

# Canyon Legacy

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118 E. Center ST  
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Journal of the Dan O'Laurie Canyon Country Museum  
Spring 2000/Volume 38

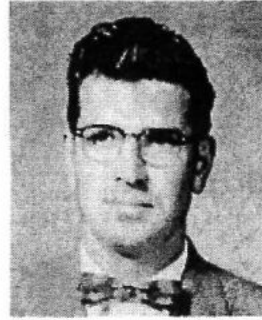
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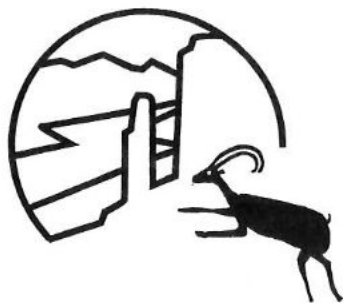


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## Medical History



*Canyon Legacy*

**Journal of the Dan O'Laurie  
Canyon Country Museum**

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Spring 2000

**Within...**

**C**ommunities are structured in such a way that some of the people you live with you see every day. They are in the news, they make policy, or they are simply high profile because of their profession or personality. There are also many, many others who work and live in a much more quiet way. We don't often hear from them or even see them out and about; nonetheless they contribute greatly to the way we live. Some of them even make history. Some of them change lives or perhaps save lives. Those people – the men and women involved in medicine in canyon country – are the unsung heroes of the area. They have stories to tell. They have memories that will never leave them. Even though they operate (no pun intended!) very quietly in the community, they are part of the fabric of life in Moab; in fact, sometimes we couldn't live without them.

This issue of *Canyon Legacy* tells some of their stories. From Doc Williams, the first doctor in Moab, to high tech life flight programs, this issue is dedicated to those who work behind the scenes to make living in Moab – or visiting this strange country from afar – a little safer.

Thanks to all the writers who contributed to this issue. Your interest in medicine and love of writing keep seldom told stories alive. And special thanks to Karla Hancock for her eagle eye when it comes to spelling errors and proofreading.

– Janet Lowe

**Have a Great Idea for a *Canyon Legacy* Issue?  
Interested in Writing an Article?**

Let us know. We are always on the lookout for themes, individual articles, and for new guest editors who can put a fresh face on the journal. Interested parties, please contact the Dan O'Laurie Canyon Country Museum, 435-259-7985. – LC

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**Mission**

The mission of the Dan O'Laurie Canyon Country Museum is to preserve and display artifacts and information, and to promote research and education which accurately reflect the natural and cultural history of the Moab area.

**Membership Levels**

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- The personal satisfaction of contributing to the protection and interpretation of regional natural and human resources.
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- All the benefits of supporting membership.
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For information on becoming a member, please write or phone Jean  
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# Canyon Legacy

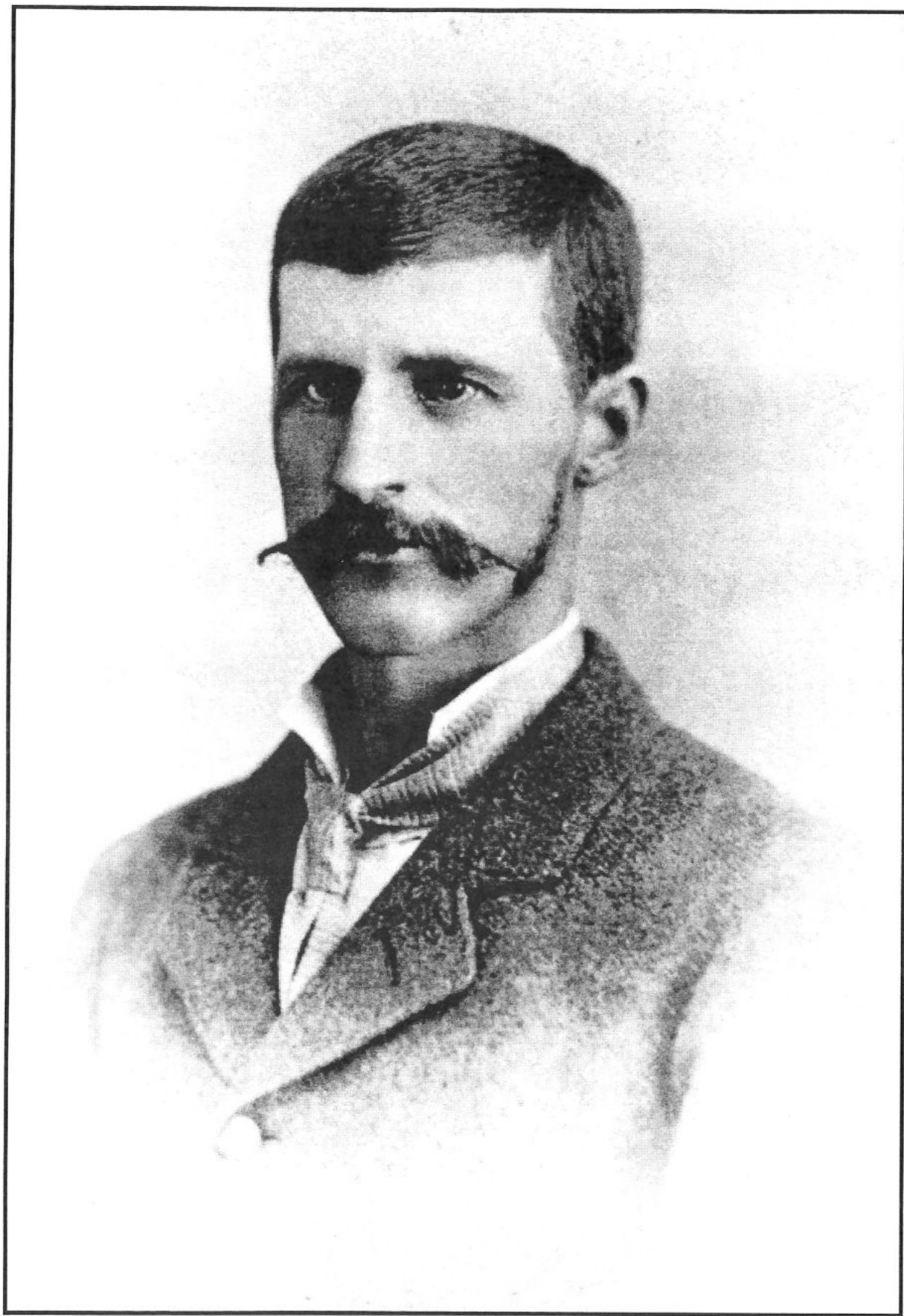
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Front Cover: The doctors and nurses on staff at Allen Memorial Hospital in 1957. Photo courtesy Allen Memorial Hospital.





A portrait of "Doc" J.W. Williams taken in 1870. Photo courtesy Mitch Williams.

# Rawhide John: An Oral History of Doc Williams

*Stories told by Mitch Williams, the youngest child of Doctor J. W. Williams and Alvina Williams*  
Transcribed by Michele Reaume

When my father first came into Moab to look the place over and decide whether or not he wanted to settle and practice medicine here, he arrived in Thompson on the train. He had been the doctor over in Ordway, Colorado, and he came over to Moab. When he got off of the train he found the stage only ran Thompson to Moab three days a week. He was there on the wrong day, naturally.

J. N. Corbin was the editor of the paper in Moab then, the local lawyer and quite an entrepreneur. He encouraged my father to come over and look Moab over because they needed a doctor here very badly. So my dad and a traveling salesman decided they would hire someone to drive them into Moab.

They went onto the Colorado River, but the ferry was not in operation. The ferry was hooked up to a cable that was stretched across the river and a sandbar had formed in the middle of the river right in the path that the ferry would have to cross. That prevented the ferry from operating, so they just forded the river. This was November 30, 1896. You'd expect the water at that time to be pretty darn cold and I'm sure that it was.

My dad went on into town. Some people told him there was a young child who was sick, would he come right away and look at this young baby? He did and he treated this child and she got well and she grew up to be Moab's most famous English teacher, Helen M. Taylor, later known as Helen M. Knight. That's why the school is named after her, H.M.K.

My dad came to Moab in 1896 and he only stayed a week, but it was the busiest week of his life, he said. He treated patients nearly every day. I think every day he was here he was treating several patients and dispensing medicine to them. He had brought some medical supplies with him. He met with the

County Commissioners quite often to determine whether or not he could make it here as a doctor. There were only about 500 people in the town and the surrounding area at that time. He was afraid he might not be able to make a living. The Commissioners finally decided they would create a new county office called County Health Office.

If John Williams wanted to take the job as County Health Officer, it was open to him. They offered him the magnificent salary of \$150 a year. He thought he couldn't turn down big money like that so he agreed to take the job and move to Moab. He then returned to Ordway, Colorado, to settle his affairs. Doctor Williams returned to Moab, January 17th and stayed here for the rest of his life, which proved to be a long and healthy one. He died when he was 103 years of age plus 10 days, on August 13, 1956. He was a very prominent man in Moab. He made this community his home and he was very, very happy here. He loved the scenery. He was fascinated with the Indians, Navajo blankets and basketry and things that the Indians made. He had many friends among the Navajo and Hopi and the Ute.

The Indians would come to the drug store that my father had set up. Dad would always give them a little treat of some kind, like a piece of hard candy or a bit of sugar or something like that. If the drug store was closed, they would come to his house and stand around the house looking in the windows. My mother would sometimes look around and see a crowd of Indians staring in the window and she would let out a little screech and then realize they were the doctor's friends. She would get out some of her homemade bread and cut a slice for everyone. She'd put a big glob on butter on it and pass it out to all the

Indians that were around the house. They would go out on the lawn, sit down and eat their bread and butter; they really loved it.

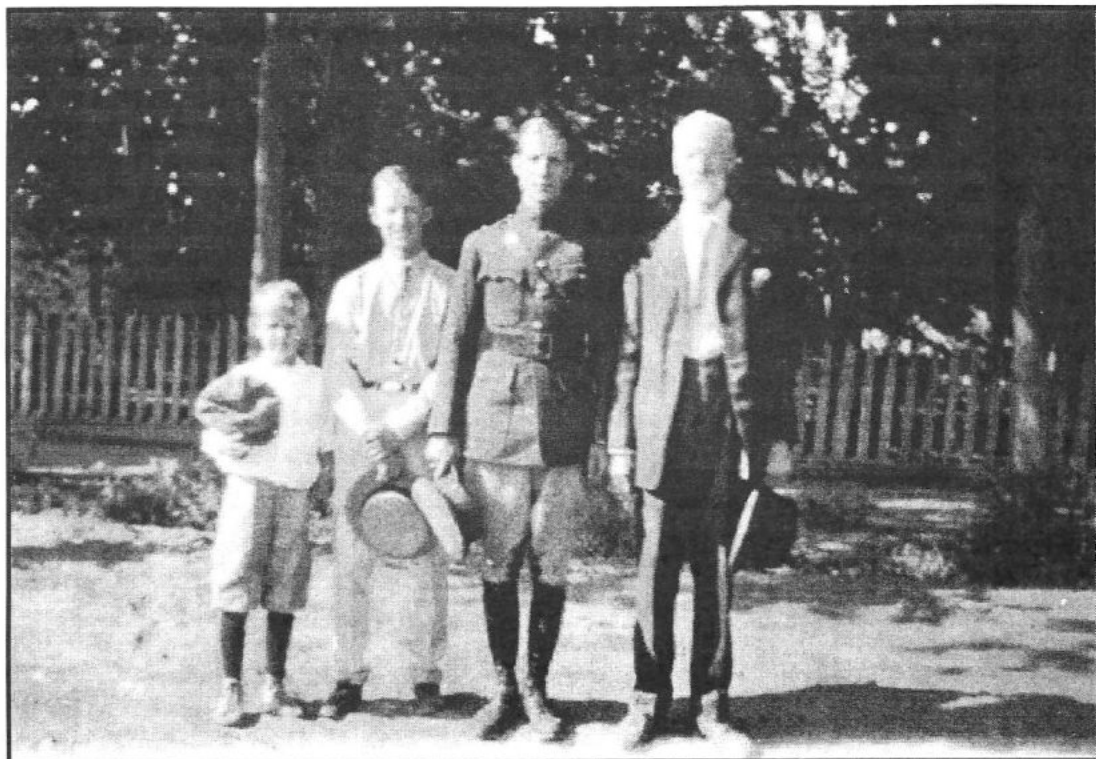
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Doctor Williams was faced with a great many problems in this area. He found he could use a buggy in the valley, but going to some of the nearby towns, for example Thompson or Cisco, he found it much faster to go horseback. He would saddle up and put his doctor saddlebags on the back of the saddles. Those saddlebags are in the Dan O'Laurie museum now.

