

MUSEUM OF OSTEOPATHIC MEDICINE, ^(SM)
STILL-HILDRETH OSTEOPATHIC SANATORIUM RECORDS
(“STILL-HILDRETH RECORDS”)

Accession No.:	2000.14.01
Donor:	Kirksville College of Osteopathic Medicine
Volume:	Research copies: 9 document boxes (ca. 4.5 linear ft.); originals: 2 RS cartons
Contents:	2,256 individual patient records from the Still-Hildreth Osteopathic Sanatorium in Macon, Missouri, the first osteopathic psychiatric treatment facility. See “History and Description of Records” and “History and Operations of the Still-Hildreth Osteopathic Sanatorium,” below.
Dates:	1914–1967; bulk 1914–1930
Processing and Finding Aid:	Cheryl Gracey (consultant and former curator)
Processing Dates:	2005 Jun–2006 Mar
Processing Notes:	The original records were photocopied onto non-archival acid-free paper, and personally identifiable information was removed using a combination of white-out tape and black marker. (These are working copies that will not be in contact with original materials.) The following pieces of information were deleted: names, addresses (except state), birthdates (except year), names of relatives, and names of other patients and their relatives (for example, as referrals). Patient names were replaced with code numbers and gender markers; the names, code numbers, and hometowns were retained on a master list that also includes the data described in “Access” below.
Access:	The original records are restricted and unavailable for research or other use except by formal petition in unusual circumstances. In such cases, the approval of both the curator and the museum director will be required. The photocopies are open to researchers without restriction. A data list is available that includes raw data on the following information: gender, home state, age, intake and discharge dates, diagnosis, outcome, and family relationships; additional data sets are being compiled.
Related Material:	Still-Hildreth Osteopathic Sanatorium Collection Gasperich Glass Slide Collection Reference Files: “Still-Hildreth” Biographical files and other material on SHOS staff members
See also:	Hildreth, A.G., <i>The Lengthening Shadow of Dr. Andrew Taylor Still</i> (1938) Articles published in the <i>Journal of Osteopathy</i> and other osteopathic publications

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Suggested Citation: Still-Hildreth Osteopathic Sanatorium Records, Museum of Osteopathic Medicine, ^(SM) Kirksville, Missouri

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History and Description of Records

The records were discovered in about 1997 among a batch of old files slated for shredding. They were given to the Museum of Osteopathic Medicine (formerly Still National Osteopathic Museum), which had intervened to prevent their destruction, in 2000. The material was then boxed and shelved pending the availability of resources for processing. In 2005, a grant from the Northeast Missouri Osteopathic Charitable Trust made it possible to hire former curator Cheryl Gracey to undertake the project.¹

Although the museum had a small collection of promotional brochures, post cards, and similar material from the early years of the Still-Hildreth Osteopathic Sanatorium (SHOS), actual records are extremely rare. These patient records promised to fill some of the gaps in our understanding of how the SHOS operated, what kinds of people were served (both their demographics and their diagnoses), and what treatments they were given. It quickly became apparent that, as a set, the collection contains far more information than was originally thought. The records offer insights not only into the operations of the SHOS itself, but also into topics such as early osteopathic psychiatry; American mental health attitudes; early 20th-century women's health; and the 1918 influenza pandemic (especially diagnoses of post-influenza psychosis and other suggested connections between influenza and mental illness).

Individual records consist of single sheets of 17 x 11 paper, folded to make four 8 ½ x 11 pages, and printed with standard information headings (Name, Family History, Diagnosis, etc.).² Additional plain sheets were added for extended case notes. A few files included additional documents such as lab slips, referral sheets from other institutions, and letters; these were copied and edited in the same way as the primary records.

Standard record entries include the following:

- a. Personal information (name, address, age, etc.)
- b. Admission and discharge dates, diagnosis, outcome
- c. Background and description of present illness
- d. Past health history, including treatments
- e. Habits (esp. alcohol and tobacco)
- f. Sexual history and diseases
- g. Family health, especially mental health
- h. Physical exam, including osteopathic lesions
- i. Clinical exam (tests of blood, urine, etc.)
- j. Mental exam (delusions, hallucinations, memory, attention, speech, etc.)
- k. Case notes (usually brief)
- l. Discharged patient status as determined in a survey conducted in 1929

Many individual records lack one or more parts of the standard information. The entries are typed,³ with occasional corrections or annotations by hand; evidence suggests that the information was

¹ Longtime museum volunteer Jean Kenney and medical students Kylan Peterson and Warren Davidson assisted with copying the records, proofreading the master list, and other tasks.

