



## Wagons to Sacramento

---



By Robert LaPerriere, MD

*This article is adapted from notes used by the author in a talk on local medical history.*

A BEAUTIFUL DESCRIPTION of early medical practice appears in the following letter, written in 1825. It was written by a distant relative of one of my patients, who presented the original to me.

*...On the sixth of Sept. I was seriously attacked with a billious fever, also threatened with a dropsy. My Physician thought it impossible for me to bear a run of the fever, he commenced breaking it on Sunday by bleeding and puking which was continued on Monday.*

*"I was partially deranged on Sunday which was followed by a state of mental madness caused by excruciating pain about the crown of my head, of the most agonizing torture that experience could conceive or tongue describe. I had my head shaved and blistered one also upon my neck, upon my back, upon my bowels one upon each arm, one upon each leg, eight in number all sore at a time, very large and inflamed, yet the chief evidence I have of the existance is the scars upon my body, a partial derangement succeeded madness. Three months are lost to me. Time appears like an almost forgotten dream. I must turn from this subject, the recollection of it chills my blood. I view this affliction as a punishment for an abuse of reason, my nerves are still irritable. My health is tolerably good..."*

This was an era of "treating the patient." The etiology of most disorders was not understood and therefore one could not "treat the disease" as is now usually done.

The "regular" physician, or "allopath" had very diverse training, some from traditional medical school training, others from preceptorships. Competing with the allopath were numerous "irregular physicians," including eclectics, homeopaths, Thomasonians, and hydrotherapists. These irregulars often had a large following because their use of cupping, bleeding, puking and purging was minimal.

Complicating the selection of a "doctor" in the 1800's, a variety of individuals hung out a shingle to practice medicine, including men with military medical experience, hospital maintenance men and total imposters.

Physicians were often unavailable and people made frequent use of self-treatment, as evidenced by the number of patent medicines and home health books. If physicians were available, the benefit of their care was often questionable because disease processes were not understood.

Amputation was the most common operation. Common treatments were puking, purging, bleeding and cupping. Many medications contained arsenic, strychnine, mercury and opium. General anesthesia using ether was not available until 1846 and antisepsis did not evolve until 1865, and it was many years before both advances were generally accepted. The first appendectomy in our area was in 1893.

The trek to California was tough. It generally involved "seeing the elephant" or "treading the elephant's tail" - both expressions meaning one had gained experience by undergoing hardship. It was estimated the overall mortality of those heading west was 6 percent and those who survived the long trek not infrequently arrived to find death not far behind them.

The most common medical problems of immigrants included gastrointestinal illness, from chronic complaints to diarrheas, dysenteries, and diseases such as cholera and typhoid. Given the quality of drinking water, as noted in the following journal descriptions, it is no wonder that gastrointestinal problems were so common.

*"Once we came to a puddle where rain water had been standing til green on top and so muddy that if their had been a hog about, I should have set down as one of their wallowing places. Yet this stuff which would have been rejected very suddenly by my stomach at home, I drank with considerable relish by shutting my eyes and holding my breath. This is what is called seeing one of the elephant's tracks."*

And another vivid description of the water supply:

*"Our drinking water is living - that is it is composed of one third green fine moss, one third pollywogs, and one third embryo mosquitoes...these we strain through the teeth."*

Another major problem occurred in those who did not bring along citrus or use fresh vegetation. That was scurvy or vitamin C deficiency, which also claimed numerous lives. Another graphic description from a journal reads:

*"I was much surprised today with indications of the scurvy, pain in the ankles and legs, sores breaking out on my hands, and bleeding of my gums when polishing my teeth. God grant it may not be for I have suffered enough already, I think."*

Another reads: *"The amount of suffering on the latter part of the route was almost incalculable.... I saw men sitting or lying by the roadside, sick with fevers or crippled by scurvy, begging of the passerby to lend them some assistance, but no one could do it...consequently they were left to a slow lingering death in the wilderness."*

Amputation, a procedure going back centuries, was frequently needed. If a fracture penetrated the skin, infection caused a mortality rate about 100 percent. However, the mortality rate of amputation was (at best) 50 percent, so amputation may have saved 1 out of 2 patients.

