



Our Times

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THE PEOPLE, HISTORY, AND CULTURE OF LOGAN COUNTY, ILLINOIS

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First Do No Harm

Keeping Logan County People Healthy

Hospital administrator Emil Stahlhut was jubilant as he held up the key to the front door of the new Abraham Lincoln Memorial Hospital (ALMH) on the evening of April 2nd, 1954. Having just received the key from Walter Faster, president of the hospital board of trustees, he immediately threw it away!

The message? The new hospital had no need of a key: its doors would always be open to those who needed its services. The symbolism may have been new, but the message was as old as the hospital's predecessor, Deaconess Hospital. The Protestant hospital, along with the Catholic St. Clara's, had been caring for the people of Logan County for longer than many who were present that evening could remember.

St. Clara's Hospital

By the early 1880s, Springfield, Bloomington, and Decatur all had hospitals. But the little town of Lincoln, with two coal mines and a population of five-and-a-half thousand, had none.

That all changed, however, thanks to the Reverend Conrad Rotter, pastor of the German-speaking St. Mary's Catholic Church, and Dr. R. M. Wilson. Pastor Rotter called a mass meeting at the courthouse in Lincoln, at which a committee was formed to raise funds for a charitable hospital to be run by the Hospital Sisters of the Third Order of St. Francis, whose motherhouse was in Springfield.



Dedication of Abraham Lincoln Memorial Hospital, April 2, 1954. Courtesy Larry Shroyer Photographic Collection/Lincoln Public Library District.

The ladies of the city held an entertainment at Gillett's Hall, raising \$1,000 towards the purchase of two frame buildings at the corner of Third and Maple streets, on the Mann estate just south of St. Mary's church. On July 9, 1884, Sister Aurelia Moellers and two companion Franciscan Sisters arrived in town and opened their little hospital, which was soon named in honor of Saint Clara. Dr. Wilson was the hospital's physician. Sister Aurelia was the Superior.

The Lincoln Times of July 17, 1884, reported that "The German Catholic hospital is an assured fact" and that

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The mission of *Our Times* is to publish well-researched, interesting articles about the people, history, and culture of Logan County, Illinois.

Publisher's Notes

They say that when you stare death in the face your life passes before you. I had a similar experience when my doctor died. Standing in line at the Presbyterian Church to offer my respects to Doc Ulrich's family, I realized that for nearly thirty years, Doc had been a part of my family's most emotion-charged episodes.

On the last day of April in 1974, I was teaching a child psychology class at Lincoln College. Someone came to the classroom door and handed me a message: my wife was in labor. I hurried home, took Jane to ALMH, and started the intake interview. A nurse wheeled Jane to the delivery room. After completing the admission process, I rode the elevator upstairs where I met Doctor Ulrich in the hallway. I had missed the whole show—the baby was born. My wife's accommodating spirit and Doc Ulrich's medical acumen had deprived me of hours of anxious pacing in the waiting room.

"Boy or girl?" I asked.

"I forgot to look," Doc said, deadpan. "But it's a football player. Nine pounds and eight ounces. You'd better hope it's a boy."

It was a boy, and he was a football player. Sixteen years later, Tom, the football player, got the word from Doctor Ulrich that, yes, he could play next Friday even though he had been taken from the field by ambulance at the previous Friday's game. In between the happy occasion of Tom's birth and the nail-biting nights at football games were dozens of critical times with Doc Ulrich—the birth of Tom's little sister, the extraction of a needle from his big sister's foot, treatment of his brother's knees, his mother's surgery, and my bouts with high blood pressure (regarding which Doc was certain to inquire about any undue stress in my life).

As I thought about all the medical scrapes that had brought my family in touch with Doc Ulrich over the years, I realized that at the same time he was helping us through these trying times, he was doing the same for hundreds of other families. Including his own. *Including his own.* That was the part that rattled through my nervous system when I finally greeted Doc's family at the wake. When my own family is facing a health crisis, I can think of nothing else. But when a doctor's family faces the same inevitable personal distress, the doctor must continue to care for his patients.

I have a new doctor now—Marcia Hauer. She is the fifth doctor I have had in my life; the first four are dead. Dr. Marcia is young and spunky, and I fully expect her to outlive me. She greets me with humor and warmth even on days when she must also be thinking about her own children's tummy aches or broken bones. I don't know how doctors do it, but I'm glad they do.

