Medical Society to celebrate its 50th anniversary, described Dr. Frederick. A. Muhlenberg as *"a man of fine physique, dignified and clerical in aspect, well-stocked with scientific and medical lore, an accurate diagnostician, popular and often called upon in council, his presence gentle and soothing in the sick room, and paternal toward the younger members of the profession."*¹³ He was a strong advocate for public education, a member of the vestry of Trinity Lutheran, and a delegate of the General Synod of the Lutheran Church. He played an active role in the Democratic Party and was a close ally of James Buchanan up until the time of Buchanan's presidency. However, there was a parting of ways as Muhlenberg strongly disagreed with Buchanan's pro-slavery position in the new state of Kansas. He served

¹²Ellis and Evans, *History of Lancaster County Pennsylvania*, 254.

¹³ Ziegler, "The Fiftieth Anniversary of the Lancaster City & County Medical Society," In *Lancaster City & County Medical Society, 1844-1994*, 19.

as prothonotary and register of wills for a time and ran for Congress against Thaddeus Stevens.¹⁴

Two of Frederick's sons, Henry (1817-1877) and Benjamin Muhlenberg (1823-1894), apprenticed with him and both graduated from the University of Pennsylvania School of Medicine. Benjamin was a surgeon in the US Army during the US-Mexican War and after returning to Lancaster, he worked for the pharmaceutical industry. Benjamin's brother and the second of the Henry Muhlenbergs was, like his father, a charter member of the Lancaster City and County Medical Society and had a very respectable general and surgical practice.

Dr. Henry E. Muhlenberg Jr., (1850-1907) was the third of the Henry Muhlenbergs, and an 1871 graduate of the University of Pennsylvania after studying with his father. He served as a surgeon with the US Marine Hospitals in Boston, New York, and Philadelphia. He returned to Lancaster in 1877 and conducted a general practice that included surgery, which he performed at the Lancaster County Almshouse and Hospital. He was the first physician in Lancaster County to administer diphtheria antitoxin. He became the medical director at St. Joseph's Hospital from 1899-1907 and even served as mayor of Lancaster from 1899 to 1902.¹⁵

¹⁴ Ellis and Evans, *History of Lancaster County Pennsylvania*, 255.

¹⁵ Wentz, "Drs. Muhlenberg" In *Lancaster City & County Medical Society, 1844-1994*, 170-171.

ISAAC WINTERS, M.D. (1800-1873)



Figure 19. Horse & Buggy Doctor, (Courtesy, Wellcome Collection)

Among the many so-called country doctors, there was Isaac Winters, who was born and practiced in the village of Hinkletown in the northeast farming community of Lancaster County for 53 years. When Isaac turned 15, his interest in medicine and youthful ambition took him to New Holland, where he apprenticed with Dr. John Leaman. After four years he went to the University of Pennsylvania to acquire a medical degree in 1820, and returned to his birthplace. He had to borrow money to buy his horse and a buggy. But in less than one week, his horse was stolen, and he needed another \$100 to buy another horse. His dedication and good faith were evident to the well-off Henry Roland, who lent him the money without interest and without a timetable to repay the loan. Isaac repaid the loan within one year, and managed to put \$1800 in the bank. He developed a most successful practice, became involved in politics as an active Democrat, supported James Buchanan, and as Dr. Muhlenberg before him, was another hapless Democratic nominee for Congress against the formidable Thaddeus Stevens. During the Civil War, he gained the rank of brigadier general. He and his wife, Elizabeth Nagel, had six children, among whom John Lemmon and Isaac D. became physicians.¹⁶ Dr. Muhlenberg and

¹⁶ Tindall, ed. "Meanwhile, Out in the Country, A Self-made Man," In *A History of Medicine in Lancaster County*, 64-67.

Buchanan had a falling out regarding the Missouri compromise and the slavery issue.

DR. JOHN DIEDRICH FAHNESTOCK (1733- 1816)

The Fahnestocks, as they were known, come from a long line of physicians beginning with Johann Deidrich Fahnestock, who was born in Amwell, New Jersey, in 1733. It is not known how he acquired his medical education, but it is known he served in the Revolutionary War and settled and practiced in Ephrata, where he spent most of his life.

Johann's son, Samuel, was born in Ephrata in 1764 and, following the Battle of Brandywine in 1777, he helped at age 13 the Baptist brothers and sisters care for more than 500 injured and sick soldiers at the Ephrata Cloisters, where his father served as a military surgeon. The Ephrata Cloisters, along with the Brothers House in Lititz, were turned into military hospitals. It was only natural that Samuel would become a physician, and after a successful practice in York, PA, he settled in Lancaster. He gained notoriety among the German community, for his advertisements and promotion of "Kine Pock" (cowpox) inoculation against smallpox. He is also considered to be the inventor of the soda fountain in 1819. It was a barrel-shaped container with a pump and spigot designed to dispense carbonated water.

WILLIAM BAKER FAHNESTOCK, M.D. (1804-1886)

One of the more colorful Fahnestocks was William Baker Fahnestock, M.D. (1804-1886), a charter member of the Lancaster City and County Medical Society. He had many and varied interests and did investigative work in animal magnetism, spiritualism, and clairvoyance, and wrote extensively on these subjects. He also endorsed the specific theory of "statuvolism," (self-hypnosis), or the treatment of diseases via mesmerism. He wrote a treatise on the subject, which gained him an international reputation. He was a pioneer in daguerreotype photography (photographs produced on silver-covered plates) and was known for his excellent photographs.

He engaged in politics and supported the candidacy of James Buchanan. He and his father-in-law, Henry M. Reigert, rode out to Wheatland, the

homestead of James Buchanan, to be the first to notify him that he was elected to the presidency in 1856. He operated his own pharmacy on West King Street and served as an attending at the Lancaster County Almshouse & Hospital. After practicing medicine and surgery successfully for more than two decades, he endorsed the practice of homeopathy in 1860. In 1876 he wrote a curiously illustrated book entitled, “Worlds Within Worlds – Wonderful Discoveries in Astronomy – the Sun and Stars Inhabited,” which describes his theory of the physical composition of the planets, to include his belief that the planets were inhabited. Because of failing health, he retired to Walhalla, South Carolina, where he died in 1886.¹⁷

D. HAYES AGNEW, M.D. (1818-1892)

Dr. David Hayes Agnew was born in 1818 in Nobleman, present-day Christiana, on the eastern edge of Lancaster County. He was the son of Robert Agnew, M.D., and he knew early he was destined to follow in his father’s footsteps. At an early age he studied medicine with his father, while acquiring his normative education at nearby Moscow Academy and a college education at Jefferson College at Canonsburg and Delaware College in Newark. He graduated from medical school in 1838 from the University of Pennsylvania, where he completed course work in medical science, surgery, chemistry, Materia Medica, pharmacy, anatomy, and midwifery. For a fee of \$10, he also attended anatomical and surgical demonstrations at Philadelphia and Pennsylvania Hospitals.

In his biography of Agnew, medical historian, Radbill described the medical students at Penn, much like the rest around the country, as mischievous, *“boisterous and unruly...drinking and reveling with a gruesome sense of humor...often offending the community wherever there were medical schools.”* Bratty students from the wealthy plantations of Virginia were even feared by the colored people, who thought they would be “burked” (drugged or smothered) to obtain bodies for their anatomical rooms. Agnew did not participate in any such antics, and in his graduation thesis on medical ethics, *“Medical Science and Responsibility of Medical Character,”* expressed his displeasure for such behavior.

¹⁷ Tindall, ed., “The Fabulous Fahnestocks,” *A History of Medicine in Lancaster County*, 50.

He practiced in Soudersburg and Cochranville in nearby Chester County for a brief period. Although he did not practice in the county for long, Agnew was a founding member of the Lancaster City and County Medical Society. In his determination to excel and improve his skills as a surgeon, he was known to dissect corpses, which he managed to acquire from Philadelphia. When his neighbors discovered what Agnew was doing, they objected so vigorously that they drove him out of town. In 1848 he left for Philadelphia, returning to his alma mater, the University of Pennsylvania, to accept an offer to join the faculty as a Demonstrator and Assistant Lecturer on Clinical Surgery. In 1852, he took ownership of the Philadelphia School of Anatomy on Chant Street. He acquired corpses for anatomical study at Potter's Field. This was done during the night. He would inject the dead body with preservatives, insert the corpse in a sack, place it on the seat of his buggy along-side him, and then drive the body to his anatomical laboratory. It was well known that he would spend as long as 12 to 15 hours per day in the dissecting room. In 1854 Agnew assumed the role of surgeon and curator of the pathological museum at the Philadelphia Hospital, where he taught gross morbid anatomy to countless paying students.¹⁸ When he transferred his anatomy school to the University of Pennsylvania ten years later, he had as many as 267 students who had been enrolled in his school.¹⁹



¹⁸ Radbill, Samuel X, "David Hayes Agnew, M.D. (1818-1892)," In *A History of Medicine in Lancaster County*, 75-77.

¹⁹ Ibid., 78.

Figure 20. Samuel Gross, M.D., the Gross Clinic by Thomas Eakins, (Courtesy, National Library of Medicine)

Agnew and his Philadelphia colleague, Dr. Samuel Gross of Jefferson Medical College, America's most famous surgeon at that time, went before the state legislature in 1867, helping to pass the state anatomical law permitting dissections. In 1870 Dr. Agnew was appointed as Professor of Surgery and by 1871, became Chair.²⁰ In 1877, when Mrs. John Rhea Barton of Lancaster, widow of an esteemed Pennsylvania Hospital surgeon, created the Barton Professorship of Surgery with a gift of \$50,000, Agnew became its first recipient.

In 1881, he was one of five surgeons called upon to attend to President James Garfield (200 days into his presidency), who was gunned down by a madman. Dr. Agnew advocated no intervention, but it was too late, as attempts to remove the bullet were already attempted by the non-sterile fingers of the surgeons already in attendance. Garfield died from secondary infections in the wounds. Coincidentally, DR Agnew was the surgeon who attended General Winfield Scott Hancock at Gettysburg during the Civil War, and Hancock was James Garfield's opponent in the 1880 Presidential election.ⁱ

²⁰ George W. Corner, *Two Centuries of Medicine, A History of The School of Medicine, University of Pennsylvania*, (Philadelphia: J. B. Lippincott Company, 1965), 132.



Figure 21. Dr. Elizabeth Blackwell, National Library of Medicine

To Dr. Agnew 's discredit, he adamantly opposed women embarking on a medical career, as he believed their rightful role was as full-time mother and homemaker. By now, Elizabeth Blackwell, M.D., had graduated in 1849 from New York's Geneva Medical College and was the first woman to earn a medical degree in America. She had been spurned by the medical schools of Philadelphia. It was not until 1913 that the University of Pennsylvania accepted women into its medical school.²¹

²¹ Radbill, "David Hayes Agnew, M.D. (1818-1892)," In *A History of Medicine in Lancaster County*, 79.



Figure 22. The Agnew Clinic, by Thomas Eakins, (Courtesy, National Library of Medicine)

Dr. David Hayes Agnew is the principal figure in the famous life-size oil painting of the 1889 “The Agnew Clinic,” by Thomas Eakins. It depicts Dr. Agnew standing away from his patient while holding a scalpel lecturing to his students during a mastectomy operation in the medical amphitheater.²² This surgical amphitheater as seen in “The Agnew Clinic” continued in use at the University of Pennsylvania School of Medicine well into the late 20th century. The original Eakins oil painting of the “Agnew Clinic” hung on the wall above the stairwell leading into the great library of the medical school for all to enjoy.

Joshua Deaver, M.D. was born in 1822 and fathered three sons and a grandson, who followed him into careers in medicine. He practiced in the rural “Buck,” southern Lancaster County, and was known as the “sage of the Buck.” It was not unusual for him to make three house calls in one day as he travelled for miles throughout the Buck. When a physician was on the road in his horse and buggy, it would be difficult to see more than several patients in a day’s time. He had three carriage horses and two riding horses at the ready to accommodate his rural practice. His son John became a

²² Wentz, “David Hayes Agnew M.D.” In *Lancaster City & County Medical Society, 1844-1994*, 168.

professor of surgery at the University of Pennsylvania, and was appointed chair of surgery in 1911.²³ John's son, Joshua, was a professor of surgery at Jefferson Medical College and later became chief of surgery at Lankenau Hospital, west of Philadelphia

BENJAMIN SIDES, M.D.

Born in 1822 near Camargo in southern Lancaster County, Benjamin Sides apprenticed with Dr. Patrick Cassidy in the city of Lancaster and graduated from Jefferson Medical College in 1846. Dr. Sides kept a skeleton in the second floor of his barn. One day, the stable boy went up to the second floor to fetch something for the doctor and ran into the skeleton. The boy became so frightened that he ran home as fast as he could. Dr. Sides moved to the village of Fairfield, where he bought a farm and built a home large enough to accommodate patients on the third floor where they would convalesce from their illness.²⁴

THE STUBBS

Another hereditary line of a Lancaster County physician was the Stubbs. According to Ellis and Evans, their family roots date back to royalty connections and King John of early 13th century England. The early Lancaster County physicians in the Stubb family apprenticed with regular physicians and received degrees from Jefferson Medical College. Among the most prominent was Jeremiah Stubbs (1804-1862), who spent his early years in Hartford County, M.D., and for a while was in the mercantile business in Baltimore. He did not enjoy this enterprise and with the help of his grandfather returned to Southern Lancaster County to study medicine with Dr. Vincent King, after which he graduated from Jefferson in 1827. He returned to practice first in Cecil County, MD, and then in Little Britain Township across the border in PA where he purchased a farm and continued to practice medicine. He was a charter member of the Lancaster County Medical Society in 1844 and also served as its president. He became

²³ Corner, *Two Centuries of Medicine*, 238

²⁴ Wentz, "Joshua Montgomery Deaver M.D. and Benjamin Sides, M.D.," In *Lancaster City & County Medical Society, 1844-1994*, 145-147

involved with the Whig Party and served as a member of the House of Representatives of Pennsylvania in 1847 and 1848.²⁵

Jeremiah's son, Charles Stubbs, M.D., apprenticed with him, attended the Millersville State Normal School (today's Millersville University), joined the Union Army as a medical officer in 1862, was in charge of a floating hospital in Louisiana, and served as a surgeon in McClellan's army. He completed his medical studies in the middle of the war at Jefferson Medical College, receiving his medical degree in March, 1863. When Charles returned to his homestead in Fulton Township, southern Lancaster County, he engaged in both farming and medicine. His interests in the natural sciences and collection of minerals and fossils was expressed in a series of monographs on the subject, which is archived in the Museum of Lehigh University in Bethlehem, PA. Like most physicians, his house incorporated his home and his office. People entered through the front door and turned left into the office and to the right if visiting the family. Some thought his residence had been placed under an evil spell as his wife and all women who ever lived there came down with rheumatism.²⁶

Charles's son, Ambrose Stubbs, M.D. (1874-1930), practiced in the little town of Wakefield, Southern Lancaster County. After 1911, when he purchased his Model T Ford, Charles pretty much gave up the horse and buggy. During the winter months, however, over the snow-covered roads, he resorted to the horse-driven sleigh, which had side curtains and a charcoal foot-warmer. He made house calls during the day and conducted office hours after dusk. He saw patients all day Saturday and Sunday morning to accommodate the work schedule of his patients, many of whom were farmers. During stormy weather, he carried rudders in the buggy and even in the car in case he got stuck in the mud. He charged twenty-five cents for an office visit and \$1.00 for a house call so long as he did not have to travel more than ten miles from his office. If he had to travel more than

²⁵ Ellis and Evans, *History of Lancaster County Pennsylvania*, 258.

²⁶ Wentz, Henry S, "Physicians and Medicine in Southern Lancaster County," *Journal of the Lancaster County Historical Society*, 91, no. 4, (1987/88): 149.

ten miles, he charged \$1.25. He did not charge extra for any medicines he administered from his bag. He charged \$10 for an obstetrical delivery.

When he was dying of uremia, the minister who came to see him thought he was already dead and made such a pronouncement. The doctor heard what he said while in his semi-comatose state, but waited for the minister to leave. He then forced himself up and had his wife and two sons dress him. He went out from the house to the post office and made sure the people saw that he was still alive. However, he died soon after he returned to the house.²⁷

THE RAUBS

John K. Raub, M.D., M.D., was born in 1828 in Strasburg Township in southern Lancaster County. After completing his high school education, he taught at the local Sandstone School while he studied medicine with Benjamin Musser, M.D. He acquired his medical degree from the University of Pennsylvania, after which he established his practice in Quarryville, a few miles south of Strasburg and right in the center of southern Lancaster County. Later, he moved his practice to the village of New Providence just outside of Quarryville. He served in the Civil War as a surgeon and died in 1867.

John's cousin Michael, born in 1838, graduated from Jefferson Medical College in 1865 and practiced in Lancaster. He was known as a nature lover and had a wonderful bird collection, which he donated to Franklin and Marshall College. When he retired, he served as the college museum's curator.

²⁷ Ibid., 151-52



Figure 23. Henry E. Raub, M.D., (Courtesy, Lancaster History)

John's brother, Henry E. Raub, M.D., born in 1830, completed his secondary education in Strasburg Township and taught in the schools of southern Lancaster County, apprenticed with his brother and acquired his medical degree from the University of Pennsylvania. He established his practice in Quarryville along with his brother John and became one of its leading citizens. He was a director of the Southern Mutual Insurance Company of Lancaster County and a founder of the Quarryville National Bank. He promoted the development of the railroad between Quarryville & Lancaster (Pennsylvania Railroad), served as a school director as well as the first burgess of Quarryville.



Figure 24. Dr. Richard Vaux Raub, 1872 – 1914 (Courtesy Lancaster History)

Henry's son, Richard Vaux Raub, M.D., was born in 1872. He worked in the drugstore of Dr. Thaddeus Rohrer while he apprenticed with his father. He graduated from Jefferson Medical College in 1893. In a letter from the archival collection of the Edward Hand Medical Heritage Museum, his father wrote to him regarding the news of his illness. It was written on the letterhead of the "Office of Southern Mutual Insurance Company of Lancaster County, Pa," dated November 1, 1893:

"Dear Son,

"We are sorry to hear that you are not well. If you are not well enough to go and see Dr. Chapman send your chum after him. That is the way we used to do it. I send you some tablets of antikamnia (an analgesic) for your head. Take one occasionally every three or four hours if it does relieve your head. And I would take four or five capsules of quinine every day for several days until you feel better.

"You will also find some antivomit tablets which you take for sick stomach. I have wrote for Uncle Seal to go up and see you.

"I mailed you a capsule box with some medicine in today. Will send you some more in a box.

"If you can't get out, get your chum to get you what you in the diet line. Don't starve yourself.

"The boys have two foxes, Larry and Ege is about the same. Pheasant was dead, came from Monroe Co. The boys got four rabbits, two apiece, and John got three, dad none. Going to send you tripe, cheese, bread, butter, jelly, etc. Dress warm. If bowels are costive I would take some of the anticonstipation tablets to loose them. Then I would take camphor, Opii & Lead tablets one at a time according as you stand in need of each. But I would take a portion of Quinine for several days or weeks until you feel better.

"Write as soon as you get this,

"Your Affectionate Father,

H. Raub" (sic)²⁸

Richard practiced in the hamlet of Homeville for a while, only to take over his father's practice in Quarryville when Henry died. The following eulogy of his father appeared in the Quarryville Sun, July 26, 1901:

"Hence, he is a figure sadly missing on the roads of the lower end,-the gaunt figure of old-time physician, in an old fashioned and never new gig or sulky, seen in storms and sunshine, in rain and sleet, in blizzards and fair skies, fearing nothing, caring for nothing save duty in response to a call to relieve the ailing , or sooth the last hours of the dying"

Sadly, Richard who was obviously inspired by his father, was every bit as dedicated and devoted to his patients. He died at the early age of 42. His funeral was attended by many who mourned his father before him. At the time of his death in 1914, the Quarryville newspaper had the following commentary about this dear physician:

²⁸ Archival Collection, Edward Hand Medical Museum, Lancaster, PA.

“His funeral and the manifestations of heartfelt grief and personal loss by the hundreds in attendance...strikingly illustrate the affectionate relations that exist in the rural district between the man who ministers to their physical wants and the people to whom he ministers. The life of a country doctor is sacrifice. His fees are small and his hours long. No night is too dark, no storm too tempestuous for him to brave. He catches sleep, as he climbs the steepest hills, and the faithful horse neighs at the stable door to tell him he’s at home. He knows no luxury of office hours, nor specializes on any one disease. He reduces the fractured limb and oftentimes soothes the broken heart. He responds to the call of the poor, and he never takes advantage of the well to do. In his laborious work, he is seldom seen in a house of worship but in the love of his profession and nobility of his practice he seems to walk with God... If St. Peter honors a pass, it is when the weary country doctor knocks for admission and begs for rest.”²⁹

The portrait of Richard Vaux Raub and his wife hangs beside a ceiling to floor tapestry describing the above words about the physician role in the waiting room of the Walter L. Aument Family Health Center in Quarryville. This rural model family practice center serves as a major teaching site of Lancaster General Hospital’s family practice residency program. The legacy of Dr. Raub is felt by those who enter this teaching practice in Quarryville.

