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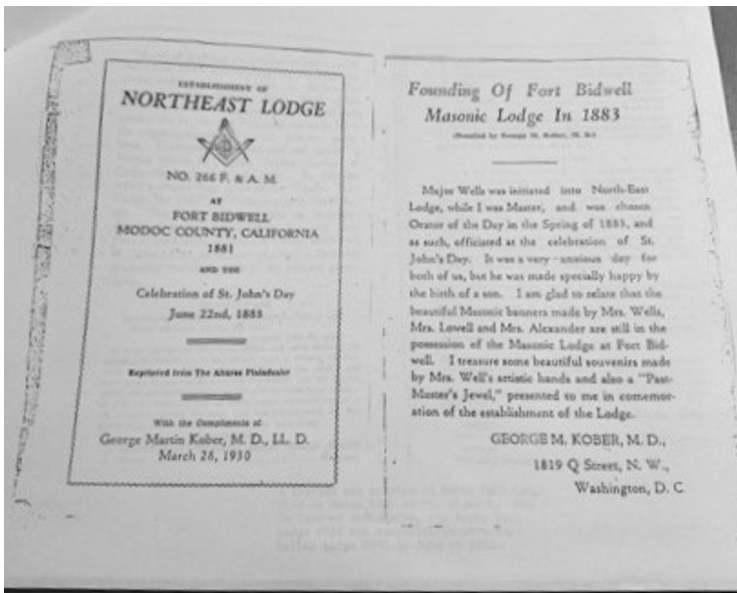
First Penicillin Use in Nevada: Dawn of Antibiotic Therapy

By Peter Costa (M.D., UNR Med 1988)

WOW! I did not know the Great Basin History of Medicine Museum had a portion of Sir Alexander Fleming's original 1939 penicillin culture. I have a personal and historical connection to the administration of penicillin. In the early 1940s, my mother developed severe pneumonia as a child in Smith Valley. Dr. Mary Fulstone told my grandparents there was a new 'miracle drug' called penicillin that might save her life, but was in San Francisco. I don't recall how the penicillin got to Smith Valley, but she was the first person in Smith Valley, and probably one of the first in Nevada to get penicillin. Could my mother's life saving penicillin dose have come from this portion? Thank you for your dedication to Great Basin and Nevada Medical History.

EDITOR: Dr. Peter Costa's mother's penicillin was certainly derived from Fleming's 1939 culture. Dr. Sam Parks' father-in-law, Col. H.W. Doan, traveled to England in early 1940 and brought to the U.S. part of Fleming's culture for treating

WWII battle injuries. Penicillin was later dispersed for civilian use. Dr. Parks inherited the culture and gave it to the Sohn Great Basin History of Medicine Museum.



Dr. Kober in Masonic regalia, possibly with charter for Northeast Lodge No. 226 (1882)

Ft. Bidwell Masonic Lodge 1883 Founding

Dr. George M. Kober (1850-1931)

By Anton Sohn, M.D.

George Martin Kober was born in Germany, emigrated to U.S., earned his M.D. from Georgetown University and joined the U.S. Army, serving at Ft. Bidwell, California, and Ft. McDermit, Nevada.

In 19th-century Nevada, frontier life was precarious. Most deaths were due to infectious disease, such as cholera, typhoid fever, tuberculosis, smallpox, diphtheria, and scarlet fever. In addition, infant and maternal mortality death rates were high. Travelers worried about Indian raids. As a result, forts were established across the American frontier. Military presence reduced Indian menace and brought doctors west.

Dr. Kober completed anthropological studies on Indian skeletons, built a hospital, studied pathological specimens with a microscope, wrote scientific articles, supervised hospital personnel, and treated citizens and Indians.

In 1874, at Ft. McDermit, an unusual treatment for tuberculosis was instituted by Dr. Kober. He read an article about treatment of tuberculosis with ingestion of

fresh blood. Soon, an emaciated recruit named Hammond arrived at the fort. A thermometer, recently added to Kober's armamentarium, revealed fever, while a slight cough and lassitude established a diagnosis of tuberculosis. Knowing a steer was killed every other day to feed the troops at the fort, Dr. Kober prescribed a pint of fresh blood for young Hammond. The record is not clear as to how frequent the poor soldier drank blood, but it indicates he regained his health in two months. Later, the bacterial cause for tuberculosis was established and antibiotic cure was developed.