In weak moments, I can grumble about some aspects of life in Lincoln. But I'm a fairly consistent advocate for the health care we receive. At its best, Lincoln gives us highly-competent practitioners who are also something like extended family to us; they are part of our community life. They know our families and we know theirs. Such relationships are not to be taken for granted. **SR**

(Continued from page 1)

"any needy, sick, or wounded person will be kindly taken care of. Those able to pay, and who need kind hands to take care of them in their sickness or injury, will find the Sisters ready to make their lot easy and comfortable."

St. Clara's was a community project from day one. *The Lincoln Herald* reported that the physicians in the area would hold weekly clinics at the hospital, where the poor could be treated for free; the Sisters spent part of their time collecting subscriptions from citizens.

It didn't take the Sisters long to see that the little hospital was inadequate. With the help of the two Catholic pastors, Father Charles Hout of the German St. Mary's parish and Father James Tuohy of the Irish St. Patrick's Church, they began a campaign for a new building. They purchased a half block of land on the south side of Sixth Street, between Maple and Union, and built a two-and-a-half-story brick hospital. Dedicated on November 14, 1886, the hospital boasted gas, steam, city water, a chapel, operating rooms, bathrooms, accommodations for patient cots, and a top-floor dormitory for the Sisters.

The \$14,200 building was completely paid for by January of 1887.

As the attitude of the general public towards hospitals began to change from a place for the indigent to die to a place where people could get well, the annual census for St. Clara's increased—from 26 patients in 1884 to 200 in 1900. A south wing was added that year; in 1912, a third floor with a separate delivery room was built. (Jane Landauer was the first baby born at St. Clara's.)

New times brought new problems. In 1915, the Mother Superior reported that patients in rooms adjoining Sixth Street had to be moved—to avoid the nerve-wracking noise of the cars speeding along the street.

A laboratory, x-ray department, radium treatments, and physical therapy were

Problem Patients

Soon after St. Clara's opened in 1884, The Lincoln Times reported that the Sisters cared for two sick tramps, one an Irishman and the other a German. Although he claimed to be unable to pay for his care, it later turned out that the German had \$15 in a roll in his vest pocket. He put the vest under his pillow, but the nurse took it and hung it in the hall.

The Irishman got up first. Finding the roll of bills in the German's vest pocket, he took it for himself. Soon he was telling the Sisters that he was entirely well and was going to leave—and he did—despite their entreaties that he was not well enough to travel and they couldn't let him go without Dr. Wilson's orders, anyway.

When the German discovered his loss, he claimed that he was saving it to buy a suit of winter clothes and hotly declared that he would like to cut the thief's throat. He couldn't blame the Sisters for carelessness, though, because he had deceived them in the first place.

added over time. In 1924, a convent was built for the Sisters, and their dormitory was made into patients' rooms, increasing the capacity to 76 beds.

During the Depression, the hospital continued its charity work: caring for hoboes and taking leftover food to poor families in the gallon buckets that had held pork and beans. On February 2nd, 1935, the hospital held a Gift Day, asking for donations of everything from cash to coal, flour, and farm products.

A 1948-1950 campaign raised \$85,000 for a new 100-bed hospital, but the Hospital Sisters chose to modernize rather than build at that time.

St. Clara's was much loved by both

its Catholic and Protestant patients, who were shocked when the Hospital Sisters announced its closing in 1962. Reasons cited were lack of accreditation for the existing building (parts of which were 78 years old), the cost of a new hospital, and a hospital census showing that with the building of ALMH in 1954, the area had enough hospital beds. The money raised from 1948-50 was to be transferred to St. Clara's Manor, Inc. Sister Radegundis Doods was the last administrator of the hospital.

Margaret Kurtz Remembers

Margaret Kurtz laughs, "They had to close St. Clara's Hospital to get rid of me!" She worked there from 1942 to 1962.

Margaret enjoyed the nuns, who were mostly German—and mostly jolly. "It seems as though whenever you worked with them, you were always like one big family," she remembers.

Margaret had begun her training at Streator. The nuns at the Catholic hospitals were registered nurses, and they trained the nurse's aides—reminding them that the patient was their livelihood and telling them to treat them as they would their own parents.