It didn't matter if it was day or night or in the middle of the winter, whenever it was, my father would set out. He had a little dog that rode on the back of the horse with him in all kinds of weather. A lot of times, if he needed a meal or to sleep a little while, or he might have been up all night the night before, on the way back he would go into a cow camp or a sheep camp. They were always glad to see any visitor. It wasn't quite like you see in the movies. They didn't meet a guy with cocked pistols. They met him and treated him as a friend. Of course, my father had been an "ole cowboy" in the plains of Colorado and he knew these were his kind of people. He knew how to talk to them. They would always fix him up a good dinner. If he needed to sleep a few hours they'd roll out the bedroll so dad could get some rest before he went on his way.

Before he became a doctor, my dad took the job of running chuckwagon. The cowboy crew got paid once a year. You could draw a little money, but it wasn't until after the herd was sold that the rancher had the money to pay the crew. At the end of that year when the rancher was paying off the crew, the man said to my dad, "John, I said I would pay you 30 dollars a month but you've





Four generations of Williams men posed for this photograph taken in 1924. Photo courtesy Mitch Williams.

done such a good job. You cost less money than any other cook I ever had. The men were even more satisfied with the food they got. I am going to pay you 40 dollars a month and I want to see you back in the spring." John said, "No, I don't believe I'll be back in the spring. If I am worth forty dollars a month to you, I'm worth forty dollars a month to myself, thank you. Good Bye." And he never worked for another man after that.

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I think something I probably left out is when he was in Colorado punching cows, he was known as Rawhide John. He made all kinds of rawhide products and sold them to the cowboys. That was a little method he had of earning money on the side. Some people I talked who knew him or knew of him over there said it wasn't necessarily because he made rawhide equipment, but because he wouldn't take any bull off of anybody. He was always ready to whip the person who made a snide remark to him.

With the forty dollars he made from working the chuckwagon, Rawhide John drifted into Hugo, Colorado, and set himself into business and started selling medicines to people. Then he rented a

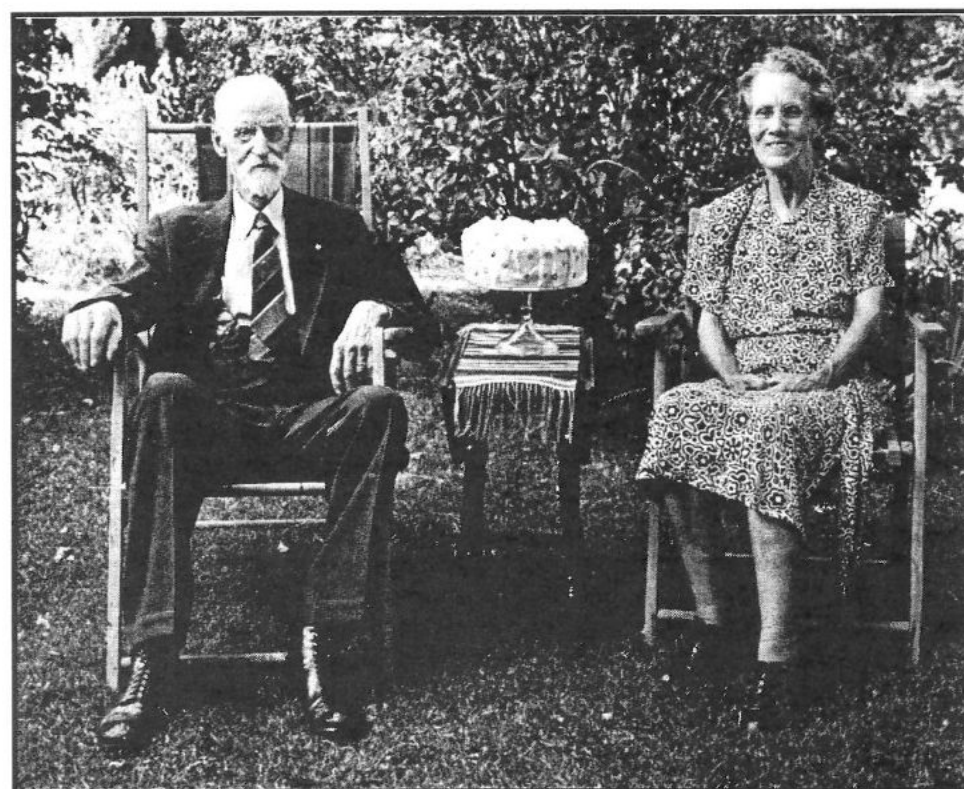
is pretty good for somebody who is brand new in town, to be elected Justice of the Peace. I think they realized he was a fair man and he would be good to people who come before him.

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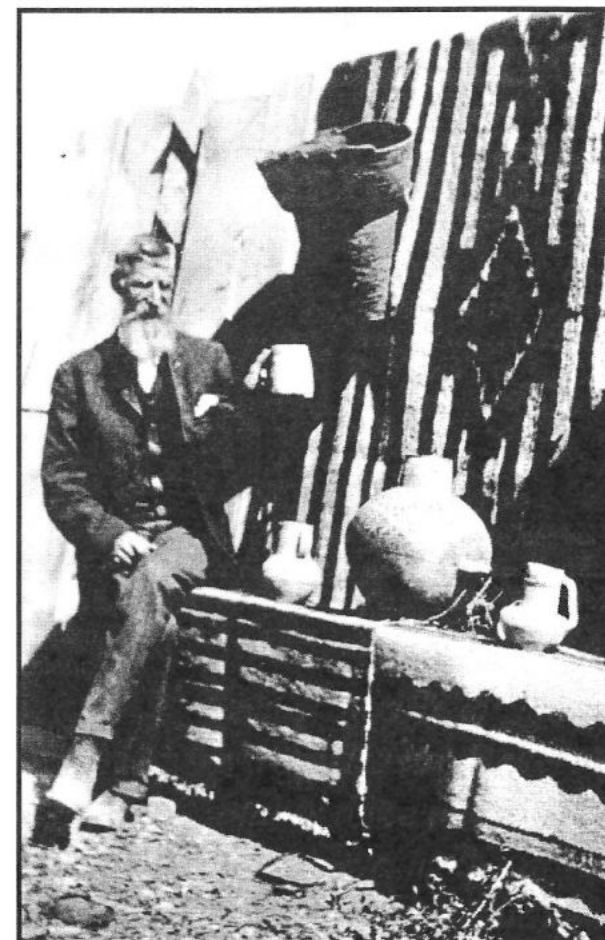
He went into Hugo in 1880. In 1889, they created Lincoln County. Hugo was the county seat. The Governor appointed John Washington Williams Lincoln County's first Judge. He saved quite a bit of money and he decided he wanted to go to medical school in 1892. He went to Denver and signed up for Gross Medical College. He went to school three

years and got his doctor's degree.

My father grew up on a farm in Pike County, Missouri, near Vandalia, between Vandalia and Curryville. One



Dr. J.W. Williams and his wife, the former Alvina Helena Larsen.



Dr. J.W. Williams is shown here with a collection of Native American crafts. Photo courtesy Mitch Williams.

time, after he hadn't been home in nearly 20 years, he went back to visit. He wanted to see Mother and Dad and any brother and sisters that may be nearby. He spent all his money supporting himself and paying his tuition and expenses at medical school, so he hooked up with somebody who wanted him to sell medical books. That's the way he paid his expenses back to Missouri and back to Colorado again. He didn't go back to Colorado right away. He went to Russell, Kansas, too. My Dad became the doctor of two towns, Russell and Hays. He traveled back and forth between the two towns. The country was flat and used to travel in a buggy. He couldn't make a living. He wasn't doing any good at all. Then he found out there was a doctor that had a practice for sale in Ordway, Colorado. Ordway was not too far from Hugo where he spent many years. He bought the practice and went to Ordway and practiced medicine there. He found out he couldn't do much better after he

bought a practice than he was doing before without buying one.

Here's an interesting story about my dad's time in Colorado. My mother got these flat granite rocks out of the big bottoms and she always had a bunch of them in her oven all winter long. If my father had to go, if he could go in the buggy, that was a comfort. It was a lot easier than going on horseback. If he could go in a buggy, mom would take the rocks out of the oven and wrap them in newspaper and put them on the floor of the buggy, cover the floor of the buggy with these hot rocks and he had a lap robe. Of course, when he got to where he was going they always took care of him. They provided his meals and they did what he wanted them to do and they helped every way they could. He saved a lot of people's lives.

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When my dad was practicing medicine, most doctors operated drug stores and sold everything from candy to shoe laces — anything that would sell. They also sold the medicines that were available. When my father was in Hugo I think he must have practiced a lot of medicine before he went to medical school. That probably gave him the idea to go to medical school. He would treat people at the drug store and go to their homes. He would go all over the country. I read in his notebook where he had treated a patient in Castledale and that's in Emery County. Ordinarily I don't believe he would go from here to Castledale to treat patients, because that's pretty close to Price. What probably happened was, they were visiting Momma's relatives and friends out in Ferron and somebody said, Doctor Williams is out in Ferron and he may come up and take care of this sick person. He did travel all over the country on horseback. When he did use a buggy, it was to places it was feasible,

like La Sal or the valley.

When he decided to sell the drug store and give up his practice it was in 1919. Howard Balsley, my father and a couple other people decided to get another doctor to come in and they got Doctor Allen to come down from Salt Lake. My father never had a hospital to work in or out of. The first hospital was built after Doctor Allen came to Moab. He was the first hospital doctor and that's why the hospital is named I.W. Allen Memorial Hospital, and it is appropriate that it is named after Doc Allen.

My Father thought he would just give up his practice but it didn't work out that way. People would come in and he'd say, go to Doctor Allen. They'd say, no, we want you to treat us. In his notes, he was practicing up until 1921 on a regular basis. I was born in 1916. In the high teens I can remember people coming to get Doctor Williams to treat him and he'd get irritated. He'd say, "No, go to Doctor Allen." I think people were fond of Doctor Williams. His drug store was on the west side of Main Street; the new drug store was built on the east side in a much larger building.

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My dad had to have something to do. Retirement is not the word to use. My father never retired from anything I ever heard of. He had built a store with his own hands and set up a general store. That's the way he made a living for his family. As a doctor he never acquired any money and there were no funds in the bank. He still had to work and make a living. So I grew up with that store. When my father bought that lot there was nothing on that whole block; the county had owned it.

When he moved that building, they had a great big winch and anchored to some trees across the street and he walked around and around and wound that cable up on that winch; of course the horses stepped over the cables. He would have to stop to move the winch, lay down and pick up the boards and rollers (which were five or six-inch pipe) in back of the building. Incidentally, during the move, the store never closed. People would step over the cable, make their purchases and go on their way.

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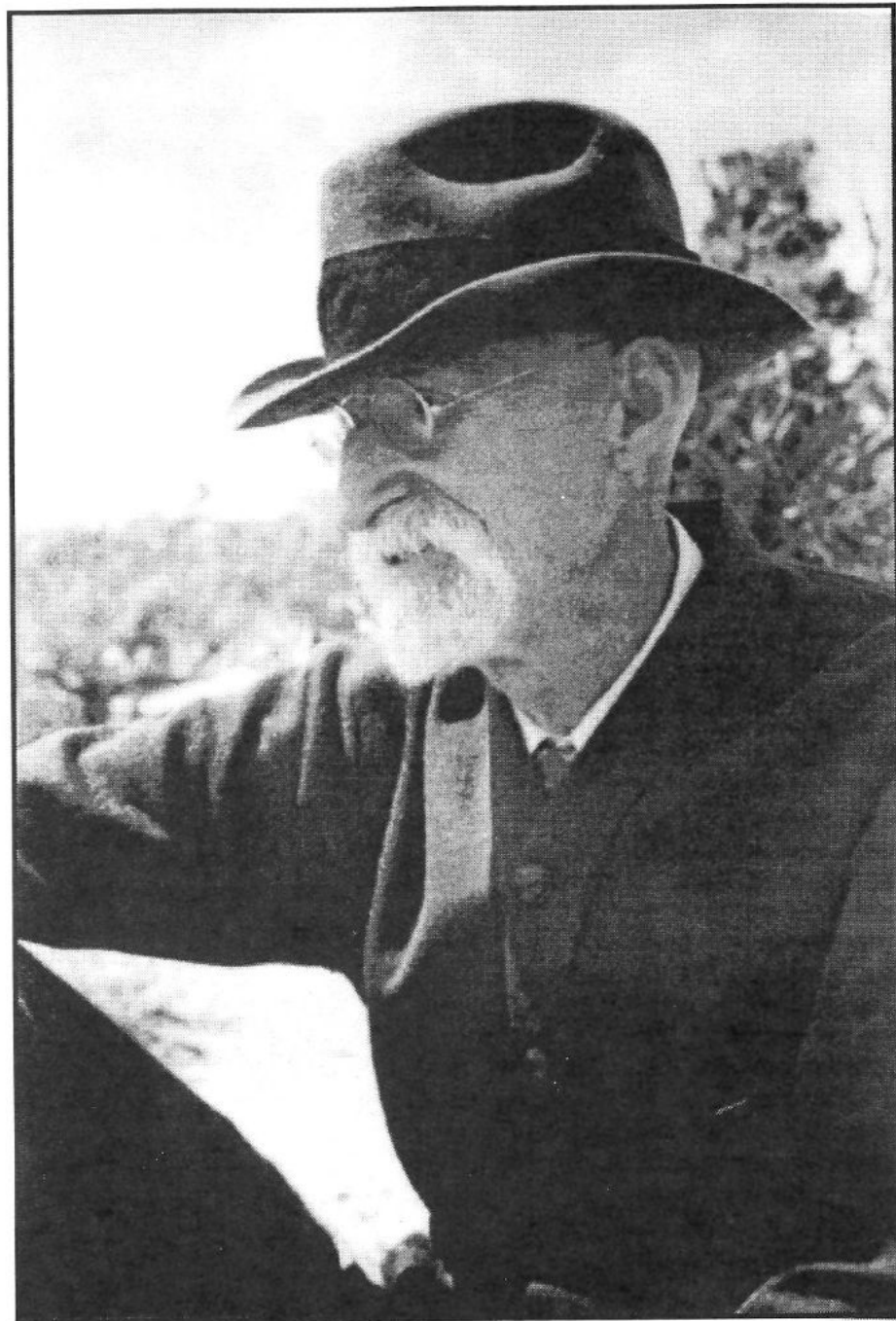


Papa loved to go out into the outlying country. He went most times by horseback but he liked to walk. He could out walk a mule. He walked like nobody I ever saw. He liked these hills and he'd hike many miles. When I drove a truck in my high teens, he would go with me. He'd have a leather bag, which I still have. He'd carry his lunch and a bottle of water out and he would carry rocks back. By then he had become a rock hound. I'd let him off by Dalton Wells and he'd hike from there clear over into the Arches. He would have been eighty or darn close to it. He'd walk by himself and be perfectly happy.