² At least eight versions of the form were used over the period covered by the records.

³ Most entries are typed in black; in the 1920s, vital signs, lab tests, and menstruation dates are typed in red (but not consistently, even within a single record).

collected upon intake (generally handwritten,⁴ perhaps by students) on forms that were then typed by SHOS staff.

The set of records obtained by the museum is believed to be from cases closed in 1930 or earlier.⁵ They are in good condition, except for some acid damage to the first and last record in each folder. The originals were filed alphabetically, with some discrepancies. A few appear to have been removed and then dropped back in at the front or back of the folder or an adjacent folder, and the files for Ce and Mc/Mac appear to be missing. The records were listed as found, except that five records that were found grossly out of place (i.e., with other letters of the alphabet) were inserted alphabetically.

Key to Notes on the Records and Data List

“Relative” indicates blacked-out surname was same as patient’s (or there is some other evidence to suggest kinship) but exact relationship is not known.

Names of associates are deleted and/or replaced with initials if it appeared likely they might provide a clue to patient identity. (X indicates an unknown name).

CG did not begin adding notes re suicide until midway through listing; i.e., the absence of notes in early listings does not mean absence of suicide. Anyone interested in suicide rates needs to examine records with DC or D+date in the final column.

Patients whose actual death was not noted in the records were presumed dead as of the age of 110, based on age at admission. If no age was given, the presumed death date was based on evidence in the record. For example, married persons were assumed to be at least 18 years old, and persons diagnosed with senile dementia were assumed to be at least 40.

Many patients marked as “recovered” were subsequently admitted to other institutions; conversely, a number of patients with negative discharge notes were subsequently reported to be doing well.

To avoid confusion over the total number of records, “dummy” numbers were added at the end. They correspond to actual records as follows:

2252=936B 2253=937B 2254=1078B 2255=1172B 2256=1350B

⁴ Errors suggest some records were produced via dictation: SHR-1817: “had a complete breakdown, was enabled [unable] to go on with her studies”; SHR-1878: “Over rectomy” [Ovarectomy].

⁵ There were twelve exceptions; none of these was admitted for the first time after 1930 (see Appendix 1). Remaining file cabinet labels suggested similar records from later years had already been destroyed.

History and Early Operations of the Still-Hildreth Osteopathic Sanatorium

In August 1913, Drs. Charles and Harry Still approached their longtime friend, Dr. Arthur Hildreth, about opening an osteopathic sanatorium at the former Brees Military Academy in Macon, Missouri.⁶ Hildreth, who believed that osteopathic principles were as applicable to mental disorders as to physical ones, quickly agreed to manage the new facility. The SHOS opened on March 1, 1914, with three patients; by June, there were 35–40, and by the end of the first year of operations, 138 patients had been treated.⁷

The sanatorium facility consisted of a large, four-story main building, an adjacent wing, and a smaller freestanding building a short distance away. The 1915 brochure describes the facility in great detail, giving strong emphasis to the beauty of the grounds and the fireproof construction of the buildings. Patients were offered the use of 120 sleeping rooms and 12 “apartments De Luxe,” as well as dining room, library, music room, gymnasium, treating rooms, auditorium, and an immense sun parlor. (The nearly building-long skylight above the sun parlor remains today as one of the building’s landmark features.) Difficult, unruly, and/or dangerous patients⁸ were isolated in the wing or annex, with the designated location for such patients changing over time (see Appendix 2). The SHOS grounds encompassed 270 acres with rolling hills and woods, with gardens, two artificial lakes, a 220-foot greenhouse, and a full dairy operation that supported a much-prescribed milk diet.

The sanatorium was located on the southern edge of the town, with the buildings fronting the main north–south highway (today known as U.S. Route 63). Patients arrived by car or by train via the Wabash and Burlington rail lines. Some traveled alone, but most were accompanied by relatives, friends, officers of the law, personal physicians, or SHOS physicians, nurses, or attendants.