Dr. Kober described Paiute practices using internal and external herbs, dry cupping, scarification for inflammatory conditions, and application of hot, dry stones on the umbilicus to treat hysteria.

At Ft. McDermitt, Dr. Kober used two oz of whiskey for anesthesia to amputate a soldier's finger. In a memoir from Ft. Bidwell, Dr. Kober estimated fifteen percent of soldiers who reported for sick call would not have complained of illness in civilian life.

After the U.S. Army, Dr. Kober became Professor of Hygiene at Georgetown University and in 1901, Dean of the Medical School.



Priceless Kober Artifacts

(Born, 3/7/1925— Died, 9/7/2022)

George Martin Kober, M.D., (1850-1931) was one of the most important doctors in 19th-century Great Basin Frontier Forts. (See book: Frontier Surgeon and Georgetown Medical School Dean: etc. Vol II, 2008, by Anton Sohn M.D.).

Gussie Buyrgone, former Pathology administrative assistant at UNR Med, grew up in Cedarville, California, where she was acquainted with Dr. Kober's relatives.

They gave her the following priceless artifacts, which are displayed in the Sohn Great Basin History of Medicine Museum.

Area Health Education Center - 36 Year Review

The Nevada Area Health Education Center Program (AHEC) was initiated in 1987 under the guidance of Dean R.M. Daugherty M.D. and Caroline Ford, Director of the Nevada State Office of Rural Health. The program was established to address the shortage of healthcare professionals in underserved and underrepresented populations. It operates through 46 AHEC programs, collectively running over 261 centers spread across the United States.

The program's mission is to improve access to quality healthcare, particularly primary and preventive care, by increasing the supply and distribution of healthcare professionals through federal, state, and community/academic educational partnerships. The Nevada program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.

The program operates through community-based centers, including the Frontier AHEC in Elko, Desert Meadows AHEC in Las Vegas, and High Sierra AHEC in Reno. These centers work in collaboration with community-based organizations and health professions training programs to provide educational opportunities throughout Nevada. Each center serves specific counties and focuses on training future healthcare leaders for rural and underserved areas. Over the years, the AHEC has worked with various training partners, facilities, and educational institutions to address workforce and pipeline issues in both urban and rural areas of Nevada.

Nevada's AHEC program has allowed for the unique opportunity to launch multiple health profession training programs in Nevada, such as Advance Practice Nursing, Emergency Medical Training, Rural Family Medicine Residency Training, and Physician Assistant Training. Partnerships between various disciplines and UNR Med were established and enhanced through the collaborations of interprofessional opportunities. Shadowing and young student exposure to health professions have allowed countless young people to choose to commit to careers

in the health sciences and serving Nevada communities. AHEC has ingrained itself as a program that solidifies interprofessional education and community-based partnerships with academic programs.

The program has been active for over 36 years, which plays a crucial role in sustaining the program's efforts to improve healthcare access for all Nevadans and their communities. AHEC staff that began the AHEC program included Nancy Rody, Ph.D., Jamie Anderson, MSN, Ann Diggins and others who began the program and established a base that remains to this day. The current directors include Andrea Greg, High Sierra AHEC, Edy Taylor, Desert Meadows AHEC, and Keith Clark, Frontier AHEC. These directors along with many staff members continue to support the initial mission of the AHEC.

The following are examples of ongoing and past trainings that take place in the AHEC program:

- Seventy 4th-year medical students doing rural rotations.
- 45 AHEC Scholars per year doing interprofessional training.
- Rural Family Medicine resident rotations.
- Participation in the development/support of two Rural Family Medicine residency training programs.
- Internal Medicine rotation in-patient and out-patient training experience.
- Public Health Internships (Master's and Bachelor's) provides training to over 200 EMTs per year.
- Rural 1st and 2nd-year student outreach clinics that provide services to four different rural populations.
- Establishing a partnership with South Lyon Medical Center and Family Medicine to provide prenatal services to Yerington.

Conclusion: These training partnerships, among others, have made an impact on many students, health professionals, and residents; the Nevada AHEC system will continue making strides to meet the pipeline and training needs of Nevada.



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