²⁹ Wentz, “Physicians and Medicine in Southern Lancaster County,” 153-54.

THADEUS ROHRER, M.D. (1859-1918)



Figure 25. Thaddeus Rohrer, MD, 1859-1918, (Courtesy Lancaster History)

Thaddeus Rohrer, M.D. (1859-1918), the son of John K. Rohrer, a merchant in New Providence, studied medicine with his future brother-in-law, William J. Wentz, M.D., attended the Millersville Normal School, and graduated from Jefferson Medical College in 1881. He practiced medicine and operated a drugstore in Quarryville. He was known for his wonderful sense of humor and would sometimes whistle and dance a jig when he came to visit his patients. When he developed trouble with his prostate, he visited Dr. John B. Deaver, the Lancaster-born physician, who by then was the highly renowned chief of surgery at the University of Pennsylvania. He did not fare well after this operation and died in 1918. He was described as “more than a doctor, but a noted institution.”³⁰

THE HELMS: CROSSING TWO CENTURIES

The first two physician Helms of Southern Lancaster County were Amos Helms (1845-1917) and Charles Helms (1859-1939), who graduated from

³⁰ Ibid., 155-156.

Jefferson Medical College. John D. Helms, Sr. (1886-1968) and his two sons, John D, Jr. (1915-1999 and Robert (1917- 1980), all graduated from the University of Pennsylvania School of Medicine. These physicians were all known for their dedication spanning two centuries. All, but John Helms, Jr., were general practitioners in Southern Lancaster County. Providing robust support of health care in rural south Lancaster County, John Helms, Jr. practiced internal medicine in the city of Lancaster.³¹

THE WENTZS

The original Wentz family took root in Montgomery County in the early 1700s. The first among them was Peter, who had at least one son, John, born in 1743, who settled in Lancaster John's great grandsons, Thomas H. and William J. Wentz, M.D., became physicians. William J. Wentz, M.D., who was born in 1839 in Drumore Township in southern Lancaster County, attended Millersville State Normal School, and served as a teacher while studying medicine with Dr. J.K. Raub of New Providence. He graduated from Jefferson Medical College in 1865 and practiced in New Providence. He had his office beside his home. He married Susan Rohrer in 1865, a sister of Thadeus Rohrer, who practiced in nearby Quarryville. William Wentz was a president of the Lancaster City and County Medical Society. His two sons, Charles, born in 1877 and B. Frank, born in 1870, became physicians. Frank, a graduate of the University of Pennsylvania, married Katherine Helm. He practiced in Philadelphia. Their daughter married Graeme Mitchel, M.D., who had become a world-renowned pediatrician in Cincinnati.

³¹ Ibid., 156-157.



Figure 26. Thomas H. Wentz M.D., 1848 – 1910 (Courtesy, Edward Hand Medical Museum).

William's brother, Thomas H. Wentz, M.D., was born in Peach Bottom, Fulton Township, in 1848. He also taught school for three years and studied medicine with his brother William in New Providence. He ~~too~~ went to Jefferson Medical College, graduating in 1874. He practiced in the town of Kirkwood until 1906. As was the case of so many of the other physicians in rural southern Lancaster County, Dr. Wentz would see only five and no more than ten patients per day, which included making house calls with his horse and buggy, going in one direction toward Nickel Mines, Bart and Andres Bridge in the morning, returning home for lunch to get a fresh horse, and going in another direction in the afternoon. With the advent of the telephone, he noted that patients would call instead of walk to tell the doctor to come to see a sick family member. According to family folklore, the calls were often for minor issues, and this was the reason he decided to leave his rural practice and join his nephew Frank, who maintained a busy office practice on Woodland Avenue in Philadelphia. He remained in practice in Philadelphia until his death in 1910. He charged anywhere from \$1 to \$1.25 for a house visit and \$5 for a maternity case. His annual income ranged from \$1,350 to \$2,000 in his rural practice in southern Lancaster County, and from \$767 to \$1,250 practicing in the city of Philadelphia.

During the time he maintained his rural practice, his compensation was often in the form of food, work, wood, animals, and pasture.

Thomas's son, Paul Roop Wentz, M.D., was born in Kirkwood in 1883. He attended Tome Institute in Port Deposit, MD, a highly prestigious school of its time, known for its academic excellence. He then went to Franklin and Marshall Academy and graduated from Jefferson Medical College in 1907. He returned to Lancaster County and practiced in New Holland until 1962. He married Clara Kohler, the daughter of Dr. John B. Kohler, who practiced in New Holland.

Henry S. Wentz, MD



Figure 27. Henry S. Wentz, M.D. (1921-2020) (Courtesy Edward Hand Medical Museum).

Thomas's grandson, Henry S. Wentz, M.D., went to Duke University for his college education and graduated from Jefferson Medical College in 1944. After his internship at Lancaster General Hospital, he practiced in Strasburg from 1948 until 1974, when he joined the Eastbrook Family Health Center

in Ronks, PA. He also served as the Associate Director of the Family Practice Residency Program on a half-time basis, for nearly three years (1971-1974), during which time he helped spearhead the development of the residency program and establish the model family practice center or Southern Lancaster County Family Health Center in Quarryville in 1971. It later came to be called the Walter L. Aument Family Health Center.

Henry describes a remarkable coincidence, when as an intern at Lancaster General, he pronounced the death of a patient who happened to have been delivered by his grandfather, Thomas Wentz, M.D. Henry Wentz, M.D. He describes how his grandfather bled patients with scarifiers, making multiple incisions in the skin, and how he implemented the process of cupping, using both dry and wet cupping jars:

“Dry cupping consists of heating the cup with a flame and immediately placing the hot cup over the skin at the affected part in order to increase the blood supply or get more blood to the surface at the affected area. Wet cupping consisted of applying the torch, usually using fire from an alcohol sponge or from peer sheds, to the cup or cups, making the incisions with the scarifier and placing the heated cup on the area immediately to draw out the blood from the diseased area. Different size cups would be used depending on the amount of blood the doctor desired to withdraw. To get the best results the entire process had to be done quite rapidly requiring a lot of dexterity and skill on the part of the physician.”³²

Cupping is sometimes described as a form of acupuncture. The heated cups, which are placed on the skin, produces a vacuum that causes a suction effect, drawing the skin into the cup. It was first developed in China and was popular among the Ancient Greeks and continued to be practiced into the 20th century in many parts of the world. The theory is that drawing blood out toward the surface of the skin will promote healing by eliminating toxins.³³ Today’s Michael Phelps, the great Olympic swimmer,

³² Wentz, “Physicians and Medicine in Southern Lancaster County,” 163-169.

³³ Anton Sebastian, *A Dictionary of the History of Medicine*, (New York: The Parthenon Publishing Group 1999), 231.

has reaffirmed its utility, as many indicate that it reduces soreness and facilitates muscle healing.³⁴

H.M. ALEXANDER, M.D. (1851-1906)

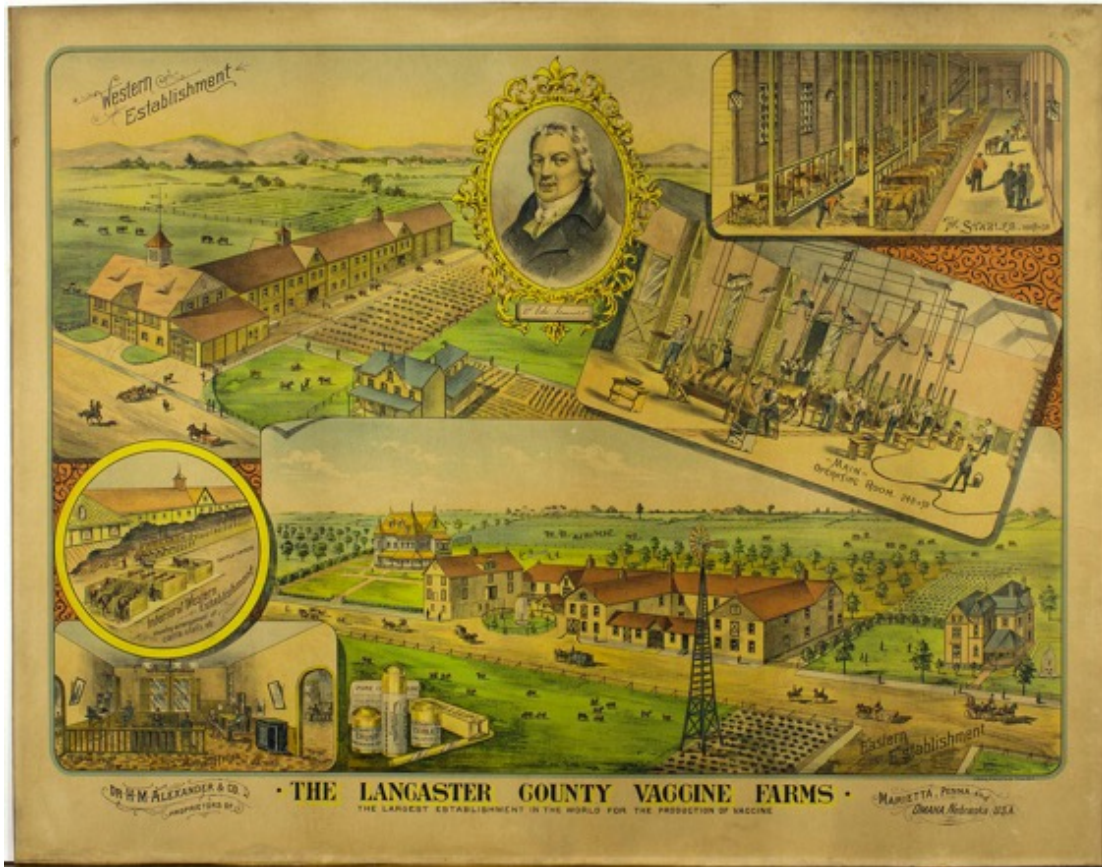


Figure 28. Lancaster County Vaccine Farms, (Courtesy, National Library of Medicine).

The founder of the Lancaster County Vaccine Farms in Marietta, Pennsylvania, was born Hamil M. Alexander, M.D. in 1851 in Lewisburg, PA. He attended school in the area and attended Bucknell and graduated from the University of Pennsylvania medical school in 1876. He served as a house officer in a hospital in another city and then came to Lancaster County and opened an office at 299 West Market Street in Marietta and joined the Lancaster City and County Medical Society. He had a thriving practice and was considered popular among the local citizens.

³⁴ Axon, Rachel, "Cupping helps heal the USA men's Olympic gymnastics team," Sports, USA TODAY, Aug 6, 2016

Among the common epidemics of Dr. Alexander's time, he had to deal with periodic outbreaks of typhoid fever, measles, polio, influenza, and ~~even~~ smallpox. Except for smallpox, there were no vaccines yet for these diseases. Thanks to Edward Jenner and his 1796 re-discovery, material from blisters of a cow infected with cowpox proved to prevent smallpox in humans. Although the cowpox virus and the smallpox virus are not the same, they are similar enough antigenically, so that the much milder infection that might result from cowpox protects against smallpox. The word vaccine originated from the Latin word *vacca* for cow, and smallpox vaccine, therefore, was derived from infected cows. As the demand for the vaccine accelerated, it was often in short supply, as the purification process remained a challenge.

As was the case with so many physicians, Dr. Alexander was frustrated in his efforts to acquire smallpox vaccine for his patients, since the vaccine had to be imported from sources outside the United States, mostly from England. According to Trevor Williams, in his study of Dr. Alexander's Lancaster County Vaccine Farms, the doctor decided in 1882 to lease a heifer from a local farmer, which he infected with smallpox from one of his pediatric patients, and then used the extracted lymphatic fluid from the infected heifer to vaccinate his patients.³⁵ In another account, he obtained the vaccine material directly from a local case of cowpox.³⁶

He presented the account of this vaccination as a scientific paper at the Philadelphia Academy of Medicine. Dr. Alexander was approached by other physicians requesting vaccine from his infected heifer, and soon had to infect another heifer and then still more to keep up with the demand for his vaccine. He had to give up his practice to devote full time to the farm. Soon, this small farm and its chicken house were not large enough to accommodate the animals, so he had to purchase a farm located at the

³⁵ Trevor Williams, "Tokens of History: In Answering the Call," (Marietta, PA: *The Marietta Traveler*, June 30, 2016), 1.

³⁶ Joseph W. Lahr, M.D., *Hale Columbia, Columbia, Pa., Medical Record, 1893-1905, A True & Complete Study of Infectious Disease & Medicine In a small Pennsylvania Town At the Turn of the Century* (Hummelstown, PA.: Joseph W. Lahr, M.D., 2018), 118.

corner of Wasp and Biddle Streets and began to lease the heifers and produced vaccine on a commercial basis. He named this the Lancaster County Vaccine Farm. Within a few years he had more than 500 vaccinated heifers, enough to meet the demand for his vaccine including requests from countries all over the world, including China. In 1889 he closed his medical practice and devoted all of his time to the farm and the production of smallpox vaccine, and the site ranked as the world's largest producer of smallpox vaccine. In 1895 the Pennsylvania State Board of Health declared his farm as the largest and best such establishment in the country.³⁷

On May 31, 1889, he was making a presentation at a medical convention on the vaccine farm, the very day the Johnstown flood occurred. The next morning, he joined with others at the convention, loaded railroad cars with relief supplies, and went to Johnstown on the first train that night. Leaving the train at Sanghollow, a Mr. Turner and he were the only ones who would venture over dangerous landslides and washouts to cross the six miles into Johnstown to reach the disaster.

Samuel H. Gilliland, D.V.M., who became Director of the Vaccine Laboratory in 1906, married one of Alexander's daughters. In that same year, Dr. Alexander died at the young age of 55. His children inherited the business, but because of family squabbles, Dr. Gilliland resigned in 1916 and formed Gilliland Laboratories in Ambler, PA. The Marietta plant was eventually forced to close and went into receivership, Dr. Gilliland bought the *Lancaster* County Vaccine Farm, which was merged with his own lab. In 1922 the company moved to Marietta as Gilliland Laboratories until 1943, when it was sold to Wyeth Laboratories. As result of another merger, it came to be known as Wyeth-Ayerst Laboratories.³⁸ This Wyeth Pharmaceuticals laboratory continued to produce smallpox vaccine with an innovative bi-fid needle. Flu vaccine was a major part of the operations in Marietta until this facility closed in 2004.

³⁷ Trevor, "Tokens of History: In Answering the Call," 1.

³⁸ Wentz, "H. M. Alexander, M.D.," in *A History of Medicine in Lancaster County*, 165-167.

REUBEN CHAMBERS, 1800-1859

Reuben Chambers (1800-1859) was born a Quaker in Chester County. He was described as quite intelligent, highly inquisitive, a voracious reader, and of high moral character. He acquired a good school education, but generally was self-taught. He became a school teacher, married and moved to Eastern Lancaster County, where he established a subscription school in Bethania on the Strasburg Road, west of the Gap, in Salisbury Township. He soon took up printing and decided to publish his own newspaper “to educate and elevate mankind.” He embraced all sorts of isms, including Communism and Thomsonianism and promoted the Thomsonian System of Medicine and its practice.³⁹

His newspaper was called: “Bethania Palladium.” The word palladium refers to the statue of the Greek god Pallas (the statue is that of a warrior god holding up a spear), which during antiquity ensured the safety of Troy, hence the name for his newsletter. In his first issue, published on June 8, 1832, in an editorial he writes about “*universal Peace, Freedom, Temperance, and the just Rights of Man... and eschews War and Slavery.*”⁴⁰ The first two issues report on the 1832 cholera epidemic, which spread rapidly throughout the major cities of the East coast, including Boston, New York and Philadelphia. Chambers advocated thorough cleansing and whitewashing of cellars, drains, and privies, and the elimination of stagnant pools. He advised against drinking water that was not fresh. He reported on the use of cholera medicine advocated by a Montreal Canadian who prescribed maple charcoal and maple sugar, spruce beer, fat bacon, and beans well boiled together.⁴¹

In his August 10, 1832 issue, he described tobacco as a habitual poison, causing irritation to the mouth, eyes, and airways, and condemned its use. The Palladium also provided useful advice, including remedies against

³⁹ Houston, R.J., “Reuben Chambers,” *The Journal of the Lancaster County Historical Society*, 1, no. 4, (1896-97): 119-132.

⁴⁰ Tindall, ed., “Reuben Chambers and The Bethania Palladium,” In *A History of Medicine in Lancaster County*, 53.

⁴¹ Ibid., 54-55.

poisons. For example, the use of an ointment: *“take the tops of St. Johnswort with the buds and blossoms, stew them in hog lard, then put in some cut tobacco while hot, let it boil and it will be fit for use;”* or “roasted onions applied under the hollow of each arm to be repeated every fifteen minutes for three to four hours, until the poison is removed from the system, whether introduced externally or internally.”: sic ⁴²

Chambers also condemned the use of what he called the “barbarous practice” of corseting, arguing that “anatomy and physiology are against it.”⁴³ Although Reuben Chambers had no formal medical training, he claimed to be a “Thomsonian physician.” He provides Thomsonianism in the Palladium as follows:

*“But no Bleeding, Blistering, Starving, or Physicking.
There lives a man-he’ll live to future fame;
Nature’s own son-and Thompson is the name.
The mountain valley, and the plain he trod,
And raised each flow’r from its humble clod,
And as the bee extract the honied sweets,
And dips the nectar from each plant it meets,
He culled each simple, and its virtues tried,
Long may he live! His foes he put to shame,
While grateful thousands shall his praise proclaim.” (sic)*

Chambers promoted the Thomsonian book, “Family Rights,” which he sold for the huge sum of \$20.00. It provided home health instruction and how and what medications to use for a variety of ailments. Among those remedies were “Thomson’s Botanic Medicines: Vegetable Powders, Cough Powder, Nerve Powder, The Bread of Life, Rheumatic Drops, Bayberry, Cholera Syrup, Peach Cordial, etc., sold at the lowest cash prices.”⁴⁴ He had a flourishing practice, as he was popular among many Lancastrians seeking nontraditional medicine.

⁴² Ibid., 56-57.

⁴³ Ibid., 59.

⁴⁴ Ibid., 60.

THE IMPOSTERS

There were many others without proven credentials who identified themselves as physicians in the early 19th century. One such person was “Dr.” Francis Dorman, who claimed in newspaper ads that he was educated in the medical centers of Germany, France, and several European academies. He operated an apothecary, which promoted medicaments to cure all sorts of diseases. Another was J. McElway, who professed he was an accoucheur (obstetrician) and a graduate of the medical school in Glasgow, Scotland. His office was above “Mr. Dickson’s bookstore on North Queen Street.” Dr. William Thompson called himself a physician but had served only as an apothecary’s clerk in Dublin.⁴⁵

THE POWWOW DOCTORS OF LANCASTER COUNTY

There were all kinds of so-called quacks who traversed the landscape of Lancaster County from its inception as a society. Some were called powwows and promoted witchcraft and relied on Indian folklore with their magical and mysterious effects, attributing illness to the devil or evil forces. Therefore, healing was dependent on ridding the evil spirits. The powwowing practiced in Lancaster County is based on the 1820 published works of John George Hohman, “*Lang Vergogne Freund* (Long Lost Friend).” They would administer rituals, spells, charms, and incantations, which would be recited or displayed and worn as amulets, intended to cast out the devil. The amulets contained German inscriptions of special religious feast days of the Christian calendar. Powwow doctors would also prescribe herbs and simple medicinal plants. The powwow doctors insist on faith; if there is no faith, there is no cure. The powwow doctors in the last century included: Israel Widder and Rev. F. A. Weicksel, a retired Lutheran minister from Ephrata, Charles Dobson, Ruth Stoner, and Claire Hollow of Rawlinsville.⁴⁶

⁴⁵ Ellis and Evans, *History of Lancaster County Pennsylvania*, 258-59.

⁴⁶ Tindall, ed., “The Powwow Doctors and Folk Medicine,” In *A History of Medicine in Lancaster County*, 73.

CHAPTER VIII THE LANCASTER COUNTY MEDICAL SOCIETY

Lancaster played a significant role in the formation of organized medicine at the local, state, and national levels.

Lancaster was recovering from the 1837 depression, when the country was in a state of uncertainty regarding its future. In this climate, thanks to the persistence of Samuel Humes, M.D., and Dr. Eli Parry, a meeting was convened on January 14, 1844, in Dr. Parry's home to once again discuss the establishment of a medical society. Present were Drs. Parry, Humes, H. Carpenter, John L. Atlee, Washington L. Atlee, A. M. Cassidy, C.A. Cameron, J. Leonard, E. Landis, F. A. Muhlenberg,, and H. Muhlenberg.¹ Following this meeting, under the signatures of Drs. Samuel Humes and Washington L. Atlee, an invitation was extended in the local newspaper to the area-wide physicians to gather at the City Lyceum on February 14, "for the purpose of establishing a county medical society." Physicians unable to attend were requested to respond in writing. At the 1844 meeting the medical society was officially begun, and Dr. Samuel Humes was elected as president and Dr. F. A. Muhlenberg as Vice President. At the time, Lancaster County had 97 regular physicians who were graduates of medical colleges and 20 who only completed an apprenticeship but had diplomas, certifying their medical degree. There was an occasional irregular practitioner who practiced without a diploma who had spent at least one or two years with a preceptor.