The therapeutic philosophy of the SHOS’s founders was summarized in an early promotional brochure:

*This Sanatorium was created for the purpose of curing patients, not simply to care for them. Every patient receives careful, specific, individual attention and the treatment that will guarantee the greatest possible benefit. Osteopathy deals with causes and causes removed, as a rule, cure the patient. Our motto is: “A normal body produces a sound mind.”*⁹

This philosophy was implemented through a wide range of therapies, including osteopathic manipulations, diet, exercise, hydrotherapy, and medications (see Appendix 3), as well as treatments for common physical ailments such as constipation and dental problems. In addition, patients were sometimes sent to the American School of Osteopathy hospital in Kirksville for surgery or other procedures not handled by the SHOS staff.

⁶ The Still brothers were sons of Dr. Andrew Taylor Still, founder of osteopathic medicine. Arthur Hildreth was a family friend; one of the first students and later a faculty member of the American School of Osteopathy; and a founding member of the American Osteopathic Association.

⁷ Hildreth, A.G., *The Lengthening Shadow of Dr. Andrew Taylor Still* (1938), p. 269; *Still-Hildreth Osteopathic Sanatorium, Macon, Missouri*, ca. 1915, [brochure ST-H-1, Museum collection]. Twelve records were found with admission dates in the first month of operations; see Appendix 1.

⁸ There are few specific mentions of the latter; disturbing other patients seems to have been the most common reason for being sent to one of these special wards.

⁹ *Still-Hildreth Osteopathic Sanatorium* [ST-H-1], pp. 4–5.

The patient population included males and females, adults and children (see Appendix 1). Patients were separated by gender at night, but were allowed to mingle during activities and social times; there is no mention of a separate ward for children. The most common diagnosis was dementia praecox, or schizophrenia, listed for an estimated 30 percent of patients (see Appendix 2). Not all cases were psychiatric in nature; for example, epilepsy and mental retardation were among the presenting diagnoses. In addition, family members bringing a patient occasionally checked themselves in as well; not surprisingly, many of these were found to be in need of treatment to relieve the physical and emotional strain of caring for their ill relative. There is also evidence that a few area residents looked upon the SHOS as their local medical facility and went there to be treated for chronic and/or acute physical problems such as rheumatism or bronchitis.¹⁰

The amount of time patients remained at the institution ranged from a day (often noted as “Examination only” or “Examination and opinion”) to many years.¹¹ Patients were discharged for many reasons, including cure or “practical recovery” (i.e., the person could function outside the institution); transfer to another institution; the patient and/or family’s desire to have the patient back at home; inability to pay the SHOS fees; escape; death (both natural and suicide). Notes in the records suggest that patients were not simply warehoused, but that those deemed to have little hope of recovery were not accepted or were eventually transferred to less costly state hospitals.

Treatment at the SHOS did not come cheaply. According to the 1915 patient brochure,

Our rates range from \$20.00 per week upward, depending upon the care, attention and amount of treatment and room occupied by the patient. This price per week includes room, board, treatment and general nursing, but not the patient’s personal laundry....The average patient who does not require special attention can be cared for nicely for \$25.00 to \$35.00 per week.

Notes in individual records give the cost of treatment as \$100/month in 1918 and \$35/week in 1923. Some patients were allowed to offset part of their fees by working as attendants. In addition, it was apparently possible to be treated on an outpatient basis (e.g., “outside patient” SHR-2153 traveled to Macon but stayed in a hotel or rooming house), perhaps as a cost-saving measure or to avoid institutionalization.¹²

From its earliest days, the sanatorium served as a training facility for students at the American School of Osteopathy, with which its owners were closely affiliated; in August 1965, the SHOS became an official part of the school.¹³ It closed three years later, in August 1968, and was sold to the City of Macon.¹⁴ The Brees Military Academy/Still-Hildreth Osteopathic Sanatorium was placed on the National Register of Historic Places in 1979.

¹⁰ SHR-2153 traveled to Macon but stayed in a hotel or rooming house, suggesting that such outpatient treatment was occasionally allowed even for out-of-state patients.

¹¹ Length-of-stay statistics are currently being compiled. However, as noted, the vast majority of these records are from cases closed in 1930 or earlier, and thus the statistics from these records may not accurately represent the patient population as a whole.