When Lewis McKinney was Curator of Arches National Monument, there were very few people who came. They went in the old road which was up north beyond the turn off for Ten Mile Canyon and it went through Courthouse wash. It was a tough way. It had a lot of sand. People got stuck. My Dad traveled through there so many times as a doctor going to Thompson and Cisco. One day he wanted to go someplace out in the Arches and he told Mac McKinney, "I want to come out there Saturday and go to the Balanced Rock." He said, "I'll be looking for you." My dad never drove a car. He came from a different age. He didn't like movies. He saw *Birth of A Nation* and didn't think much of it either. His eyesight wasn't too good when he was pretty old. He couldn't read at night so he played solitaire. I'm a great solitaire player, too, and I think that is where I got it.

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My dad got a ride with somebody to Arches and Mac was waiting. He had the horses out and saddled and ready to go. My dad informed him, "We aren't taking the horses. We are walking." Mac thought if this old gentleman could walk, he could too. Mac was getting, well, pooped, and he said the only thing that kept him going was seeing Doc a hundred yards ahead of him. When I left my father out by Dalton Wells, he'd hike into the Arches to hunt rocks all day. I would always offer to pick him up but he said not to bother, he'd get a ride. He'd always have a cane — a walking stick — he'd call it. He'd lift that cane up in the air and move to the middle of the road and that would stop people driving. Then he'd very politely ask, "May I have a ride



This photo of Doc Williams was taken in Arches National Park by Lucius L. Moore. Photo courtesy Mitch Williams.

## Honored by Arches...

**D**oc Williams has been frequently honored for his work in promoting conservation of the natural beauty of Southeastern Utah and especially for his interest in the area now known as Arches National Park. He is often called "Father of the Arches" and a promontory west

of upper Fiery Furnace is named "Doc Williams Point." A bronze bust of Doc Williams was cast in 1958 and placed in the visitor's center at the park. His image was also reproduced on one side of a bronze medallion commemorating Arches National Park.

into town with you?" And they were tickled to death to take him. And people would tell me for years that they had given him that ride. They seemed so proud. And they acted like they had accomplished the world's greatest feat.

One time my father was up at the post office getting the mail and he was up in years. You had to have a combination and turn the dial. My dad couldn't see the numbers but he could feel the pointer and he would turn it to the right numbers. Cecil Thompson told me the story that they watched as the Doctor was failing to open that box. So one of them walked over and offered to give him a hand. He refused. Said, "No. It will take me a few times, but I'll get it." And he did. That just demonstrates to me that old-fashioned self-reliance. You make it on your own; you don't depend upon anybody.

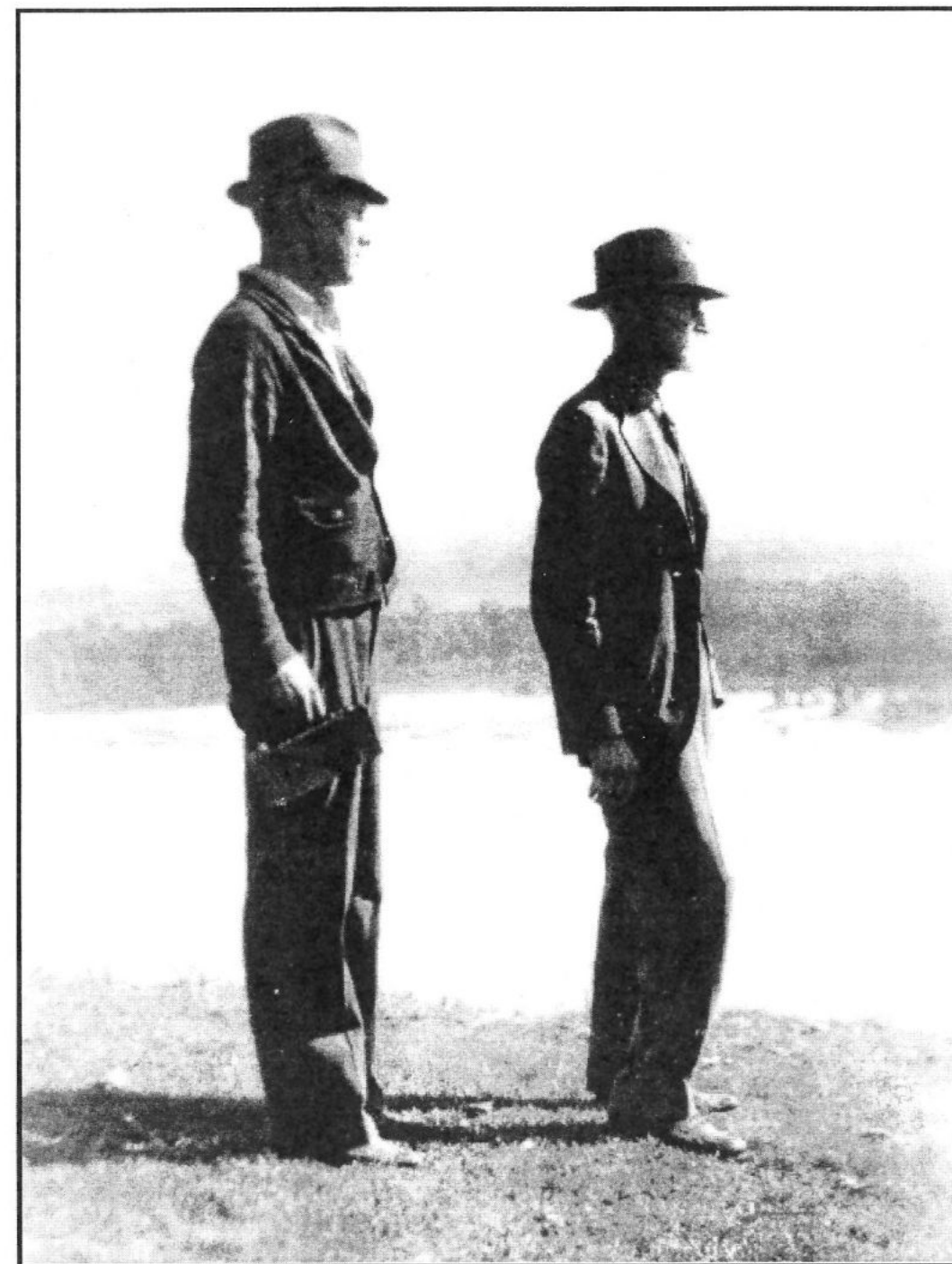
I think one of the reasons Doctor Williams lived so many years was because he got up so early every morning. Five o'clock in the morning was the standard. He would chop wood. He had wedges and sledgehammer and he would drive the wedge into the stumps and break them apart and saw them into lengths that would fit into the living room stove. My job at an early age was to stack the wood. We had it stacked all around some of the buildings and the rock cellar half under ground and half above ground; it was a pretty good size. We had it stacked every place. People would say to me half-smiling and ask, "Is your dad still getting up at five o'clock in the morning and chopping wood?" I'd answer, Yes he is. They thought that was funny that he would do that. He knew what to do for longevity. He had the right attitude and he knew how to exercise. So when he was a hundred years old he was a lot younger than other men at sixty or sixty-five years of age. I felt that contributed to his long and

healthy life. The year he died was 1956. When he died, he died at home; he didn't go linger in some hospital.

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He was quite a guy. Whenever I start talking about anything, I wind up talking about him. I must be nuts. He was an outstanding man. He was loved by us and the community. And Bish Taylor called him Our Grand Old Man.

*Michelle Hill has been a river guide since 1983. She is interested in archiving oral history and has been working with Roy Webb of Special Collections at the Marriott Library on the University of Utah campus. She is an occasional contributor to The Confluence, a quarterly journal of the Colorado River Plateau Guides.*



Mitch Williams (left) with his father, Dr. J.W. Williams, in 1935. Photo courtesy Mitch Williams.



# Make Full Use of All Available Sunshine: Fighting the Spanish Influenza Epidemic of 1918

by Janet Lowe

In March of 1918, five hundred soldiers fell sick in one week at Fort Riley, Kansas. This was the beginning of what would become the worst epidemic in the history of the United States. Before it was over, the Spanish Influenza would kill 675,000 Americans and approximately 21 million people world-wide. In October of 1918, 851 deaths were reported across America in one day. The death count for the month of October alone was 195,000.

The Spanish influenza hit Utah near the end of September. The first occurrence in Moab was reported in mid-October. Although only three cases had been reported – and all in the same family – the town was essentially shut down by the State Board of Health. Dr. J.W. Williams, the town health officer, received the following notice:

### TO HEALTH OFFICERS

*You are hereby notified that in order to restrict the spread of influenza the State Board of Health has adopted the following order to be effective on and after October 10: Whenever the existence of a case of influenza is discovered in any town or school district, the following institutions and meetings shall be immediately closed and discontinued until further notice: Public and private schools, Sunday schools, colleges, business colleges, churches, theaters, moving picture houses, dance halls, public and private dances, pool halls, fraternal meetings, public funerals and all other public assemblies.*

The health department also

provided the community with information on how to safeguard against the virulent illness. Citizens were told to go to bed if they felt a sudden chill, backache, muscular ache or unusual tiredness. "See that there is enough bed clothing to keep you warm and open all windows in your bedroom and keep them open at all times. Take medicine to open the bowels freely. If there is cough and sputum or running of the nose, care should be taken that all such discharges are collected on gauze or rag, or paper napkin and burned. Take some nourishing food such as milk, egg-and-milk or broth every four hours. Protect others by sneezing and coughing into handkerchiefs or clothes which should be boiled or burned afterwards. Insist that anyone who gives you water or enters your room wears a gauze mask. Remember that these masks must be kept clean, must be put on outside the sick room, must not be handled after they are tied on and must be boiled 30 minutes and thoroughly dried every time they are taken off."

Special instructions were given to workers: "Walk to work if possible. Avoid the person who coughs and sneezes. Wash your hands before eating. Make full use of all available sunshine. Do not use a common towel or drinking cup. Keep out of crowded places. Walk in the open air rather than go to crowded

places of amusement. Sleep is necessary for well-being – avoid over-exertion and overeating. Eat good clean food. Keep away from houses where there are cases

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of influenza. If sick, no matter how slightly, stay at home and call a physician."

Nurses also had specific instructions: "Change mask every two hours. Owing to the scarcity of gauze, boil for one hour and rinse, then use the gauze again. Wash your hands each time you come in contact with the patient. Use bichloride of mercury, 1-1000 or Liquor Cresol compound 1-1000 for hand disinfection. Obtain at least seven hours sleep in each 24-hour period. Walk in fresh air daily. Sleep with your window open. Boil all dishes. Keep patients warm."

Grand County's first fatality occurred late in the month of October when Elvan Duncan died of pneumonia in Sego. His death was followed shortly

thereafter by that of Ed Seiber, a Thompson resident who worked at the Sego coal camp. Mr. Seiber had been reported well on his way to recovery when he left his house to get a bucket of water and developed pneumonia within the hour. Pneumonia was often a fatal complication of the virus which caused health officials to urge people to remain in bed and away from work until the doctor told them they had thoroughly recovered.

As the illness spread throughout Grand and San Juan Counties, officials kept Moab in strict quarantine. Every person coming into the area from outside was required to report to Dr. Williams. If they were found to be in good health, they were allowed to stay in town; otherwise they were sent away or placed in a four-day quarantine at the Hinton Rooming House above the Moab State Bank.