The Lancaster County Medical Society played a key role in the first meetings convened to establish a National Medical Society. In the Philadelphia convention of 1847, Dr. Henry Carpenter proposed a national code of ethics, based on the Lancaster model. Carpenter offered a resolution to improve the standards for entrance into a medical school that would include: "high moral qualifications and be well grounded in arithmetic and algebraical calculation."²

¹ Elmer T. Prizer, "The Ninetieth Year of the Lancaster City & County Medical Society, Anniversary Address, delivered on February 7, 1934," In *Lancaster City & County Medical Society, 1844-1994*, 29-30.

² Ellis and Evans, *History of Lancaster County Pennsylvania*, 265-266.

Although, there was no system in place to assess whether physicians were keeping up with the medical advances of the time, they were at least encouraged to read the highly respected British Foreign Quarterly Medical Review, the Edinburgh Medical and Surgical Journal, the American Journal of the Medical Sciences, and the Boston Medical and Surgical Journal. Both the local and state medical society took positions on the public's health, such as a resolution regarding their conviction on the efficacy of vaccination against smallpox. Wherever there was widespread vaccination, smallpox infections plummeted.

Around this time, the bathtub was invented and touted to promote hygiene. However, there was also a concern that it could cause pneumonia. Thus, it caused some hesitation, even among those who could afford it, to add it to their homes. There was also uncertainty among the medical community, as the opinions expressed by the state's local medical societies varied throughout the commonwealth. Philadelphia's medical society recommended that baths be limited to no more than once per week, unless prescribed by a physician. Lancaster's medical society did not endorse this warning, nor did it suggest that people not take a bath or restrict its use. Charles Demuth, the famous local artist, was among the first to install a bathtub in Lancaster, and they soon proliferated throughout the county. Incidentally, Demuth suffered from Diabetes Mellitus and was among the first people in America to benefit from the newly discovered insulin treatment in 1923. He died in 1935 at age 51 from complications of his disease.³

In 1851, Lancaster's medical society adopted a code of ethics regarding charges for physician services. The recommended charges were considered guidelines only. This included such fees as allowing an extra charge of \$1.00 to \$5.00 for traveling at night, for bad roads, rough weather, or for the applications of leeches.

³ E. Farnham, *Charles Demuth: His Life, Psychology and Works* (Doctoral Dissertation, The Ohio State University, 1960).

Lancaster's medical society continued to play a major leadership role in the Pennsylvania Medical Society, and during its first 70 years five of its presidents came from Lancaster. They were:

1848, Samuel Humes, M.D.

1857, John L. Atlee, M.D.

1881, Jacob L. Ziegler, M.D.

1909, Theodore B. Appel, M.D.

1921, Frank G. Hartman, M.D.⁴

⁴ Prizer, "The Ninetieth Year of the Lancaster City & County Medical Society, Anniversary Address," *Lancaster City & County Medical Society, 1844-1994*, 32-35.

CHAPTER IX: LANCASTER'S APOTHECARIES

THE APOTHECARIES

It was at the country store where the settlers could obtain their medicinals. It was not uncommon that the country stores were operated by physicians, as this was a way for physicians to enhance their income. This was common throughout the 18th and even 19th century. By the end of the 19th century, as medical practice became more sophisticated, nearly all the apothecaries were owned and operated by pharmacists.

APOTHECARY VS. PHARMACY VS. PHARMACIST

The term apothecary was utilized to describe both the pharmacist and the pharmacy during the colonial period.¹ Many of the early pharmacists or apothecaries were physicians. The apothecaries played a major role in providing medical care to the early settlers. The apothecaries of Lancaster relied on the apothecaries in Philadelphia to make much of the compounded medications used by the physicians in Lancaster. Some, however, were purchased directly from England. Their formulations could be quite elaborate. One such compound utilized for the treatment of cough in the 17th century included the following:

"a fresh Coltsfoot a good handful, four ounces of Eringo roots, one ounce of Liquorish, Rosemary 3 sprigs, Cowslip flowers, sweet fennel seeds, half an ounce, Raysons sliced but not stoned a pound, Currance a quarter of a pound, hone 3 pints: boyle all these in 5 gallons of water, then work it up with yeast, like beer, when it's boyled tunne it and after it's tenn days old bottle it up." (sic)²

Coltsfoot is an herb which comes from a Eurasian daisy with yellow flowers; Eringo roots is an herb from one of 250 flowering plants in the Aplaceae family; Rosemary is an herb from the southern European aromatic shrub of the mint family; Cowslip flowers is an herb from a handful of flowering

¹ Heiges, George L., "Apothecaries of Lancaster County, 1760-1900," *The Papers of the Lancaster County Historical Society*, L, no. 2, (1946): 34.

² Thomas Browne, in C.A. Patrides, ed., "The Major Works," (New York: *Penguin Books*, 1977). 44.

plants of Europe; sweet fennel seeds is an herb of a flowering plant of the carrot family; and Currance is a seedless raisin containing high concentrations of vitamin C and antioxidants.

WILLIAM BROWN, M.D. & THE FIRST PHARMOCOEPIA

Dr. William Brown, a native of Scotland, who received his medical degree from the University of Edinburgh, came to America in 1770 and settled in Virginia, where he quickly established an outstanding reputation. General Washington recognized his talents and appointed him as Surgeon General. In 1777, the “Brothers House” in Lititz was turned into a hospital to care for the sick and wounded soldiers. The brothers served as nurses and Dr. William Brown took charge of the hospital. It was during this time that Brown took the responsibility to publish the first pharmacopeia, which included formulations on 84 remedies for internal use and 16 for external use.³ The pharmacopeia describes both American-manufactured drugs within the thirteen colonies and those drugs and chemicals which were imported despite the British blockade.⁴ The pharmacopeia contained two types of formulas; one formula included medicines that were prepared and compounded in a laboratory and the other was medicines that were mixed or compounded in the hospital dispensaries. *The pharmacopeia was printed in Latin and takes up 32 pages.*⁵ It was titled, “*Pharmacopoeia, Of Simples’ & Efficacious Remedies, For the Use of The Military Hospital, Belonging to the Army of the United States of America, Especially adapted to our present Poverty & Straightened Circumstances, Due to the ferocious inhumanity of the enemy, and cruel war unexpectedly brought upon our fatherland.*” It was published by Styner and Cist in 1778. (sic)⁶

The following was translated from the Latin as described in the Preface of the Second Edition by William Brown, M.D., from the Office of Charles Christ, 1781, Philadelphia:

³ Tindall, ed., “The First Pharmacopeia,” *A History of Medicine in Lancaster County*, 32.

⁴ “The Badger Pharmacist, The Lititz Pharmacopeia,” *Wisconsin Chapter of Rho Chi*, nos. 22-25, (June to Dec., 1938). 29.

⁵ Ibid., 1.

⁶ Ibid., 7.

“With an asterisk are denoted such prescriptions as are to be prepared and compounded in the general laboratory, the others are to be mixed for the occasion at the office of the hospital. There are very many prescriptions of solid and dry medicines which might be made more convenient for use, or at least prepared more elegantly, were there not wanting for this a sufficiency of phials and such preparations, which though less efficacious, are used only to gratify the wishes of the patient and the sake of elegance. It is also our desire to avoid such remedies as simple waters, etc., and various plasters and unguents which are hardly necessary or even useful, on account of the inconvenience of transportation. Lititz, May 12, 1778.”⁷ (sic)

In the very early years of the colonial period, the country stores would stock the various substances that were used as popular household remedies, which commonly included: *Glauber Salt, Cream of Tartar, Mustard, Sulphur, and Castor Oil*. People learned to treat themselves or take the advice of people who presumably knew something of the healing properties of these substances.⁸

LANCASTER COUNTY’S FIRST APOTHECARY

⁷ Ellis and Evans. *History of Lancaster County Pennsylvania*, 248-249.

⁸ Heiges. “Apothecaries of Lancaster County, 1760-1900,” 34.

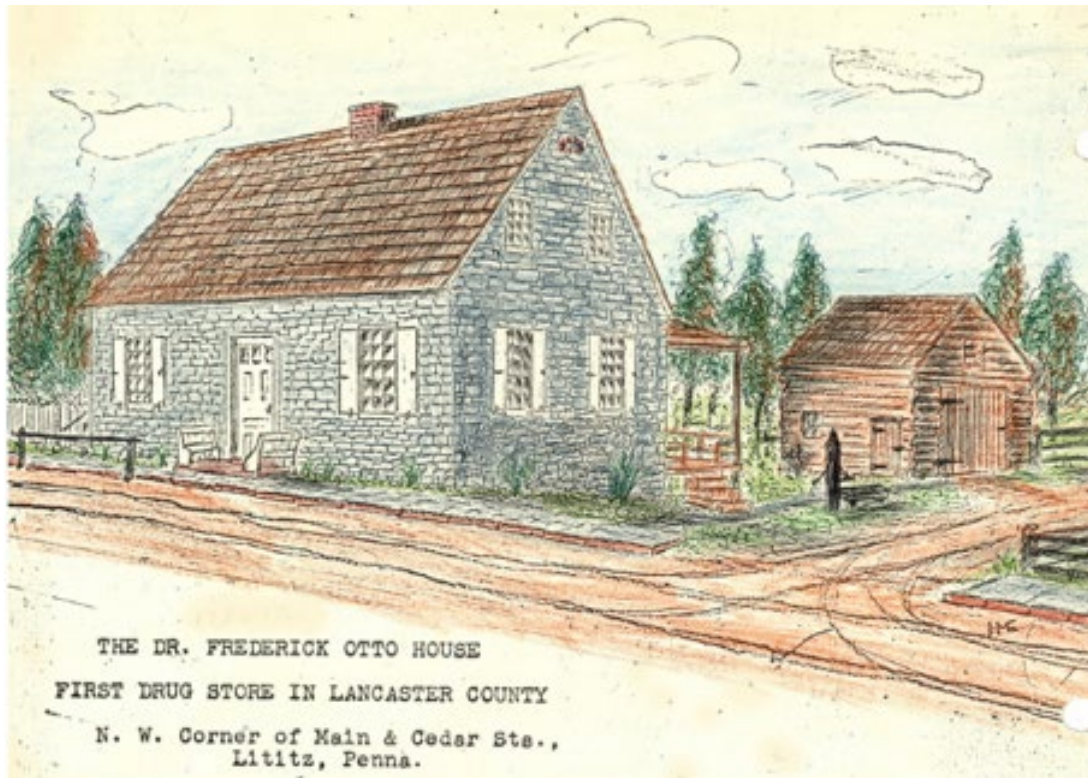


Figure 29. <https://lititzlibrary.org/the-dr-frederick-otto-house/> accessed January 21, 2017

"The first drug store in Lancaster County was in the Dr. Frederick Otto house at the northwest corner of Main and Cedar Streets in Lititz. Erected in 1757 this stone house is still standing but is hidden by the addition of a second story and adjoining buildings. Half of the cellar beneath the house is solid rock and the other half was reached by steps cut from solid limestone. The entrance to the doctor's office and the apothecary were at the west end of the building.

In 1760 Dr. Otto was asked to come to Lititz from Bethlehem where he had opened a drugstore in 1743. When he arrived here with his apothecary supplies he had to take up temporary quarters in the log house which is now part of the Mueller House. His wife, Sister Otto, was unaccustomed to cooking and washing and Brother Hehl who lived nearby in the Pilgerhouse made arrangements for this.

When Dr. Otto returned to Bethlehem in 1763, he was replaced by Dr. Francke. The house was purchased by Valentine Grosh about 1771, then by Christian Christ in 1810 and in 1837 by Daniel Kreider who was a saddler. In 1967 it was known as the Mentzer house."



Figure 30. The original building of Otto's Pharmacy in Lititz, PA. (Author's personal collection, taken December 18, 2918)

In 1743 Dr. John Frederick Otto, a Moravian physician, established an apothecary shop in downtown Bethlehem. Up until 1946, when it operated as Rau's Drug Store, it was considered to be the longest operating drug store in America.

In 1759 Dr. Otto moved to Lititz to establish a similar apothecary shop and the first pharmacy in Lancaster County.⁹ It opened in 1762 on the northwest corner of Cedar and Main Streets as the Congregational Apothecary Shop, and then one year later Dr. Otto returned to Bethlehem. He turned the drug store over to Dr. Francke, who then sold it to Valentine Grosh in 1771.¹⁰ The Lititz Town Regulations went so far as to declare: "*No other Persons shall in any sort meddle with the Store or Shop-keeping or exercise the Business of an Apothecary.*" In 1810 it was purchased by Christian Christ, but ceased to exist as an apothecary when Daniel Kreider,

⁹ Heiges. "Apothecaries of Lancaster County, 1760-1900," 36.

¹⁰ Ibid., 35-36.

a saddler, purchased it in 1837 and turned it into a shop to make and repair saddles.¹¹

The lack of uniformity in pharmaceuticals/medicinals in medical practices and a desire to demonstrate a young nation's independence from Europe spurred the development of the first national United States Pharmacopeia. The first USP was published on December 21, 1820 by the newly formed Philadelphia College of Pharmacy in West Philadelphia. The USP continues today as the quality standard for the manufacture of medicinals. All apothecaries had a manual of the formulation and standards for hygienic preparation of medicinals.



Figure 31. McElroy's Drug Store, Lititz PA, 1955 Exterior View, (Courtesy Cory Van Brookhaven)

Currently, McElroy's Drug Store at 100 E. Main Street, was first opened in December 1916 by Dr. H. P. Fry. It is located at the same intersection and

¹¹ Eberly, Hiram, "Hiram Eberly's Main Street Lititz," Lititz Public Library, compiled before 1967, and reprinted by Lititz Public Library, Permission granted to use this material by Martee Xakellis, genealogist, Lititz Public Library, Lititz, PA, Jun 28, 2018.

catty-corner from the original Otto's Pharmacy on the southeast corner at Cedar and Main Streets.¹²

HENRY STUBER AND JAMES PETER

The first two Lancaster city apothecaries were those of Henry Stuber and James Peter, who advertised in the Pennsylvania Gazette in 1765:

*"A fresh and universal supply of Drugs and Medicines, with furniture, patent medicines, spices, perfumery, surgeon's instruments, painter's colours, dye stuffs, medicine boxes with ample directions, very necessary for families who live at a Distance from a Doctor, which he will sell as cheap as anyone in Philadelphia and hopes the Doctors in the country will give him every encouragement as it will be much easier to get them from Lancaster, and will save the expense of so far carriage and much less risk." sic*¹³

CHRISTOPHER MARSHALL

Christopher Marshall a botanist and chemist from Philadelphia, was probably the most highly regarded and most reputable apothecary in early America. He was located at *"The Sign of the Golden Ball"* at 214 Chestnut Street. His apothecary provided opportunities for promising boys to come and train in his shop; thus, it could be considered America's first school of pharmacy.¹⁴ In 1774, during the tumultuous period leading up to the war, he was at the end of his marriage, in declining health and tired, and wrote to his friend Peter Miller of Ephrata that he wished to retire in Lancaster. He turned over his enterprise to his three sons and in June 1777, with the war well under way, he arrived in Lancaster to take up residence at 215 East Orange Street.

HEINITSCH PHARMACY

Charles H. Heinitsch, born in Saxony, Germany, in 1738, served an apprenticeship there from 1753-1759 and then came to Philadelphia in

¹² Cory Van Brookhaven, "From tragedy to triumph: The History of McElroy's Pharmacy," *The Lititz Record Express*, January 24, 2018.

¹³ Heiges. "Apothecaries of Lancaster County, 1760-1900," 38-39.

¹⁴ Ibid., 35.

1772. He apparently spent some time in Marshall's shop before finding employment in Lancaster with Paul Zantzinger, a North Queen Street merchant. After a brief stint with Zantzinger, Heinitsch established the *Heinitsch Apothecary Shop* at 146 East King Street in 1780. Although he compounded his own pharmaceuticals, he imported commercially prepared drugs and medicine from both London and Amsterdam. He quickly established a fine reputation, not only as an apothecary, but as a merchant. In a 1790 note from Dr. Frederick Kuhn, he prescribed the following to treat his patient's ague (malaria): "*Please let the girl have 4 ozs. of best bark, powdered or otherwise.*"¹⁵ Red bark contained the ingredient Cinchona or the extracted alkaloid, quinine, and is commonly used to this day to treat malaria.

Heinitsch's records show that there were 22 physicians who utilized his services; among them were Drs. Samuel Fahnestock, Elisha Perkins, Jacob Ziegler, and John L. Atlee. In addition, his store sold many items and became a popular general store. This was not unlike many of the pharmacies that operated into the 20 century all over America. His store sold a variety of tobacco products and other diverse items such as hardware, lumber, nails, candlesticks, traps, brushes, stoves, fishing tackle, musical instruments, bibles, and books. Heinitsch even sold firearms.¹⁶

Charles died in 1803, and Augustus Heinitsch, Charles' oldest son, took over his father's enterprise. His second son, John Frederick, went out on his own and operated his own independent apothecary. In 1816, however, they partnered, but soon the partnership dissolved and John Frederick bought out his brother's interest, becoming the sole owner of the shop. John Frederick Heinitsch married Susan Hager, and they had one son, Charles Augustus, born in 1822. He apprenticed with his father and in 184, they named their new business *J. F. Heinitsh & Company* and moved to a new location, 16 East King Street, where it remained until 1932. In 1849 John Frederick retired and Charles took over the business.

¹⁵ Ibid., 41.

¹⁶ Ibid.

Charles became one of Lancaster's most prominent citizens and engaged in the development of the pharmacy profession at the local, state, and national levels. He served on the Lancaster School Board, as a trustee of Millersville Normal School, the Pennsylvania German Society, as a Mason, and as a lay leader of Trinity Lutheran. He received an honorary doctorate from Franklin and Marshall College and in 1887 the Philadelphia College of Pharmacy conferred the degree of Master of Pharmacy. He died in 1889 at age seventy-seven, having been an active pharmacist for sixty years. His eulogy contained such remarks as a man of character, *"of sterling integrity and honesty."*

Edward Page, who became manager of the store, described the store as it appeared in the 1891:

"One side of the store had tincture bottles in sizes from a quart to half a gallon and were lettered in gold and black. The opposite side had white china jars in size from a quart to two gallons. These too were lettered in gold and black and must have made a handsome appearance when new. I was told that they were imported from Austria. There were drawers of various sizes, ranging from ten pounds to a hundred pounds capacity. Between the drawers were wall cases, about eighteen inches high.

"Remedies for almost all diseases were made, some in gross lots, some in dozens. They all had one general characteristic-terrible tasting. It seemed in order for a remedy to effective, it had to have plenty of taste. Also, most preparations contained some form of opium. Horse and cattle powders and remedies were made in large quantities.

"Most of the popular pills were made and sold, of course, uncoated. All tinctures, fluid extracts, ointments, etc., were made on the premises. Extract of vanilla was made in ten-or-twenty-gallon lots. I had to grind the vanilla beans with sugar in an old hand mill.

"There were lots of old things in the warehouse, such as...old fat lamps, lances with strong spring attachments which

released the sharp blade, thus penetrating the flesh very quickly. Also, there were some instruments of torture used by dentists for pulling teeth-a hooked sort of instrument with sharp saw teeth.” (sic)¹⁷

Anna Sabrina Kuhn, the wife of Dr. Adam Simon Kuhn, took over her husband’s pharmacy following his death in 1780. He was at the time of his death a leading member of Trinity Lutheran Church and one of Lancaster’s most prominent physicians. She became Lancaster’s first female pharmacist. She continued to be listed as an apothecary even in 1786.¹⁸ The aforementioned Dr. Frederick Kuhn was their son.

OTHER 18TH CENTURY APOTHECARIES

Other apothecaries during the colonial period operated by physicians in Lancaster. One of the more popular apothecaries was “At the Sign of the Marble Mortar.” Among those physicians who also operated apothecaries were Drs. Henry Hottenstein, Samuel Boude, George Moore, G. W. Aldesterren, Abraham Breneman (nephew of Dr. Christian Neff), and John Rose, “Chemist and Druggist.”¹⁹

19TH CENTURY APOTHECARIES

During the 19th century, the apothecary shops proliferated throughout Lancaster and the many rural communities in the county. Among them was the pharmacy operated by Dr. George B. Kerfoot in downtown Lancaster. He had the infamous distinction of being the only regular physician who promoted patent medicines, among which were Dr. Davis Anti-Dyspeptic pills, R. Benjamin Rush’s AntiBillious Pills (containing mercurous chloride & jalap, a herbal laxative) , Basset’s Remedy for the Piles, Rorbergot’s French Dentrifice, and An Effectual Medicine for Cholera Morbus, as well as Swaim’s Panacea (oil of wintergreen, mercuric chloride, and sarsaparilla)

¹⁷ Ibid., 46-47.