¹² Patient records SHR-025 and SHR-1474; *Still-Hildreth Osteopathic Sanatorium* [ST-H-1], p. 29. According to the American Institute for Economic Research, these figures represent a weekly rate of \$303–688 in today’s dollars.

¹³ Renamed Kirksville College of Osteopathy and Surgery and later Kirksville College of Osteopathic Medicine; now a division of A.T. Still University of Health Sciences.

¹⁴ Psychiatric services continued to be offered in Macon at the Still Clinic, staffed by Drs. Harry Still, C.B. Hoyle, and Ronald Kronenberger, until July 1, 1971 (press release in Margaret Dennis Willard Papers, Still National Osteopathic Museum).

Appendix 1: Patient Profile

Gender:	52% women, 48% men	
Age:	(based on all 1821 records where age was listed) range 3 to 91 years average 39.5 years 75% between the ages of 25 and 53	
Home:	all states except Alaska, Delaware, Hawaii, North Carolina, Nevada, Utah; also District of Columbia; Canada, Great Britain, Australia 33% Missouri 80% Missouri + Iowa, Illinois, Kansas, Indiana, Oklahoma, Nebraska	
Occupation:	18% farmers 14% housewives 5% students (estimate based on cases 485–2251) 35% other ca. 28% no occupation listed	
Earliest patients:	SHR-2080, admitted	1914 Mar 4
	SHR-573	1914 Mar 7
	SHR-895	1914 Mar 7 ¹⁵
	SHR-2042	1914 Mar 7
	SHR-1405	1914 Mar 13
	SHR-189	1914 Mar 14
	SHR-1031	1914 Mar 14
	SHR-354	1914 Mar 16
	SHR-1404	1914 Mar 17
	SHR-609	1914 Mar 21
	SHR-407	1914 Mar 22
	SHR-692	1914 Mar 28
Patients discharged after 1930:	SHR-001	SHR-953
	SHR-188	SHR-1334
	SHR-352	SHR-1756
	SHR-380	SHR-1759
	SHR-417	SHR-1939
	SHR-927	SHR-2080
	None of these was admitted for the first time after 1930.	
Re-admit rate:	estimated at 7.3% (101 of cases 1–1386; patients re-admitted multiple times only counted once)	

¹⁵ Case described in Hildreth, A.G., *The Lengthening Shadow of Dr. Andrew Taylor Still* (1938), p. 263.

Appendix 2: Still-Hildreth Diagnoses¹⁶

Dementia praecox or Incipient dementia praecox – ca. 30%
 Manic depressive psychosis or Recurrent depression/ melancholia – ca. 16%
 Transient or Examination only – ca. 10%
 Other (see below) – 35%
 None – ca. 9%

Adiposa dolorosa	Chronic dementia	H.D. or Presenile dementia
Alcoholic psychosis/ alcoholism	Chronic diarrhea	Hardening of arteries
Anemia	Chronic interstitial nephritis	Hemiplegia
Anxiety neurosis	Cirrhosis (syphilitic)	Huntington's hereditary chorea
Apoplectic dementia	Climacteric depression/ melancholia	Hyocondria/ Hypocondriasis
Apoplectic stroke	Climacteric psychosis	Headache (transient)
Apoplectic confusional psychosis	Confusional insanity	Heart disease
Apoplexy	Congenital degeneracy	Hypomania
Arrested development	Degeneracy	Hypo-melancholia associated with climacteric
Arteriosclerosis	Degeneration of the spinal cord	Hypostatic pneumonia
Arthritis	Dementia	Hysteria
Bell's mania gravis	Depression	Idiocy
Blindness	Diabetes	Indigestion
Brain tumor	Dropsy	Infection psychosis
Bronchitis	Drug habit	Malignancy, carcinoma
Bulbar palsy	Encephalitis lethargica	Mania
Cancer	Endocarditis	Melancholia
Cardiac dilatation.	Epilepsy/ Epileptic dementia	Meningitis
Cardiac hypertrophy and adhesions	Exhaustion psychosis	Mental weakness and paralysis from traumatic fracture of the skull with hemorrhages
Cardiac psychosis	Fallen arches (non-mental)	Migraine
Cardio vascular renal	Febrile mania	Mitral insuf. with failing compensation.
Catatonic dementia praecox	Friedrich's ataxia	Morphine addiction/ Morphinism
Cerebral maldevelopment	General paralysis	Multiple neuritis
Cerebral arteriosclerosis	Generalized chorea	Multiple sclerosis
Cerebral embolism	Goitre (Non mental)	Mumps
Cerebral hemorrhage	Gonorrhoea Arthritis	Muscular atrophy
Cerebral sclerosis	Grippe. Toxemia	Myocardial degeneration

