

*150 Years of Nevada  
Medicine*

*(And More):*

*Nevada's Men and  
Women Healers*

By Anton P. Sohn, M.D., and Robert M.  
Daugherty, M.D.

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Our 375 page, 9" x 6" book has  
64 photographs and contains the  
following eleven sections covering the  
many aspects of Nevada's medical  
history:

1. MEDICAL EDUCATION:

Peter Frandsen started premedical  
courses at the University of Nevada  
shortly after he arrived in 1900. By his  
guidance and recommendation, 71 of  
his students entered medical, dental

*(continued on page 4)*

**Indian HealthCare in Nevada,  
Windows in Time (1958 & 1995)**

By Elwood L. Schmidt, MD

This essay has snapshots of  
windows in time of U.S. Govern-  
ment healthcare to the Indians of  
Nevada. The peoples we served  
were called Indians, a name they  
did not recognize as insulting and  
by no means meant to be insulting.

The Bureau of Indian Affairs  
provided Indian healthcare until  
1954-55 when Congress mandated  
the U.S. Public Health Service  
(USPHS) establish a division of  
Indian Health Service (DIHS) and  
assume direction and staffing of  
the various hospitals and clinics in  
the continental U.S. and Alaska.  
The new division treated Indians  
and Alaska natives using primarily  
commissioned USPHS medical  
officers and some contract physi-  
cians. The total budget in 1957 was  
about \$40,000,000.

Doctors B.A. Winne and  
Verlyn 'Si' Elliott ably staffed the

Schurz Indian Health Service  
Hospital and Clinic until about  
1956 when Dr. Elliott went into  
private practice in Ely. He moved  
to Fallon in 1958. Dr. Winne went  
to work with the Nevada State  
Health Department. Two USPHS  
physician-officers were assigned to  
Schurz and they made multiple  
changes to the services. The tribes,  
severely upset with the changes,  
complained to the Nevada congres-  
sional delegation, and the USPHS  
discharged one of the physicians  
and moved his colleague to another  
location.

Dr. James Stoetzel, a graduate  
of the Univ. of Illinois medical  
school, had recently completed his  
rotating general internship and  
joined the USPHS. They assigned  
him to Schurz to help restore  
service. I had served one year in  
Keams Canyon, Arizona, on the

Hopi reservation that also provided care to the many Navajos who lived on Hopi lands in proximity to Keams Canyon. My commanding officer recommended me to the area headquarters as being congenial and able to work well with the Indian people. As a result I was sent to Schurz to reestablish the tribes' trust in the PHS and Schurz personnel. I reported to duty July 1, 1958, as Medical Officer in Charge. Dr. Stoetzel and I established a fine working relationship at the office and hospital and resumed hours and services much as Dr. Winne and Dr. Elliott had provided.

Walter Voorhees of Schurz was the Inter Tribal Council chairman at the time. He helped by connecting me to most of the groups served by Schurz. We traveled to Nixon, Yerington, Fallon, and the Reno-Sparks colony to reassure them of our renewed services and commitment to their needs. Retrospectively, we were limited in our services because patients had to travel to Schurz to be seen by a physician for most non-emergency services. The clinics in Fallon, Yerington, and Nixon were either non-existent or only occasionally staffed. Tribal medical services in Winnemucca were provided in Owyhee by the other USPHS facility in the state.

In Schurz we delivered pregnant women and cared for them 1-5 days postpartum. We did 4-6 tonsillectomies on the day set aside for procedures. We brought patients to Schurz Indian Health Service Hospital from Hawthorne, Yerington, Fallon, Carson City, Lovelock, and Reno hospitals if their stay was expected to be more than a day or two. These patients were usually post op from an

appendectomy, cholecystectomy or C-section. Also a significant number were post trauma victims from fights, auto accidents or other mishaps. Our ambulance and crew transported the patients to Schurz.

Stewart Indian School in Carson City was fully functioning at the time. One day a week Dr. Stoetzel or I would go to Carson City and do physical exams on the IHS students. Frequently we discovered unexpected pregnancies and other situations in need of treatment. We also admitted students who needed tonsillectomies according to the standards of the time. The day-to-day needs of the students were served by Miss Hershey, RN, a seasoned and well-respected nurse who helped guide neophyte physicians who were her putative supervisors.