¹⁸ Ibid., 47.

¹⁹ Ibid., 48.

and Vermifuge (antifungal herbs).”²⁰ He advertised extensively in the Lancaster Intelligencer and on May 23, 1837, on one page, he informed the public that he had just received a large supply of Spirits Turpentine and an assortment of Thomsonian Medicines. He also had acquired a supply of Epsom Salts, surgical instruments, brass and silver lancets, stomach pumps, and stethoscopes, along with instruments to care for one’s teeth including, tooth files and drills. At his drug store, one could purchase oil of vitriol (pure sulfuric acid), liquid opodeldoc (a combination of soap in alcohol, camphor, and herbs, most notably wormwood), gum camphor (rubbed on gums to ease the pain of a toothache), and African Cayenne (rich in capsaicin and applied as a liniment to ease muscle soreness).²¹ His pharmacy, “a drug and chemical store,” was in operation in Center Square when, in 1843,²² he sold it to William G. Baker, the son of Reverend John Baker of Trinity Lutheran. Facing the competition of the time, Dr. Kerfoot exemplifies what many physicians did to make money. The development of Lancaster County Medical Society in 1844, then under the influence of Lancaster’s most prominent physicians, including his mentor, Dr. Samuel Hume, probably motivated Kerfoot to give up his drug store and his other enterprises and concentrate his energies on caring for his patients. He embraced the medical society and the newly formed American Medical Association’s new code of ethics (1847), which discouraged enterprises that caused a conflict of interest.²³

William Baker was the first college-trained pharmacist (Philadelphia College of Pharmacy) in Lancaster. Up until then the apothecaries were trained through the preceptor or apprenticeship system, except for those few who had been through the European educational system, such as Charles Heinitsch. Baker operated the pharmacy until his death in 1890. In one of

²⁰ Winpenny, Thomas, “Competing in the Medical Marketplace in Jacksonian America, The Creative Strategy of Dr. Henry George Kerfoot,” *The Journal of the Lancaster County Historical Society* 101, no. 3 (1999): 39.

²¹ Lancaster Intelligencer, May 23, 1837.

²² Winpenny, “Competing in the Medical Marketplace in Jacksonian America: The Creative Strategy of Dr. George Barrett Kerfoot,” 38.

²³ Ibid., 43.

his advertisements, he promoted his rodent, or Mr. Rat exterminator: *“A Rat, Mice and Roach Exterminator, which contains articles, in themselves innocent, contains not a particle of poison, but when combined, create a gas, which explodes in the stomach and consequently destroys life (of these pests) in a few hours.”*²⁴

[KERFOOT PHARMACY]

THE SODA FOUNTAIN

Samuel Fahnestock (1764-1836), born in Ephrata, Lancaster County, is given credit for inventing the soda machine, a barrel-shaped device with a pump and spigot to dispense carbonated water, in 1819.²⁵ The beverage was dispensed from the device kept under a counter.²⁶

²⁴ Heiges. “Apothecaries of Lancaster County, 1760-1900,” 52.

²⁵ Fahnestock, Samuel, Inventor, Mineral Water Apparatus, Patent No.: X3096, Date of Patent, April 23, 1819, United States Patent.

²⁶ Mary Bellis. “The History of the Soda Fountain, The Inventors, Impact, and Eventual Collapse,” February 20, 2019, <http://www.thoughtco.com/history-of-the-soda-fountain-1992432? print>.



Figure 32. Samuel Fahnestock, M.D., physician and inventor of the soda fountain.
<https://www.beveragehistory.com/2018/02/invention-of-soda-fountain-by-samuel.html>, accessed March 9, 2019

Dr. Samuel Fahnestock is mentioned earlier in the discussion of the “Fabulous Fahnestock physicians” of Lancaster in Chapter XVI. His father, Dr. Johann Deidrich Fahnestock, born in 1733 in New Jersey, became a physician, moved to Ephrata, and set up a medical practice. His son Samuel was born in 1764 in Ephrata. He served as a physician during the Revolutionary War. Following the Brandywine campaign in 1777, Dr. Johann D. Fahnestock was assigned to care for the 500 sick and injured soldiers at the Ephrata Cloisters, which was used as a military hospital during the war. He resumed his medical practice in Ephrata. His son Samuel, who apprenticed with his father, helped to care for the soldiers. Following completion of his medical education, Samuel set up a medical practice in York, PA, before returning to Lancaster.²⁷ Samuel became well

²⁷ Tindall, “The Fabulous Fahnestocks,” *A History of Medicine in Lancaster County*, 50.

known throughout the German community for the invention of the soda machine.

There were considerable advances of the soda fountain and by the early 20th century the soda fountain was added as part of the drugstore, as it was a pharmacist that discovered how to add carbon dioxide to water or liquid drink to develop the carbonic soda fountain. It gained in popularity in the 1920s during the prohibition act, as bars were closed, and the place to meet was at your local drugstore with a soda fountain. Soda drinks became highly profitable and helped to keep pharmacies in business during the depression era. By the early 1960s bottled soda drinks and changing times made the soda fountain era a part of American folklore.²⁸

FRAILEY'S PHARMACY

Although there are many apothecaries with their unique histories, an article in Lancaster's Sunday News, August 13, 1972, announced that after 87 years, Frailey's, Lancaster's oldest standing pharmacy at the corner of East King and Shippen Streets, would be closed. It was founded by William D. Frailey, Sr. in 1885 and continued in operation by his son and grandson until 1972, making it the "oldest family operated drug store in the United States." It was sold to Rite Aid, which moved its operation to 69 N. Queen St.

During the first day of operation back in 1885, it is reported that the gross receipts amounted to \$5.29 (\$137.18 in 2018 dollars). C. Milton Frailey said that his father and grandfather had to compound nearly 95% of the prescriptions, but by 1973 almost all medications were dispensed as manufactured products. He indicated that only some of the medicaments used at the turn of the century were still being used in 1973, including phenobarbital, quinine, and paregoric. One of the popular attractions of the drug store was the soda fountain, where many friends would meet to relax,

²⁸ Bellis, "The History of the Soda Fountain."

talk, and enjoy Frailey's famous chocolate ice cream sodas, lemon phosphate drinks, and licorice gum drops.²⁹

GLATZ DRUG STORE AND JUDGE LIBHART OF MARIETTA

One of the more interesting pharmacists in rural Lancaster County was Marietta's John Jay Libhart, who became both postmaster and owner of the Glatz Drug Store. Libhart was heavily involved in the public life of Marietta and while operating his store and serving as postmaster, served in practically every official municipal office in Marietta. He became an associate judge of the Lancaster County Courts from 1867 to 1878. The judge was a naturalist and managed to collect specimens of birds, minerals, fossils, shells, and reptiles, which filled the second floor of the Marietta market house, to become the Libhart Museum. After the market house was demolished in 1860, the collection ended up mostly in the Linnaean Society, now a part of the North Museum of Nature and Science in Lancaster.³⁰

By the mid-19th century, all the towns in Lancaster County had their own apothecaries and, with few exceptions, most of the villages had at least an operating pharmacy in their crossroad country store. There have been dramatic changes in the pharmaceutical industry, from a cottage industry, beginning with the local country crossroad store to Christopher Marshall's Philadelphia small manufacturing laboratory as manufacturer, compounder, and dispenser and apothecaries to what became the great manufacturing firms of today

²⁹ Bill Caci, "City's Oldest, Frailey's Pharmacy Closes After 87 Years of Service," *Lancaster Sunday News, Lancaster Newspaper Co.*, Lancaster, PA, August 13, 1972, 31.

³⁰ Heiges, "Apothecaries of Lancaster County, 1760-1900," 63.

CHAPTER X: THE FIRST HOSPITALS

Hospitals were started out as almshouses through the colonial period. As hospitals developed throughout the ages, they were not a preferred place to go to get well. During the Revolutionary War there were military hospitals, and Lancaster County had several such facilities. But after the war they were disbanded and resumed their pre-Revolutionary use. Civilian hospitals in America were first established as almshouses to care for the disabled poor. This was the case in Lancaster, as the first post-Revolutionary War hospital was the Lancaster almshouse, or what was known as the “House of Employment and of the Poor of the County of Lancaster.” Dr. Edward Hand was one of its six trustees. The house was opened in 1800, had a medical director, and served also as a hospital for the care of its mentally ill. As is the case today, one of the major reasons for poverty, or the inability for gainful employment, was mental illness. In the very early years the basement of the new building was for the care of the “insane.”¹ Soon after its opening, the almshouse extended its care for the physically ill and physically impaired.

For most of the 19th century there was little attention paid to hygiene, and hospitals throughout America were not a place for sick people to go to get better, as mortality was high. Home was a much-preferred place. However, with the introduction of anesthesia, improved surgical techniques, nursing care, the gradual understanding of the germ theory and the implementation of antiseptics and sterile procedures, and new technologies in laboratory science and radiology, the hospitals emerged as a dominant influence on medical practice. As more of the generalists devoted more of their time and, for some, all of their time, to surgery, the hospital became increasingly essential to their medical practice. By the early part of the 20th century, kitchen surgery was replaced by the hospital operating room. By 1930, Lancaster city had three hospitals and two more were in the county.

THE COLONIAL HOSPITALS

The Directors General of the Military Hospitals, Drs. John Morgan and Edward Shippen, established hospitals throughout the colonies. Those in Lancaster County included Lancaster City, Manheim, Lititz, Warwick, and

¹ Ellis and Evans, *History of Lancaster County Pennsylvania*, 211-212.

Ephrata. The hospital in Ephrata was at the “Cloisters” of the Solitary Brethren and that in Lititz was at the “Brothers House” of the Moravians. The 18th Brothers’ and Sisters’ House were home for young men and women of the Moravian community, who were expected to learn special trades. The Cloisters of Ephrata was another unique religious community for celibate Brothers and Sisters founded by Conrad Beissel in 1732. Both these facilities were converted by General George Washington into military hospitals in 1777 but resumed their traditional roles after the war.

A common illness among the sick soldiers was called “camp fever,” a form of typhus, which was associated with a high morbidity and mortality before antibiotics. Typhus affected embattled soldiers. Typhus can be spread in epidemics when caused by *Rickettsia prowazekii* and found in both human feces and the human body louse, *Pediculus humanus*. This was what was referred to as camp typhus, for it occurred commonly in camps. The more common *Rickettsia typhi* is considered endemic and spread by rat or cat fleas. Typhus can also be called Scrub typhus when caused by *R. tsutsugomushi*, and spread by mite larva, which feast on forest rodents. The principal symptoms of typhus are fever, headache, abdominal pain, and prostration. In scrub typhus there is also a rash and a generalized enlargement of the lymph nodes. ²

In August 1778 a citizen of Lititz, in contact with one of the soldiers in the Brother’s House, came down with camp fever. It began to spread among the townspeople, resulting in the death of one of its pastors and four local citizens. Panic broke out when it was falsely rumored that Lititz was to be evacuated. General Washington called on his Director of Hospitals, Dr. William Shippen, who was in Manheim at the time, to squelch the rumor and ease the fear of the townspeople. Not only did Dr. Shippen assure the civil authorities that no such action was contemplated but promised to close down its hospital and move the medical facility into Lancaster.³

² Mark H. Beers and Robert Berkow, “The Merck Manual of Diagnosis and Therapy, 17th Edition,” (Whitehouse Station, NJ: *Merck Research Labs, Div. of Merck & Co.*): 1999, 1,228-1,229.

³ Tindall, ed., “Colonial Military Hospitals,” *A History of Medicine in Lancaster County*, 28-29.

CHAPTER XI: THE 1800 LANCASTER ALMSHOUSE & HOSPITAL



Figure 33. The Lancaster Almshouse and Hospital, late 19th century, (postcard photo)

Throughout the 18th century many of the larger cities in the colonial period were building almshouses to care for their poor. A group of civic-minded citizens, including Doctor Edward Hand, decided Lancaster County's Alms House would be a "House of Employment and a Farm for the Poor." The purpose of the Almshouse was *"to relieve the poor, and to do so in such a manner as to encourage as large a number as possible to provide for themselves once released from the Almshouse."*

In 1799, construction began on the 84-acre Mathias Slough farm on Lancaster's east side, near the city reservoir for 3,129 pounds (\$8,500). A beautiful two-story edifice, 150 feet x 42 feet, was erected at a cost 5,600 pounds (\$15,000).¹ It was designed to accommodate the infirm, but those capable were put to work. Before its final completion in 1801, it became operational in the fall of 1800, and today after Philadelphia's Pennsylvania Hospital, it is considered the second oldest standing hospital in America. All were expected to demonstrate respect for authority and develop good work habits. Thus, all able-bodied residents were put to work: some at the almshouse quarry or on the farm; others to weave cloth or produce items

¹ Ellis and Evans, *History of Lancaster County Pennsylvania*, 212.

for sale in the workshop, or to conduct maintenance of the building and work in the kitchen.²

The medical and mental health care needs of the residents became dominant issues, and with time, more buildings had to be erected to accommodate the growing number of inmates. The original building came to be used exclusively as a hospital and still stands today. On December 2, 1800, John D. Perkins, M.D. assumed his duties as the first medical director and was paid an annual stipend of ninety dollars. Drs. Edward Hand and Frederick Kuhn were added to the staff as attendings.³ Dr. Perkins resigned on March 31 and Dr. George Moore a member of the Directors of the Poor, was hired as the new Director for the annual salary of one hundred dollars. Other attendings included Dr. Samuel Humes (1786-1852), Dr. Frederick Augustus Muhlenberg (1795-1867), Dr. John L. Atlee (1799-1885), his brother Dr. Washington Atlee (1808-1878) and his son, John L. Atlee Jr (1830-1885).⁴

Medical students were much involved in the care of the patients in the Lancaster almshouse. By the latter 19th century, the almshouses and hospitals, especially in the larger cities where most medical schools existed, created the clinical setting for medical education and bedside teaching. The students were apprenticed to a physician, attended rounds, and actively participated in the care of the patients. Among the first documented residents in the Lancaster County Hospital was George Kerfoot, M.D., who was apprenticing with Dr. Humes from age 22 to age 29. Dr. Atlee (1799-1885) was a strong advocate of clinical teaching at the bedside, and he would invite Lancaster County students, who were pursuing a medical career, to round with him during his scheduled days and times at the

² Talbott, Page. "The Two Hundred Year History of the Lancaster County Almshouse and Hospital," *The Journal of the Lancaster County Historical Society*, 102, no, 2/3, 2000: 82.

³ Kendall Seigworth, "A Historical Overview of The Lancaster County Almshouse and Hospital," (April 2017, 9): <http://www.edwardhandmedicalheritage.org>.

⁴ Talbott, "The Two Hundred Year History of the Lancaster County Almshouse and Hospital," 91.

hospital.⁵ Although Kerfoot was not yet a graduate when he served in ways as a resident. After time, medical school graduates were hired as “residents,” who resided in the hospital, rounded daily on the sick, and attended to the inmates.⁶

The “County Hospital” continued its expansion throughout the early part of the 19th century. The Directors were committed to meeting the needs of the physicians to perform their work and the education of physicians. They were provided up-to-date surgical equipment, including surgical instruments for the maternity and operating rooms as well as for eye surgery. However, there was serious concern over the care of the “insane.” A Grand Jury investigation in 1864 uncovered that these “insane” patients were not properly cared for. Among those categorized as suffering from mental illness were those suffering from alcoholism and some ~~as~~ were violent and criminally insane. Many of these inmates were shackled and kept chained in the basement of the original 1799 hospital. The patients slept on beds of straw. Following the construction of a fourth major building in 1899, a modern “insane asylum” was constructed. “Moral treatment” was introduced and more “humane” care became the norm.

Common therapies for psychotic patients in the early 20th century included malarial and insulin shock and hydrotherapy. Dr. James Hammer was a strong advocate of insulin therapy in 1935. Other therapies included ice-cold baths, as hypothermia was thought to be effective.⁷

⁵ Atlee, John Light, Jr., M.D., Annual Address of the President, in “The Education of a Physician in Early 19th Century,” *Journal of the Lancaster County Historical Society Journal*,” 91, no 2, (1987/88): 82.

⁶ Talbott, “The Two Hundred Year History of the Lancaster County Almshouse and Hospital,” 91-92.

⁷ Ibid., 106.

CHAPTER XII: ST JOSEPH'S HOSPITAL

By the early 1870s, as the community grew and prospered, Lancaster citizens needed another option besides the “County Hospital” for institutionalized medical care. The advancements in both medicine and surgery created a greater demand for hospitals, as much more could be done for patients with catastrophic illness, and especially life-threatening injuries. Catholic institutions all over the country took the lead.

St. Joseph's Hospital had a rocky start. With their combined resources, leading members of Lancaster's Catholic Community, spearheaded by the Rev. Father Sagerer, in 1877, the Society of St. John of God built the hospital on the corner of W. Chestnut and College Avenue at a cost of six hundred and fifty dollars. Although it was in operation until June, 1882, it was forced to close because of serious financial difficulties.¹



Figure 34. St. Joseph's Hospital, 1884-1953. (Postcard photo).

Saving the building from demolition, it was purchased at a Sheriff's Sale by Mr. Michael Haberbush, the grandfather of Dr. Gregory Chadman. In the

¹ Ellis and Evans, *History of Lancaster County Pennsylvania*, 464.

year 1883, Rev Mother M. Agnes, Superior General of the Third Order of St. Francis, Philadelphia Foundation purchased and founded what became known as St. Joseph's Hospital.² By 1884 adequate funds were made available, and the hospital was completed by the end of 1885. Its first patient was Hannah McElligott. Her diagnosis is not mentioned, but she never left the hospital, and she died in December 1922.³ Three annexes were added to the original building.

Its first medical director was John L. Atlee, M.D. (1799-1885), who served from 1884-1885. He had served as president of the American Medical Association in 1883. In 1884, after its first full year of operation, it had treated 121 patients, growing each year, reaching near full capacity by 1893, when it treated 372 patients.⁴ In 1902, it established a nursing school, but it closed in 1996 due to rising costs. By the mid-1950s, the 1884 edifice was outdated and had to be replaced with a new building.

In the ensuing years, the hospital thrived and grew especially after World War II. However, in the year 2000, competing forces and rising health care costs forced the order and its local board to sell the hospital to a for-profit company, which also purchased Lancaster Community Hospital. It closed Community Hospital and changed the name of the College Avenue hospital to Lancaster Regional Medical Center and built a brand-new hospital in the Lititz area, calling it Heart of Lancaster Regional Medical Center. In 2017, the hospitals were merged with the Pinnacle Health System of southcentral Pennsylvania before being acquired by the University of Pittsburgh Medical Center (UPMC). The hospitals are now part of what is now known as the UPMC Pinnacle Health System.

² "Souvenir of the Golden Jubilee of St. Joseph's Hospital, 1883-1933," (Lancaster, PA: St. Joseph's Hospital, 1933), 4.

³ "Souvenir of the Golden Jubilee of St. Joseph's Hospital, 1883-1933," (Lancaster, PA: St. Joseph's Hospital, 1933), 6.

⁴ "Souvenir of the Golden Jubilee of St. Joseph's Hospital, 1883-1933," (Lancaster, PA: St. Joseph's Hospital, 1933), 20.

ST JOSEPH'S HOSPITAL INTERNSHIP & SURGICAL RESIDENCY

John L. Atlee, Sr., M.D., (1875-1950) had a major influence on the growth and development of St. Joseph's Hospital, where he is credited with advancing the institution's stature in both medicine and surgery. He helped establish the pathology program, which was a particularly important factor in promoting the hospital's prominence in surgery in Lancaster County. He was also credited with the hospital's reorganization and with the rebuilding of the hospital, including its surgical wing which bore his name. He and his son, John L. Atlee, Jr, M.D., (1905-1983) and his brother William played an active role in developing the surgical service and a residency program at St. Joseph's Hospital. The surgical residency, which was established in the late 1950's was phased out after John L. Atlee, Jr., MD., died.⁵

⁵ Tindall, ed., "The Atlees: Giants of Lancaster Medicine," In *A History of Medicine in Lancaster County*, 113.

CHAPTER XIII: LANCASTER GENERAL HOSPITAL: 1893-1943

In the early 1890s, Lancaster's Almshouse / County Hospital was devoted entirely to the care and needs of the poor, and St. Joseph's Hospital was operating at capacity. In Lancaster County, with a growing population of more than 30,000 in the city and 150,000 people in the county, the need for a third hospital became a topic of considerable interest.

Despite the economic depression of 1893, Lancaster's economy was relatively strong. Lancaster was on a path of continuous growth and prosperity.¹

THE REVEREND MR. D. WESTLY BICKSLER



Figure 35. Reverend D. Wesley Bicksler, (Courtesy, Penn Medicine Lancaster General Health)

¹ Gerald Lestz, *"The Story of the Lancaster General Hospital, 1893-1968,"* (Lancaster, PA: Lancaster General Hospital, 1968): 1.