¹⁶ Partial list; not all variations and combinations are included. In addition, many patients were diagnosed with more than one condition.

Nephritis	Renal disease	Taboparesis
Nervous breakdown	Renal tuberculosis	Tic douloureux
Nervous exhaustion/ prostration	Retarded development	Toxic psychosis
Neurosis	Rheumatoid arthritis	Traumatic confusional insanity
Non-mental (unspecified)	Schizophrenic reaction	Traumatic dementia praecox
Organic dementia	Sciatica rheumatism	Traumatic dementia.
Pancreas	Senile degeneration of the cardiovascular system	Traumatic epilepsy (Grand Mal and psychic)
Paralysis/ Paralysis agitans	Senile dementia	Traumatic neurosis, R.R. spine
Paranoia	Senile depression	Traumatic psychosis
Paresis	Softening	Tuberculosis of the brain
Pellagra?	Spasmodic torticollis	Tumor of the mammary gland
Peptic ulcer	Specific arthritis	Vascular trouble in brain, arterial disease (Thrombus?)
Pernicious anemia.	Specific infection	Volvulus (intestinal obstruction)
Post infection psychosis	Spinal degeneration	
Psychoneurosis	T.B.	

Appendix 3: Treatments Given at the Sanatorium¹⁷

In addition to osteopathic manipulations, a wide variety of treatments were employed in the effort to help the patients. The records include few details regarding length or frequency of these regimens. However, SHR-504 includes a (hand-written) treatment regimen; SHR-1309 has a detailed list of treatments given the patient over the course of two weeks; and SHR-2058 lists treatment regimens during and between “spells.”

In the list below, the patients listed are not necessarily the only ones whose record mentions that treatment; rather, they are included as examples.

baths (not just for hygiene - SHR-436, SHR-610)

- sitz baths (SHR-128)
- sponge bath (SHR-1818)
- SHR-1577 “To eliminate danger of a collapse patient was given continuous bath for two to three days. Results were only temporary so numerous baths had to be given.”
- prolonged baths to weaken patient so he/she would rest (SHR-2081)

brandy to “revive” (SHR-1309)

canvas suit (SHR-569)

“corrective exercises” (SHR-1723)

diet & nutrition (see Gerdine articles 1918 and 1919)

- anemia diet (SHR-1830)
- “breakfast food” (SHR-1818)
- eggnog (SHR-033, SHR-1172, SHR-2050)
- force feeding, inc. feeding tubes (SHR-387, SHR-535, SHR-1525)
 - SHR-2050 force-fed a pint of eggnog one day, a pint of milk and one egg the next, after refusing food for ca. 25 days
- hot milk with cayenne pepper (at night – SHR-144)
- Lenhartz diet (for peptic ulcer - SHR-812) [dictionary: low caloric, chiefly milk and eggs]
- milk diet, with variations
 - SHR-678 “Started on the milk diet with a day and a half on the fruit juices”
 - SHR-1020 “Three oranges a day in addition to milk diet”
 - duration: SHR-2027 – six weeks; SHR-2038, SHR-2039 – five weeks
 - SHR-2031: six quarts a day
- natural food diet (SHR-2001)
- nephritic diet (SHR-520)
- other foods (non-therapeutic?): orangeade (SHR-1818); ice cream (SHR-1818); cake (SHR-1818); cereal w/cream (SHR-1818)
- vegetable, fruit and whole wheat diet (SHR-605) [same as “natural food diet”?]
- weight-increasing diet (SHR-812) [same as milk diet? (SHR-1020)]

¹⁷ These do not include treatments mentioned as having been given elsewhere. SHR-138 has a letter from the patient’s wife that details his symptoms and the wide variety of treatments attempted prior to admission to SHOS— ““Hydrotherapy ...massage...electricity, galvanic, faradic and sunesoidal, even the chiropractors worked on him for months...”—almost a catalogue of treatments in vogue at the time.

