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Traditional Great Basin Indian Herbal Medicine

Janet K. Holmes

The following article does not advocate the use of these traditional Native American remedies. These plants may be toxic and require special preparation in order to be made safe for medicinal purposes. In addition, many of these plants were harvested on a seasonal basis, which may affect the medicinal or toxic properties. The Food and Drug Administration may even ban some substances listed in this article. There also could be side effects that occur when taken with other medications. [For these reasons, one should not use any of the following plants unless under a physician's supervision.]

Over the past few decades, a growing segment of modern American society has embraced health food stores, which offer holistic and traditional herbal medicines, as well as traditional home remedies. This can easily be demonstrated through article titles on the covers of popular magazines, television info-commercials, telephone directory

yellow pages, and the popularity of homeopathic physicians. Regular American medical practitioners realize the importance of cultural medical traditions and therefore include some of these traditional medicinal alternatives as part of their treatments. The acceptance of integrating modern medicine and traditional cultural medicine has even reached the University of Nevada, Reno campus. On February 11, 2002, Dr. Lori Alvord gave a lecture at the University of Nevada, Reno School of Medicine entitled "Walking in Beauty, Living in Balance- A Navajo Philosophy of Healing." This was based around Dr. Alvord's book, The Scalpel and the Silver Bear: The First Navajo Woman Surgeon Combines Western Medicine and Traditional Healing. In this article, we will examine Great Basin Indian ethno-botanical medicine in the hopes that modern Great Basin inhabitants may benefit from the knowledge and appreciation of these old ways.

One may ask the question, "How knowledgeable were the Great Basin Indian groups about the medicinal plants in their respective areas?" To answer this question, first, we must understand that extensive numbers of common plants were used. In addition, many were used for thousands of years and were shown to be effective through trial and error. Over two hundred varieties of roots and plants were used to treat ailments. In the Handbook of the North American Indians Vol. 11, the authors state in their article entitled "Western Shoshone":

"Fifty-two plants are said to constitute medicine for 'colds,' 57 for venereal diseases (with occasional distinctions between gonorrhea and syphilis), 44 for 'swelling,' 34 for diarrhea, 37 for

'rheumatism' and 48 for various stomach indispositions including 'stomachache'."

These herbs and plants played an important role in healing. Data indicates that the Paiute were "highly sophisticated botanists." Beyond the Paiute, the Shoshone were probably the most advanced tribe in terms of medicinal plant lore. For the Goshute, it appears that all members of the tribe had some working knowledge of the medicinal herbs. The Washoe were considered to have the least plant lore and borrowed from neighboring tribes. The Shoshone and Paiute were known to have traded medicinal plants with Indians outside of the Great Basin. Unlike the Washoe people they also traveled across the Great Basin to seek medicinal plants. This would account for their differences in knowledge of medicinal botany.

[This article will be continued in the next issue which will include a list of approximately 50 herbs and their uses.]

The Fallon Clinic -cont-

Roderick Sage, M.D.

After preparing our history of the Fallon Clinic, we learned only recently of two other physicians who were members of the clinic staff. The two doctors are Conrad Frydenlund, M.D., now retired, and Gary Ridenour, M.D., who is still actively practicing in Fallon. Drs. Kurt Carlson and Tim Hockenberry were also valued colleagues, but not clinic members.

Our thanks go to Bunny Corkill of the Churchill County Museum and Archives and Willi Whomes, former chief nurse of the Churchill Public Hospital for this added information. Dr. Jack Flanary of Reno was stationed at the Fallon Naval Air Station and knew Dr. Frydenlund in the late '50s and brought him to our attention.

In mid May of 1981 the city of Fallon sponsored a "Thank You Doctors day" in honor of the clinicians and their medical facility. This was expressed with an open house, a public proclamation, and a testimonial dinner attended by patients, friends, and dignitaries from all over Nevada, featuring many speeches and mementoes of affection.

This celebration turned out to be an "in the nick of time" event because Dr. Caffaratti died very suddenly just four months later.

Drs. Dingacci and Miller continued in the Fallon Clinic for a number of years with the help of several capable temporary associates, including Ding's son, Dr. Mike Dingacci, a 1983 graduate of the University of Nevada medical school. He finished a residency in family practice, then came back to his hometown for three years before relocating in the Seattle area.

In the course of their practices, all of the doctors gave generously of their time and clinical expertise as preceptors for the training of UNSOM medical students.