Like most worthwhile enterprises, it took people with vision and passion to respond to the challenge. Despite the adverse economic circumstances of that time, the indomitable and persuasive pastor of Salem Evangelical Church, the Reverend D. Wesley Bicksler, who was the new pastor at Salem Evangelical Church, wished to see another hospital established in Lancaster. He managed to persuade Reuben Bertzfield, a tobacco dealer, and H. M. Ilyus, a shoe merchant, to endorse his vision.



Figure 36. First Lancaster General Hospital, 1893-1896, (Courtesy of Paul Ripple, MD).

They also helped convince a number of influential citizens to put up the money, and within a short period of six months, the three-story brick row house at 318-322 North Queen Street was revamped to accommodate the

new, but austere, Lancaster General Hospital. It opened its doors on December 18, 1893.²

The first board consisted of Judge David McMullen as President, Dr. H.D. Knight as Vice President, Hugh R. Fulton as Secretary and Charles A. FonDersmith as Treasurer. McMullen was to remain as President for the next 25 years. A charter was signed on September 23, 1893.^{3, 4} Rented for \$100/year, it was by all accounts austere, Bicksler became its first superintendent.⁵ Its first medical director was Dr. M.L. Herr and Miss Carrie Reinicke was in charge of nursing. It was staffed by four surgeons and four physicians.^{6 7}

THE HOSPITAL'S MISSION, ITS CREED AND PATIENT POLICY

In 1898 the minutes included the Bylaws with its mission, the hospital creed, and how it expected to govern medical practice:

Lancaster General Hospital's mission was to "meet the needs of the community by providing the best possible care to anyone who needs it, at the lowest possible cost, regardless of the patient's ability to pay."

"No person having any contagious disease shall be admitted, except by special permission of the Board of Directors... all regular patients shall be treated alike, whether able to pay or not"... on the other hand, there was a stipulation, *"if a disease is deemed incurable by the physician, the patient shall not be retained, unless they can pay... attendings shall visit their respective wards daily and at such times as*

² Harold Eager, *"The History of Lancaster General Hospital, 1893-1993,"* (Lancaster, PA: Lancaster General Hospital, 1993), 2.

³ Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 1-2 .

⁴ Eager, *The History of Lancaster General Hospital, 1893-1993*, 4.

⁵ Ibid., 7.

⁶ Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 4.

⁷ Eager, *The History of Lancaster General Hospital, 1893-1993*, 14.

may be necessary for the faithful discharge of their duties.”⁸

Furthermore, Lancaster General Hospital “would never make any distinction in the reception or treatment of patients on account of creed, race, nationality, or sex.”⁹

There were also rules for the patients as regards the expectation of their “conduct and duties:” Note that these rules included “no smoking.”

- 1. The patients shall conduct themselves and decorum towards each other, the officers of the hospital, the nurses, and servants; they shall not use profane or indecent language, become intoxicated, or behave rudely or indecently; they shall not smoke tobacco or play at any game of chance in the hospital.*
- 2. No liquors, provisions, or medicines of any kind shall be furnished to patients by their friends, and no patients shall be permitted the use of any diet other than that which may be ordered by the proper officers.*
- 3. No patient shall be permitted to leave the hospital while under treatment, except by special permission of the Superintendent.*
- 4. Such charity patients as are able shall give assistance in nursing or otherwise when required to do so by a physician, nurse, or superintendent.*
- 5. No reading in bed at night, either by patients or any other person connected with the institution, shall be allowed.”¹⁰*

THE NURSING SCHOOL

Although the nursing school was not officially begun until 1902, Miss Reinicke, “admitted” three nursing pupils, under her supervision. Miss A. K. Mueller succeeded Reinicke as Director of Nursing and of the Nursing School in 1902. Student nurses worked 12-hour shifts, and were forbidden to smoke or date other hospital personnel.

TYPHOID FEVER

Despite its stated policy, which was intended to discourage admissions of patients with contagious diseases, Lancaster General Hospital’s first patient

⁸ Minutes of the Board of Directors, First Report, 1893-1898, (*Lancaster, PA: Lancaster General Hospital, Nov 1, 1898*).

⁹ Eager, *The History of Lancaster General Hospital, 1893-1993*, 7.

¹⁰ Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 5.

had a contagious disease. On December 18, 1893 Lancaster General Hospital was ready to accept its first patient. Anna McComsey was 27 years old, a domestic, who lived in the southern end of Lancaster County in the village of Taylora. She was diagnosed with typhoid fever. This febrile illness is associated with headache, joint and abdominal pain, anorexia, and diarrhea. The patient's belly is tender and can be mistaken for appendicitis or vice versa. Mortality was higher in the community than in the hospital because good nursing care made a difference. She was hospitalized for a total of 71 days.¹¹ Although she recovered, 10% of those patients hospitalized for typhoid fever during the first year the hospital was in operation died.¹²

Typhoid Fever is a gastrointestinal illness caused by a bacterium called *Salmonella typhi*. The bacterium thrives in contaminated water or food and can be spread from an infected person through the fecal route. A person so infected sheds the bacilli in his or her feces. Though often asymptomatic, this person is considered a carrier. It is also known to be spread by flies that feast on contaminated excreta. Carriers, especially among food handlers with careless hygiene practices, can spread the disease. The disease occurs when the bacterium buries itself in the intestine and enters the bloodstream.

Some of the interventions can also aggravate the illness. The drug which was commonly used to treat this very serious illness was "calomel," a poisonous mercury compound used to "clean" one's intestines. No doubt, more patients died than should have because of the use of such cathartics. The very astute and wise Osler, in the first edition of his widely acclaimed 1892 medical text, *"The Principles and Practice of Medicine,"* expressed caution regarding the use of this widely prescribed drug and preferred to

¹¹ Wentz. *History of Lancaster General Hospital, In Celebration of its 100th Anniversary, 1893-1993*, Lancaster, PA: Edward Hand Medical Museum, 1993, 4, <http://www.edwardhandmedicalmuseum>).

¹² Minutes of the Board of Directors, First Report, 1893-1898.

use herbs.¹³ In what became the medical bible of the times, Osler outlined his protocol for treating typhoid fever:

“Place the patient in a well-ventilated room or during the summer, keep outside most of the time.

The patient was to have strict bed rest, preferably in a single woven wired bed with a firm, but soft, hair mattress, and covered with two blankets to assure smoothness and a rubber cloth under the sheets. Ambulation was permitted only after convalescence was well established.

The patient was to stay on a liquid diet, preferably diluted milk, barley water, or chicken broth until he or she was able to progress to semi-liquid foods to include raw eggs and eggnog.

Although antipyretics (penacetin or antipyrine) were sometimes prescribed, Osler thought they were rarely indicated.

Treat the fever with a lukewarm or cool bath, cold packs, or sponging with tepid or cold water. Cold packs were more practical in the home setting.

Good nursing care made a difference, as mortality was higher outside the hospital.

Medications could include Calomel for constipation; oil of turpentine, five to ten drops, three to six times per day; turpentine stupe (medicated cloth) for abdominal pain; strychnine, gr 1/30 every six hours alternated with cocaine, ¼ grains every six hours.

The enema, as opposed to Calomel, was the most effective approach to treat the constipation and this could be repeated every three to four days.

Diarrhea was treated with bismuth in combination with Dover’s powder or morphine.” sic¹⁴

If the patient survives the first days and weeks of their illness, convalescence will generally ensue after the fourth week, but there are often relapses as well, and death can result from severe dehydration,

¹³ William Osler, *The Principles and Practice of Medicine*, (New York: D. Appleton and Company, 1892), 37.

¹⁴ Osler, *The Principles and Practice of Medicine*, 86-87.

hemorrhage, peritonitis, septicemia, intestinal perforation, or even more commonly from heart failure. Regardless, the fatality rate, although varied, was high.¹⁵

Once it was known, what caused this horrible disease, typhoid fever became preventable by maintaining a clean water supply and by keeping one's hands clean to avoid the hand to mouth cycle of spread. Often an infected, ~~a~~ person may remain asymptomatic, carrying the organism in the wall of his or her intestine, making such a person an asymptomatic "carrier."¹⁶ Lancaster struggled with regular bouts of typhoid epidemics until it developed a clean water supply, and even today there are cases of typhoid fever because of consuming contaminated food.

THE FIRST 541 ADMISSIONS TO LGH

In the 1893-1898 hospital minutes, the medical director reported that during the first four years, 1893-1898, there were a total of 541 admissions, of which 308 were considered surgical patients. Of the 233 medical admissions, 105 patients were diagnosed with infectious diseases. Twenty-four of those with medical diagnoses and 16 of those who underwent surgery died. The cause of death with medical diagnoses, besides those who died of typhoid fever, included tuberculosis, cholelithiasis, acute gastroenteritis, tetanus, hepatic congestion, endocarditis, and cerebral hemorrhage. There were no reported cases of death from myocardial infarction or even pneumonia, as they never made it to the hospital. The first newborn was delivered on January 9, 1896. Dorothy Miller was the daughter of Harry J. and Mary Emma Miller.¹⁷

The majority of surgical cases involved the musculoskeletal system, such as sprains and strains, and did not have to undergo major surgery. The other diagnoses included abdominal injury, breast cancer, ovarian and uterine cancer, ovarian cysts, diseases of the lymphatics, appendicitis, bladder

¹⁵ Ibid., 14.

¹⁶ Steele Volney, *Bleed, Blister, and Purge, A History of Medicine on the American Frontier*, (Missoula, MT.: Mountain Press Publishing Company, 2005), 273.

¹⁷ Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 5-6.

polyps, prostate disease, bone diseases, and ulcers. The operations performed were for abscesses, thyroid goiter, enlarged prostate, bladder stones, hernia, severe sprains, appendectomies, removal of tumors, and management of wounds. The most common surgical procedure was incision and drainage of abscesses, but the most common major surgical procedure was an appendectomy. Their ages were not included in the minutes. Of those who died from their surgery, six were from cancer (bladder, ovary, uterus, pancreas, and colon). One died from a compound fracture.¹⁸

In the first years, there were few admissions for cardiac disease and even with a diagnosis of pneumonia. Presumably, they were being managed at home. However, as time went on many more patients were being admitted with severe respiratory illnesses, especially pneumonia. The good news was that the number of typhoid admissions had dropped considerably, as the Lancaster water supply was now being filtered. Moreover, mortality from typhoid fever dropped to less than 5% and mortality from pneumonia was less than 15%.¹⁹ The reasons for the decrease in mortality of Pneumonia are not clear, as the only change was better nursing care, as antibiotics were not yet available.

ALBERT L. HENRY, M.D., LANCASTER GENERAL'S FIRST RESIDENT

Dr. Albert L. Henry was elected as "resident physician." Dr. H. G. Barsumian was the second resident during the year 1903-1904. After that the number of residents increased to two or more. The report indicates that the need for residents was to help generate revenue by expanding x-ray and laboratory services under the supervision of their attendings.²⁰

¹⁸ Minutes of the Board of Directors, First Report, 1893-1898.

¹⁹ Wentz, *A History of Lancaster General Hospital, 1893-1993*, 9.

²⁰ Board of Directors, Minutes, 13th Report, 1907-1908.

THE NEW HOSPITAL (1896-1905)



Figure 37. Lancaster General Hospital, 1896-1905, (Courtesy Edward Hand Medical Museum).

The move to Landis mansion in 1896 was the beginning of rapid expansion as the hospital beds were constantly being filled. The hospital was particularly strained by the 1901-1902 typhoid fever epidemic. Community support was strong and with matching funds of \$30,000 from the state legislature, LGH was able to construct the 1903-1905 hospital.^{21, 22}

THE INTERNSHIP, A REQUIREMENT FOR LICENSURE, 1912

Theodore Appel became the new medical director in 1906. In his 1912 report to the board, Dr. Theodore Apple announced the new licensing requirements for medical practice in Pennsylvania. The new “Medical Act of Pennsylvania” stipulated that all physicians wishing to practice in the Commonwealth of Pennsylvania will be required to perform one year of service or internship in an approved hospital. Therefore, the year of post-medical school education in the hospital was henceforth called an

²¹ Eager, *The History of Lancaster General Hospital, 1893-1993*, 11.

²² Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 8-9.

internship.²³ The internship was a consequence of the 1910 Flexner Report, which advocated this requirement. By 1912 the vast majority of states had instituted such a requirement. However, it wasn't until 1934 that Lancaster General dropped the term resident and officially began to use the term "intern staff" as the official designation for its interns.²⁴ The term resident was used in those institutions, which had house staff who were specializing in a specific discipline, such as surgery.

THE HOSPITAL COMES OF AGE

Arteriosclerosis and cerebral hemorrhage were now major reasons for admission to the hospital with a concomitant high fatality rate. In 1914, pneumonia was still common, with 24 admissions and nine deaths. This number jumped to 74 with 14 deaths in 1916. What's even more impressive is that in 1914, there were 88 patients admitted with appendicitis with two deaths, but by 1916, this jumped to 346 with eight deaths.²⁵ Although I have no data to support my supposition, I suspect that this difference in numbers was the change in behaviors of physicians and their patients, as more and more people were choosing the hospital over being cared for in their homes.

In 1916 the LGH ambulance, driven by a team of horses, was replaced with its first motorized ambulance, thanks to a gift from Henry Keiper.²⁶ Perhaps this also facilitated hospitalization over being cared for in the home. In 1916 Dr. Appel reported the following remarkable statistics. There were 2,581 admissions of which 2,135 were surgical admissions. Only those patients with a diagnosis for which there was an associated mortality are listed:²⁷

²³ Board of Directors, Minutes, 20th Report, 1912-1913.

²⁴ Eager, *The History of Lancaster General Hospital, 1893-1993*, p. 35

²⁵ Board of Directors, Minutes, 21st Report, 1913-1914.

²⁶ Eager, *The History of Lancaster General Hospital, 1893-1993*, 18-21`

²⁷ Board of Directors, Minutes, 22nd Report, Oct 1,1914-June 1, 1916.

	Admissions	Died
Tetanus	6	4
Typhoid Fever	46	4
Myocarditis	24	4
Nephritis (Acute/Chronic)	40	12
Cerebral Hemorrhage	16	6
Pneumonia	76	14
Skull Fracture	15	10
Appendicitis (Acute/Chronic)	346	8
Cancer	9	5
Cholelithiasis	72	5
Cholecystitis	28	1
Hernia (strangulated)	9	2
Umbilical	5	4
Mastoiditis	19	3
Premature Births	18	14
Puerperal Sepsis	2	2
Stillborn	16	16

The management for typhoid fever hardly changed during the twenty-two-year-period since Ms. Anna McComsey, the General's first patient, a 27 year-old domestic, admitted with typhoid fever and discharged cured after 71 days.²⁸ A typical order written by a doctor for a patient admitted with typhoid fever was as follows:

*"a fecal specimen to be sent to the lab; a complete blood count (CBC); mouth wash; nasal spray; all excreta, utensils, etc., were to be treated with chlorinated lime; sponge with tepid water if temp over 102; nitro-hydrochloric acid, gtts iv every 4 hours; strychnine; soap suds enemas every other morning; castor oil qs (as sufficient) and as needed; brandy 15 cc every 4 hours; Tr. Digitalis gtts v every 4 hours; sodium bromide gr xx stat (right away); urotropin, gr viiss every 4 hours; chloral hydrate, gr xx stat; diet as above; and turpentine as above." sic*²⁹

²⁸ Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 4.

²⁹ Wentz, *A History of Lancaster General Hospital, 1893-1993*, 72.

From 1916 on, Lancaster General Hospital continued to expand its north Lime Street property, eventually consuming the entire square block, bounded by Lime, Frederick, Duke, and James Streets. In 1917 Mr. William Breitigan was appointed as the first manager and Mrs. Boyd Maxwell as the first director of social service of the hospital.

1918-1919: THE INFLUENZA EPIDEMIC OF 1918

During the 1918-1919 influenza year, there were four interns at Lancaster General, including Dr. Sol Pontius. Dr. Pontius reported that Dr. Thomas Reed Ferguson, an Army Medical Corps Officer from Kirkwood, was not only among the first patients admitted to the hospital, but the first to die of the flu on September 26, 1918. The Lancaster Board of Health (LBH) was slow to respond, but with the increasing number of cases being reported, on October 3 the State Board of Health (SBH) ordered the Lancaster Board of Health (LBH) to enforce quarantine on Lancaster City. This meant that all theatres, saloons, and places of public amusement were to be closed. The Pennsylvania State Board of Health (SBH) left it to the LBH how to deal with the closure of the schools and churches. Although the LBH advised its citizens to stay away from crowded places, it gave the schools and individual churches the authority to decide about closing their facilities. By October 6, 1918, the Lancaster New Era reported that 3,000 Lancastrians, by "city estimates," were diagnosed with influenza. The next day the Intelligencer Journal actually reported similar numbers with as many as 100 deaths as occurring in the entire county since the beginning of the scourge in late September 1918.³⁰ Of the 263 patients who were admitted to LGH with Influenza, 92 had developed pneumonia and 78 died.³¹ The LBH named Dr. John Atlee Senior (b. 1875) as Medical Director in charge of coordinating the medical defenses against the influenza epidemic.

There were so many sick with the highly virulent influenza in October 1918 that LGH and St Joseph's Hospital were unable to accommodate all those

³⁰ Gerstenblith, Meg B., "The Influenza Pandemic in Lancaster," *The Journal of the Lancaster County Historical Society*, 102, no. 4, (Winter, 2000), 143, 144, 146.

³¹ Minutes of the Board of Directors, 25th Report, 1918-1919.

afflicted. Emergency hospitals were established at the Moose Lodge and the Elks Club to accommodate the overflow. By the end of October 1918, there were 301 deaths in the County in just over 30 days. It was estimated that 200,000 were sick with influenza throughout the state of Pennsylvania, and among the hardest hit communities were Philadelphia and Lancaster. The city of Lancaster was shut down, and people were discouraged from congregating in public places or crowded rooms. Streetcars were stopped, movie houses, saloons, and many of the eateries were ordered to close their doors. Since the air was considered healthy, people were encouraged to walk wherever they would go. When the public would use streetcars, the Lancaster Board of Health (LBH) insisted that their windows be kept open. The LBH at the behest of the State Board of Health, took further action to insist that all schools and churches be closed. The LBH offered suggestions on how households could bring “religion into their homes,” with prayers and “complete instructions for setting up a family altar.” Although there was general compliance with the edicts of the Lancaster and State Boards of Health, St. Mary’s Catholic Church on S. Prince Street refused to close its doors to the public, causing the authorities quite a dilemma. Although the front door was locked, parishioners were given access through a side door, as “missing mass would have been a mortal sin.” On October 23, the LBH countered and ordered its health officer “to see that this door was closed and remained closed.”³²

The adverse economic effects of the epidemic were enormous affecting nearly everyone, except the undertakers, some of whom shamefully exploited the situation. Although the LBH did not accuse or identify any particular local abuses, it admonished the undertakers to act responsibly. In Philadelphia, “undertakers raised their prices by more than 500% as grieving families sought proper burials for their loved ones.”³³ Lancaster’s business community pleaded to have the quarantine lifted. In response, Lancaster’s Board of Health believed erroneously on more than one

³² Gerstenblith, Meg B., “The Influenza Pandemic in Lancaster,” 154, 160, 164, 168.

³³ Ibid., 150, 159.

occasion that the epidemic had reached its peak and was waning. It challenged the state's authority to keep business establishments closed.³⁴

MOOSE LODGE TO ACCOMMODATE OVERFLOW OF HOSPITAL PATIENTS WITH INFLUENZA

Most alarmingly and of great concern to all was that Dr. Atlee contracted influenza. Thankfully, Dr. Atlee recovered. In the meantime, he was temporarily replaced by Dr. Frank Hartman. They all worked in concert with the state's health commissioner, who kept Lancaster in shutdown mode until early in December, when the crisis was over and the quarantine could be lifted. Quoting historian Alfred W. Crosby, Jr., "the influenza epidemic was the greatest plague in history." Of the more than 20 million people worldwide who died of the flu, 675,000 were Americans, including 43,000 US soldiers.³⁵

CHARLES STAHR, M.D. (1877-1952)

Charles Patterson Stahr, M.D. was born on April 27, 1877, the son of the president of Franklin and Marshall College, Dr. John S. Stahr. He graduated from the University of Pennsylvania School of Medicine in 1900, interned at Methodist Episcopal Hospital in Philadelphia, and returned to Lancaster as a general practitioner. He took an early leadership role at the General and was responsible for establishing the hospital's laboratory services in 1903, assuming the role as its director. As most general practitioners of his era, he performed a fair amount of surgery. Besides laceration repairs and management of fractures, he performed appendectomies, cholecystectomies, and herniorrhaphies.³⁶

Dr. Stahr served with distinction during WWI and resumed active duty status during WWII as commander of the 111th Ambulance Company of the 28th Division of the Pennsylvania National Guard.³⁷ At the time of discharge

³⁴ Ibid., 163, and 168.

³⁵ Volney, *Bleed, Blister and Purge, A History of Medicine on the American History*, 290.

³⁶ Wentz, Henry S., "Colonel Charles Patterson Stahr, M.D.," In *The Lancaster City and County Medical Society, 1844-1994*, 47.