A contract physician in Carson City saw students in need of more care than Miss Hershey or our weekly visits could offer. He, name unremembered, was cordial and helpful to our service, even inviting us to the Carson Medical Society meetings several times. This attitude of cooperation was not universal. Many of the physicians in the area were dismissive of physicians who would work for the government. They also resented the Indian patients who had little sense of time for office hours, for proper use of hospital facilities, and for whom they had to fill out a small form for reimbursement. In 1958-59 and for a number of years afterward, patients were responsible for paying their own bills. If they had insurance, they were expected to file the claim, but they

were still responsible for payment. How quaint that seems now that every medical office provides staff to submit third party claims and arrange referrals, etc.

A problem that vexed all IHS stations was determination of eligibility for service. Who was an Indian? Who certified his/her eligibility? This problem lingers to some extent to this day.

We were responsible for services to Indians living at Moapa and Reese River. My trip to Moapa was depressing because of the general lack of sanitation used by the people and their general sense of hopelessness and unwillingness to work with the Clark County Health Department. I visited Reese River accompanied by a dedicated state public health nurse in the spring of 1959. She administered immunizations and tuberculin skin testing on students at the school. A married couple taught at the school. New western style houses had been erected 2-3 years previously and looked fine at first, but a closer look showed that most interior walls had been breached as the inhabitants wanted different passageways.

Our patient mix included a small but significant number of people with tuberculosis, a number of people with grand mal seizures, very few patients with diabetes, and a scattering of the other maladies that a general medical practice of the time would see e.g. rashes, upper respiratory infections (URI), seasonal allergies, hypertension, gonorrhoea, digestive problems, and significant seasonal diarrhoea.

Alcoholism was common and its effects were our biggest

problem, as many of the trauma patients, infants with malnutrition, and cirrhosis patients were alcohol related. We had no effective means to address this problem, except in a limited, case-by-case basis and some use of Antabuse to help maintain sobriety for the short term.

Medicines we had available included Dilantin and phenobarbital for seizures; penicillin, streptomycin, tetracycline, erythromycin, and sulfonamides (I recall "triple sulfa") were our antimicrobials. Chloramphenicol was available but not used because of the fear of its side effects. Isoniazid for tuberculosis, Reserpine and Apresoline for hypertension, whole leaf digitalis and I think digoxin for heart failure were in our pharmacy. Priscoline for peripheral vasodilation, Demerol and morphine for pain, Nembutal, Seconal, and chloral hydrate for sedation, Thorazine for psychosis and as an antiemetic, Dramamine for nausea, Benadryl for allergy, adrenalin for anaphylaxis, and insulin for diabetes completed our drugs. We used ether, by drip and then intubation and ventilation, for anesthesia for tonsillectomies.

Mr. Christensen, a Washoe Indian, was our X-ray and laboratory technician. Lab tests were limited as was true of lab tests in civilian practice at the time. Complete blood counts (CBCs) performed by hand and electrolytes were sent off, but were out of date by the time results were available. A blood urea nitrogen (BUN, a kidney function test) approximation was available. I don't recall but protein bound iodine (PBI), a chemical test for thyroid function, might have been in general use. Mr. Chris, as he was fondly and respectfully known, continued in Schurz until 1974 or '75 when he retired.

I am sure that many of our

patients used traditional medicines, herbs, ceremonies, etc. for treatment of their ailments, but unfortunately, I did not know of their practices.

In 1995 I returned to Nevada and had the good fortune to be a locum tenens for the PHS in northern Nevada by treating patients in Fallon, Yerington, and Gardnerville clinics. Schurz by this time was only an outpatient facility. The convenience to the population served, the testing, and medications available at that time was truly amazing. In this limited group I saw much less alcoholism and its effects. I saw much, much more diabetes and hypertension. It appears the tribes have recognized and addressed the problem of alcohol and spousal abuse, and the need for much more mental health services.