This is the description of the attempted amputation of the crushed leg of a child by a wagon train member with no medical background. *"The instruments to be used were a common butcher knife, a carpenter's handsaw, and a shoemakers awl to take up the arteries. The man commences sawing; but before he had completed the amputation of the bone, he concluded that the operation should be performed above the knee. During these demonstrations the boy never uttered a groan or complaint, but I saw...that he was dying. The operator, without noticing this, proceeded to sever the leg above the knee. A cord was drawn around the limb...so tight that it cut through the skin into the flesh. The knife and saw were then applied and the limb amputated..."*

Drowning was a hazard at numerous river fords. Trauma also occurred when emigrants attacked each other.

Medical care was at times provided by military posts, and emigrants abandoned along the trail because of illness were often brought in by soldiers.

All of these emigrants were coming to a land described as *"...one of the most healthful territories on the continent with a climate unrivaled in purity and equability.... Nor is sickness, that scourge of humanity, here to harass and hinder us in our pursuits..."*

However, as the population of Sacramento jumped from 2,000 to 10,000 and 250,000 people poured into California, the emigrants overtaxed the facilities. Sanitation was a luxury, and the Forty-niners lived primarily in tent cities, squalid cabins and shacks where human sewage polluted the streams. Few who worked in the mines ever carried home their prior state of good health. And it only got worse. The floods of January 1850 brought typhoid, encephalitis, diarrhea, malnutrition and other disorders. All these diseases were complicated by the arrival later that year of cholera.

*"The physicians...did noble work. No danger appalled them. Night and day they responded to the call of distress, scarcely pausing to snatch a few hours of needed sleep and rest."*

Sacramento was repeatedly decimated in its early days by floods, fire and disease. Its population during the gold rush was approximately 8,000, including about 50 doctors who formed the Medical Chirurgical Association. According to the New York Journal of Medicine, over one 6-month period, 90,000 people arrived in California, 30,000 of these by sea, a voyage of 17,000 miles, the other 60,000 crossing arid plains and rugged mountains. Death was no stranger - it is estimated that one-fifth died within six months after their arrival.

Cholera was rampant on the eastern seaboard during 1849-1850 and traveled through New Orleans and up the Mississippi Valley. On October 18, 1850, a ship called the "New World" arrived on the Sacramento Waterfront carrying news of California's statehood. There was no sanitation or clean drinking water in Sacramento and mounds of garbage, human and animal waste, dead animals and all manner of trash accumulated behind Sacramento's tent dwellings, boarding houses, gaming parlors, stores and food establishments. The stage was set for an epidemic.

One traveler disembarked from the New World and lay dying on the levee. He sparked a cholera epidemic that caused total panic. This is how a medical textbook of the mid-1800's describes cholera:

*"This disease generally commences with vertigo, headache, and ringing in the ears, a sensation of flatulence in the stomach, or griping pains, and a feeling of weight and oppression in the region of the heart...we find the lips, nails, and sometimes the whole skin, of a blue colour...the frame loses its power of generating heat, the pulse and pulsation of the heart are almost unfelt.... The attack of the disease in extreme cases is so sudden, that, from a state of apparent good health, or with the feeling only of trifling ailment, an individual sustains as rapid a loss of bodily power as if he were suddenly struck down, or placed under the immediate effects of some poison; the countenance assuming a death-like appearance, the skin becoming cold, and giving...the sensation of coldness and moisture which is perceived on touching a frog;...the coldness of the skin of a person already dead...the eyes are sunk in their sockets; the tongue is cold, and either clean or covered with a slight white fur..."*

During the epidemic of 1850, thousands of terrified residents - an estimated 4/5ths of the population - left the city, carrying the disease into the foothills and abandoning the afflicted, including relatives, to die alone.

A Sacramento reporter for the Alta newspaper wrote on November 4, 1850: *"This City presents an aspect which is truly terrible. Three of the largest gambling halls are closed. The streets are deserted, and frequented only by the hearse. Nearly all business was at a standstill. There seems to be a deep sense of expectancy, mingled with fear, pervading all classes. There is an expression of anxiety in every eye, and all sense of pecuniary loss is merged in a greater apprehension of personal danger.... Many deaths are concealed, and many not reported."*

At the worst, more than 40 deaths occurred in 24 hours - a mortality rate of about 1 percent of the population each day. Within 18 days, about 1,000 died - an estimated 15 percent of the population. The fatality rate approached 50 percent of the cases, a typical

statistic for the time, and often death occurred within 24 hours of onset. It is estimated that up to 5,000 may have died in Northern California from the epidemic.