The nuns went to chapel every morning and every night; the Oblate

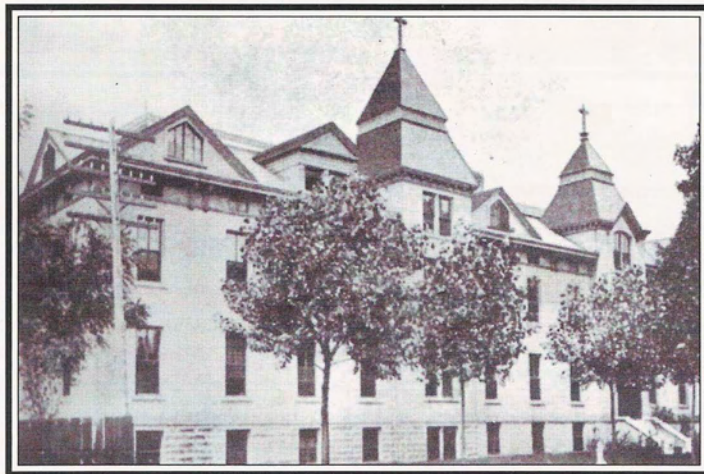
priests from Belleville led the masses and were chaplains.

Margaret did a bit of everything: brought patients their wash water and washed their hands and faces before breakfast if they couldn't wash themselves, emptied bedpans in the one bathroom on the floor, made the beds, filled water pitchers, even brought up food trays and cleaned the rooms in the early days.

There were very few patients when Margaret began working at St. Clara's, just five or six in the whole hospital. As women stopped using midwives, more and more babies were born at St. Clara's.

Margaret's first official LPN training occurred after World War II. When Medicare came in, she trained at the Springfield School of Practical Nursing. She finished her career at Abraham Lincoln Memorial Hospital.

At St. Clara's, Margaret remembers . . . the big bell that hung on the wall, with a cord to pull to summon the head nun from each department . . . the grotto on the grounds, with its trickling stream and plentiful vines . . . the summerhouse, where the nuns sat and sewed or read during their recreation hour . . . Dr. Boyd Perry saying, "That's what they make dictionaries for" whenever a word was misspelled on a chart. ■



St. Clara's Hospital. Sisters were trained at St. John's School of Nursing Education in Springfield, Illinois. History of Logan County Illinois 1911.

Deaconess Hospital

"We do not wish to make nuns of you, no, not even Protestant nuns, but we appeal to you in the name of the Master that you consecrate yourselves to His service as He may direct you, for whatsoever you have done unto the least of His you have done unto Him."

The Reverend Dr. J. U. Schneider, Superintendent of the Evangelical Deaconess Hospital in Evansville, Indiana, was speaking at the dedication of the new Evangelical St. John's Deaconess Home and Hospital on January 19, 1902—encouraging young Protestant women in the audience to become deaconesses.

The Deaconess movement, begun in Germany in 1836, organized women to

came pastor in 1877) had been trained as a deaconess in Germany and saw a great need for nursing services in Lincoln, particularly among Protestants. The difficulty of finding proper care during the illness that took her life drove the lesson home to church members.

Also impressed by two deaconesses from the Evangelical Deaconess Home and Hospital in St. Louis who came to care for the sick during the typhoid fever epidemic in 1898, the Evangelical St. John's Deaconess Society was incorporated on November 14, 1899, with plans to own and operate a hospital.

Eager to involve the community, St.

1926, all board memberships were opened to non-members of St. John's.)

The new hospital had no money for food. Mrs. Adam Denger and Mrs. Gustave Briegel spent their days traveling around in the Denger's "run about" (a one-horse road cart), collecting produce and food from members of St. John's. The hospital also had its own vegetable garden.

As one of 13 hospitals built by local churches of the Evangelical Synod of North America, Deaconess was always thought of as a mission hospital and relied on donations from other churches in the Midwest and from the community. On August 25, 1908, the *Times-Courier* asked each lady in the county "to can or prepare in some other tempting manner a few extra jars for an institution that should be the pride of every citizen."