**Memorable event:**

"Never use your gun for a baseball bat"

A most memorable patient was a Reno-Sparks Colony member who, with a fellow tribesman, went rabbit hunting on Stead AFB. He shot a rabbit, but found it still alive. He held his double barrel shotgun barrel like a baseball bat and swung the butt at the rabbit. The other barrel of his gun discharged with the muzzle against his left upper abdomen. His great good fortune occurred when the MPs from Stead AFB, already on the way to evict the trespassers, arrived on the scene almost immediately and

raced him to Reno. Dr. Gil Lenz was standing by and immediately set to work to repair and/or remove his spleen, left kidney, large bowel, and part of his stomach, plus repair a large skin defect in the abdominal wall. He was transferred to the Schurz Hospital for care, most particularly of his skin graft, and we confiscated the alcohol and various other psychoactive drugs his hunting buddy smuggled to him on weekly visits.

**Memorable event:** "A Rock and Roll Delivery"

One night I was in the delivery room with a patient ready to deliver. I had my left hand on the perineum and my right hand on the baby's head. Suddenly the patient was several inches away from me and to the side, my stool was moving, and the patient was moving. There was a rumbling sound and I was disoriented for a second. One of the nurses said, "Earthquake!" I finally managed to stabilize myself in contact with the patient and deliver the baby with no "drops" involved. Several days later I went to Yerington to assist on a hydrocoele repair in their newly built operating room (OR), proudly billed as earthquake proof. When we left the OR at completion of the procedure we found an excited group of staff asking, "Did you feel it? Wasn't that a big one?" We had been totally unaware of the event in the OR.

Editors' Note: Dr. Schmidt practiced in Texas, New Mexico, and Arizona before coming to Nevada. His book, *Nevada EMS: A History of Emergency Medical Services in Nevada* is available from his website, <nevadaemshistory.com>

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and veterinarian schools across the country and many returned to practice in the state. We also include the beginning of Nevada's medical school.

#### 2. DISCIPLINES/

SPECIALTIES: This section details 100 years of public health in Nevada, the beginning of medical specialties, and why midwives were important. The book also tells about the beginning of county and state medical associations.

#### 3. NATIVE AMERICAN

MEDICINE: Three levels of healthcare providers functioned in Nevada's Washoe, Paiute, and Shoshone tribes. We describe over 50 herbs they used to treat illness, but the most interesting essay tells how the Washoe successfully avoided the 1917 flu.

#### 4. CHINESE DOCTORS:

Chinese medical practitioners came to this country with their first immigrants. However, non-Chinese residents also sought them out for healthcare for reasons we explain. We also name

fifty-five Chinese doctors who came to early Nevada.

5. HOSPITALS: This section describes the establishment of the first hospital at Fort Churchill in 1860 and the later permanent county and private hospitals.

6. DISEASE: During Nevada's 150 years many diseases appeared and most were conquered. These included smallpox, 1917 influenza, 1952 polio, measles, diphtheria, and others. We also list diseases diagnosed on admission to Saint Mary Louise and Fort Churchill hospitals.

#### 7. 19TH-CENTURY DOCTORS

& 8. 20TH-CENTURY DOCTORS: We tell personal histories of these doctors and describe how they treated disease. Between 1851 when our story begins and 1899 when Nevada passed the licensing act, over 700 doctors came to Nevada. It was said that there was a higher concentration of doctors in Nevada than in New York City, but many were not physicians, as we know today. We name 22 women MDs who

practiced in 19th cent. Nevada.

9. HOOD DYNASTY: Six Doctors Hood practiced in this state including William Henry Hood who settled in Battle Mountain in 1886. In 1899 Nevada gave him license #1. You will read about the importance of each of these 6 doctors and why the history of medicine library at the School of Medicine that is open to the public is named in their honor.

10. FRONTIER MILITARY MEDICINE: During the late 1800s the army established seven forts or posts in Nevada, and the first order of business was to build a base hospital. During a twenty-year period over 70 military doctors practiced at Nevada's U.S. Army forts. The government also allowed its doctors to have a private practice. Many stayed in the state after their tour of duty.

11. UNUSUAL BUT THIS IS NEVADA: This section tells the story of unusual actions by some of the unconventional characters, who practiced medicine in early Nevada.

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