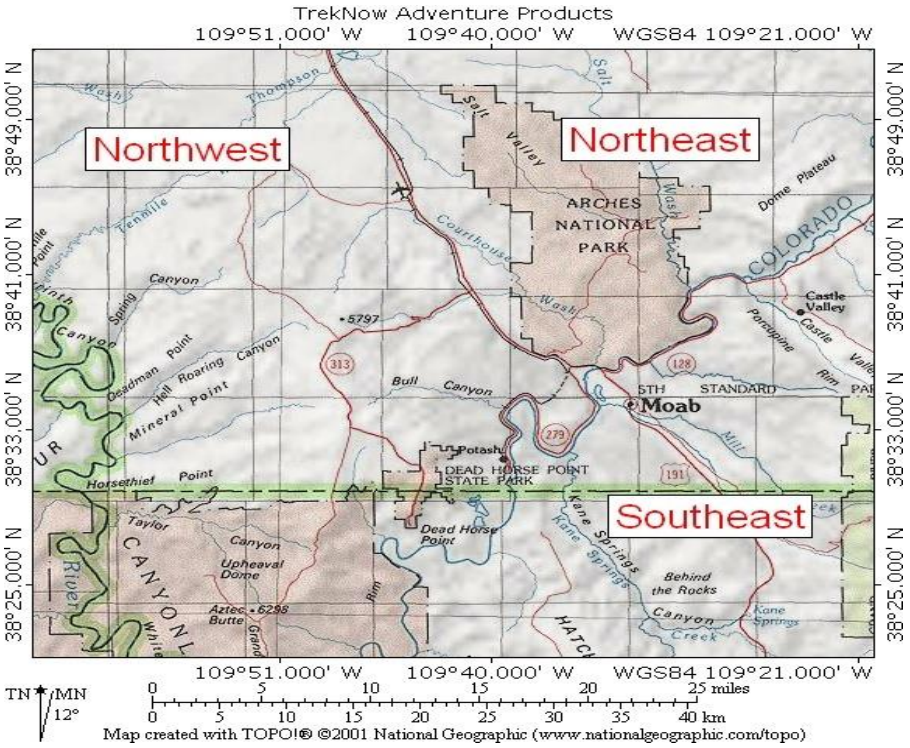
Doc Williams' Saddlebag and Its Contents

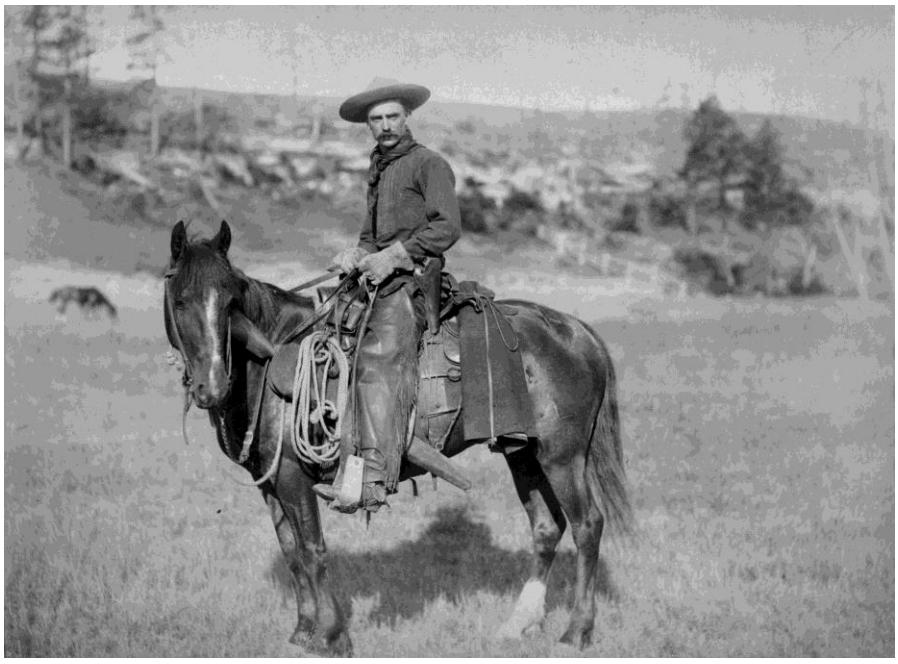
By Merry Lycett Harrison, RH (AHG)

Doctor John W. Williams was the only physician for the rugged, red-rock town of Moab, Utah's 500 residents and surrounding communities from 1896 to 1919. He was the town's first trained doctor and his mere arrival made the front page of the newspaper. He not only served the 500 inhabitants of the town but also the local Native American tribes. He almost did not take the job because it was hard to make a living being a doctor; so to entice him further, the county commissioners appointed him to the position of County Health Officer for $150 per year to convince him to stay. He also opened a drug store that stocked anything that would sell. He remained in Moab for the rest of his life and died at home at the age of 103.