The Rev. Gustav Niebuhr came to Lincoln in 1902 to serve as pastor of St. John's and administrator of the hospital. When Sister Magdalena Gerhold arrived from the Deaconess Hospital in St. Louis to run the day-to-day operations, the girls who scrubbed the floors put away their mops and got down on their knees to do a proper job.

Sister Charlotte Boekhaus was made deaconess in charge of the hospital in June of 1903, serving until 1941, after which several other administrators served. Sister Emma supervised the laundry. Like the nuns at St. Clara's, deaconesses also took care of patients in their homes in the early years.

The hospital ran a school for deaconesses until 1923 and trained five deaconesses during that time. In 1924, the Sisters' and Nurses' Home was built on Pine Street, and a nursing school was opened; when it closed in 1946, it had trained 130 nurses.

In 1919, the third floor (which had been uncompleted) was finished. A hospital addition in 1937 provided solariums for all three floors that shortly had to be fitted out as patient wards.



St. John's members cook peach butter for Deaconess Hospital over an open kettle. St. John Church 1860-1960.

serve God by caring for the poor, the sick, and the aged—not unlike nuns. Unlike nuns, however, deaconesses could return to ordinary life whenever they wanted—they were not bound by their vows for life.

That's how the members of Evangelical St. John's Church (today St. John United Church of Christ) met their first deaconess. Adelheid, the wife of the Reverend Hermann Schmidt (who be-

John's pastor, the Rev. F. W. Schnathorst, arranged a mass meeting at the Broadway (later Grand) Theatre. A lot was purchased at the northwest corner of Seventh and Walnut Streets, and the hospital opened in 1902, at a cost of about \$38,000. Captain David H. Harts and Judge L. C. Schwertfeger represented the community on the hospital board. (In

Plans to add another addition in 1941 were thwarted by the war.

Aid from the federal Hill-Burton Act of 1946 and a similar State of Illinois act could only be used for new construction, so the paperwork for a new hospital was begun in 1948. In May of 1951, officers of the Evangelical Deaconess Society were authorized to transfer all real estate to the Abraham Lincoln Memorial Hospital Corporation.

The old Deaconess Hospital building served as the Deaconess Memorial (nursing) Home from 1955 until 1964. The former nurses' home was a self-care home for women from 1960 to 1974. Among its most beloved occupants were Gustav Niebuhr's wife, Lydia, and her sister, Sister Adele.

Iva Mae Blaum Remembers

In 1939, Iva Mae Snyder [Blaum] entered the Deaconess Hospital School for Nurses, living at the nurses' home (run by Flora Scheid) and eating her meals at the hospital—hot dogs and fried potatoes every Saturday.

Iva Mae worked the 3-11 or 11-7 shift at the hospital, with breaks to go to classes taught at the nursing school by the doctors on staff, the dietician, and Homer Alvey. She learned orthopedics from Dr. Gaffney and skin care from Dr. Becker. Dr. George Hamilton from Emden was one of Iva Mae's teachers, as was Dr. W. W. Coleman.

Iva Mae says, "I always think of Dr. Coleman as an old country doctor. We went on home deliveries with him," where they boiled water and used newspapers in place of towels.

Iva Mae enjoyed caring for the new mothers and their babies.

"We used to take the babies out on a stretcher to the mothers to nurse or take their bottles," she remembers. "We'd lay one at the head and one at the end . . . with their heads and toes facing each other. We didn't worry about contamination in those days. We kissed the babies and sat back on the fan [housing] in the nursery and rocked

them and all that. They got loving, anyway."

New mothers stayed in bed for ten days; the nurses gave them bed baths and taught them how to bathe and feed the babies and how to make formula with milk and Karo syrup.

After three months of pediatric training at Milwaukee Children's (where Emden man Donald Barringer was interning), Iva Mae graduated in 1942. Also in her class were Lois Treakle, Jean Sawyer, Helen Downey, and the Engelbrecht twins, Margaret [Montgomery] and Marian [Buse]. After graduation, the new nurses wrote their state boards.

At Deaconess, Iva Mae remembers, surgery had refrigeration—"a great big old washtub with a 25- to 50-pound cube of ice with a fan blowing on it." There was no recovery room: nurses sat with patients in their rooms for 3-4 hours until they were fully awake. The anesthetist slept, too—she had inhaled a lot of ether herself.