enemas (SHR-442: cause of death = too many?) and colonic flushings (SHR-1465)

- oil: mineral? castor? (SHR-547)
- high turpentine and oil (SHR-1872)
- nutritive: SHR-1309 – browned flour gruel; SHR 1288 - “Enema and rectal feeding this a.m.”
- SHR-2187: daily

female circumcision (SHR-053, SHR-439, SHR-516)

general medical care for skin conditions, dental needs (esp. extractions), etc.

hydrotherapy (SHR-1162, SHR-1523, SHR-1723)

iodide solution (SHR-2012)

injections

- 606 injections
 - probably treatment for syphilis
 - SHR-110 “Taken to George Still [in Kirksville] for 606...Intramuscular injection of 606 given by Dr. George Still”
 - SHR-129 – 25 or 30 treatments
 - not just men (SHR-667-F)
- Neo-salvarsan (SHR-1201)
- SHR-443 – “took eight injections”; later seven more. (What kind?) Also SHR-1262.

isolation/confinement/restraints

- Patients restrained and/or removed to one or more different parts of facility when they were a danger to themselves or staff, but also when they became unruly/ agitated/ disobedient
 - slamming doors, jumping on beds, “boisterous conduct in dining room” (SHR-424)
 - “resentment of rules and regulations” (SHR-1527)
 - disturbed other patients (SHR-1049)
 - soiled themselves excessively
 - did not keep room clean (SHR-863)
 - “continued walking to and fro and talking to himself” (SHR-2077)
 - “Annoyed Dr. Gerdine and had to be threatened with the Annex” (SHR-1415)
- Area(s) identified as Annex, ground floor, Wing, West Wing (SHR-643), south corridor (SHR-275), strong ward (SHR-352), strong room (SHR-1741), jail (SHR-352), someplace other than “upstairs” (SHR-352 “brought back upstairs”), and AIC (adult intensive care? per Dr. Scheurer 6/05).¹⁸ The wing and annex were two different places, not just two names for the same place (SHR-2127); wing more secure/restrictive? (SHR-552 “Transferred to wing because of disturbance and noise she was making in Annex”; SHR-863).
- Some moves for patient’s protection/suicide prevention? SHR-1821 placed on 2nd floor rather than 3rd because depressed (also SHR-2179?)
- SHR-818 - note from relatives re confinement in Annex
- SHR-1061 - “Requires muffs to keep her from masturbation.”
- SHR-1822 - “Necessary to restrain in sleeping gown”

K.I. Saturated Solution (SHR-2012)

Mercury treatment (SHR-129)

morphine (reduced amounts for addiction treatment): SHR-1374, SHR-1634

osteopathic manipulations (SHR-127 “resists treatment seeming to think they indicate undue familiarity on the part of her Doctor”; SHR-198)

¹⁸ The earliest brochure in the SHOS Collection (ST-H-1 1916) indicates that “Annex” was originally referred to a separate (but attached?) building at the rear of the main building; this may be what is later referred to as the “wing” or “West Wing.” The smaller building to the north was the gymnasium.; later brochures refer to the north building as the Annex.

packs (SHR-099, SHR-123, SHR-381, SHR-1022)

privileges – permission to walk around grounds, go to town, etc. (SHR-550, SHR-618)

Rubs

- alcohol (SHR-436)
- olive oil (SHR-1309)

Appendix 4: Patient Activities Mentioned in the Records

baseball
basketball
cards
chautauquas
Christmas tree and presents
church
croquet
dances
fishing
football
games
Halloween costume parties
helping in the “diet
kitchen”

[musical]instruments
library
pool/billiards
sewing, knitting,
embroidery, “fancy work”
shopping
shows
skating
swimming
tennis
town (shopping, movies)
working in yard/garden