According to Dr. John Morse: *"In six days from the time of its inception, it was making such progress that regular burials were but slightly attended to and nursing and attention were not infrequently overlooked. Money could scarcely buy the offices of human kindness (,) and affections were so neutralized by the conflicting element of selfishness that but little could be done to arrest the course of the disease."*

The physicians all remained, caring for their patients, and they also died. Dr. Morse wrote: *"The rapid spreading of the epidemic gave to the physicians no rest day or night...they were falling like the foremost soldiers of a desperate charge and ere this cholera season had subsided seventeen of their number were deposited in Sandhill cemetery<sup>1</sup> of our city, an inroad of death from which a fraction of two in three escaped with life and not one in three from the disease. And yet not one educated physician turned his back upon the city in its distress and threatened destruction."*

Dr. Thomas Logan, a pioneer physician who served during the epidemic, stated, *"No monument of marble records their heroic deeds but their memories shall remain on the pages of history of medicine of California, an imperishable legacy to the profession they have enobled and adorned."*

Cholera was ascribed to various causes including "effluvial emanations," which was the bad air coming off the swamps. Others blamed unwholesome food, damp weather, wet feet or suppression of perspiration. And still others blamed something done commonly during the gold rush, "eating indigestible foods and drinking cheap champagne."

A City Board of Health was formed 12 years later in response to a smallpox epidemic. It established an effective quarantine, including a Pest House to house the poor and homeless with great benefit. Even though not formed until 1862, the Board had the distinction of being the second such organization in the U.S.

Malaria was prevalent throughout the summer of 1849. Scurvy, diarrhoea, dysentery, typhoid fever, rheumatism, erysipelas, pneumonia, mental diseases, and more, plus the epidemic of cholera, came with the immigration.

Within a few short months of the gold rush immigration, Sacramento went from a "healthful" environment to a focal point of health tragedy unequalled anywhere else in the world.

Beyond epidemics, the mid 1800's were also marked by marvelous men of medicine - dedicated, hard-working, civically-oriented men such as Dr. Thomas Logan and Doctors Hatch, Morse, Nixon, Nichols, and Simmons.

Dr. Morse wrote the first history of Sacramento in 1853. In it, he described the medical condition of a patient rescued from a hospital as the invading flood waters moved into Sacramento.

*"From a miserable canvas building on K Street between Second and Third called a hospital...the most dreadful representatives of a worse than heartless neglect were rescued from the invading waters and thrust into the above frame hospital on the opposite corner. Three were brought at one boat load, rolled up in the blankets in which they had been lying no one could tell how long, but certainly in a condition too horrible to be seen and too awful to meet a faithful description.*

*"One of them, whose blanket enveloped the entire body and head, seemed to be rapidly dying, and consequently he was the first to get the attention of the physicians and nurses.*

*"An attempt was made to unroll the blanket, but it was found to be so adherent to many parts of the body as to make it difficult of removal - so difficult that the effort was delayed,*

*after the face was relieved, for the deplorable victim to revive if possible, or if not that death might free him from a sense of his situation. Fortunately for him, death was the speedy alternative. His troubles were ended. A finely developed form, a face on which lingered the indices of cultivated intellect, a heart that once beat with manly pride, were enwrapped in a death so dreadful as to beggar description and so appalling as to excite an almost eternal impression of nausea and disgust in the minds of those who beheld it. The blanket was with difficulty detached and when drawn off presented a shirtless body partially devoured by an immense bed of maggots occupying nearly as much space as the emaciated carcass itself.*

*"And when one adds to this loathsome mass, these crawling elements of disgust, the accumulated excretions which were alike confined by the agglutinated folds of the blanket, a head of hair almost clogged up with vermin, then can a just conception be formed of what was suffered during the sickness of the fall and winter of 1849."*

We've come a long way. Rather than treating the patient, we now treat the disease. It is a much more effective, but far less personal, method of practicing medicine.

drbob@winfirst.com

1. Now the Sacramento City Historic Cemetery off of Broadway. It was a piece of high ground in the gold rush years.

Sierra Sacramento Valley Medical Society  
5380 Elvas Avenue #100 • Sacramento, CA 95819  
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

Copyright © 2000-2008 Sierra Sacramento Valley Medical Society - All Right's Reserved