"Dr. Balding did tonsils galore," she remembers. "Tonsils were terrible. They bled so, and there was a chance of hemorrhage afterwards. The little kids cried so, and that made it bleed. I always considered tonsils a major operation rather than a minor. It was dangerous."

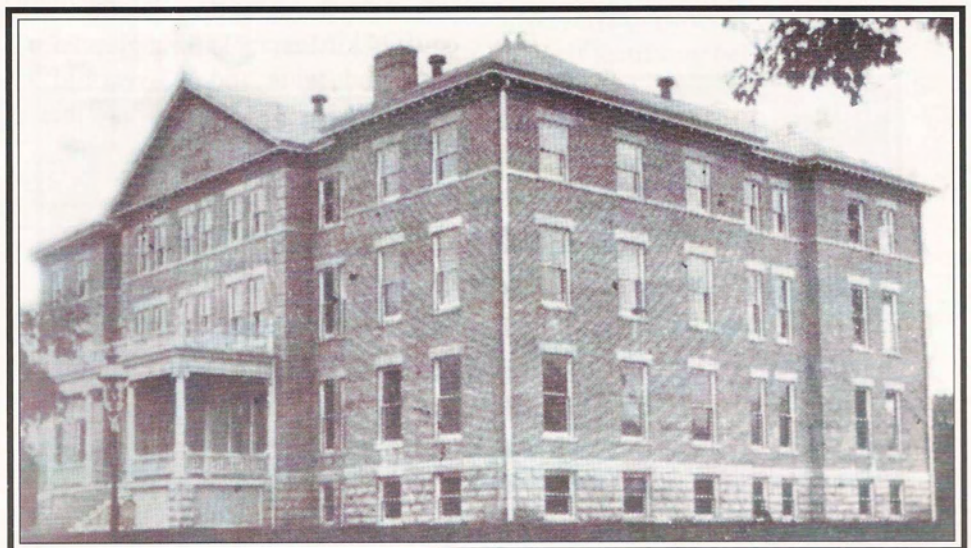
When penicillin first came in, during the war, it was in a beeswax solution that the nurse had to heat to draw up through a syringe. It would form a big knot in the buttocks and stay there for several weeks—and it always itched.

Everyone was excited when the move was made to the new Abraham Lincoln Memorial Hospital in 1954. Emma Howard, "Aunt Em," the first patient to be moved, arrived in the ambulance wearing her black straw hat.

At ALMH, the rooms were so much nicer, and the nurses didn't have to put up with wooden floors that had grooves worn in them from the beds.

Instead of pulling the backs up on the old iron beds, nurses adjusted the new beds by pressing a button. Instead of working in a medicine room under the stairs, they had a new nurse's station. Instead of carrying medicines on a tray, they had a little cart. Instead of carrying oxygen in "great big old cylinders" in carriers and anchoring them to the beds so they wouldn't "topple over," they used piped-in oxygen.

At ALMH, Iva Mae was head nurse of the fourth floor from 1954 to 1958 and acting director of nurses from 1958 to 1985. ■



Deaconess Hospital. History of Logan County Illinois 1911.

“Say Ahhhh!”

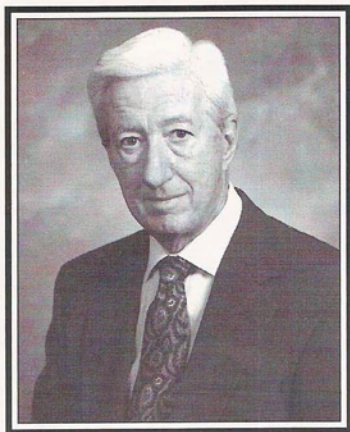
A Doctor's Life

When Dean Hauter, M.D., was a child, he used to develop a lot of ear-aches. Since there were no antibiotics, “you sort of suffered them out,” he remembers. “The doctor made house calls to see what was wrong and usually had some ill-tasting medicine, which probably did no good. You needed a good immune system—which I had.”

Good thing he did, because he had all the childhood diseases—and was quarantined for three weeks with scarlet fever when he was 16. The doctor gave him a sulfa medicine—one of the first antibacterials, which would change medicine so drastically.