Doc practiced at an early and interesting time in the rapidly developing western medical tradition we know today. Close examination of the contents of his medical saddlebag at the Dan O'Laurie Museum of Moab sheds more light on what medicines he used and for what purposes and offers insight into the evolution of a country doctor's practice before and after the turn of the 20th century.



Doc Williams was raised in Missouri, and when grown, worked punching cows in Colorado, where he was known as “Rawhide John”. He was no stranger to rough and tumble ranch life. Before coming to Moab, he lived in Hugo, Colorado, where he sold medicine, opened a drug store and became Justice of the Peace. Beginning in 1892 he put himself through the three year program at Gross Medical College in Denver and became a doctor.



An average Cow Punch in the late 1800’s.

An advert for Gross Medical College, which was only in its second year of business, reads:

"The school is fully equipped in laboratories, has unexcelled anatomical facilities and ample clinics in the College Dispensary and various hospitals. Eastern students in delicate health will find it advantageous to complete their studies in the salubrious climate of Colorado." ~ From *Annual of Universal Medical Sciences and Analytical Index.*

Gross Clinic in the late 1890's.

It is interesting to note that laboratory-based training in the bacteriology germ theory of disease was introduced in the 1890's.

To give an idea of how newly established the Colorado medical schools were, here is some history from the *Silver and Gold Record's* by Kim Glasscock, (September 28th 2006).
In 1893, the CU [University of Colorado] Board of Regents established the School of Medicine in Boulder; stating that it would not charge tuition and adding the unusual provision that the school was open to students of both sexes… The school grew very slowly, but eventually was able to build its own building on the Boulder campus and then add a 30-bed hospital, since Boulder had no hospital. However, the state Legislature decided to end the school and use the hospital for other purposes. In 1885 legislators discontinued state funding for the CU medical school and it nearly shut down. School faculty worked without pay and the school remained open… In the early 1890's, a for-profit medical school, the Gross Medical School, opened in Denver along with the Denver Homeopathic College, giving the CU medical school competition.

There were several different types of doctors in those days. In addition to these "regular" medical colleges, which produced "regular" doctors, several institutions trained practitioners in other reputable medical practices such as homeopathy and Eclecticism. The most popular, especially among well-educated segments of society, was homeopathy. Homeopathic theory held that a drug (which often came from plants) which caused specific symptoms in a well person is the drug which should be used as an antidote to cure those same symptoms in a sick person with that condition. The concept is based on the phrase, "like cures like", and that a drug's potency is enhanced by a series of dilutions (the Law of Infinitesimals). The Eclectics, on the other hand, claimed to select the most effective forms of medical treatment from among all available therapies such as plasters, steams, herbal tinctures, liniments,

poultices and the like, and avoided the depleting methods of bleeding and purging that characterized “regular” medicine at the time. (2)

Doc Williams’ saddlebag (3) is an inventive design with several metal containers in two leather pockets connected with a typical leather strap. This is embossed on the heavy leather:

ELLIOTS PATENT
Granted Jan. 18 1870
A.A. Mellier
St Louis, Mo.
Sole Proprietor

These bags were quite common. When you open the flaps on each side you find two tiered, rectangular storage compartments with dividers to hold the small glass bottles. It looks like Doc did some work with cardboard cutouts to customize his bag. These antique saddlebags can be found today at auctions and in museums. Doc’s shows signs of extensive use. He probably just threw it over his shoulder when he got to his destination.