The symptoms of the influenza and how it should be treated were frequently published in local papers. Frequently called "the grip" or la grippe, it usually began with a chill followed by aching, fever, and sometimes nausea and dizziness with a general feeling of weakness or depression. A temperature as high as 100-104 could develop that lasted three to four days. Patients were told the germs attack the mucous membrane or lining of the air passages nose, throat and bronchial tubes. "There are accompanying symptoms of a hard cough, especially bad at night and oftentimes a sore throat or tonsillitis and the appearance of a general head cold. Patients were ordered to bed immediately and quinine, aspirin or "Dover's Powders" could be administered, along with the application of Vicks VapoRub." Vicks used the influenza epidemic to introduce millions of Americans to their new product.

By mid-November, The Grand Valley Times reported that the influenza situation was favorable and that schools were to re-open. An order had been placed that gauze masks be worn

whenever people were on the street or entering public places; that order was credited with halting the epidemic in Moab. Work had resumed in the Sego mines but not before the influenza had claimed nine lives. In spite of a decreasing number of cases reported, town officials met and decided to keep the quarantine in place through early December. Despite these precautions, the influenza made a strong reappearance in Moab in January, as it did nationwide. Ninety new cases were reported in Moab and a physician from American Fork was called in to help Dr. Williams treat the more than 200 cases that spread through town. Mid-way through his tenure in Moab, Dr. Clark was called back to American Fork, but the situation in Grand County was so precarious that he stayed to assist Doc Williams. Two more nurses, in addition to all local nurses and Red Cross volunteers, were called in from Grand Junction and more

were sought. A temporary hospital for influenza patients was established in the high school auditorium. The auditorium was considered an ideal spot to care for victims of the disease as they could use the "state of the art" steam heat to keep the room at the desired temperature and the nurses could care for a large number of people at the same time. Meals were prepared in the school's domestic science rooms. Dr. Clark brought with him 10 gallons of whiskey, which was strongly recommended for treatment of the disease. Ironically, shipment of the elixir was delayed to Moab because it could not be shipped via regular carriers due to strict Utah liquor laws. When it did arrive in Moab, it was held by the sheriff and delivered to patients only upon doctor's orders.

Officials were unsure where the new outbreak of the contagion occurred, but it was speculated that family gatherings at Christmas time helped fuel the new eruption. The quarantine had been lifted

Net Contents 15 Fluid Ounces

900 DROPS

ALCOHOL - 3 PER CENT.  
A Vegetable Preparation which  
simulates the Food by Regulating  
the Stomach and Bowels of  
INFANTS, CHILDREN

Thereby Promoting Digestion,  
Cheerfulness and Rest. Contains  
neither Opium, Morphine nor  
Mineral. NOT NARCOTIC.

Prepares for  
Painful Stool  
Acid Stomach  
Indigestion  
Flatulence  
Wind Colic  
Diarrhoea  
Feverishness  
Nervous Stomach

A helpful Remedy for  
Constipation and Diarrhoea,  
and Feverishness and  
LOSS OF SLEEP  
resulting therefrom in infancy.

Has the Signature of  
Dr. H. Fletcher

THE CANTON COMPANY,  
NEW YORK.

At 6 months old  
35 DROPS - 35 CENTS

Exact Copy of Wrapper.

## Children Cry For Fletcher's CASTORIA

### What is CASTORIA

Castoria is a harmless substitute for Castor Oil, Paregoric, Drops and Soothing Syrup. It is pleasant. It contains neither Opium, Morphine nor other narcotic substance. Its age is its guarantee. For more than thirty years it has been in constant use for the relief of Constipation, Flatulency, Wind Colic and Diarrhoea; allaying Feverishness arising therefrom, and by regulating the Stomach and Bowels, aids the assimilation of Food; giving healthy and natural sleep. The Children's Panacea - The Mother's Friend.

### GENUINE CASTORIA ALWAYS

Bears the Signature of

Chas. H. Fletcher

## In Use For Over 30 Years

The Kind You Have Always Bought

This ad from the Grand Valley Times, touts the medicinal qualities of Fletcher's Castoria, a popular "cure" in the early 1900s.



for the holiday season and officials recognized the disastrous results of this relaxation. Many of the people who had recovered from the disease after its first assault on Moab fell ill for a second time. During the second onslaught, the quarantine was once again established, but travel to and from Moab was not restricted. Neighboring towns, however, did establish rigid quarantine against people coming from or traveling through Moab into their communities.

The January 10 issue of *The Grand Valley Times* reported 250 cases of the Spanish influenza with 20 cases of pneumonia and two fatalities in Moab that week. "There must be no slackening of vigilance until the epidemic is conquered," the ad read. "General vaccination on the part of those who have not contracted the disease is recommended strongly. Present indications are that the contagion will linger in Moab for months or until every person is afflicted, unless preventive precautions are observed. Vaccination has been proven to be an almost infallible preventive, and if the people of Moab who have so far escaped the disease will get vaccinated, it is believed that the contagion can be stamped out in the community within a month or six weeks. Those desiring to be vaccinated should apply at once either to Dr. Clark or Dr. Williams."

The two doctors were reportedly working day and night with little opportunity for rest. By the end of the first week of January, two-thirds of families in town were afflicted with the disease. In some cases, whole families were struck with the disease, making it difficult to provide care for one another. The large number of pneumonia cases reported – and subsequent deaths – was attributed to the fact that people "leave their beds too soon after they commence to mend." Doctors Williams and Clark emphasized that patients should remain in bed at least two or three days after their fevers left them.

By the following week, the situation was much improved and there was optimism that the epidemic could be stamped out in Moab within two or three weeks. At the end of the epidemic, Doc Williams reported that there were only about 20 families, totaling 100 people,

who had not been afflicted with the disease and that possibly 150 members of families that were stricken managed to escape the illness. The makeshift hospital at the high school was lauded as a lifesaver for every patient taken there; no fatalities occurred at the high school hospital. Doctors Williams and Clark heralded the pneumonia serum distributed late in the epidemic as "one of the greatest boons to humanity yet devised." A number of patients seriously ill with pneumonia were treated with the serum and it is believed it saved their lives.

The epidemic hit Moab with far less ferocity than it did much of the nation – and the world – no doubt in large part thanks to the rural setting and small population. City dwellers who rode cable cars to work or congregated in large numbers at train stations fell prey to the disease much more rapidly than rural areas. Although entire families were struck with the illness, only two town people died from the disease. Mining camps were hit harder.

News of the war often competed with reports of influenza and the news was seldom good in late 1918. The epidemic slowed down the army's ability to draft men as the flu raged through all cantonments, but as soon as the epidemic was declared managed, the draft board was shipped the majority of the men out in one or two contingents. Twice the number of people died from the 1918 Spanish Influenza pandemic than all the combat deaths in World War I. The period ranging from 1918 to 1919 were deadly months for American and for all the world. Given the violence with which the rest of the world was hit with the Spanish flu, Grand County made it through the epidemic with comparatively few fatalities.

*Janet Lowe is a freelance writer who has lived in Moab for almost 10 years. She writes a monthly column for Moab Happenings, is a frequent contributor to Canyon Legacy and is this issue's editor. Her poetry has appeared in numerous journals and collections.*

## Navajo Nation Hit Hard by Epidemic

While physicians, makeshift hospitals and vaccinations saved lives in Moab and Grand County, thousands of Native Americans on the Navajo Reservation succumbed to the disease. It was feared at that time that unless the spread of the Spanish influenza was checked, the Navajo tribe could be decimated.

James Wetherill, the Indian trader at Kayenta, sent word to Bishop Kumen Jones of Bluff, Utah, that he helped bury no less than 100 Navajos at Kayenta alone. Without physicians, facilities or serum, the death rate on the Navajo reservation was exceptionally high. One Navajo family near Bluff was almost completely destroyed by the disease. A cowboy riding the range south of the San Juan River came upon an Indian camp where a family of six Navajos had been living. He found five of them dead with only one eight year old boy remaining alive. It appeared the young boy had been left with his deceased family, with nothing to eat, for about four days. The terrified boy would not leave with the cowboy and Wetherill was brought to the site so he could persuade the boy to go with him.

Joe Lee, the Navajo trader who was believed to have been the hero in one of Zane Gray's popular novels, was also a victim of the Spanish influenza. By January 1919 it was reported that 3,000 Navajos had died of the dread disease. John L. Oliver, who conducted a trading post at Mexican Hat, reported that the contagion swept through the entire

# BALLARD'S SNOW LINIMENT

**A Sure Cure** for Rheumatism, Cuts, Sprains, Wounds, Old Sores, Corns, Bunions, Frosted Feet, Burns, Scalds, etc.

AN ANTISEPTIC that stops Irritation, subdues Inflammation, and drives out Pain.

PENETRATES the Tissues, loosens the Fibrous Tissues, promotes a free circulation of the Blood, giving the Muscles natural elasticity.

BEST LINIMENT ON EARTH  
ONCE TRIED ALWAYS USED

**CURED SCIATIC RHEUMATISM**

Mrs. B. A. Simpson, Seattle, Wash., writes: "I have been trying the ball of Hot Springs, Ark. for sciatic rheumatism for 12 years. I have tried many different treatments, but I have never found relief until I used Ballard's Snow Liniment. It has cured me of the disease and I feel like a new man."

THREE SIZES: 25c, 50c AND \$1.00

BE SURE YOU GET THE GENUINE

**Ballard Snow Liniment Co.**  
ST. LOUIS, U. S. A.

*This ad from a 1919 Grand Valley Times, shows just how much times have changed. That year, appendicitis surgery cost only \$10, a private hospital room went for \$25 per week, and a shared room in the ward cost only \$20 per week. As advertised, the Moab Hospital's rates truly were "very reasonable."*

*At the turn of the century, a host of liniments, salves and elixirs professed to cure any ailment. This ad for Ballard's Snow Liniment, which appeared in the Grand Valley Times, claims to cure rheumatism and "galls."*

# The Moab Hospital

is now at the service of the public of southeastern Utah. We offer expert attention, and our rates are very reasonable.

## RATES:

Private Room, per week	\$25.00
Ward, per week	20.00
Maternity Cases, per week	25.00
Appendicitis Operation	10.00
Major Cases	15.00

We invite the public to call and inspect our modern hospital, and see for yourselves the conveniences and equipment we have installed to safeguard health and lives of people in this part of Utah.

## Moab Hospital Company



# A Medical March Through Time: A Brief History of the Hospital, Doctors and Nurses Who Served Moab

by Paula Kelley, LPN

When Grand County was founded in the late 1890s, early settlers, realizing the need for a physician, put an advertisement in the *Grand Valley Times*. The add was answered by a Dr. J. W. Williams. He moved to Moab and started a practice. Soon afterwards, he put his own ad in the local paper "Doctor, druggist, dealer in books; stationery, Navajo blankets, and Indian trinkets." The year was 1897. He was paid \$150 a year, and took whatever was offered in trade for services rendered.

Dr. Williams covered a wide area, from Cisco to Hanksville and down to the Paradox valley. He rode this area on horseback at least once a month. Dr. Williams also was dealer in buggies and freight wagons. His diversity was his strength. As a concerned citizen, he helped promote the establishment of Arches National Monument in 1929, as well as the expansion of the park in 1938. You can visit Doc Williams Point at the park.

The first hospital was built in 1920, after the influenza epidemic of 1918, where the schools and courthouse had to be used as makeshift hospitals. The hospital was built on Center Street just off Main Street where the Canyonlands

Best Western Motel is now located. Dr. Williams retired in 1919, before the opening of the hospital.

Upon Doc Williams' retirement, Dr. I.W. Allen moved to Moab. Dr. Allen

now stands sold by Cecil Thomson to Grand County for one dollar. The citizens of Grand County, led by the Moab Chamber of Commerce Committee (headed by Cecil Thomson



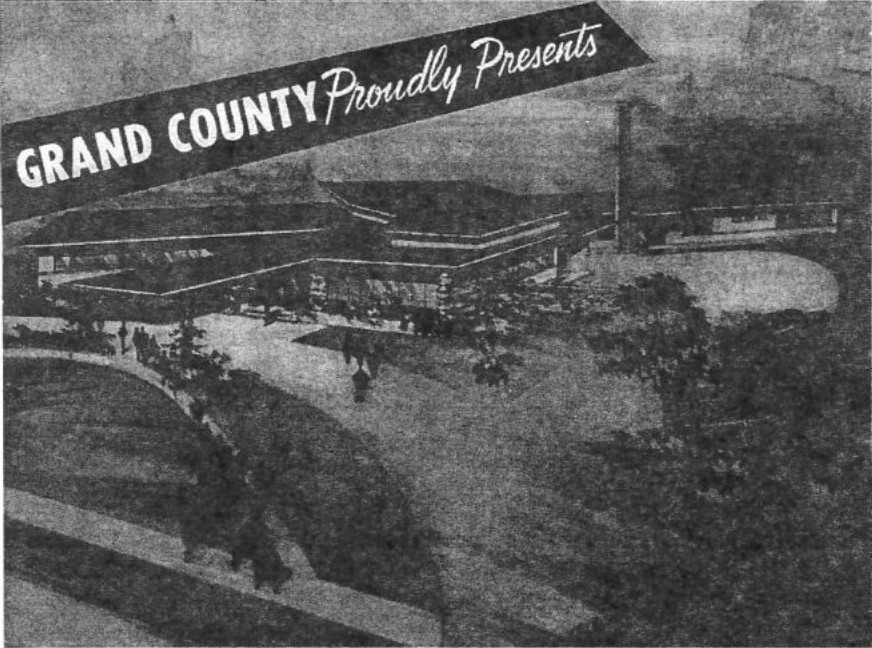
Dr. I.W. Allen. Photo courtesy Dan O'Laurie Canyon Country Museum, Dick Allen collection.

brought with him a passion for improving the availability of health care in the community. His passion, now fueled by the uranium boom, gave need to the building of a new hospital. The four-and-a-half acres where the hospital

and John Levering), pledged to raise at least \$100,000 if the county could underwrite the balance needed for a new hospital. After a meeting held with the State Board of Health, the County Commissioners were assured a grant of



The old Moab Hospital building, built in 1920, was located on Center Street just off Main Street where the Canyonlands Best Western Motel now sits.