Appendix 5: SHOS Personnel Identified in the Records¹⁹

<u>Name</u>	<u>Position</u>	<u>Dates</u>
	“door boy” ²⁰ [SHR-1528]	1924
	“night man” [SHR-2058]	1919
	waiter [SHR-836]	1925
[Adeln, Lama L.]	“Agent of Still-Hildreth Hospital” (for release of pt. body to funeral home)	1967
Ashburn, B?	Nurse	1967
B, A.W.	Physician? Resident?	1926
Bailey, ___	Physician	1915
Baker, ___ (Mr.)	Attendant	1927
Baker, John H.	Physician	1966–1967
Barrick, ___	Physician	1916
Bartholomew, M.	Night nurse	1965–1967
Betts, ___ (Miss)	Attendant?	1925
Bridgford/ Bridgeforth, ___	Dentist (in town?)	1921–1924
Brock, ___ (Miss)	Nurse	1921
Brown, Georgie (Miss)	Nurse	<1923 Aug
Brown, (Mrs. Russell)	Nurse	1926
Brown, ___ (Mr.)	Attendant	1924–1925
C, HB	Physician? Resident?	
C, M	Physician? Resident?	1925–1926
Cessna, ___ (Mrs.)		1924
Chester, ___	Intern	1966
Collins, ___	Nurse	1962
Cox, ___	Physician	1925
Cox, ___ (Mrs.)	Nurse	1923
Delaney, ___ (Mr.)	Attendant	1924
Dorson, Thelma	“Agent of Still-Hildreth Hospital” (for release of pt. body to funeral home); nurse/aide	1967
Dunn, F.E.	Physician	1943
Elkins, G.S.	Physician	1919–1924
Farris, (Mr.)	Attendant?	1924
Faught, J.	Nurse/aide	1967
Fitz, Erle W.	Physician	1950–1952
Foster, Jack	Attendant/Special attendant	1921–1924
G, FJ	Physician? Resident?	1939–1941
Gerdine, L. van H.	Physician	1915–1922
Gettinger, (Miss)	Nurse	1923
Gordon, H. Turman	Attendant	<1922 ²¹

¹⁹ See also daily notes in records of long-term patients (SHR-001, 352). Does not include medical students unless otherwise noted. Dates are those noted in records and are not necessarily inclusive; for example, a physician may have signed case notes in 1919 and 1924 but may not have been at the hospital for the entire 1919-24 period.

²⁰ Possibly African American (“boy”). Blacks are known to have been employed as dining room staff as early as the 1920s (SHR-836, SHR-2219).

²¹ SHR-1493 referred by Rev. Gordon, “former attendant here”; possible but not likely he was a minister at the time.

Gunderson, T.G.	[Physician]	1932–1933
Hall, J.	Nurse	1967
Hildreth, Arthur G.	Founder/owner, director, physician	
Hogan, Jim	Attendant	1924–1941
Holvey, ___ (Mr.)	Attendant	1923
Hoover, ___	Physician	1915
Hoyle, H.P.	Physician	1919–1930
Hueston, ___ (Miss)	Nurse? Attendant?	1924–1925
Hurst, Bryan	Attendant?	1916–1923
Jemmette, B.L.	Physician	1916–1922
Jones, (Miss)	Nurse	1918
Jones, (Miss)	Nurse	1918
Kelly, C.	Physician	1965
Kronenberg, R.C.	Physician	1964–1965
LaPond, George	Fireman	1918
Logan, L.H.	Physician	1922–1923
Lough, Elizabeth	Nurse? Attendant?	1920–1921
Massner, Minnie		1923
Mauck, Anna L.	Physician	1945–1958
McCarthy, Earl	Attendant	1921
McR, J.R.	Physician	1927–1928
McReynolds, R.J.	Physician	1927
Mead, ___	Physician	1917
Miles, Oscar	Attendant	1920
Moore, Nan	Medical Record Librarian	1954–1957
Morgan, E.A.	Physician	1944
Morrow, ___ (Mrs.)	Nurse	1925
Moyer, ___	Physician	1916
Musallen/ Mussalem/ Musselman/ Mussellam,	Eye doctor (in town?)	1919–1925
—		
Patrick, Elva	Nurse	1921–1924
Pattie, Martha	Physician	1924
Payne, ___	Physician	1924
Perkins, I.D.	Physician	1957–1961
Primm, B.	Night nurse	1966–1967
R, JE	Physician? Resident?	1926–1928
Race, ___	Physician	1925
Reidy, ___ (Miss)	Nurse	1919
Rieser, ___	Physician	1926
Robinson, Susan	Nurse	1925–1926
S, JH	Physician? Resident?	1923–1925
Salter, W.	Nurse	1967
Sawyer, ___	Physician	1915
Scheurer, George H.	Medical Director	1965–
Scheurer, Maretta	Day nurse	1966–1967
Seaman, Ola	Technician	1958–1960
Slater, R.C.	Physician	1935–1936