Dean grew up in the small town of Morton during the Depression, a time when his family's doctor friends joked about being paid in produce. An Eagle Scout, he was asked by one of the local physicians, Dr. Aranoff, to help teach first aid. It was Dr. Aranoff who suggested that Dean go into medicine—a natural, considering his interest in science and in people.

But when Dean enrolled at the University of Illinois in premed in 1942, it was wartime—and he was eligible for the draft. Because he had Army ROTC, he enlisted in the Army—



Dean Hauter, M.D. Courtesy Dean Hauter.

which later discharged him so he could enter the Navy.

The Navy sent him to school, where, by studying year-round, he graduated from the U. of I. Medical School in Chicago in 1947. After interning at St. Francis Hospital in Peoria for a year, Dean (“Doc”) began practicing in the small town of San Jose, Illinois, a place where doctors were scarce. So he was deferred from the physician draft for six months at a time for seven years.

Doc says, “I was extremely swamped. I practiced medicine day and night. I was one of the few doctors in the area.” One time, Doc had 15 house calls *and* hospital rounds *and* office hours—all in one day. On a rainy day, he might see 60 to 70 people. On a bright, sunny day, on the other hand, nobody would come to the old house that had long ago been converted to a doctor's office. It was all first come, first served—no appointments.

House calls were frequent and sometimes ended up as social occasions. One old couple always served pie and a cup of coffee when Doc made a visit; another man joined the doctor at the oilcloth-covered kitchen table for a glass of homemade wine; and 103-year-old Granny Ryan told him stories of her pioneer days.

But house calls *could* be stressful. Once Doc was called out by a man whose wife had killed herself with a shotgun. On another occasion, he had to chase a five-year-old with tonsillitis around the room and hold him upside down by one leg before he would agree to lie still for a shot of penicillin. (Exclaiming, “That didn't hurt a bit!” after the injection, the child was always thereafter a cooperative patient.)

After practicing for seven years in San Jose, Doc was drafted by the Air Force and sent to California, where this “displaced civilian” served as head of dependent medicine on the first B-52 base. So he has an honorable discharge from the Army, the Navy, and the Air Force.

When his two years were up, he returned to San Jose, built a new office, and saw patients by appointment only, discontinuing obstetrics and specializing in psychosomatic medicine.

From a neuro-psychiatrist in the military, he had learned that psychiatric problems were primarily chemical. Doc says that “after you live with treating patients chemically and see the results . . . you marvel at what you can accomplish compared to just the old method of psychoanalysis.”

Another change Doc has seen is in the treatment of heart disease. In 1968, he sent a young man with congestive heart failure to the Cleveland Clinic to have a new type of surgery—the replacement of an aortic valve. That man is still doing fine today.

Rebuilding his office after it burned down in 1962, Doc became one of the founders of the Family Medical Center in 1972 and was the first in the group to be certified in the specialty of family practice. He could see that being certified was going to be important, “and the training didn't hurt, either.”

Doc has served on the staff of the medical schools in Springfield and Peoria and has also seen patients at the prison—where he says the key to working with inmates is to treat them with respect.

In 1991, he introduced his patients to his son, Dr. Dru Hauter, and daughter-in-law, Dr. Marcia Hauter, and retired from practice, continuing his prison work for another couple of years. ■

“Open Wide!”

A Dentist's Life

Schoolteachers Ada and Nell Henry had a pet squirrel that they fed with a bottle and a spoon. As a result, the rodent's incisor teeth, which ordinarily would have been worn off by chewing, grew right back up in the roof of its mouth. What to do?

Dr. Deane Doolen, Sr. was not only a dentist, but, as his son, Dr. Deane Doolen, Jr., remembers, a man who “had a heart as big as all outdoors,” as well. So the sisters brought their uncomfortable little pet to the porch of his home on Ninth Street.

The solution? Dr. Doolen went downstairs to his carpenter's workshop and brought up a pair of clip-pers. While Miss Henry held the animal, he cut off its front teeth.

A little unusual, perhaps, but just part of being a small-town dentist.

Deane tells us that, “My father and a few others were gentle people by nature,” while “most practitioners of the crude dentistry in the old days had to be somewhat rough-hewn, because the job they had to do was anything but delicate.”

Some of Deane's dad's office furniture is on display at the Pearson Museum at Southern University Medical School in Springfield. It is a reminder of just how much dentistry has changed since his dad (“Dr. Senior”) bought his practice from Dr. Pearl Parks in 1924.