At right, the cover of this 1957 brochure shows the new Allen Memorial Hospital building. Inside, the brochure shows off state-of-the-art equipment, and the hospital's staff. The new building opened in 1957. Photo courtesy Allen Memorial Hospital.

The  
**DOCTOR I. W. ALLEN**  
*Hospital*  
MOAB UTAH

DEDICATED TO THE SERVICE OF HUMANITY . . . 1957



45% of the net cost for a new hospital, which was estimated at \$625,000. In November 1954, the Grand County voters took a bond issue for \$225,000 to the polls. The issue passed and the funds were set up to guarantee the completion of a new hospital.

The doors of the hospital opened on January 17, 1957. In recognition of 28 years of service to Grand County, the hospital was dedicated the "I.W. Allen Memorial Hospital." A new modern institution, everything was state-of-the-art for the time. The first Board of Directors was comprised of John A. Levering, Don Delicate, Cecil S. Thomson, Albert T. Ludlow and Winford Bunce. Today there is still a Board of Directors which govern the Hospital. Allen Memorial Hospital remains in service in the year 2000, and cares for thousands of people a year.

Allen Memorial Hospital's first physicians were Dr. Winston Ekren, Dr. Paul Mayberry, Dr. Jay P. Munsey, and Dr. Carroll D. Goon. Dr. Mayberry arrived in 1956 and soon after won the hearts of all the locals. With his magnificent surgical skills and quick-witted charm, he was the one of the greatest surgeons of his time. After 23 years in practice in Moab, the physician, neighbor, and friend to all died of cancer. The loss was great to all who knew him; he was a kind, very generous man and impeccable surgeon. He will always be missed. The day of his funeral the town practically closed down as the locals mourned. Many locals still swap Dr. Mayberry stories, and night nurses at Allen Memorial Hospital often say the ghost of Dr. Mayberry walks the halls of Allen Memorial Hospital to this day. Dr. Paul R. Mayberry is rarely mentioned without envisioning a smiling, chubby little man, with his glasses perched on the end of his nose, his eyes peering over the tops of the frames of his glasses, frequently sharing a laugh with one of the locals.

Dr. Carroll Goon actually practiced in Monticello and came to Moab to cover the emergency room occasionally, as well as to perform some surgeries. He retired sometime in the 1980s. Dr. Munsey started here in 1955, stayed for a few years, left but returned in 1958 to stay until 1987 when he retired and moved away from Moab. He returns

to visit occasionally and keeps up with all the Moab happenings; he recently wrote a letter to the editor, published in the *Times Independent* about the Allen Memorial Hospital. Dr. Munsey was known as soft spoken, refined, yet playful. He loved to pull practical jokes, and was often compared to B.J. Honeycut on M.A.S.H. He not only could play a joke, he also could take one. Many staff members at Allen Memorial tried to outwit him while he worked there.

Dr. Winston Ekren began practice sometime in 1954, and stayed until the early 1960s. When Dr. Mayberry moved to town, he practiced with Dr. Ekren in a little office up by Milt's Stop and Eat. Dr. Ekren delivered the first baby born at AMH. Robert Brian Mehl was born on January 17, 1957; his picture still hangs by the nursery at Allen Memorial Hospital.

Dr. Robert O. Murray arrived in Moab in the early 1970s and practiced in the office with Dr. Mayberry. He was a Family Practice physician who did everything from obstetrics to surgery. When you are rural physician you don't get much choice: you have to do whatever is required of you by the patients who present to you both in the office and in the ER. Dr. Murray announced his retirement in 1993. On February 17th, 1993, the new emergency wing at Allen Memorial Hospital was dedicated as the Robert O. Murray Emergency Services Room.

Dr. Steven V. Rouzer moved to Moab in 1981, and began practice in the same building he is in now. He came out west to work with Dr. Mayberry as a resident, staying a year before leaving to work with Indian Health services for six years. He returned to Moab where he, his family and their horses, cats and dogs have made their home. Dr. Rouzer was voted Citizen of the Year in 1993, when he was the only physician here in town for almost a whole year. Moab considers Dr. Rouzer more than a physician. The locals call him the "Harley Doc," as his favorite mode of transportation is his Harley Davidson motorcycle. His patients count on him for the latest jokes...and he learns quite a few from them as well!

Others in the Physician Hall of Fame include: Dr. James D. Redd, 1989-

1993; Dr. Preston, 1981-1983; Dr. Don Marquardt, 1982-1987. Dr. Jerry Peters practiced with Dr. Mayberry in the early 1970s. Dr. Alexander was only in Moab a short while. Dr. Temple also practiced in Moab briefly as did Doctors Rutt and Stillson. Other physicians who have made their way to Moab include: Doctors McNeal, Cameron, Anderson, Waddingham, Djurich, Scherer, Hoffmeister, Kopel, Etzel, Keyes and Penn.

There also have been many mid-level providers, both at the hospital and at the clinics here in town. A mid-level provider is a professional who is trained to diagnose and treat patients with the supervision of a physician.

Jolly Stanford, FNP, has been practicing with Dr. Rouzer since 1991. Jolly has been in health care in Moab since 1981, when she worked for Dr. Marquardt. After that she was Director Of Nursing at Allen Memorial Hospital for many years (1984-1987).

April Randle, a Physician's Assistant, worked in the Emergency Room from 1991-1994. Suzanne Allen and Suzanne Nebekker were also mid-level providers during the 90s. During this time Moab also welcomed the first nurse midwife practicing in Moab when Ann Miller, CNM, moved to town in 1994, but she has since left and is practicing in northern Arizona.

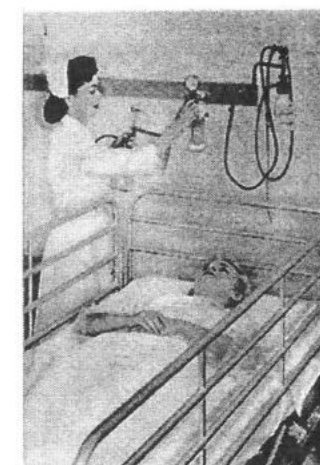
### The "Ladies with the Lamps"

The "nurse" is known throughout time as "The Lady with the Lamp" serving mankind by administering to the sick and injured. The nurse is synonymous with the physician. You hardly think of one without the other; they come as a team. The nurse is required to gain much knowledge to enable her to help the physician. She is taught to offer her devotion, sensitivity and humanity to others who are in need. Fifty years ago a male nurse was hardly ever heard of and yet, today, over 35% of the nursing work force is male.

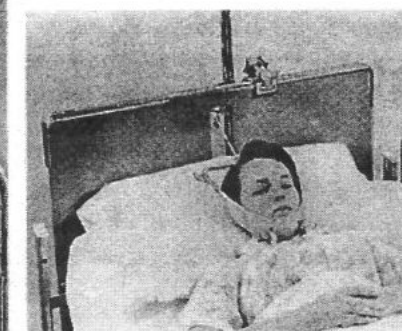
Today, nursing has grown to encompass all facets of health care needs. Nurses now work more closely with the physician as a team to best meet the patients needs. With the demand on the physician for his time, and limited



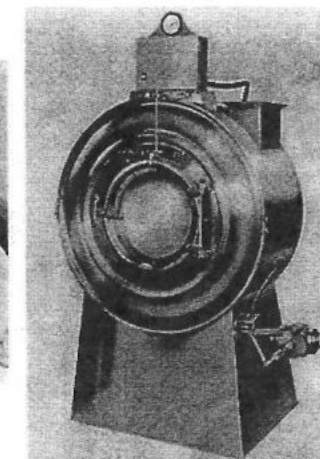
Above, an artists rendering of the waiting room in the new Allen Memorial Hospital, which opened in 1957. Photo courtesy Allen Memorial Hospital.



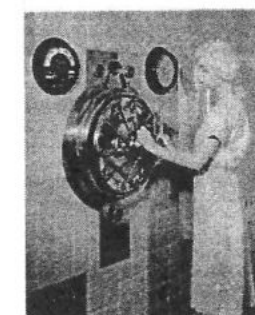
RECOVERY BED



TRACTION UNIT

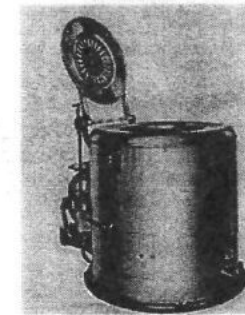


CASCADE WASHER

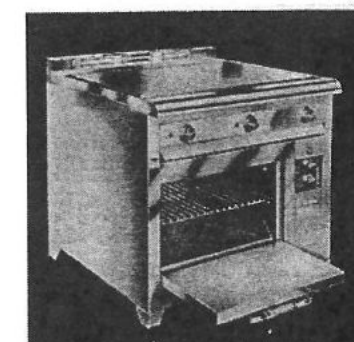


STEAM STERILIZER

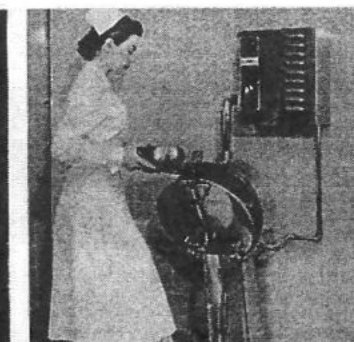
Space will not permit showing all of the many fine equipment and service installations in the new Hospital. On this page are six views of additional units that are a part of the parade of modern appliances to be used in the daily operation of the Hospital.



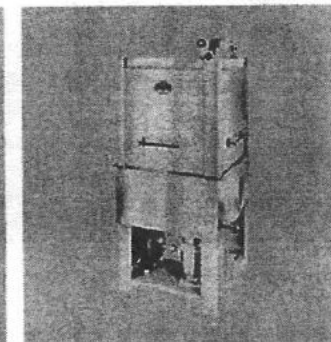
MONEX EXTRACTOR



SUPER RANGE



BED PAN STERILIZER



DISHWASHER

At right, some of the equipment, at Allen Memorial Hospital shown in these 1957 photos is now out-dated, but at the time, it represented the best technology available. Photo courtesy Allen Memorial Hospital.



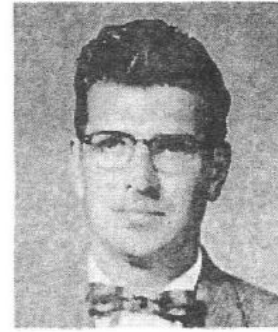
## MEDICAL STAFF . . .



DR. WINSTON EKREN



DR. PAUL MAYBERRY



DR. JAY MUNSEY



DR. CARROLL D. GOON

## NURSING STAFF . . .



PAT EAKLE, R.N.



DOROTHY TEMPLE, R.N.



BARBARA ROBINSON, R.N.



BETTY DRAVAGE, R.N.



HELEN CARTER, R.N.



SARAH BINGHAM, R.N.

Doctors and nursing staff at Allen Memorial Hospital in 1957. Photo courtesy Allen Memorial Hospital.

numbers of physicians, the nurse evolved to assist him by taking on more responsibility. The nurse now acts as a teacher, ensuring that the patients understand the physician's instructions and know how to care for themselves. Working as an educator and facilitating the meeting of patients' needs, a nurse is empathetic and compassionate and is often able to spend a little more time with the patients. She documents her findings for the doctor to review so he might have a detailed account of the events of the day and night (while in a hospital setting). Nurses now are trained more extensively on procedures, and how to perform them to help the physician. With advancing technology the availability of health care products

the nurse now must keep current on all the latest equipment and pharmacological achievements. Nurses still represent that caring face at the bedside, the one who comforts, the one who listens and the one who answers to patient needs.