³⁷ Eager, *The History of Lancaster General Hospital, 1893-1993*, 13.

he held the rank of Colonel and thereafter was often referred to as the "Colonel." Lancaster's Stahr Armory was named after him.

Between the years 1919-1952, Stahr was the Medical Director of Lancaster General Hospital. His administrative assistant managed the fiscal affairs of the hospital, but he was responsible for the professional and technical operations of the four major clinical departments, which by 1936 included Medicine, Surgery, Obstetrics, and Eye, Ear, Nose and Throat.³⁸

Dr. Stahr took charge of the hospital's medical education or internship program. An interesting anecdote was told to Dr. Wentz by Dr. Irene Davis, during her internship:

*Dr. Davis and her fellow interns were providing artificial respiration on a 12-year-old girl with infantile paralysis, and Dr. Stahr was there to supervise. He participated directly in administering artificial respiration to this patient, which continued for three straight days. Finally, the child's lungs completely collapsed and she died.*³⁹

Dr. Stahr was an extraordinary public servant, serving as:

The first medical director of the Lancaster Public Schools, during which time he instituted the first school-wide vaccination and immunization program for diphtheria.

Adjunct professor at Franklin and Marshall College, where he lectured on Anatomy, Physiology, and Hygiene,
Secretary of the Lancaster City and County Medical Society for 36 years,

The medical director for Civil Defense,
The medical director for Armstrong Cork Co.,
Deputy coroner of the city of Lancaster,

In addition to all the above, he was the secretary of the Lancaster City Board of Health, during which time:

³⁸ Wentz, "Colonel Charles Patterson Stahr, M.D.," In *The Lancaster City and County Medical Society, 1844-1994*, 48.

³⁹ Wentz, "A History of Lancaster General Hospital, In Celebration of its 100th Anniversary," 57.

He authored the first Pure Milk Ordinance, though contested by the dairymen. This required milk pasteurization and testing of herds for bovine tuberculosis. This initiative set a model for other municipalities throughout the Commonwealth of Pennsylvania.

Implemented regulations governing the handling of meats in the city markets, and

Established inspections to improve the sanitary conditions in restaurants.

Responsible for the construction of a water filter plant to assure clean drinking water for all city residents.⁴⁰

Charles Stahr, M.D., was among the first physicians to own an automobile. His first car was a Maxwell, and he added a Stutz Bearcat, a very popular sports car that car enthusiasts drove as a racer. Undoubtedly, he was a busy man, needing speed to meet his many obligations and responsibilities. Nonetheless, he apparently found time for his family along the way, for his children loved him, as he loved them.⁴¹

THE 1920S

By now, Dr. John Atlee Sr. was no longer doing kitchen table surgery. Although there were a number of physicians with special training in surgery, much of the general surgery done in the hospital, such as incision and drainage of wounds, simple fractures, tonsillectomies, and even appendectomies, were performed by general practitioners with none or varying amounts of specialized surgical training. The hospital's growth had been dramatic. The number of admissions increased by seven-fold over a 20-year period. It surpassed 500, and many of the admissions were for surgical diagnoses. The numbers went from 1903, 1,000 in 1906, 2,000 in 1910, 3,000 in 1913, and 3,500 in 1922.

During the 1920's, Lancaster General Hospital expanded its outpatient clinics to add a dental and venereal disease dispensary, recruited its first

⁴⁰ Wentz, "Colonel Charles Patterson Stahr, M.D.," In *The Lancaster City and County Medical Society, 1844-1994*, 48-49.

⁴¹ Ibid.

female intern in 1922, and began to treat a growing number of patients with injuries sustained in automobile accidents. In 1925, rather unexpectedly, Lancaster experienced another typhoid fever epidemic. The cost of a hospital stay ranged from \$4.50 per day for a ward bed and up to \$10.00 per day for a private room. By the mid-20s, every room had its own telephone. The cost of the operating room was \$15.00, including anesthesia for a major operation, and \$10.00 for a minor procedure. The hospital purchased its first electrocardiographic machine in 1927. By 1929, the bed capacity of the hospital reached 200.⁴² Ray Hall was appointed as manager in 1929.

THE WOMEN INTERNS

As the General Hospital grew, the number of internship slots increased to five in 1920. By 1922 the hospital accepted its first female intern, Dr. Hannah Seitzik.⁴³ The General somehow gained a reputation that it was one of few hospitals that accepted female interns. Thus, for a while at least, the number of female interns outnumbered the male interns, despite the relatively small percentage of women graduating from medical school. In 1928 Harold K. Hogg, M.D., (Hahnemann Medical College) was the only male in his class of five interns, which included Elizabeth J. Buck, M.D. (Women's Medical College), Catherine Berge, M.D. (Temple University), Jennie Ronaldson, M.D. (U. of Edinburgh, Scotland), and Dr. Anne Place, who was also the Chief Resident.^{44 45}

THE 1930S

The 1930's ushered in the depression and much free care was rendered. Many of the paying patients could pay only part of their bills. The value of free service surpassed \$120,000 (equivalent to \$2,258,235 in 2018) in 1933, necessitating a reduction in staff salaries by 22%. At no time was anyone turned down for care because of their inability to pay for their services. In

⁴² Wentz, *A History of Lancaster General Hospital in Celebration of Its 100th Anniversary*, 12-13.

⁴³ Board of Directors, Minutes, 28th Report, 1922-23.

⁴⁴ Eager, *The History of Lancaster General Hospital, 1893-1993*, 29.

⁴⁵ Board of Directors, Minutes, 33rd Report, 1927-28.

1935, 45% of the patients at Lancaster General Hospital received free care.⁴⁶

In 1931 the hospital added a medical library for use by the medical staff, resident staff, and nursing school. Besides reference books, it included 80 monthly medical journals.⁴⁷ In order to generate additional revenue, the hospital added services that today would be of very questionable value. This included a Honsaker colonic apparatus for colonic irrigations, a Solar lamp arc to perform heliotherapy, and an “electric cabinet bath” to conduct electric baths in order to eliminate acids and poisons from the body. The electric bath was not all that different from the modern-day sun bed. In 1935 a major by-laws change was instituted to elect the Medical Director on an annual basis. Besides having overall responsibility for the conduct of the professional and technical staff, the medical director was responsible for determining the interns’ work hours, rotations, and level of supervision. He had the power to suspend any member of the general staff for “due cause, pending action by the Board of Directors.” There were to be only four clinical departments, including Medicine, Surgery, Obstetrics, and EENT (Eye, Ear, Nose, and Throat). The gynecology service was integrated into the Surgical Department and those specializing in ophthalmology or otorhinolaryngology were considered part of the Department of EENT.⁴⁸ Pediatrics was included in the Medicine Department until Dr. Carl H. Hoover proposed to the board to establish a Pediatrics Department in 1939.⁴⁹

INFANTILE PARALYSIS (POLIO)

One of the most-dreaded communicable diseases was polio, or infantile paralysis. The first polio epidemic in the United States occurred in Vermont in 1894, when 132 cases were reported. Fourteen years later in 1908, two Austrian scientists, Karl Landsteiner and Erwin Popper, discovered the virus that caused polio. In 1916, there was a devastating polio epidemic, which

⁴⁶ Wentz, *A History of Lancaster General Hospital in Celebration of Its 100th Anniversary*, 15.

⁴⁷ Lestz, *The Story of the Lancaster General Hospital, 1893-1968*, 25.

⁴⁸ Minutes of the Board of Directors, 42nd Report, 1936.

⁴⁹ Minutes of the Board of Directors, 45th Report, 1939.

began in New York City with 9,000 cases and spread throughout the United States, with more than 27,000 cases and 6,000 deaths. Many states established travel restrictions. No one under 16 years of age could enter Pennsylvania without a health certificate during that epidemic. As the virus resides in the human gastrointestinal tract, the disease spreads from infected feces by way of the anal-oral route. If the virus breaks through the intestinal mucosa into the bloodstream, it can enter the central nervous system and destroy the motor neurons, which results in the paralysis of muscles. Fortunately, the vast majority of those infected remained asymptomatic. Epidemics occur during the summer months, so when there were any cases reported, public gathering places would be closed to prevent the spread of the disease.⁵⁰

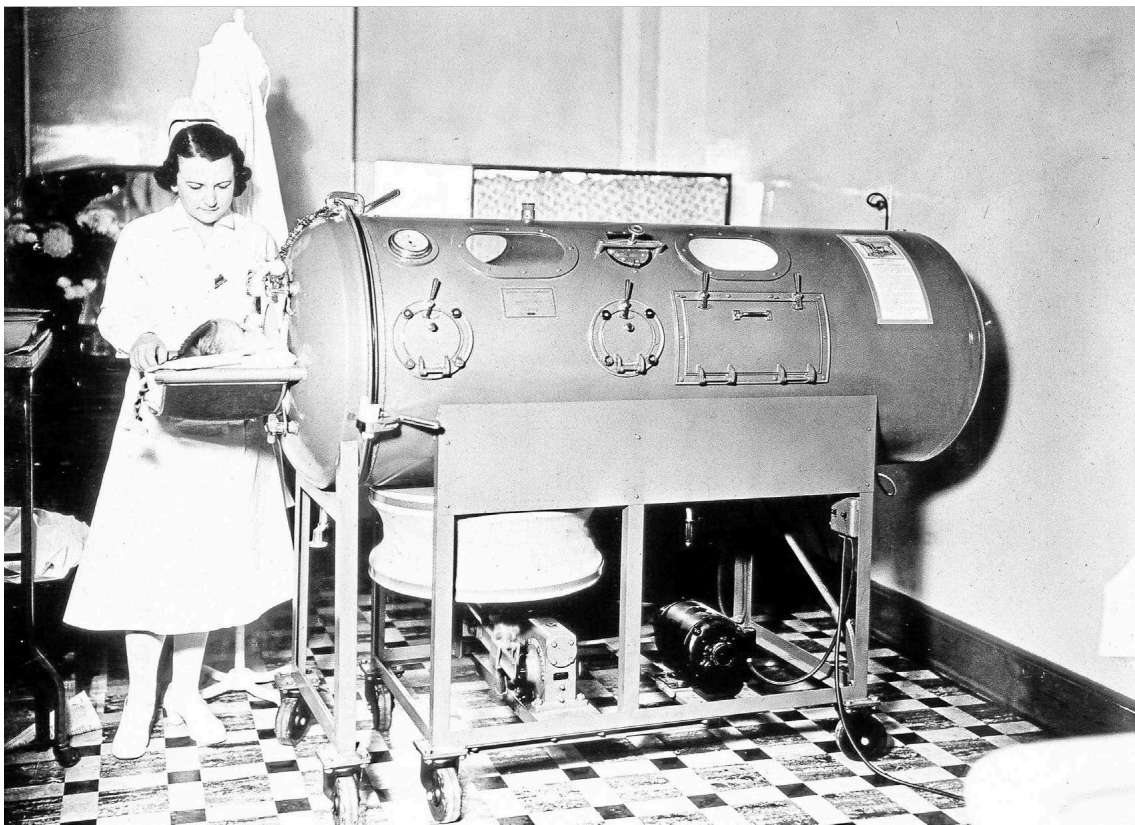


Figure 38. The Iron Lung. (Courtesy, Penn Medicine Lancaster General Health)

In Lancaster, three general practitioners, Drs. William Saul, Edgar Meiser and Henry S. Wentz at the Lancaster General played major roles in

⁵⁰ Hendrix, Ellen, "Poliomyelitis in Lancaster County with Emphasis on the Iron Lung," *The Journal of Lancaster General Hospital*, (Summer 2015). 54.

combating polio in Lancaster County. In 1946 Dr. Meiser took charge of Lancaster General's polio unit. The so-called iron lung or Drinker respirator was considered lifesaving for those who were afflicted with the worst form of polio, called bulbar polio. These patients had such weak respiratory muscles they needed assistance with breathing around the clock. Although the first iron lung was developed in 1927, the Lancaster General acquired its first iron lung through a donation from an anonymous donor in 1938.⁵¹

Patients with upper respiratory or gastrointestinal symptoms that suggested the onset of polio were admitted to the polio unit. A large number of cases occurred in 1954, when 118 patients suspected with polio were admitted to LGH. Only 80 were confirmed, 38 were non-paralytic, 28 were paralytic, and 14 had bulbar or brainstem involvement. Respiratory failure occurred as result of spinal cord involvement causing paralysis of the respiratory muscles or damage to the respiratory center of the brainstem. These would be the patients that would require the iron lung to provide artificial respiration. The patients would endure the iron lung for months, until it was considered safe to wean the patients off the machine. This could take weeks of very intense and personal care.

⁵¹ Eager, *The History of Lancaster General Hospital, 1893-1993*, 40.



Figure 39. Dr. Edward Meiser with patient, staff, family and visitors, (Courtesy, Penn Medicine Lancaster General Health)

Lancaster General's polio unit dedicated the entire wing of the hospital's third floor to care for the polio patients, mostly children. LGH sent Edna F. Schreiber, RN, to the Mayo Clinic to learn the controversial Sister Kenny Treatment. The Society for Crippled Children played a major role in the rehabilitation efforts of polio victims, and Ms. Schreiber became its director in 1944.⁵² The Kenny treatment involved placing flannel hot packs on a patient's back, neck, and extremities and regular massage to relieve the muscle spasm and pain. Moreover, instead of strict immobilization, the patient was encouraged to ambulate. The Kenny treatment was painstaking and required much patience and endurance on the part of both the patient and the caregivers, but it often resulted in full recovery.⁵³

The Salk and Sabin vaccines were remarkable discoveries. President Franklin D. Roosevelt, who himself had suffered paralytic polio at age 39,

⁵² Ibid., 55-56.

⁵³ Hendrix, "Poliomyelitis in Lancaster County," 56.

was instrumental in the creation of the National Foundation for Infantile Paralysis, which spearheaded the development of the March of Dimes. This not only helped to pay for the treatment of polio patients but provided for the much-needed research. Dr. Jonas Salk of the University of Pittsburgh developed the inactivated Polio Vaccine or IPV in 1954 and Dr. Albert Sabin discovered the attenuated live virus oral polio vaccine (OPV) in 1962. The Salk vaccine was so effective that by 1957 the polio unit was phased out and the five iron-lung machines were no longer needed at LGH.⁵⁴

Many of the Amish people refused vaccination of any nature. This allowed, one more significant outbreak among the Amish with 17 reported cases in Pennsylvania in 1979. The majority of these were in Lancaster County. Within the residency teaching program, Dr. John Randall as faculty was board certified in family medicine and pediatrics with a subspecialty in infectious disease. He took charge of organizing a team of physicians, including family medicine faculty and residents, with a group of nurses to staff twenty-one free clinics and visiting in the farms of some of the Old Order Amish to deliver OPV. The goal was to immunize at least 60-70% of the target population, as the oral Sabin vaccine was still capable via “herd-immunity” of spreading to the rest of those who were unimmunized to eradicate the virus. This successful campaign required the authorization of the local bishops to mobilize the 82 Amish parishes. It ~~also~~ involved the collaboration of the Pennsylvania Department of Health and the United States Centers for Disease Control. Today polio has almost been eradicated worldwide through what is referred to as the Global Polio Eradication Initiative, or GPEI.⁵⁵

1943: LANCASTER GENERAL HOSPITAL BECOMES 50 YEARS OLD

The year 1943 represented the hospital’s 50th anniversary, and although the hospital was focused on the war effort with 68 members of its medical and nursing staff serving in the armed forces, it was a somber time and no special celebration was planned. Nonetheless, Paul Mueller, its longtime board chair, announced the beginning of a fundraising effort, as the Board

⁵⁴ Eager, *The History of Lancaster General Hospital, 1893-1993*, 62.

⁵⁵ Hendrix, Ellen, “Poliomyelitis in Lancaster County with Emphasis on the Iron Lung,” 59.

of Directors planned another major expansion. However, plans to begin construction of any expansion were postponed during the war.

The hospital's four auxiliaries were organized into the United Auxiliaries of Lancaster General Hospital and joined the capital funds campaign under the leadership of Paul Mueller to raise more than \$1.5 million to begin construction in 1949 of the new LGH. The "new" front of the \$2,236,252 LGH hospital was now to face Duke Street.⁵⁶



Figure 40. Dale E. Cary, M.D., Mayor of Lancaster from 1938 until 1950, was interim director from 1940-1946. (Courtesy Penn Medicine Lancaster General Health)

⁵⁶ Lestz, *The Story of the Lancaster General Hospital 1893-1968*, 30-31.

By 1944 there were 26 members of the medical staff on active military duty, and training of interns was reduced to nine months, after which they were to be inducted into active military service. Among those who served and were killed in action was Dr. Roland N. Klemmer, who was chief of medicine at the time he was inducted. Dr. Stahr resigned his position as medical director, as he was called to serve on the war front.

JOSEPH APPLEYEARD, M.D.



Figure 41. Joseph Appleyard, M.D., Chief of staff and Medical Director at LGH, 1946-1957 (Courtesy Penn Medicine Lancaster General Health).

Dr. Appleyard completed his internship in 1922, the same year as LGH trained its first female intern. He then went on to do a surgical residency and became the first urologist in Lancaster County. Dr. Appleyard became Chief of Staff and Medical Director from 1946-1957, He also became a leading medical figure in the Lancaster City and County Medical Society.⁵⁷

HAROLD E. STAUFFER, M.D. (1910-2007)

One doctor who attempted to enlist was Dr. Harold E. Stauffer. However, by now the county was becoming depleted of doctors and he was told he had to stay behind. His daughter, Jean Stauffer Niemeyer provided me with a transcription, which he dictated to his daughter in the last year of his life, that reveals his life story and what it was like during those years.⁵⁸ He had exuded a warm, engaging charismatic nature that endeared him to many. He and his wife, Peg invited the interns to their home, and this added to the overall positive experience I had during that year in Lancaster. From the beginning when the new Department of Family and Community Medicine was proposed, I was impressed with his enthusiastic embrace of the program. What follows is a summary and highlights what I consider of interest to the life of this wonderful doctor, who I remember so well.

“For a cost of \$5.00, Dr. Paul R. Wentz came to the home of machinist Edwin G. Stauffer whose wife Gertrude was in labor to deliver Harold on June 22, 1910. When seven years old, Harold Stauffer developed rheumatic fever with disabling arthritis, treated with Potassium Citrate by Dr. Wentz. His heart was not affected and he had a complete recovery. He attributes much of his desire to become a physician to the influence of Dr. Wentz, who was his childhood hero and role model.

“Peg was his childhood sweetheart, and there developed a courtship dating back to when they were both seniors in high school. They remained committed to each other throughout his college, medical

⁵⁷ Eager, “The History of Lancaster General Hospital, 1893-1993,” 42, 57.

⁵⁸ Niemeyer, Jean, “The Harold E. Stauffer, M.D., Story,” (2011), (Lancaster, PA: Edward Hand Medical Museum), <http://www.edwardhandmedicalmuseum>.

school, and internship years, and they planned to marry after his internship. He graduated from high school with a high scholastic average in 1929, went to Albright College and then Franklin Marshall College, and finally graduated from the University of Pennsylvania medical school in 1937. He did his internship at Lancaster General Hospital. He lived at the hospital, which provided room and board and paid \$12.50 per month. He was often on call around the clock. He made rounds with his attending physicians every morning and was praiseworthy of the quality of teaching and supervision he received from these “excellent” clinicians.

“After he and Peg got married, he set up practice in the rural town of Bareville, several miles east and north of the city of Lancaster. He charged 50 cents for an office visit and \$1.00 for a house call, and sometimes he had to accept vegetables, eggs, or other food items for his payment. He and Peg had a large vegetable garden and with their neighbor raised pigs, as this was common during those depression years.

“When America declared war on Japan, he volunteered to join the army and after meeting with the head of the draft board, he was declared ineligible for induction because of the severe doctor shortage in Lancaster County and was required to stay behind. As it was, he had to cover the practices of three other physicians. He was working from 5 AM to late in the evening with office hours in the morning, afternoon and evening while trying to fit in as many as 20 house calls per day and three deliveries per week. There was no appointment schedule, so patients would come and wait to be seen. Sometimes there was not enough room in the waiting room, and the patients would be lined up outside in the street.

“Obstetrics was an important part of his practice and during his many years in practice He delivered more than 1,500 babies.

Epidemics were most stressful and that included diphtheria, typhoid, polio, and even smallpox, as not everyone managed to be vaccinated. He remembers, in particular, the polio epidemics with their high morbidity and mortality rate. It was during Dr. Harold Stauffer ‘s early years in practice that the iron lung came into use, which would keep his patients alive for weeks and even months while recovering and undergoing the intensive Kenny therapy.

“Sometimes during heavy winter snow storms, his patients would come and get the doctor with his horse and sleigh. Dr. Stauffer was a skillful horseman and would find it much easier to make a house call with his horse. He was called to attend many accident victims with life-threatening injuries, and before the era of paramedics, he would often have to escort the patient in the ambulance on the way to the hospital. He acquired a special bond with his patients and their families, as he took care of them from the beginning of life to the end of their lives. He felt that they had become part of his own extended family. Sometimes he would take his children with him to visit his patients on a house call, and that added to the warm connection he had with his children, but also with his patients.