The fainting couch, for example. Even when Deane was in school in the '50s, he was trained to break open an ampoule of aromatic spirits of ammonia and hold it under the nose of a lightheaded patient. His dad would have used his fainting couch frequently in the '20s and '30s.

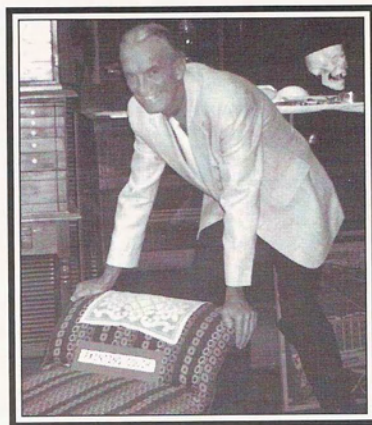
And why not? In Dr. Senior's time,

dental disease “was rampant, and the ability to treat it was crude.” Local anesthetics were available in rudimentary form “but considered by many to be less than effective.” So often the dentist had to “psychologically nurse the patient through the episode,” says Deane. Carbide steel blades and diamond-drills didn't exist, and the burr on the drill was not as hard as the tooth enamel. So a lot of hand instrumentation was necessary, as well.

It was really a matter of “patchwork”; when that was no longer possible, and the symptoms got bad enough, the only solution was to remove the offending part—and use the fainting couch again.

When Deane's dad took the practical part of his state boards at Northwestern in 1924, the school didn't yet have electricity. So he had to use a treadle drill with a foot pedal (not unlike the pedal on an old Singer sewing machine). The treadle drill he bought from Dr. Parks is in the museum; he used it on house calls and to work on appliances in the “kitchen” of his dental office.

Another piece of equipment in the



Deane Doolen, D. D. S., with fainting couch. Courtesy N. Gehlbach.

museum, the old cuspidor—a “glorified spittoon,” says Deane—sports a piece of hose trailing down into a bowl. It has been replaced by the sink and by suction.

A real “state of the art” piece of equipment in Dr. Senior's office was a light with a lens that could be focused to produce a spotlight on the patient's mouth. To protect him from this intense light (much smaller than those we have today), the patient wore a tiny pair of sunglasses.

Dentistry was serious stuff in those days. Before antibiotics, people “literally died from tooth extraction,” if the shower of bacteria released when a tooth was extracted got into their bloodstream.

Many people lost their adult teeth early. Even in the '50s, when Deane began practicing, he often had to take patients between the ages of 18 and 25 to the hospital for an anesthetic so they could have all their teeth removed because of disease.

Dentistry has evolved from “patching to prevention”—to a great extent because of fluoridation, which Deane remembers as a very controversial in the '60s. Describing himself as “not adversarial,” he nevertheless found himself testifying before the city council and groups of concerned citizens, being challenged by well-meaning people who confused the non-poisonous fluoride with the poisonous fluorine. It took a national movement to get “small-town USA” to fluoridate its water.

A graduate of the University of Illinois Dental School like his father before him, Deane does dental implants and says the dentist of the future will be a stomatologist—a physician of the mouth—rather than a “fixer after the fact.” ■

Tell Us About ALMH

Hospital Administrator Emil Stahlhut

In May of 1953, Emil Stahlhut left Maquoketa, Iowa, where he had spent three years opening a new hospital from scratch, and came to Lincoln to become administrator of Deaconess Hospital and the soon-to-be-completed Abraham Lincoln Memorial Hospital.

Emil explains that the biggest problem for ALMH had been “how to get money.” The federal and state governments had pledged \$850,000 toward the cost of the hospital; area people were to raise the rest.

“The idea was to get hospitals into rural communities,” says Emil. That in turn might bring more doctors.

It took two exhausting campaigns and the help of professional fundraiser Ralph L. Minker, but when ALMH opened in 1954, the people of Logan County had come together to raise \$915,000 of the total cost of \$1,765,000.

Emil’s wife, Jane, remembers that the hospital eventually became quite full—with beds in the halls. In 1964, an east wing with 100 beds for extended care was added, and the patients at Deaconess Memorial Home were moved over.