It would be impossible to list all the fine nurses who have passed through the halls of Allen Memorial Hospital and to try would be to accidentally leave somewhat out. The first nurses in Moab are worth mentioning, however. In 1884-1897 Mrs. Ghillie Ann Haze Brack, known as "Grandma Brack," was the first nurse in Grand County, and worked as a lay doctor until the arrival of Dr. J. W. Williams in 1897. When the first hospital was built in 1920, there

were nurses, but not much factual information is available. When the new I.W. Allen Memorial Hospital was opened in January 1957, there were six full time RNs: Helen Carter, Betty Dravage, Pat Eakle, Sarah Bingham, Barbara Robinson, and Dorothy Temple.

*This article was drawn from interviews and memories of working and retired medical staff in Moab. Any omissions are not intentional. — pk*

*Paula Kelley is a LPN working for Dr. Steven Rouzer. She is also an aspiring poet and novelist.*

# Air Life: Help from Helicopters

by Teresa Bagshaw



St. Mary's Air Life, Bell 412 twin-engine turbine helicopter. Photo courtesy St. Mary's Hospital.

St. Mary's Hospital in Grand Junction, Colorado, has been serving the communities of eastern Utah for many years through its air medical transport program. St. Mary's Air Life started its fixed wing program in 1975 with an airplane staffed with emergency room nurses. In 1980, St. Mary's began its first helicopter service in a Bell 206 and flew many missions in eastern Utah. The helicopter service area was initially quite large due to the lack of other flight programs in the area. It included all of southeast Utah, from Richfield south to the Arizona border and Flaming Gorge and Price to the north. St. Mary's Air Life

served all of the Lake Powell Recreation Area and all of Canyonlands National Park and surrounding wilderness areas. It was not unusual in the 1980s to fly to Lake Powell eight to ten times a week during peak summer months.

In 1984, St. Mary's began flying a Bell 222 as the primary helicopter, which gave the hospital the capability to carry more than one patient at a time. This was extremely helpful in the remote areas of eastern Utah since there are often multiple patients involved in accidents with few ways to transport them safely to hospitals capable of caring for them. The Bell 222 also gave St. Mary's the added safety of twin engines,

which is more important in remote areas.

As the recreation in the Moab and Canyonlands area increased, so did the population and also the number of patients needing air medical transport for life-threatening injuries or illnesses. In 1986, St. Mary's Air Life began using a Bell 212 helicopter and quickly upgraded to the Bell 412, which is currently in use. This helicopter is capable of carrying four patients and four attendants along with the pilot. It also has a very large fuel capacity, which enables it to fly long distances without refueling. The 1990s saw the number of flights into eastern Utah steadily climbing each year, largely reflective of

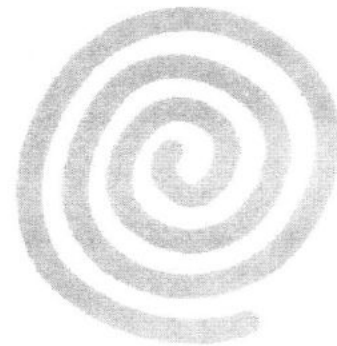


the increase in tourism and recreation in the area. In this time period the fixed wing program at Saint Mary's was also upgraded with full time fixed wing flight teams and medically dedicated fixed wing aircraft contracts. This combination of helicopter and fixed wing allows excellent coverage for all areas of eastern Utah, even in inclement weather.

Over the past 25 years, St. Mary's has responded to many varied requests in the area, including rescuing climbers in the canyon areas, river rafters on the Colorado River, motor vehicle accidents with numerous victims, backcountry bicycle accidents, industrial accidents, and neonatal and maternal emergencies, not to mention heart attack victims or those with medical conditions needing emergency care. In 1998 there were 163 patients transported from eastern Utah and in 1999, 151 patients were transported.

The list of interesting and memorable flights is very lengthy, from the propane gas explosion in 1981 in Moab, in which eight patients were flown out of Moab, to the van rollover in Blanding in 1998, which critically injured 13 of the 17 occupants. There have been numerous flights involving mothers and newborn babies which have had happy endings. In all, St. Mary's has felt a deep sense of commitment and caring for the people of eastern Utah. Signs are that the new millennium will bring a continued relationship of support and trust.

*Teresa Bagshaw serves on the nursing staff at St. Mary's Hospital in Grand Junction, Colorado.*



St. Mary's Aero Commando twin-engine turbo prop plane. Photo courtesy St. Mary's Hospital.

## Sure Hands and Loving Hearts: The Story of Midwives in Canyon Country

by Molly Gates

If asked about midwifery many people would have a vague image in their minds from a history book, or from a story about someone who had a home birth, or they may have no idea whatsoever what a midwife is or what she does. For many throughout history, the midwife was the woman who came to assist them through pregnancy, birth and postpartum. The role midwifery played was of utmost importance, and crucial to the lives of women and all babies coming into the world. The history of midwifery is old and long and has endured through time to near extinction when birthing almost always took place in hospitals, usually with a male doctor attending. The roots of this once very esteemed profession are ancient, going back to the origins of human life, and it is again becoming more common and known by people living in industrialized nations. Living in Utah, we have an abundant history of midwives practicing in the area, from the images of birthing on the many panels of rock art in the area, to the Mormon migrations westward and their settlement throughout the state.

Those who live in this beautiful canyon country may be familiar with what is assumed to be fertility and birth images seen commonly throughout the rock art in the region. From before the



The prominence of the "birth scene" in this ancient rock art panel along Kane Creek Road near Moab is but one more reminder of the wonder all civilizations have felt related to the miracle of conception and birth. Throughout history, civilizations have also revered those practitioners who assist during the birth of a child.

Photo by Dan Norris.



time of the Anasazi continuing through today, the passage through birth has been a normal process assisted by other women, usually the midwife. "In the Old Testament they [midwives] were described as examples of the strength and faith in God."

For those wondering, "what do midwives do?" the following excerpt should clarify the work of the midwife: "Midwives teach, educate and empower women to take control of their own health care. In most communities, they provide prenatal care, or supervision of the pregnancy, and then assist the mother to give birth. They manage the birth, and oversee the woman and her newborn in the postpartum period."

Historically, midwives were the attendants for all births. This held true before and during the colonial period. Doctors were only used if there was an emergency. Most midwives of that time were trained by each other through apprenticeships and experience, with knowledge often being passed through families from mother to daughter. The reason midwives were educated through the route of apprenticeship was that women were not allowed into learning institutions until later. Midwives were considered very wise and served their communities as doctors or healers, usually assisting their community with more than childbirth. For example, they would make herbal remedies for ailments, assist families during epidemics, and, in some cases were the ones who laid out the dead. The role of the midwife as healer and assistant to birth was the norm until the end of the 19<sup>th</sup> century. Around 1920, the shift to hospitalized birth occurred eliminating midwives almost completely. During this time hospitalized birth became a display of wealth and social status. Only the poor continued to use midwives because they simply could not afford the cost of medicalized birth.

A factor in the preservation of midwifery was the new role of nurse midwifery. These nurses worked in the hospitals with doctors, but were trained in midwifery. In 1918 a foundation called the Maternity Center Association, or MCA, was created. MCA sent midwives to poor rural areas to assist women there. Usually these women were public

health nurses who received training in midwifery.

Hospital births remained the most common choice until the 1960s and 70s. At that time modern midwives began to join together, lobbying and forming networks facilitating communication among those in the profession.

The history of midwifery in Utah is plentiful for the most part due to an advisement from Brigham Young expressing his feeling that a woman being examined and attended by a male physician was immoral. He strongly encouraged women to have a midwife attend them through pregnancy and birth. Inspired by the President of the Mormon Church's insights that women should become trained physicians, the Relief Society sponsored many women so that they could gain their education with obstetricians in the East. When these women returned from school, they would then train midwives in their own and other Mormon communities. For the Mormon pioneers, medical assistance came predominantly from local midwives. Women's abilities were often noticed during the migration out to Utah, as they attended the sick and those birthing. If these women weren't already functioning or trained in midwifery, they were asked by the President or a Bishop to take on this role and receive either formal training or be trained by another midwife. Women serving as midwives were an invaluable resource through the migration west and through the struggles with settlement.

The following stories provide just a small glimpse of the many women throughout the state who served as midwives during the period of settlement. In *Escalante Story* Nethella G. Woolsey writes of many women who served that community as midwives, in particular Susannah Heaps and Mary Alice Shurtz. Susannah Heaps settled in Escalante in 1876. Her services within that community were broad. Along with delivering 800 babies on record, she set bones, and treated all their ailments. Her career as a midwife lasted for 40 years. Mary Alice Shurtz moved to Escalante in 1875. She studied obstetrics in Salt Lake City and then went on to practice midwifery in Escalante for 35 years. She is said to have delivered 600 or more

babies.

Settling many of the towns throughout Utah was often difficult for the pioneers, Moab was especially so. The first attempt at settlement failed due to tensions with the native tribes in the area. The second migration to settle the region was successful. Within this group was a woman who had been trained as a midwife through the Relief Society. Sarah Jane Blazzard Kinneson Stewart was one of the four wives of Bishop Randolph H. Stewart, who had been a friend of Sarah's first husband. Having told his friend that he would care for his wife and children in the event he passed away, Stewart married Sarah after her first husband's death. Sarah's great-grandson Mr. John (Jack) Goodspeed, is a native of Moab. His family has done extensive research on Sarah and others in their family history, and he has many stories shared by his family about Sarah and the work she did in Moab. The following is taken from an afternoon of talking with Jack.

Sarah arrived in Moab in 1881 after walking from Huntington, Utah. She was the primary midwife in Moab for 40 years, serving the community in many other ways as well. Her knowledge of herbs and home remedies was vast and well-known. When a person became ill, they called upon "Aunt Sarah" (as she was referred to by many in Moab) for treatment. The Daughters of Utah Pioneers Vol. II Book 1 lists some of her "pure simple remedies" gathered from many local flora. It was said that she "had a cure for everything" (DUP 24). Her kindness and compassion drew many to her, whom she accepted and cared for out of the goodness of her heart, never expecting compensation.

After Dr. J.W. Williams arrived in Moab, Sarah continued to attend as midwife, as was recommended by the church elders. Even after Sarah was much older, she would assist in births, and worked to teach other midwives in town. In 1921, she delivered Ruby Holyoak's baby; this would be her last delivery. Sarah passed away in 1922, at the age of 73, as the result of an accident. She served her community well, and was loved and remembered with great affection.

The other midwives who provided

health care for the town of Moab were Mary Day, Hannah Somerville, and Ghillie Ann Brack. Ghillie Ann Brack's was not the typical story of a midwife in Utah, however. She was not trained by the Relief Society and was not part of the Mormon migration westward. She arrived in Moab in 1884. Being part of the Methodist Church, Ms. Ghillie Ann Brack was an unusual woman in Utah. She began her work as a midwife accidentally as a result of being the one to deliver her sister's baby. Her dedication to serve was well-known. At the age of 80 years, she rode on horseback 60 miles to Paradox to attend a birthing woman there. All of these women represent a small fraction of the women serving the pioneering communities of Utah. Today midwifery is still a strong and frequently used profession in the state. In fact, midwifery use in Utah is higher than many other states; likely due to the long history of midwifery in the state.

Moab is currently the home of two midwives: Janina Schmidt and Olga Ehrlich. Their work in Moab is to assist and support women who prefer natural home birth experiences. Janina studied at The Maternity Center in El Paso, Texas; and at Maternidad La Luz, which was set up on the Mexican border. Both of these institutions are birthing centers and midwifery schools. Olga also studied at the same birthing center in El Paso and studied through two apprenticeships, one with Janina and one through the legalization process in Colorado. Both women see midwifery and home birth gaining acceptance again in our culture. This is a result of consumer demand for home birth.

When asked about the role midwives play in the community, Olga and Janina note the work of education to dispel the myths taught by our culture as being important. Olga shared that the guidance to this knowledge entails teaching people that midwives are educated and practice according to high professional standards, and they take their work seriously. In addition to this education, Olga feels her role is to assist in "maintaining the true integrity of birth as a normal bodily function for healthy women." As part of her practice she supports women in their choice about

where and how they would like to birth – in what room, in what position, if they want to walk, eat, and move, or if they want to have the birth in a tub of warm water

Janina "just knew," as she attended her first home birth at age 19, that this was her work. There are two things she loves most about doing this work. First is the gift she receives in witnessing women begin to own their power. Second, being in the presence of a new being coming into the world, and being able to participate in such a holy event blesses her. Similarly, part of Olga's love of midwifery is the chance to see women feel satisfied in the recognition that their bodies know what to do, and allowing them to acknowledge their inner strength and importance. She was drawn to midwifery after the birth of her own child. She saw this work as a visible opportunity to aid and assist women in claiming and discovering the power of their bodies. Olga and Janina have joined the rich history of midwifery in this state and in this town. Through the supportive work and open minds at the local hospital, Moab's local midwives continue the ancient work of midwifery with sure hands and loving hearts.