“Vacations with family were much fun and included hunting and fishing camping trips and highly educational Elder hostel experiences. In his retirement, he and Peg joined their daughter Diana and me in a very special history of medicine trip to Greece in 1985 with the Society of Teachers of Family Medicine.

“He expressed his gratitude for the powerful role modeling from his own family doctor, Dr. Paul Wentz, and the strong influence of his faith, his Christian parents and grandparents, his wife Peg, and his extended family.

There were 6,445 admissions during the fiscal year ending May 31, 1940, of which 3,620 were from outside the city and 2,825 from within the city. The average hospital census was 200 and the average hospital stay was 11.4 days. The hospital also reported 856 births, including ten sets of twins and one set of triplets. The number of males outnumbered the female births, 441 to 415. Thirty-six percent of the patients were considered medically indigent and received care for free. The cost to the hospital was \$4.75 per day. There were 5,883 patients cared for in what was then called the Receiving Ward (emergency service) and 15,173 visits in the outpatient clinics, known as the Dispensary. There were 18 clinics, including: surgical, medical, pediatric, obstetrics (pre- and postnatal), urology, orthopedics (general and fractures), chiropody (podiatric), dental, endocrine

(thyroid/goiter), and physiotherapy. The ambulance made 846 calls and traveled 10,050 miles.⁵⁹

Although penicillin was discovered in 1929, its widespread availability and use took some time. It wasn't until the early 1940s that this became commercially available and used to treat pneumococcal pneumonia. Penicillin was the beginning of the life-saving miracle antibiotics that are currently available today. In the meantime, specific pneumococcal antiserums were used in the 1920s and 1930s and sulfonamides in the latter 1930s with some success.⁶⁰

The Reverend D. W. Bicksler, the driving force in the establishment of LGH in 1893 and the hospital's first administrator, died on Feb 3, 1944.⁶¹ By 1945, the work hours of nurses were reduced from 12 to 8 hours for the same wage. In the immediate post-war years, there was a sudden spike in births throughout the nation. Lancaster General had 1,438 births in 1947, the second highest number of deliveries in the state of Pennsylvania. Philadelphia General Hospital had more. Maternity patients had an average stay of seven days and were charged \$75. The bed capacity of LGH in 1947 was 411, with an additional 80 bassinets for the newborn. The room rates were \$6.00 for a semi-private and \$7.50 for a private room, and the average hospital stay was 12 days.⁶²

DR. ROGER W. DEBUSK AND DR. DONALD C. SMELZER

Roger W. Debusk, M.D. was hired in 1949 as Lancaster General's first executive director. Donald C. Smelzer, M.D. succeeded Debusk in 1952 and served for 12 years. In 1953 the hospital had 300 beds and a record number of 3,141 births.⁶³ In the 1950s, hospital expansion continued, facilitated by

⁵⁹ Lestz, *"The Story of the Lancaster General Hospital, 1893-1968,"* 26-27.

⁶⁰ Wentz, *The History of Lancaster General Hospital, 1893-1993, In Celebration of its 100th Anniversary*, 72.

⁶¹ Minutes of the Board of Directors, 50th Report, 1944.

⁶² Wentz, *The History of Lancaster General Hospital, 1893-1993, In Celebration of its 100th Anniversary*, 17.

⁶³ Eager, *The History of Lancaster General Hospital, 1893-1993*, 61.

Hill-Burton funds with \$1 for every \$2 of local contributions, and the General reached a capacity of 450 beds by 1952, and by the end of the decade an additional four floors were added to the hospital.⁶⁴ Private room rates were now \$12-\$18 and the ward bed was \$7.50 per day. The number of babies born each year at the General kept going up and by 1954 there were 418 beds. The hospital was planning another expansion at a cost of \$5 million to include the addition of the nursing school dormitory to accommodate 250 students.⁶⁵

⁶⁴ Board of Directors, Minutes, 57 & 58th Report, 1951-52.

⁶⁵ Lestz, "The Story of the Lancaster General Hospital 1893-1968," 33.

CHAPTER XIV: COLUMBIA HOSPITAL



Figure 42 Columbia Hospital, 1910- (Courtesy Edward Hand Medical Museum).

Columbia is situated 12 miles west of Lancaster and 28 miles southeast of Harrisburg. It is on the east side of the Susquehanna River across from York County. The borough, once known as Wright's Ferry, has played a unique role in Lancaster County's history. It came to be known as Columbia in 1788, when its community leaders nearly convinced the U.S. Congress to designate it as the nation's capital. That year a bill placing the seat of government on the east bank of the Susquehanna passed the House but was defeated in the Senate. Congress of course chose to place the seat on the banks of the Potomac instead.¹

Columbia underwent a rapid growth between 1830 and 1900 when its population went from 2,046 to 12,316. It was at the height of Columbia's economy that "in 1869, Dr. Alexander Craig had been appointed the doctor for the Pennsylvania Railroad. In this capacity, he had long felt the need for a hospital within the borough limits. He discussed the matter with his next-door neighbor, Dr. J.H. Pennebaker, the Reformed Church minister. It was

¹ Ellis and Evans, *History of Lancaster County, Pennsylvania*, 541.

through their efforts, that in 1894 a group of interested public-spirited citizens met in the Bible School room of the Reformed Church at Third and Cherry streets. They discussed plans for the organization and the opening of a hospital...”

They established a Board of Managers, chose to rent the Righter mansion, once the family home of Mrs. Eleanor Righter Craig at 115 S. Second Street. A charter was granted on March 14, 1895, and Columbia Hospital opened its doors on May 2, 1895.

To succeed in their efforts the board recognized the need for a Ladies Auxiliary, and they asked each church in the community to appoint a representative from its congregation. With Mrs. J.M. McBride as president, she and her fellow officers spearheaded a group of these women to supply the needed furnishings, wash bowls, pitchers, knives, forks, spoons, tumblers, cups and saucers, etc., to service the hospital. Miss Johnsie K. Kell was the first Head Nurse and Matron and had two pupil nurses.

In August 1896, the hospital had to deal with a major disaster when a trolley car coming back into town from Chicques Creek went out of control and killed six people and injured another sixty people. Out of this tragedy, the hospital realized it needed much larger facilities. In 1902, the hospital board purchased the property at Seventh and Poplar Streets for \$4,000 and its new hospital was ready for occupancy in 1903. The hospital underwent continual expansion over the next several decades, to include the building of a Nurses residence and the development of a school of nursing. Unfortunately, the school was forced to close by 1930.

Columbia barely grew throughout the 20th century, dropping in population to 10,500 by the year 2000, despite the quadrupling of the county’s overall population during the same period. Columbia’s decline was due to the loss of its lumber, silk, coal, iron, boat building, and grain industries and its canal and railroad facilities. This had serious consequences on the hospital’s financial condition, and its survival was in jeopardy. In May 1995, the Columbia Hospital was sold to Lancaster General Hospital and renamed Lancaster General Hospital - Susquehanna Division, and its survival was assured. The 62-bed hospital complex was converted into a modern outpatient medical center at 306 N. Seventh Street that incorporates

emergency medical services, primary physicians' offices, on-site consultation services from LGH specialists, admission and business offices, medical records, and highly sophisticated up-to-date diagnostic and imaging services.²

² John Lines, "History of Columbia Hospital, Lancaster General Hospital, Susquehanna Division," Dedication Service, September 15, 1996/ Penn Medicine Lancaster General Health.

CHAPTER XV: EPHRATA HOSPITAL

Ephrata Community Hospital dates its origins to a group of “spiritualists,” who called themselves, “Camp Silver Belle.” Camp Silver Belle was founded by Ethel Post-Parrish, a clairvoyant and an American Spiritualist medium (a person with intuitive abilities to see the past, present, and future of a person). During a séance, she communicated with an Indian guide, known as Silver Belle. She desired to use her gifts to bring happiness to others, so she opened her own church in Miami, Florida, in 1927.^{1 2}

At a meeting held in Florida in early 1932, Ethel Post-Parrish and her followers were joined by an Ephrata couple, Mr. and Mrs. John Stephan, which led to a discussion to establish a meeting place in Ephrata. They bought property, which included the Ephrata Park, and the Park was promoted for vacations use as well as, conferences, and a variety of services. The park was situated contiguous to the Mountain Springs Hotel, which was used as a summer resort and spa from about the mid-19th century. This was then bought by the American Legion. In 1937, the Legion converted the Hotel into “The Stephen Memorial Hospital,” which was manned by the spiritualists and operated as a non-profit institution. In 1939, the board hired beginner medical director and surgeon, Harold A. Mengle, M.D.³

¹ Jo Ann Greene, Ed., Clarence E. Spohn, “The Ephrata Mountain Springs,” *Volume II: The Later Years, 1882-2004, The Von Nieda Years, Camp Silver Belle and the Temple of Truth, and Ephrata’s First Hospitals*, (Ephrata, PA: Cocalico Valley Historic Society, 2010).

² “The Mediumship of Ethel Post-Parrish,” gotsc.org/MaterializationSilverBelle.htm (accessed August 9, 2019).

³ Wissler, Robert U. “The Ephrata Community Hospital, From Its Founding to 1961,” *Journal of the Historical Society of the Cocalico Valley*, X11, (1987): 5-6.

During the war years, there were few doctors remaining in the area. One of those who stayed behind was Dr. Paul M. Riffert, a surgeon whose services were desperately needed.⁴

Today, Ephrata Community Hospital is a 130-bed non-profit health services organization, which has become part of Wellspan Health and was renamed Wellspan Ephrata Community Hospital in 2013.

⁴ Wissler, "The Ephrata Community Hospital, From Its Founding to 1961," 10.

CHAPTER XVI: OSTEOPATHY AND LANCASTER COMMUNITY HOSPITAL

Community Hospital of Lancaster was founded by a group of osteopathic physicians to help care for their patients needing hospital care, as they were not able to obtain admitting privileges in Lancaster's three other hospitals. So why were these physicians ostracized and what made osteopathy different?

Andrew Taylor Still, M.D (1828-1917), deserves the distinction as the founder of America's osteopathic medical profession. Born in Virginia, he was the son of a minister and physician. He grew up in the Midwest. He apprenticed with his father, but was discouraged by how little his father knew to prevent or treat the terrible scourges of his time including the periodic epidemics of smallpox, cholera, meningitis and even the plague. He began his studies at the College of Physicians and Surgeons at Kansas City, but his education was disrupted by the Civil War. He joined the Union Army, served with distinction, and then resumed his medical education, receiving his medical degree at the College of the Physicians and Surgeons of Kansas City, Missouri, in 1870.

He studied anatomy by dissecting human cadavers, for he believed that "the best study of man is man." Still believed that sickness affects all parts of the body, and that much of the healing depends on the body's own natural healing ability. He was left with the impression that "human disorder is the result of mechanical disorder." Therefore, he believed in a holistic approach to the care of the patient. He considered the orthodox view of allopathic medicine contrary to natural healing and that physician intervention was not only counterintuitive, but harmful to the body's own healing mechanism.

He took pride that he could treat and cure disease without drugs. In 1874, Still coined the term "osteopathy" to emphasize the body's natural state toward health, and that the relief of suffering (pathos) could best be managed through the artful manipulation of the body or its musculoskeletal system (osteon, meaning bone). Dr. Still emphasized the laying on of hands as an important part of treating the patient. This involved the physical manipulation and manual readjustments of muscle

tissue and bones. He established the first school of osteopathy in Kirksville, Missouri in 1891. The number of schools greatly increased, so that by 1896, there were twelve schools in America. The American Osteopathic Association was founded in 1897.¹

Wilfred L. Riggs, D.O. described the theory of Osteopathy, as *“a therapeutic science grounded upon the known and verifiable laws of physiology... and is a method of treating disease by manipulation, the purpose and results of which is to restore the normal condition of nerve control and blood supply to very organ of the body by removing physical obstruction, or by stimulation or inhibiting functional activity as the condition may require.”*²

Among those early graduates was Jerome D. Wirt, D.O , who settled in Lancaster in 1901, and established his office in the Woolworth Building in the center of the city. By the 1920s there were more than 20 osteopathic physicians in active practice throughout the city and county. Their credentials were not accepted by the other three hospitals, so many of their patients were referred out of the county, mostly Philadelphia.

An osteopathic organization was spearheaded by a group of wives of osteopathic physicians to raise the funds to establish their own osteopathic “clinic.” It was known as the A.T. Still Clinic. It began in the Woolworth Building and later moved to 17 South Lime Street, where tonsillectomies and adenoidectomies were performed. By 1929, plans were approved to build a new three-story hospital, but it came to a standstill because of the depression. In the meantime, Ralph P. Baker, D.O. opened his own six-bed minor surgical hospital at 327 N. Duke Street, next to the Iris Club. Finally, enough funds had been raised to erect the Lancaster Osteopathic Hospital, which became operational in 1942. Ironically, the osteopathic physicians were not admitted into the medical corps during the war, so they stayed

¹ Geoffrey Marks and William K. Beatty, “The Story of Medicine in America,” (New York: Charles Scribner’s Sons, 1975), 189-192.

² Riggs, Wilfred L., Theory of Osteopathy, New Science Publishing Co, (Des Moines, Iowa, 1900), 51.

home to care for the patients in their communities on the home front, which further underscored the need for their own hospital.³

³ Wiley, David, "Osteopathic Medicine in Lancaster County," *The Lancaster City and County Medical Society, 1844-1994*, 77-78.

CHAPTER XVII: GRADUATE MEDICAL EDUCATION AT LANCASTER GENERAL HOSPITAL

THE INTERNSHIP PROGRAM

All three city hospitals had approved internships as well as residency programs in surgery. Community Osteopathic developed a general practice residency and an ob-gyn program as well. However, I will be limiting my discussion on graduate medical education to that which occurred at Lancaster General Hospital. I also had access to all the board minutes of LGH since the founding of the hospital in 1893, so I was able to provide an accurate account of Lancaster General's various medical educational programs, leading up to the momentous step in 1969 to establish the Family Medicine Residency Program, which is highlighted in Book III.

Following WWII, the internship program was becoming increasingly important across the country, not only to the academic medical centers, but to community hospitals, as interns contributed significantly to patient care. Pennsylvania was also the first state to institute the internship as a requirement for licensure in 1912. Thus, the number of internship programs expanded quickly, so by the time of the post-World War II era, there were far more internship opportunities than there were medical school graduates. Hence, the competition for interns escalated. The internship also paved the way into general practice. It was therefore desirable for hospitals, who were seeking physicians to practice in their community and use their hospital to establish an internship.

Thus, competition for interns among the area-wide hospitals was intense. In 1951 Lancaster General's intern salary was \$100/month, whereas St. Joseph's Hospital was then paying their interns \$200/month. While the LGH intern's stipend was increased to \$200/month, much more attention was directed toward the quality of the intern's education. A medical staff committee was selected to address this issue, and a report to the Board of Directors underscored the primary goal of the internship was to educate and train physicians to better prepare them for general medical practice. It was important to balance service vs. education. It was therefore suggested that a teaching service should not exceed 25 patients per intern. To increase the amount of service from the interns, it was decided to increase the number of interns. So, in 1953 the General took the bold, and perhaps

unrealistic step, to increase the number of intern positions to 14 per year.¹ I don't think the hospital ever recruited that many interns.

Following the decision of the AMA'S Council on Medical Education to implement the general practice residency, in December 1956, James Z. Appel, M.D., who was then president of the medical staff, recommended that the General Hospital approve the establishment of a general practice residency.² This was a two-year graduate medical education program, consisting of a one-year rotating internship, and a second year, tailor-made, to meet the community's expectations of its general practitioners. In some cases that meant additional surgical skills.

THE GENERAL PRACTICE RESIDENCY PROGRAM.

Lancaster General Hospital established its general practice residency program in 1956. Unfortunately, the programs lacked any thoughtful content and academic status. Medical schools had no Departments of General Practice, and almost all general practice residencies were based in community hospitals, such as Lancaster General.³

Although some general practice residency programs in the northwest offered opportunities to acquire surgical skills, most others did not. Almost all expected their graduates to deliver babies, but few offered opportunities to acquire skills in surgical obstetrics, including Cesarean Sections. General practice residency programs failed to gain any level of popularity, and most went unfilled. Of the 902 positions offered by the 150 approved programs in 1968, only 402 positions were filled.⁴ At Lancaster General, many of the positions were filled by physicians who had returned from doing missionary work and wished to do a year in a general practice residency before entering private practice in Lancaster.

¹ Board of Directors, Minutes, 59th Report, 1953.

² Board of Directors, Minutes, 62nd Report, 1956.

³ Ibid.

⁴ John P. Geyman, "The Modern Family Doctor and Changing Medical Practice," (New York: Appleton-Century-Crofts, 1971), 7.

SURGICAL RESIDENCY

Dr. Robert H. Witmer was born in 1918. He was the son of Lancaster general practitioners Dr. C. Howard Witmer and grandson of Dr. Elias H. Witmer. A graduate of the University of Pennsylvania, he studied surgery under I. S. Ravdin, M.D. at the Hospital of the University of Pennsylvania. He was the first to perform a cardiovascular operation at Lancaster General, performing a mitral commissurotomy in 1953. From the late 1950s until 1971 Dr. Robert Witmer supervised a surgical residency rotation for senior residents from the Hospital of the University of Pennsylvania.⁵

THE DIRECTOR OF MEDICAL EDUCATION

There was growing concern on the part of the hospital leadership regarding the failure to consistently fill its intern and general practice residency positions. There was a growing trend throughout the United States to recruit a director of medical education (DME), with academic credentials. York Hospital, a major competitor, managed to recruit Dr. Bob Evans, a dynamic DME, who helped York Hospital in successfully filling all its positions. Bringing in an outsider, however, did pose a political challenge, and for this reason the medical staff pushed for the appointment of one of its own, Henry Miller, M.D., as its first Director of Medical Education. In 1964, he was charged with improving the intern program and developing an academic affiliation with one of the Philadelphia academic medical centers. Lancaster General would also be open to establishing affiliated residencies in Internal Medicine, Surgery and Obstetrics, and Gynecology. Dr. Henry Miller accepted the position on a part time temporary basis until an academician was found. In the meantime, Dr. Smelzer resigned as CEO, and Mr. Paul G. Wedel assumed the position of Chief Executive Officer on April 1, 1964.⁶

⁵ Wentz, Henry S., "Interview with Dr. Robert Witmer" in *The History of Lancaster General Hospital, 1893-1993*, 104

⁶ Board of Directors, Minutes, 70th Report, 1964.

PAUL G. WEDEL (1964-1999)



Figure 43. Paul G. Wedel, (1927-2014), Chief Executive Officer and President of Lancaster General Hospital, 1964-1992. (courtesy Penn Medicine Lancaster General Health).

Paul G. Wedel was only 37 years of age upon appointment and the youngest administrator in Lancaster General's history. He served previously in that same role for ten years at Williamsport, making him the youngest executive to run a hospital in Pennsylvania. Over the next 25 years, known as the Wedel era, he led the hospital through many dramatic changes. He instituted competitive salaries for all employees, and added sick leave, health insurance, paid holidays, continuing education, and a pension plan.⁷ The health care and medical educational reforms of the mid-60s, brought dramatic changes to all major academic medical centers, their teaching hospitals as well as community hospitals, such as the General with its own residency programs. Mr. Wedel became immersed in the many changes from the day he took over the helm in 1964. This included a major expansion of the hospital at 555 N. Duke Street.

⁷ Eager, *The History of Lancaster General Hospital, 1893-1993*, 66.



Figure 44. James Z. Appel, M.D., President of the Medical & Dental Staff, Lancaster General Hospital, 1961-1965, and President of the American Medical Association, 1965-1966. (courtesy Penn Medicine Lancaster General Health)

James Z. Appel, M.D., was president of the medical and dental staff from 1961-1965, and obviously played a role in recruiting Mr. Wedel. Dr. Appel was elected president of the American Medical Association in 1965-1966 and Chairman of the AMA board from 1966-1967. He was heavily embroiled in the debates which led to the establishment of the Medicare and Medicaid legislation. He was also tuned in to the developments that were shaping medical education reform. The "Report of the Citizens Commission on Graduate Medical Education, which was commissioned by the American Medical Association, called for a new "primary physician" specialist or family physician. The report was presented to the AMA on August 8, 1966. His support proved to be a great asset in getting the residency program off to a solid beginning.