Doc's saddlebag still contains sixteen bottles of his medicines. The following lists the inventory and describes the potential and common uses for those medicines. Fourteen bottles have very small, handwritten labels with abbreviated names for the contents. It appears that some of the words may be misspelled, which adds to the curiosity about exactly how and where Doc, who was born in 1853, was educated. It also begs the question, "What sort of education would have been available to people of the 1860 and '70's?" Another thing of note is that it appears Doc reused these bottles and cork stoppers to change out medicines as needed. One little label has the first medicine crossed out and a different one added.

Judging from these contents of his saddlebag, Doc was a “regular” doctor trained in the knowledge of using drugs, patent medicines, and procedures recommended by a “regular” medical school and professionals as advancements occurred.

Patent medicines were most popular in the late 1800's at the time Doc was getting educated and beginning his medical practice. They were not regulated, so anyone could come up with an idea for a curative preparation and market it in drug stores, catalogues and medicine shows where the sales people were sometimes referred to as "snake oil salesmen". The patent medicine manufacturers offered illustrated calendars and marketing paraphernalia lauding the myriad benefits one could hope to gain by using their product. This is a time when health care as we know it was rare, so it was an appealing option for people to have the hope of these often toxic and adulterated remedies right at home. It is startling to find out what the ingredients are in some. "Anlikamnia", from the Antikamnia Chemical Company of St. Louis, Missouri, is one such medicine that Doc carried in his bag. Apparently, it contained a coal tar derivative, acetanilide (antifebrin), with sodium bicarbonate, citric acid and caffeine. It was used as a pain reliever and fever reducer. All that sounds good until you lean that one side effect can be cyanosis, which is diminished oxygen in the blood which makes lips and extremities turn blue and can be fatal within minutes of onset. Doc has both Antikamnia and Acetanilide in his saddlebag. Doc may have packed his saddlebag with what he thought he would need on a sick call. Perhaps the bag was prepared for a patient with a fever because it also contains quinine sulfate and salycilic acid, also known to help reduce fevers.

This was the age when doctors still believed in the puke-purge-and-bleed approach, so purgatives like the Pill Cathartic Compound found in the saddlebag were abundant and popular. Imagine if you are already so sick that you must call for a doctor and then he gives you something to make your body eliminate everything, often violently. The label on Doc's bottle reads "Pill Cath. Comp. Imp". Through my research, I believe this is Pill Cathartic Compound and the "Imp" stands for Investigational Medicine Product. There were three types of this preparation: USP, which stands for United States Pharmacopoeia version, Vegetable, and IMP. In checking the costs for medicines of the day, Vegetable was most desired and most expensive. USP was less expensive, and the IMP was really cheap. These purgatives were used regularly, most often to the detriment of the patient.

Just like today, digestive issues were very common and the saddlebag has several bottles of medicine that would be helpful and not harsh. The orange-y beige powder of Pepsinum is an animal drug derived from the inner lining of the stomach of a pig, calf or sheep. It is a normal constituent of gastric juice and so was a replacement when taken before meals to help digestion. The white powder labeled "Bismuth Subnit" could be Bismuth subnitrate, which is an ingredient in Pepto Bismal. It is used for nausea and acid stomach. There is also a label that reads "Mist. Pro. Diarrhea", and the bottle contains a dark brown powder. I was unable to identify the substance, but certainly its purpose is obvious. The white crystals of "Pot. Clilor", I believe are potassium chloride, which could be used as an electrolyte replacer in cases of dehydration from illness, fever and heat.

Doc also had “Amm. Carb.” A brown powder which I believe is Ammonium carbonate, which is smelling salts used to revive people with its sharp smell. A surprising discovery was what I think is fluid extract of coffee. The label for this bottle is smudged but “Fl Ext…. fe”, can be read. I learned from Fenner’s Formulary that it may have been used to mask the disagreeable taste of medicines. There is a dark, tar-like substance in the bottle. This method to make extract is very specific and requires percolation, which takes a lot of time. Perhaps Doc’s notes will tell us how much of this work to make such preparations he did himself or whether he ordered them already made. It would be interesting to see receipts from the drug store to see what products he commonly ordered.

Penicillin was not widely available until the 1940’s, but Doc was surely faced with dangerous infections in his patients. For wounds and skin conditions there is “A C Borac” and a beige powder “Aristol”. Boric acid is antiseptic and Aristol is a powdered combination of iodine and thymol. When made into an ointment, it was used on psoriasis, leg and syphilitic ulcers but did not seem to be useful for skin cancer.