*Molly Gates is a mother and student who has lived in the Moab area for three years. She has first-hand experience with midwifery, having teamed with local midwife Olga Ehrlich for her prenatal and birth care. She enjoys hiking the area with her dog, Mesa, and her son, Rowan. She looks forward to raising Rowan in Moab and is interested in participating in the growth and enrichment of the community.*

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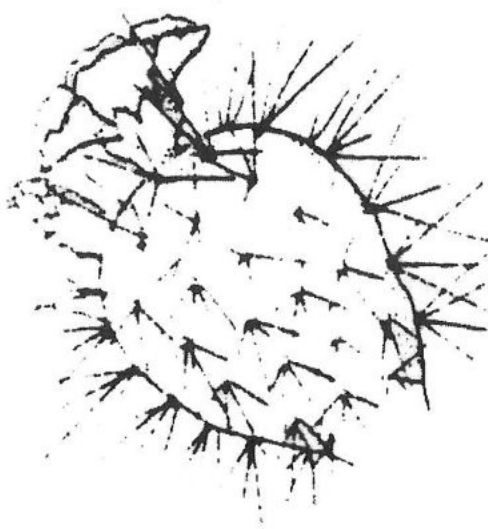


# Medicine Underfoot: Medicinal Plants of Canyon Country

Compiled by Janet Lowe

**B**efore doctors, before nurses, before white man came to canyon country – and for a long time afterwards – humans relied on the natural materials around them to cure illness, ease pain, and maintain health. The plants they used still grow throughout the canyons and the mountains. For a variety of reasons, including the high cost of medical care, prescription drugs, drug interactions and contraindications, people in great numbers are turning back to the natural remedies found in herbs and other plants. This article introduces you to some of the more common curative herbs that grow under your feet in the canyonlands. *Please do not consider this a definitive list nor think of this article as instructional. Much research needs to be done before you pick or select herbs to treat illness or other symptomatology. Always consult with a health care provider before taking herbs alone or with prescription drugs.*

Prickly Pear Cactus



Pinon Pine

**Cliffrose:** Chopped and boiled stems are used to make a cough suppressant. The tea can also help with backaches.

**Red dock or wild rhubarb:** Used mostly as an astringent. The root can be grated fresh onto sunburned skin. mixed with Prickly Pear gel. It can be used as a mouthwash or gargle for ulcerations of the mouth or gums.

**Broomweed, snakebroom, matchweed:** A hot bath is soothing to those with arthritis or rheumatism or sore muscles after a hard day of hiking or work.

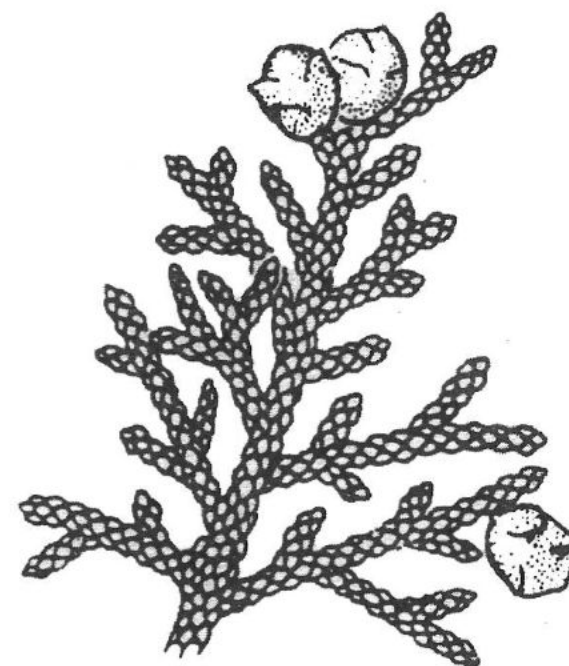
**Juniper:** Juniper berries or leaves can be used for urinary tract problems. They can also be used on hot fires or rocks in saunas or sweat lodges for a lovely incense and aromatherapy. The

berries are often used in venison marinades and are also used in making German dishes such as sauerkraut and potato salad. Leaves may be found in some finer restaurants where they use them for garnishes.

**Milk Thistle:** This herb is accepted as a liver tonic and contains immunologic properties. It is widely used in Europe. It combines well with other herbs such as Echinacea or cypress to help in infections.

**Periwinkle:** Used for uterine or rectal bleeding from benign causes. Slows bleeding from heavy menses. Can be used for nosebleed caused from allergies or chemical irritants.

**Pinon:** Many parts of the pinon are useful medicinally. The needles make a lovely tea and have somewhat a diuretic



Utah Juniper

effect. It can also serve as an expectorant. The inner bark boiled to make a tea is exceptionally good after the fever breaks from a chest cold. The pitch can be chewed and swallowed to soften bronchial mucus.

**Prickly pear:** Cut pads of prickly pear make very effective poultices. The juice is often used in Mexico as an anti-inflammatory or for pain on urination. Mexican folk medicine also claims it as useful in diabetes.

**Puncture vine:** Widely and rabidly hated throughout canyon country, puncture vine does have some redeeming medicinal value. Most often plucked out of bicycle tires or bare feet, puncture vine seeds can be useful in treatment of elevated blood fat including cholesterol. The little seed that causes our heart rate to increase when it gives us a flat tire in the backcountry is also known to lower our blood pressure.

**Sage:** Sage is one of the most commonly found plants in the West. It can be used as an astringent for gargling and washing, decrease skin secretions when taken internally, and has antimicrobial effects. A traditional use of sage is to help wean infants from

breastfeeding. When taken hot it can be used to stimulate sweating when suffering from an infection characterized by chills. Gargles are good for sore throats and stuffed sinuses. Black sage, Purple sage and Desert sage are used in cooking.

**Sagebrush:** Powdered leaves of this big bush can be used for diaper rash. The plant is strongly antimicrobial and many people have used the smoke of burning leaves to rid air of "dead spirits." Sagebrush is even more common for ritual "cleansing" and purification in sweat lodges.

**Shepherd's Purse:** This plant has a variety of uses, including to halt bleeding in some circumstances, the relief of inflammation in urinary infection, stimulation of the kidney to excrete uric acid and to strengthen the effects of natural oxytocin in home births.

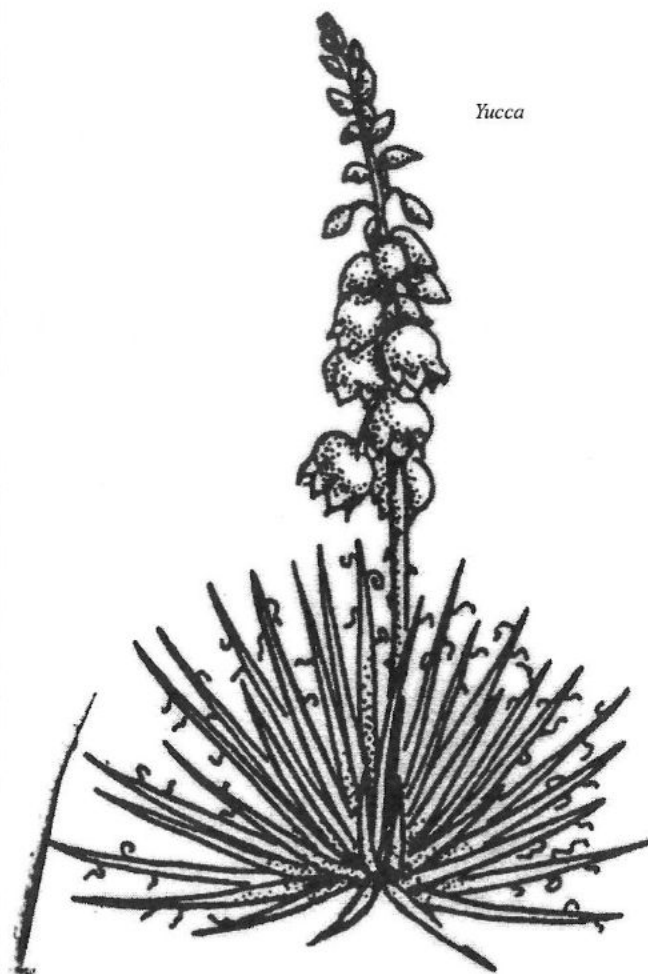
**Sumach:** A powder mixed with gel can be used to treat fissures or ulcers. It soothes, shrinks and mildly disinfects. Berries can be made into a tea, sweetened and be served as a very cooling drink in the desert heat.

**Trumpet Vine:** This herb is used as a douche for candida

infections and can be combined with Echinacea.

**Vervain:** This herb has a broad range of applications. It can be used as a sedative, tonic, antispasmodic or mild coagulant. It is a great palliative for a virus cold by promoting sweating. It relaxes the stomach and produces a generally relaxed sensation. It is a good bitter tonic for nervous stomachs and is good to restore normal digestive secretions and muscle contractions to the stomach.

**Yucca:** The most common current use of this frequently seen plant is as a sudsing agent in the cosmetic and soap industries. Recent clinical studies have shown it to be of some benefit in treatment of joint inflammation. It is sometimes added to shampoo or used



Yucca



# In the Midst of Solitude: Dr. Thomas Barton and the Green River Clinic

by Kenneth Jenks, FA-C

Dale Johnson, Mayor of Green River, remembers Dr. Tom Barton and Bill Mobly placing his newborn daughter into an incubator and loading everyone into the back of the car.

"I don't remember what year that was, the baby would be 32 today." There is a pause for remembering. The story seems to bring a lot of pauses for Dale. Maybe it happened in 1968.

"The baby had developed lung trouble and there was no time for an ambulance." Another pause, then Dale elaborates: "That old Pontiac ambulance did not work that well, it was mostly just a showpiece."

In 1968 the road to Grand Junction was paved, but still "a good two hours." As it turned out, it was about an hour too long. Dr. Barton worked in the back of the car to keep the child breathing, but the resuscitation attempt was in vain and the child died in Fruita.

The seasons came and went. Dale and his wife had more children. The next child was Thomas William Johnson, named after the two men who "had taken it so hard and personal" when they lost the baby on the long, lonely road to Grand Junction. Dale now describes Dr. Barton as a good friend, "but he drove an old Land Rover that scared me to death."

The Sears Foundation had provided matching funds to the community of Green River when they sought to build a clinic. By the time Dr. Tom Barton and Bill Mobly found their way to the alkali flats of Green River in 1959, the clinic was already built. Dr. Barton said they came to Green River because it was a

community that needed someone, but also because it had resources and a waiting clinic. Hanksville had "no

*"It has been said of the Great Basin Desert that it 'takes three frogs to keep one frog alive in the desert, and two of them have to be doctors.' The reason for that is that one doctor by himself will need some time off... For Dr. Barton, Green River provided not only work but also sanctuary."*

electricity, a gravel road, and one telephone," Dr. Barton remembers. Yet it was one of the critical theaters of the Cold War. The uranium boom was echoing against the Book Cliffs cross the domain of cattleman and melon farmers.

"The clinic was real busy. We did physical exams on uranium miners from Price, Temple Mountain and Moab." After the uranium industry started to recede, the Green River/White Sands Missile Test Range brought people to live at the foot of the Book Cliffs.

"The only time I ever flew a patient from there was when a cowboy broke his leg up on top of the Book Cliffs up

Tusher Canyon. The helicopter came from the missile base, picked me up and took me up to him." By contrast, in 1999, 151 patients were transported from eastern Utah by the St. Mary's Helicopter flight crews working from Grand Junction, Colorado.

Dr. Barton enjoyed the neighborly presence of Dr. Mayberry in Moab. "A most excellent doctor," he says. But realistically, there was no immediate help other than those people Dr. Barton and Bill Mobly trained. Bill was the office manager, ran the pharmacy, did the labs, X-rays and, when they needed it, an occasional electrocardiogram.

Iona Ekker belonged to the women's organization that raised money for the clinic and later went to work

in the clinic. "No one was doing books when I first got there; it was real casual. It took quite a bit to get the bookwork arranged. People owed Tom a ton of money when he left," she remembers. She would occasionally work the front desk to help "Pete" Gardner, Richard Gardner's wife, who was universally regarded as a wit and treasure by all who mention her. Bernice Anderson. Ann Petrick and Phyllis Bastian were trained as the nurses, but apparently they helped in many aspects of the clinic operations. Phyllis Bastian seems to remember that one year 36 babies were delivered in Green River.

"People came from all over to Green River to have their babies. They would come in the back door and that was both our emergency room and delivery room," she recalls.

Dr. Barton never did any Caesarian sections. "Thank goodness!" he exclaims. He was able to predict problematic pregnancies well enough to get the women out of town for surgical deliveries. Even though the nurses took turns spending the nights with the pregnant women, personnel was limited. Dr. Barton would send women home with their babies after 24 hours, then follow up with a home visit in two or three days to see how the newest little desert blossom was doing. Iona had her first two babies in the hospital in Grand Junction, but her next two were delivered into the waiting hands of Dr. Barton.