Figure 45. Dr John H. Esbenshade, DME, Dr. Ian Hodge, President, And Dr. Ward O'Donnell, V. President. (courtesy Penn Medicine Lancaster General Health)

Family practice was declared as America's 20th medical specialty on February 8, 1969. There were 15 pilot family practice residency programs that were to begin in training the new specialist in July 1969. One of those programs was Harvard's Family Health Care Program and another was York Hospital in York, Pennsylvania, just on the other side of the Susquehanna River, 30 miles from Lancaster. This was also the time that LGH sought a new Director of Medical Education, to succeed Dr. Miller. John H. Esbenshade, II, M.D., who had just completed a fellowship in cardiology, was appointed to this role on a half-time basis. He was undoubtedly influenced and motivated by the dynamic DME, Dr. Evans, his counterpart at York Hospital. Already mindful of the rapid changes taking shape in the payment system and medical education, he had no trouble convincing Paul G. Wedel to develop a Family Practice Residency Program. Though Mr. Wedel enthusiastically endorsed the idea, the medical staff had to be convinced that this was in their best interests as well. Fortunately, both Drs. Ian Hodge, a urologist and president (1965-1969), and the academically minded Dr. Ward O'Donnell, a pathologist and vice president, were completely behind the idea. Dr. O'Donnell was to become my principal mentor during his presidency (1969-1973), and a major reason for the early successes the program enjoyed.

With the encouragement of all three leaders, Dr. Esbenshade was instructed to immediately begin recruiting a director for a Lancaster program. John Esbenshade contacted me, as I was already well known to the hospital, having completed my internship at LGH in 1963. He was aware that I was in

the middle of my fellowship at Harvard's Family Health Care Program, and I was preparing myself for a potential academic career in this new specialty. Although I was a bit daunted by such an opportunity, I was to establish not only a residency program, but I was also to develop a brand-new department. After much thought and reflection and support from my wife Diana, and the considerable encouragement by my chief at Harvard, Dr. Joel Alpert strongly encouraged me to take "the job." He said to me, "Don't let your anxieties drive you to inaction." It was the best decision I ever made. In Book III describes the history of the residency program.

ACKNOWLEDGEMENTS

When I embarked on my journey to become a physician, let alone a family physician, I never expected that I would end up being an academician, and that I would be given the opportunity to help shape the discipline of family medicine. There were many who helped me become who I am today. In nearly everyone's life, family plays a dominant role, and in my case, I was fortunate to have been nurtured by parents who loved me unconditionally. Moreover, I had a father, who could not have been a better role model. He was the son of a highly educated teacher and a mother from one of the more respectable families on the Greek island of Kos, but family economics afforded him only an eighth-grade education. He immigrated to America at age 15, and worked in a hosiery mill for nearly 50 years. An honorable and very wise man, he encouraged me to be the best that I could become. In my youth, I was 6 feet tall, and my father was only five feet one inch in height. Nonetheless, I always looked up to my father.

As its founding director, the success of our program has become a source of great satisfaction and pride for me. I was at the right place at the right time to be given such an opportunity. At the time when I retired from my directorship in 2002, I was the longest-tenured program director in family medicine. I could not have had a more satisfying career. I was fortunate to have worked in such a first-class institution as Penn Medicine Lancaster General Health. I was also fortunate to have had an administration who recognized our program as an important asset. They strongly supported our efforts to recruit an excellent administrative staff, outstanding faculty and most of all first-rate residents. Moreover, I feel fortunate that I was given the opportunity to work with outstanding clinicians who served as teachers and mentors for our residents as well as academic leaders in our specialty within our various academic organizations to help shape our discipline.

I am grateful to the faculty and wonderful and dedicated staff that it has been our privilege to work with both during my tenure as director for more than thirty-three years. Since my first "retirement," I continued to care for my patients in our urban-based family practice center on a very part-time basis for an additional 17 years. I also served as a preceptor in our rural based family health center on average of one half-day per week. During all these years I have had great support from our administrative and nursing staff. I wish to express my appreciation for Charlotte Devenburgh, my administrative and personal secretary in those early years, and especially to

Lori Ganse and Christine Speros, who succeeded her. Their support and loyalty have served as my backbone and managed to whether my varying demands.

I am particularly grateful to Dr. Stephen Ratcliffe who succeeded me and helped make the program so much better. He retired in July 2019, and he was succeeded by Pamela Vnenchak, M.D., a 1993 graduate of the program and his deputy for more than ten years. My trilogy ends as Pam begins her tenure. I know she will do well. She already knows what a great institution she is working for, and how supportive the people above her will be for her. They will make sure she succeeds and help her continue advance the program to new heights. By the time my book project has been completed I will have retired from clinical practice and teaching, which came to past on December 31, 2019.

There are many people who have helped me along the way to complete this task, including my son, James T. Zervanos, Heather Hoffman, M. D., and Alan Blum, M.D., professor of family medicine at the University of Alabama, who have reviewed early iterations of this work and provided me invaluable guidance. Special thanks are also extended to Mr. John Lines, public relations director of Lancaster General Health, who helped me acquire many of the photos of the people who are part of the history of Lancaster General Health and helped shape this history. When I thought the original work was finished, two of our graduates, Joseph Lahr, M.D., Class of 1979, and Mary Elizabeth Roth, M.D., Class of 1973, painstakingly reviewed and critiqued every page to help convince me, along with Dr. Hoffman's earlier review, to convert the tome into three books. Their assistance has been invaluable. I also wish to express my deep appreciation to Donald Ivey, MPA, past Manager, and Crystal Bauer, Interim Manager of the Center for the History of Family Medicine (CHFM) of the American Academy of Family Physicians Foundation, and Mr. Roger Sherwood, retired Executive Director, Society of Teachers of Family Medicine and dedicated volunteer at the CHFM, who helped me with the final iteration of all three books.

Most of all, I can't thank my devoted wife Diana enough for her many sacrifices and her patience. She has been at my side for more than 61 years since the beginning of my medical education, including all four years while I was in medical school. I could not be more grateful for her dedication and devotion to our three wonderful children, who we consider to be our "crown

Jewels.” They and our seven grandchildren continue to be a source of inspiration and joy.

INDEX

- , John
 John Rose, 97
 A.T. Still Clinic, 146
 Abraham Breneman
 Breneman, Abraham, 17
 Abraham Brenneman
 Brenneman, Abraham, 17
 Abraham Neff
 Neff, Abraham, 17
 Adam Kuhn
 Kuhn, Adam, 18
 Adam, John, and Frederick Kuhn, 18
 Agnew, David Hayes
 David Hayes Agnew, 66
 Albert Dufresne
 Dufresne, Albert, 49
 Aldersterren, G. W.
 G. W. Aldersterren, 44
 Aldesterren, G. W.
 G. W. Aldesterren, 97
 Alexander, Hamil M.
 Hamil M. Alexander, 79
 American Indian, 7
 American Medical Association, 55
 American Osteopathic Association, 146
 Amish, 9
 apothecaries, 94
 Appel, James Z.
 James Z. Appel, 149, 152
 Atlee, John L.
 John L. Atlee, 43, 55, 57, 106, 109, 110
 Atlee, John Senior
 John Atlee Senior, 122
 Atlee, John Sr
 John Atlee Sr., 126
 Atlee, Washington L.
 Washington L. Atlee, 85
 Baker, William
 William Baker, 61, 98
 Barsumian, H. G.
 H. G. Barsumian, 118
 Beissel, Conrad
 Conrad Beissel, 104
 Benedict Arnold, 32
 Benjamin Muhlenberg
 Muhlenberg, Benjamin, 59
 Benjamin Musser. *See* Musser
 Musser, Benjamin, 24
 Benjamin Rush
 Rush, Benjamin, 58
 BENJAMIN SIDES, M.D., 67
 Bicksler, D. Wesley
 D. Wesley Bicksler, 112
 Boude, Boude
 Samuel Boude, 97
 Breneman, Abraham
 Abraham Breneman, 97
 Brother's House, 104
 Brothers House, 61, 89, 104
 Brown, William
 William Brown, 89
 Buchanan. *See* James Buchanan, *See* James
 Buchanan, *See* James Buchanan, *See* James
 Buchanan
 calomel, 41, 115
 Camp Silver Belle, 143
 Carl Linnaeus
 Linnaeus, Carl, 18
 Carpenter, Henry
 Henry Carpenter, 22
 Catherine Brien Rogers, 43, 57
 Chambers, Rueben
 Reuben Chambers, 82, 83
 chief burgess, 36
 Christian Neff
 Neff, Christian, 17
 Civil War, 21, 69
 Cloisters of Ephrata, 104
 Cohen, Isaac
 Isaac Cohen, 44
 Columbia Hospital, 140, 141, 142
 Common, J.
 J. Common, 44
 Community Hospital, 145
 Conestoga Indians, 6, 24
 Cupping, 78
 David Hayes Agnew
 Agnew, David Hayes, 62
 David MacBride
 MacBride, David, 28
 Deaver, Joshua
 Joshua Deaver, 66
 Debusk, Roger W.
 Roger W. Debusk, 138
 Demuth, Charles
 Charles Demuth, 86

Devenburgh, Charlotte
 Charlotte Devenburgh, 155
 Dorman, 84
 Dowlin, 45
 DR ALBERT SIMON KUHN, 18
 Dr. Alexander Craig
 Craig, M.D., Alexander Dr., 140
 Dr. Francis Dorman, 84
 Duvoisier, 45
 Edinburgh, 18
 Edward Barry
 Barry, Edward, 28
 Edward Hand, 19, 43, 54, 105, 106
 Hand, Edward, 14, 27, 36
 Edward Shippen, 32, 103
 Edwin Atlee
 Atlee, Edwin, 38, 54
 Eleanor Righter Craig
 Craig, Eleanor Righter, 141
 Elizabeth Blackwell
 Blackwell, Elizabeth, 65
 Ephrata Community Hospital, 143
 Esbenshade, John H.
 John H. Esbenshade, 153
 Evans, Robert "Bob" Evans
 Robert "Bob" Evans, 150
 F. A. Muhlenberg
 Muhlenberg, F.A., 58, 85
 Fabulous Fahnstocks, 61
 Father Sagerer, 108
 Ferguson, Thomas Reed
 Thomas Reed Ferguson, 122
 FonDersmith, Charles A.
 Charles A. Fondersmith, 113
 Fort Pitt, 27, 28, 29, 30, 32, 33, 34
 Frailey, William D.
 William D. Frailey, 101
 FRAILEY'S PHARMACY, 101
 Frank G. Hartman
 Hartman, Frank G, 87
 Franklin and Marshall College, 69
 Frederick Augustus Muhlenberg, 106
 Muhlenberg, Frederick Augustus, 58
 Frederick Kuhn, 106
 Fugitive Slave Law, 12
 Fulton, Hugh R.
 Hugh R. Fulton, 113
 George B. Kerfoot
 Kerfoot, George B, 97
 George Cleghorn
 Cleghorn, George, 28

George Morgan
 Morgan, George, 34
 George Washington, 29, 36
 Germantown, 9, 21
 Gilliland, Samuel H.
 Samuel H. Gilliland, 81
 GLATZ DRUG STORE, 102
 Gradual Abolition Act, 12
 H.M. ALEXANDER, 79
 Harold A. Mengle
 Mengle, Harold A., 143
Harold Stauffer
 Stauffer, Harold, 135, 136
 Hartman, Frank
 Frank Hartman, 124
 Heart of Lancaster Regional Medical Center, 109
 HEINITSCH PHARMACY, 94
 Heinitsch, Augustus
 Augustus Heinitsch, 95
 Heinitsch, Charles
 Heinitsch, Charles, 98
 Heinitsch, Charles H.
 Charles H. Heinitsch, 94
 Heinitsch, John Frederick
 John Frederick Heinitsch, 95
 Heinitsch, Charles H., 95
 Heinrich Melchior Muhlenberg
 Muhlenberg, Heinrich Melchior, 58
 Helms, 74
 Helms, Charles
 Charles Helms, 74
 Helms, John D.
 John D. Helms, 75
 Henry Carpenter
 Carpenter, Henry, 21, 85
 Henry Ernst Muhlenberg
 Muhlenberg, Henry Ernst, 58
 Henry Kobler Musselman
 Musselman, Henry Kobler, 53
 Henry S. Wentz, Wentz, Henry S., 77
 Henry Zimmerman
 Zimmerman, Henry, 21
 Henry, Albert L.
 Albert L. Henry, 118
 Herr, M. L.
 M. L. Herr, 113
 Hodge, Ian
 Ian Hodge, 153
 Hogg, Harold K.
 Harold K. Hogg, 127
 Hottenstein, Henry

Henry Hottenstein, 97
 Howard, John
 John Howard, 44
 Humes, Samuel
 Samuel Humes, 106
 Indians, 24
 inoculation, 45, 61
 insane asylum, 107
 Isaac Winters
 Winters, Isaac, 60
 Jacob L. Ziegler
 Ziegler, Jacob L, 87
 James Buchanan, 22
 Buchanan, James, 14, 21, 61, 62
 James Garfield
 Garfield, James, 64
 Jasper Yeates
 Yeates, Jasper, 31
 Jasper Yeates Hand, 43
 Jefferson, 40, 52, 67, 68, 76
 Jerome D. Wirt, D.O.
 Wirt, D.O., Jerome D, 146
 Johann Deidrich Fahnestock
 Fahnestock, Johann Deidrich, 61
 John Eberle
 Eberle, John, 50
 John Ewing
 Ewing, John, 32
 John Frederick Otto
 Otto, John Frederick, 92
 John George Hohman
 Hohman, John George, 84
 John Houston
 Houston, John, 45
 John L. Atlee, 55, 85, 87
 John L. Atlee Jr
 Atlee, Jr., John L., 110
 John L. Atlee Jr., 1830-1885
 Atlee, John L, 1830-1885, 43
 John L. Atlee Sr
 Atlee Sr, John L., 110
 JOHN LIGHT ATLEE, M.D., 55
 John Morgan, 35, 103
 Morgan, John, 34
 John Musser. *See* Musser
 John Nicholls
 Nicholls, John, 28
 John Rhea Barton
 Barton, John Rhea, 64
 John Stephan
 Stephan, John, 143

John Wright
 Wright, John, 45
 Johnsie K. Kell
 Kell, Johnsie, K, 141
 Judge Jasper Yeates, 32
 Katharine (Kitty) Ewing
 Ewing, Katharine (Kitty), 31
 Kerfoot, George
 George Kerfoot, 106
 Kerfoot, George B. *See* George B. Kerfoot
 King Charles II, 5
 King, Vincent
 Vincent King, 67
 Klemmer, Roland N.
 Roland N. Klemmer, 134
 Knight, H. D.
 H. D. Knight, 113
 Kohler, 77
 Kohler, John B.
 John B. Kohler, 77
 Kuhn, 19, 21, 31, 95, *See* Adam Kuhn, *See* Albert
 Simon Kuhn
 Kuhn, Adam
 Adam Kuhn, 18
 Kuhn, Anna Sabrina
 Anna Sabrina Kuhn, 97
 Lancaster, 25, 47, 48
 Lancaster Osteopathic Hospital, 146
 Lancaster Regional Medical Center, 109
 Landsteiner, Karl
 Karl Landsteiner, 128
 Lankenau Hospital, 67
 LIBHART, 102
 Libhart, John Jay
 John Jay Libhart, 102
 Lyceum, 52
 Marshall, Christopher
 Christopher Marshall, 94, 102
 Materia Medica, 18
 McComsey, Anna
 Anna McComsey, 115, 121
 McElligott, Hannah
 Hannah McElligott, 109
 McElroy's Drug Store, 93
 McMullen, David
 David McMullen, 113
 Meiser, Edgar
 Edgar Meiser, 129
 Mennonites, 9, 17
 Miller, Henry
 Henry Miller, 150

Millersville University, 68
 Moore, George
 George Moore, 97, 106
 Mrs. J.M. McBride
 McBride, J. M. Mrs., 141
 Mueller, A. K.
 A. K. Mueller, 114
 Mueller, Paul
 Paul Mueller, 132, 133
 Muhlenberg, Henry E.
 Henry E. Muhlenberg, 59
 Musser, 24
 Musser, Benjamin
 Benjamin Musser, 25, 69
 Musser, John
 John Musser, 26
 Musser, John H.
 John H. Musser, 25
 Neff, Hans Heinrich
 Hans Heinrich Neff, 17
 Nissen, J. F.
 J. F. Nissen, 45
 Nursing School, 114
 O'Donnell, Ward
 Ward O'Donnell, 153
 Old Doctor's Ford, 17
 Order of Cincinnati, 36
 Order of St. Francis, 109
 Osler, 115, 116
 Osteopathy, 146
 Page, Edward
 Edward Page, 96
 Parry, Eli
 Eli Parry, 85
 Paxtang Gang, 24
 Penn, William
 William Penn, 5, 6, 8, 9, 17, 39
 Pennsylvania Riflemen, 32
 Perkins, John D.
 John D. Perkins, 106
 Peter, James
 James Peter, 94
 Philadelphia Hospital, 63
 Philadelphia School of Anatomy, 63
 Pontius, Sol
 Sol Pontius, 122
 Popper, Erwin
 Erwin Popper, 128
 Post-Parrish, Ethel
 Ethel Post-Parrish, 143
 powwows, 84

Princeton, 34
 Ralph P. Baker, DO
 Baker, DO, Ralph P., 146
 Randall, John
 John Randall, 132
 Raub, 70
 Raub, J. K.
 J. K. Raub, 75
 Raub, John K.
 John K. Raub, 69
 Raub, Richard Vaux
 Richard Vaux Raub, 71, 73
 Reinicke, Carrie
 Carrie Reinicke, 113
 Rev Mother M. Agnes, 109
 Reverend Thomas Barton, 30
 Riffert, Paul M.
 Paul M. Riffert, 144
 Riggs, Wilfred L.
 Wilfred L. Riggs, 146
 Robert Boyd
 Boyd, Robert, 47
 Rock Ford, 14, 38, 42
 Rohrer, 71, 75
 Rohrer, Thaddeus
 Thaddeus Rohrer, 74
 Roosevelt, Franklin D.
 Franklin D. Roosevelt, 131
 Royal Irish 18th Regiment, 28
 Sabin, Albert
 Albert Sabin, 132
 Salk, Jonas
 Jonas Salk, 132
 Samuel Adams
 Adams, Samuel, 30
 Samuel Fahnestock, 95
 Fahnestock, Samuel, 100
 Fahnestock, Samuel, 95
 Samuel Gross
 Gross, Samuel, 64
 Samuel Hume, 98
 Samuel Humes, 52
 Humes, Samuel, 51, 85, 87
 Sarah Yeates
 Yeates, Sarah, 32
 Saul, William
 William Saul, 129
 Schreiber, Edna F.
 Edna F. Schreiber, 131
 Shippen, William
 William Shippen, 32, 34, 37, 104

Sides, Benjamin
 Benjamin Sides, 67
 SLAVES, 12
 smallpox, 38, 136
 Smelzer, Donald C.
 Donald C. Smelzer, 138
 Society of St. John of God, 108
 St. James Episcopal, 31, 42
 St. Joseph's Hospital, 59, 110, 111, 148
 Stahr, Charles Patterson
 Charles Patterson Stahr, 124, 125
 Stauffer, Harold E.
 Harold E. Stauffer, 135
 Stephen Memorial Hospital, 143
 Stevens, Thaddeus
 Thaddeus Stevens, 59, 60
 Still, Andrew Taylor
 Andrew Taylor Still, 145
 Stubbs, 24, 67
 Stubbs, Ambrose
 Ambrose Stubbs, 68
 Stubbs, Charles
 Charles Stubbs, 68
 Stubbs, Jeremiah
 Jeremiah Stubbs, 67
 Stuber, Henry
 Henry Stuber, 94
 Susan Rohrer Miller
 Miller, Susan Rohrer, 46
 Susanna Wright
 Wright, Susanna, 45
Test Oath of 1777, 19
The Agnew Clinic, 66
 the Almshouse of Lancaster, 56
 The Drug Store in Center Square, 53
 THE MUHLENBERGS, 58
 THE RAUBS, 69
 Theodore B. Appel
 Appel, Theodore B, 87
 Thomas Eakins
 Eakins, Thomas, 66
 Thomas Whiteside
 Whiteside, Thomas, 46

Thomsonian, 53
 Trinity College, 28
 Trinity Lutheran Church, 18, 58, 97
 Typhoid Fever, 115, 121
 University of Pittsburgh Medical Center (UPMC)., 109
 UPMC Pinnacle Health System, 109
 Vaccine Farm, 81
 Washington Atlee, 106
 Washington Lemuel Atlee, M.D., 57
 Washington, George
 George Washington, 104
 water doctor, 17
 Wedel, Paul G.
 Paul G. Wedel, 150, 151, 153
 Wellspan Ephrata Community Hospital, 144
 Wentz, 74, 75, 77, 78
 Wentz, Henry S.
 Henry S. Wentz, 77, 129
 Wentz, Thomas H.
 Thomas H. Wentz, 76
 Wentz, William J.
 William J. Wentz, 75
 William Baker Fahnestock
 Fahnestock, William Baker, 61
 William Brown, 89
 Brown, William, 89
 William Penn, 5, 7, 12
William Smith
 Smith, William, 48
 William Stoy
 Stoy, William, 48
 William Thompson
 Thompson, William, 32
 William Wright
 Wright, William, 12
 Winfield Scott Hancock
 Hancock, Winfield Scott, 64
 Witmer, Robert H.
 Robert H. Witmer, 150
 Woolworth Building, 146
 Yorktown, 36
 Ziegler, Jacob L.
 Jacob L. Ziegler, 58