Smock, ___ (Miss)	Nurse	1921
Snyder, J. Conway	Physician	1922–1926
Still, Andrew	Physician	1946–1947
Still, Fred M.	Physician	1925–1954
Still, Harry S.	Physician	1955–1967
Still, Richard	Physician	1926–1966
Stokes, H.H.	Physician	1923–1925
Stonecipher, Virgil	Attendant	1924
Truluck, ___,	Physician	1945
Turner, ___	Physician	1916
Van Duzer, C.M.	Physician	1920
Vanskike, Ira	Attendant	1923
Wardell, John	Attendant	1921–1925
Weed, ___	Physician	1916
Wert, ___	Physician	1929
Whitfield, ___	Physician	1915–1916
Williams, (Mr.)	Attendant	1921
Williams, S.	Day nurse	1965
Wingate, John	Attendant?	1921
Wreidt, Louie	Attendant	1920–22
Wright, J.	Nurse/aide	1967
Yates, ___ Mrs.	Occupational therapist?	1960–1963
Zuspan, F.W.	Physician	1923–1924

Appendix 6: Miscellaneous Items of Interest and Possible Areas of Inquiry

Prominent early osteopathic physicians (besides the Sanatorium staff) mentioned in the records (referred and/or treated the patient):

[Arthur] Becker	SHR-1628	Alice Patterson Shibley	SHR-538
Nettie Bolles	SHR-1026, 1027	Charles Still	SHR-1155
H.H. Gravett	SHR-551	Ella Still	several
Charles Hazzard	SHR-723	George Still	SHR-2041; others
J.B. Littlejohn	SHR-1058	William Sutherland	SHR-1767
___ Littlejohn	SHR-1969	George Taplin	SHR-1164
Earl Laughlin	SHR-1821	Asa Willard	SHR-424
George Laughlin	several		

In addition, one patient [SHR-1586] was identified as having been previously treated by Dr. [B.J. or D.D.] Palmer, founders of chiropractic; others have notes mentioning the Mayo Brothers' clinic. A large number of referrals came from a Dr. C.M. Levy (ASO 1915) of Sapulpa, OK.

Suicides/attempts

Drowning	Jumping over interior railing
Hanging	Jumping in front of train while on town leave
Cutting (knives, glass)	Drinking poison?
Jumping out windows (or escape attempt?)	

Odds and ends

Quite a few patients were worried about having committed “the unpardonable sin”; quite a few were suspicious of Catholics and Masons.

Male patients were frequently referred to as “the boy” even into their late 20's.

SHR-1106 was apparently an Orphan Train child; . SHR-1266: Hispanic?

SHR-723: “Permission received from father to have patient's hair bobbed.”

SHR-1364 was circumcised at about age 8 in hopes of stopping convulsions; SHR-2017 had previously undergone trephination.

Several osteopathic physicians were admitted for toxic psychosis, usually morphine.

Possible Areas of Inquiry

Admissions relative to influenza epidemic (post-influenzal neurasthenia, infection psychosis, etc.)

History/spread of osteopathy: How many of the referring physicians were ASO graduates? Non-DOs?

Occupations (hazardous, obsolete) and education levels

Patient satisfaction (re-admits and referrals)

Patient weight (compared to today; changes during hospitalization; etc.)

Patients interested in spiritualism, occult, “weegie” board (SHR-096, SHR-648)

Post-traumatic stress: deaths of relatives/sweethearts, WWI, natural and other disasters—floods; tornados; shipwreck (SHR-961); train, buggy, automobile accidents; runaway horses (SHR-928)

Prohibition/ attitudes toward patients who drank alcohol

Treatment at other facilities before and/or after (and specific treatments)

Women: married vs. unmarried, relationship with husband, childbirth, childrearing, divorce, female circumcision (SHR-053, SHR-439, SHR-516; SHR-2129), abortion