"Back then the hospitals would keep you in for five days, but in Green River they couldn't.... still it was wonderful, the one-on-one attention," she says. "I learned more about being in labor and delivering a baby from Tom and Bill than I ever did at the hospital."

Bud Barton remembers visiting his brother Tom for Christmas dinner. As they sat down to the family ceremony, Dr. Barton was called out for a gunshot wound. Apparently a bored denizen of Ruby Ranch had been entertaining himself by practicing his quick draw. His "quick" had been faster than his "draw" and he had shot himself in the leg.

It has been said of the Great Basin Desert that it "takes three frogs to keep one frog alive in the desert, and two of them have to be doctors." The reason for that is that one doctor by himself will need some time off. When even the relative sanctity of Christmas dinner cannot stave off work, one must seek refuge somewhere. For Dr. Barton, Green River provided not only work but also sanctuary. Originally from South Carolina, Dr. Barton "really missed the rain and the green" but unintentionally became famous for his occasional wanderings in the desert. One time when Dr. Barton was overdue home, Bill drove back into town from the San Rafael Swell and roused out the Jeep posse. When they returned *en masse* to the camp to start the search, they found

Dr. Barton asleep in bed unaware of the alarm caused by his prolonged meditations and/or meandering in the wilderness.

"Solitude" is the nicest word you can apply to Green River sometimes. Physicians are part of a "medical community" and generally share their

*"For 20 years before Dr. Barton came to Green River, and for over 20 years since he left, there was no full time doctor in Green River. Green River has been temporary home to nurse practitioners, physician assistants and even the mythical 'Dr. Sarvis' of The Monkeywrench Gang."*

practice with others who will take turns at the night and holiday shifts. When you are an urban physician, you will occasionally treat a patient who is beyond your experience. At that point, you can call a specialist who will assume much of the responsibility for a given problem. For the physician who chooses to test his mettle against the needs of the isolated rural community, it is a different story. It is to stand next to a suffering patient, to look out the window and know that no one is within reach to help either you or the patient. Your care may be in vain and no one but you will really know if you did everything possible. Eventually, "Bill and Tom" left. Bill became a Catholic priest.

For 20 years before Dr. Barton came to Green River, and for over 20 years since he left, there was no full time doctor in Green River. Green River has been temporary home to nurse practitioners, physician assistants and even the mythical "Dr. Sarvis" of *The Monkeywrench Gang*. (In the fictional book, Dr. Sarvis agrees to practice in Green River's federally designated health care shortage area only after being threatened with prison confinement.)

Dr. Barton has since moved to western Washington where he now volunteers doing hospice care. He is also a prep cook for a group that delivers meals to the homes of people with AIDS.

"You would have to be crazy to go into general practice," reflects Dr. Barton without hesitation when I asked if he ever considered specializing.

"I like obstetrics. I like pediatrics," he says. We talked and I told him a story about my having seen a child during the night with an earache.

"It's funny you mention that. Whenever I think of that clinic I think of being called out at 3:00 a.m. to see a child with an ear infection. Maybe it has to do with all the earaches I had as a child," he reminisces.

And maybe it has something to do with sharing the human condition in the midst of solitude.

*Kenneth Jenks was born in Salt Lake City to a nurse and a playwright. He now works as a Physician Assistant and for several years worked in Green River, Utah, where he became interested in the local oral history and the reputation of Dr. Tom Barton.*

*This article was made possible by personal interviews with: Hazel Dawn Hunt, "Pete" Gardner, "Bud" Barton, Bernice Anderson, Phyllis Bastian, Iona Ekker, Dr. Tom Barton, Teresa Bagshaw, RN.*



# Drama in Real Life: Rural Medical Emergencies

by August Brooks

**J**olly Stanford, Family Nurse Practitioner, recalls two of the many dramatic lifesaving procedures she witnessed in the operating room at Allen Memorial Hospital while assisting Dr. Paul Mayberry. These incidents occurred long before Air Life helicopter services from St. Mary's Hospital in Grand Junction were available in this area.

One night they were called in late to perform a cesarean section. This was a routine procedure, so they expected to get home and still get some sleep that night. Unfortunately, a man who had been stabbed in the chest during a domestic dispute was brought into the emergency room while they were still in the routine surgery.

First Dr. Mayberry was called out to assist with the stabbing victim. Then Kaye Osteen, the nurse anesthetist, was summoned to help him. That left Jolly and Dr. Murray to finish the cesarean section, assisted by an EMT who helped monitor the patient's condition in Kaye's absence. They delivered the baby successfully and ushered the mother into the recovery room. Meanwhile things had been deteriorating in the ER.

Dr. Mayberry had determined that the only way to stop the bleeding was to open up the victim's chest, locate the seat of the wound and sew it up. This was a big undertaking anywhere, but particularly in a rural hospital under emergency circumstances. They had already used their only major surgical tray for the Cesarean section and just had a minor surgical tray, tailored for limited uses, available. Jolly says that when she protested that she'd never done an open chest procedure, Dr. Mayberry simply told her: "Why should you be any different than the rest of us; let's go!"

After some improvisation and experienced judgment calls, they were able to get inside the poor man's chest. Dr. Mayberry found a piece of clear glass several inches long inside the man's chest cavity. Had they not done the surgery, the man would surely have died before reaching Grand Junction, even by helicopter. However, even though the glass had been located and removed, they still hadn't found the source of the bleeding. Dr. Mayberry said, "Let's review our anatomy," and rechecked the chest cavity.

By process of elimination, he narrowed down where the damage was and discovered a cut in the patient's mammary artery. The patient was barely alive, so he did a "this-to-that" and they closed him back up.

The patient went straight from surgery into an ambulance and off to Grand Junction, accompanied by Kaye Osteen for additional life support. If they were carrying a critical patient, the ambulance crew had a standing practice of not returning to Moab. Dr. Mayberry told the EMTs, "if you make it out of the parking lot, then you're more than halfway there; don't turn around," referring to the patient's likelihood of surviving the trip and the fact that nothing more could be done for him in Moab.



Dr. Paul Mayberry in 1957.

Jolly remembers Dr. Mayberry's small, delicate hands and feet, and she remembers that day that he was covered with so much blood he had to remove his shoes and leave them in the operating room. Still, she recalls, he left small, bloody footprints on the carpet as he went down the hall to call St. Mary's Hospital in Grand Junction to let them know what they had coming.

The patient did make it to St. Mary's Hospital, alive. Dr. Mayberry explained to the surgeons there what a "this-to-that" was: it meant that, because the patient was so unstable, he'd sewn this-to-that just to get the bleeding stopped, and they would have to figure out if it would work in the long run.

The patient ended up living, but only for a month. Although the surgery performed in Moab was successful, while at St. Mary's they discovered that he also had a basal skull fracture as well,

garnered in the same fight, and he never regained consciousness. Ironically, the only person to have an open chest operation performed on him in Moab died of an injury he received before the wound which required surgery. A vodka bottle, broken over the back of his head, mortally wounded him before he was stabbed with the broken bottle which left glass in his chest and uncontrolled bleeding.

Jolly's second recollection has a happier ending. A high school kid crashed one morning while riding his motorcycle to school. He had massive internal injuries and might not have even made it to the hospital if he hadn't been young and strong.

The stakes always seem higher when a young life is on the line, but only so much is possible. With the injuries this young man received, hospital personnel were just going to give it their best shot, give him every chance they could and not expect a miracle. He had serious abdominal injuries which would kill him if left untreated. However, a natural mechanism called "tamponade" was causing swelling, which created pressure that had slowed his internal bleeding. Dr. Mayberry knew that as soon as they tried to do anything, they would disrupt his protective swelling. His blood pressure would drop and he would die.

He had Jolly prepare a large stack of gauze surgical dressings soaked in a warm, sterile, saline solution. They also had transfusions running as fast as possible before they opened him up. Working very quickly, Dr. Mayberry opened him and put the warm dressings on the injured internal organs and applied pressure manually. He took over for the body's natural systems to slow the bleeding.

According to Jolly, in all her years of working with Dr. Mayberry, she never once saw him flinch, and this was no exception. They waited, resisting the urge to hurry with the surgery, while the young man's body compensated for the changes. Jolly still remembers Kaye calling out the vital signs every minute. His blood pressure was 60/40, then 70/40, then 80/40. They waited, while Dr. Mayberry, with his tiny, talented hands, kept pressure in all the right places — 90/50, 100/50, on up, until the doctor gave a nod and they started repairing the

damage.

Again he said, "Let's review our anatomy," and he methodically cleaned and treated every injury in the kid's abdomen. These circumstances, combined with his excellent judgment and patience, meant that he had a stable patient and he didn't have to resort to "this-to-that" hasty repairs. The patient lived, saved by a rural hospital staff, from injuries that, by all odds, would have been fatal even under the care of a major trauma center.

Jolly figures that Allen Memorial Hospital did have a few things over the major trauma centers in those days. Blood transfusions were from blood that was donated immediately, not stored; the staff was experienced in a wide variety of situations instead of each person having a narrow specialty, and, among other things, they were a small team, so they all *had* to be good. However, she is quick to give a lion's share of the credit to Dr. Mayberry. He was excellent in

all areas of general medicine, but exceptional as a surgeon. His ability to look at the big picture, and not miss small but crucial details, made the difference time and time again.

She said to make sure that everyone understood that these stories were just examples of times when his abilities really stood out, but the same calm proficiency was part of his daily practice.

"He was always brilliant, whether it was for the people he worked with or the people he treated," Jolly summarized.

*August Brooks enjoys all aspects of community service, but he is especially fond of emergency services. His occasional forays into the world of writing are done mainly to prove he isn't illiterate. He considers himself fortunate to have more experience providing medical care than receiving it.*

## Everyone in the Sight of God is Worth Saving

by August Brooks as told by  
Dorthella Walker

**D**orthella Walker, who worked as a nurse at Allen Memorial Hospital, was always proud of how hard everyone worked to take care of anyone in need. As an example, she remembers when a homeless drifter, who was in the area for a while, was brought to the emergency room. He had found a bottle of pills while rummaging through trash at the dump and taken all of them. Although he was close to dying, Dr. Munsey said, "Everyone in the sight of God is worth saving."

It took some quick thinking and delicate work to keep him alive. After several difficult days, with the whole staff helping to care for him, he slowly but surely recovered. Even though he was a transient with no family or money, they went beyond what was expected to save his life.

## Birth at Hole in the Rock

by August Brooks as told by Donna  
Bowthorpe Day

**I**n the early 1900s, there was a stage station at or near the Hole-in-the-Rock on Highway 191 south of Moab. My father, John Day, was the stage coach driver between Moab and Monticello. He was 17 years old, born in 1895, so I assume this happened around 1912.

A young couple was on their way to Moab to the hospital to have a baby. They were unable to leave the stagecoach station because of a flood, and of course, the baby didn't wait. There happened to be a phone at the stage station and my father got Dr. Williams on the phone and he told him what to do when the baby came and my father delivered it. When the flood was over, they came to the hospital. Mother and baby were fine, but my father was a basket case!



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### MUSEUM HOURS

#### Winter Hours

*November 1 through March*

**Monday through Thursday**

3 to 7 p.m.

**Friday and Saturday**

1 to 7 p.m.

**Closed Sundays and Holidays**

#### Summer Hours

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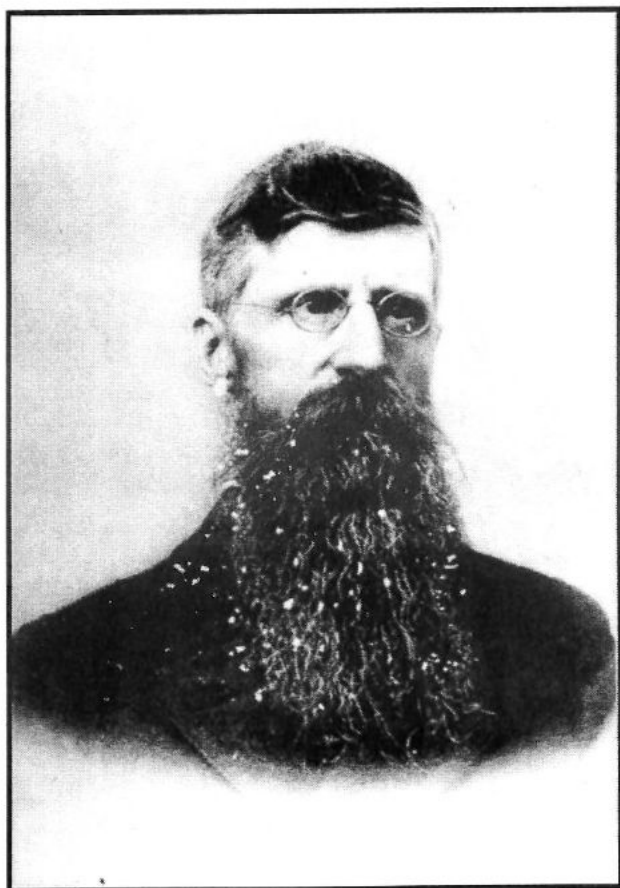
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