What 1890's medical kit would be complete without opioid extracts such as Laudanum? Very popular and highly addictive, these preparations were used to calm just about anything from hysteria and severe pain to a child's cough. Doc's bottle label reads "TR. Opii campilia", and the bottle has black, gooey residue in the bottom. According to the USP, TR. Opii camphorated is camphorated tincture of opium, which is Paragoric Laudanum. It can be used to increase the tone of the intestines which is useful in cases of diarrhea and is also used as a cough suppressant.

In those days, people did not have preventative care and they did not call for a doctor unless they absolutely needed one. The most common conditions Doc Williams would have faced would have been severe and infected wounds (penicillin was not available until 1918), difficult childbirths, deadly fevers like scarlet fever which usually killed a person, pneumonia, venomous bites, broken bones, bad teeth, amputations, venereal disease and multiple serious disorders of the digestive system. He most likely helped get his communities through the Spanish Influenza pandemic of 1918-1920. Like a lot of the rest of America, southeast Utah was a pretty wild place with peace-abiding residents and those who created disturbances. We know Doc was resourceful and he must have kept a cool head to be able to make smart, snap decisions. He never had a hospital to work out of.

The life of a country doctor was hard and exhausting. Doc served everyone from Cisco to Thompson and Moab. He helped many Native Americans who paid him with their pottery and rugs. (4) If the case was in Moab, he would use a buggy. His wife, Alvina, would put warm rocks wrapped in newspaper in his buggy to keep him warm in winter. If the call was from farther out, he would strap his saddlebag on his horse and set out with his little dog on the horse with him. Such travel for medical calls could be arduous in those days. According to Maude Reid, a Red Cross worker from Louisiana who compiled a local history of country doctors:

“I am told an old time doctor would fill up his saddlebags with medicines, with no thought of a change of garment for himself, and start off on a sick call. Reaching his destination, by the ‘grapevine telegraph’, word would reach him of another sick person some miles beyond. Upon his arrival there he would hear of yet another call a little further away, and so it would go until his supply of medicines was gone and he, worn and unkempt, would turn his horse’s head toward home perhaps a week later”. (5)

The following excerpt is from an obituary and family history recollection by Moroni Gerber, May 11th 1912, from the Archives at the University of Utah. This is about the life of Mother Gerber who in 1870, after her husband's death, stepped into his role for the communities of Wasatch County and Provo Valley.

Medical practice in those days was not yet profitable, what with taking pay in potatoes and other produce, the main thing that he bequeathed his wife was knowledge of midwifery and elements of homeopathy along with the desire to use that knowledge in serving the pioneer community. And serve she did! For thirty years, from 1870 to 1900, she was the main doctor in all of Provo Valley. For weeks at a time, she was away from home, in Charleston, Wallsberg, Heber or Daniel's Creek caring for the sick. Many times miners from the little settlement at Park City came over the mountains for her in their wagons. She never could afford a horse and wagon of her own, as much of the time the only pay she got for her services was board and room while she was on the case.

According to his family, Doc Williams would saddle up whenever he was called. The people he served made sure his needs were met, and if on the way homeward he needed to stop and rest, he was always welcomed at a remote cow camp.

Doc Williams retired from his medical practice officially in 1919, although he apparently still helped out informally around town. (6) He was replaced in 1920 by I. W. Allen, and after this Williams concentrated on community work and promoting the local scenery. A significant percentage of the Museum of Moab's collection today is passed down from his work and avocations. The saddlebag is an important part of this heritage.

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Notes

(1) Williams, M., 2000. Rawhide John: An Oral History of Doc Williams. *Canyon Legacy* 38:3-7. (Transcribed by Michele Reaume)
(2) Grossman, J. R., Keating, A. D., and Reiff, J. L., 2004. *The Encyclopedia of Chicago.* University of Chicago Press, 1104 p.
(3) Dr. John Williams' medical saddlebag is Museum of Moab object number SUSA 002/356; it is on display at the museum upstairs in the medical display area.
(4) Part of Williams' Native American collection can also be seen in the Museum of Moab.
(5) Reid, Maude, 1969 *Early Calcasieu Doctors 1850-1912*. First National Bank, 99 p. (Transcribed by Leora White, 2007)
(6) Firmage, R. A., 1996. *A History of Grand County*. Utah State Historical Society, 438 p.