In 1987 Dr. Dingacci retired from his medical practice. At the same time he was named Emeritus Professor of the University of Nevada School of Medicine. Pat and Ding found a winter haven in Arizona where they basked in the warm winter sunshine, while learning the intricacies of the game of golf. Summers were spent amongst their many friends back in Fallon.

Ding's later retirement years were tragically disrupted by a severe neurologic injury he suffered in a fall from a pickup truck while helping to prepare a barbecue supper. Though confined to a wheelchair, Ding



Conrad Frydenlund, M.D.

was cared for with great skill and compassion by Pat. His spirits remained indomitable until the end of his life at the age of 88 in January of 2004.

Dr. Miller maintained a part-time practice until the early '90s, eventually succumbing in 1995 at the age of 82. He was survived by his wife and two children.

After serving as a bombardier in World War II, flying 52 missions, and being a prisoner of war for 9 months, **Dr. Conrad Frydenlund** finished medical school at the University of Minnesota in 1951, followed by a year of internship at San Bernardino County Hospital. After briefly practicing in Minnesota, he returned west to Reno, being employed for three months as a clinic doctor for Washoe Hospital. At this juncture he learned that Dr. Dingacci needed an associate to replace the departed Dr. Len Miller.

Connie's proposed short locum tenens stretched into an eight-year stint with the Fallon Clinic.

On his second day in Fallon he was called to attend an elderly sick woman in Hazen, 15 miles to the west. He found, to his consternation, a badly bloated and decomposed corpse of an old woman

lying in a shack, half buried in filthy blankets. Soon after that he delivered six babies in one day, and made the first of several house calls to Austin, out east a hundred miles. That's called jumping in with both feet.

Dr. Frydenlund left Fallon in 1961 to pursue a radiology residency in Santa Monica, then practiced in that city. He is now retired and still living in Saline, Michigan, relatively hale and hearty at 87.

Gary Ridenour, M.D., the second of the two "other" Fallon Clinic doctors, grew up in Cleveland, matriculated at Hiram College in Ohio, then earned his M.D. degree at the University of Guadalajara in Mexico in 1978. He followed this with an intern year at St. Louis University. He came to Fallon in 1980, practiced solo for a year, then joined the clinic until 1984.

He submits a telling record of his experience with Dr. Dingacci and a fascinating commentary on his maturing as a young doctor.

As Dr. Ridenour relates, "When I first came to Fallon, I was a 'hot doctor' from the East. Ding took me into his practice. I thought I was doing a good job, but Ding had a very dedicated following. I then began to appreciate that Ding sat down and simply visited with his patients, obtaining more information about their ailments than I ever did."

Once he said, "If you really listen to the patient, they will tell you what is wrong with them. Never be arrogant, never get mad. They are paying for a service and expect a little more than you

popping into a room, then popping out. If you want to get rich, go into business. If you want to be happy, do what I do." "I chose happy."

On my first day with Dr. Dingacci he showed me my office. I sat down in the swivel chair at the desk. As I rocked back, I immediately flipped over. Ding chuckled and said, "Watch that chair Gary, Dr. Caffaratti once got a subdural from it!" The next day it was fixed.

I hadn't had on cowboy boots for years, when I noticed Ding's alligator boots and told him I liked them. "They are comfortable," he noted, "and easy to get on in the middle of the night. And you don't have to wear socks." "I have worn them since but usually with socks."

When I first went to the store with Ding, everyone said "Hello." I frowned and said, "I don't have to be their friend, just their doctor." Ding frowned back and observed, "In a small town, you are a big part of it and not invisible. Get used to it. It's fun."

I once complained to Ding that some of his elderly patients were "crocks" with not much wrong with them. Ding smiled, "They are all alone and scared of dying. They look forward to coming to us. It's our job to help them."

I was once surprised when Ding, with a sly grin, greeted an elderly woman with, "Well you old bat, what's wrong this time?" The old lady smiled and began her story.

He explained later that making fun of getting old was good therapy. "Getting old is something we all have in common and we should not let it get us down."

Dr. Ridenour concludes by saying, "Of all the doctors I have known and learned from, Ding was head and shoulders above

the rest. When he didn't know something, he asked other doctors. He has earned a spot in my heart as a kind, gentle, and caring man."

"Give 'em hell in Heaven, Ding!"

Lucky was the community of Fallon to have been served so long and so well by this worthy quartet of skilled and dedicated doctors, who just happened to also be men possessed of multiple interests and an unusual depth of character.

The people of Fallon do, indeed, miss their favorite clinic. They freely express their scorn when they describe the "Jack in the Box" fast food joint that now occupies the old location at the corner of Williams Avenue and Taylor Street.

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