Later, when the hospital census had dropped, the first floor east was vacated and refurbished; the new Abraham Lincoln Medical Group moved into that location on June 1, 1972. In 1981, as a result of low Medicare reimbursements, extended care was discontinued altogether.

The medical group moved into their own building in 1987, and the practice was purchased by Springfield’s Memorial Medical Center in 1994. In 1989, ALMH built an addition for a physicians’ clinic; that practice is now a part of Springfield Clinic. ALMH became affiliated with Memorial Medical Center in 1994.

Emil retired in March of 1983, after thirty years as hospital administrator. (David Sniff and Woody Hester followed him in that position.) He reminds us that “the care right here is apt to be better than at Springfield. People know you; they’re hometown people. That really makes a difference.”

As his proudest accomplishments, Emil cites his role in helping to form the



A new ambulance! Courtesy Larry Shroyer Photographic Collection/Lincoln Public Library District.

medical group, the creation of a hospital-based ambulance service with paramedics, and the designation of ALMH as a trauma center in 1971.

When the hospital became a trauma center, a physician had to be on duty at all times. Before that, very few hospitals had doctors always on site.

At ALMH, Emil remembers, “we had an emergency room without a doctor there; that wasn’t much of an emergency room. . . . Think of what the poor nurses went through. There was terror.”

Paramedic John Olmstead

John Olmstead says that on his very first day of work as an attendant on the ambulance service, April 3, 1975, he was taught to do CPR.

“About an hour later, I was doing it and the patient survived. So I was hooked. It was a thrill. That person is still alive today,” says John.

Decatur Ambulance Service provided the ambulances and drivers in those days, local funeral homes having given up the service. In 1976, the county passed a referendum to create an ambulance fund; the hospital has run the ambulance service for the county since 1977. That year, the Mobile Intensive Care Program with state-certified paramedics went into effect. Dr. Gilbert E. (“Gene”) Blaum was the original project medical director for that program.

John took his paramedic training at St. John’s Hospital in Springfield; the class consisted of 420 hours of work, with an emphasis on cardiac care.

Today the paramedic program requires about 180 hours total, with rotations in many specialties. Other levels of EMTs don’t require as much training, but every local ambulance has at least one paramedic on board.

As Lincoln-Logan Paramedic and

Ambulance Supervisor, John appreciates the fine rescue squads in the little towns in the county. "Without them," he says, "it's pointless."

Several years ago, a 2 ½-year-old child fell into a pit grain auger on a farm near Atlanta, severing both arms.

The father "threw the child into his pickup truck" and drove to the hospital. John and his partner were sent out to the farm to find the arms.

Prior to that time, there was no protocol for handling amputated parts. John and his partner "just guessed" that the thing to do would be to wash them off with sterile saline, put them in a plastic bag, and put them on ice.

Surgeons were able to reattach the child's arms—the first time in history a child that age had both arms reattached successfully. The protocol now used is based on that case.

Auxiliary President Eunice Campbell

One Saturday this summer, Eunice Leach Campbell bought a skirt at the Pink Shutter Thrift Shop for 75 cents.

As co-founder, with Dorothea Mitchell, Rosetta Klemm, and Ruth Stoll, of the ALMH Women's Auxiliary fund-raiser in 1961, Eunice says she is "real proud of that thrift shop."

She brought the idea home when she



Edna Dehner (left) and Thelma Gibson prepare for Harvest Festival Bazaar. Courtesy ALMH Auxiliary.

was a state board member of the Illinois Hospital Association.

Eunice had been president of the ALMH Auxiliary from 1955 to 1957. In the 1958 and 1960 Follies, she and Eileen McNally had each done the Bumpsey-Daisy on stage with a man selected from the audience.

"I had a man from Mt. Pulaski one night, and he just about Bumpsey-Daisied me off the stage," Eunice laughs.

The Follies raised over \$5,000 each year, but a thrift shop would provide a steady source of income without begging for money for a program book.

The next step was to fit out a Victorian house at the corner of Pulaski and Hamilton Streets in Lincoln with real pink shutters and start collecting used items. The one paid worker, Rosetta Klemm, was very particular about accepting only what was clean and ready-to-wear. As a result, over the years, "all kinds of people—rich and poor and everybody" have come in, not only to look around—but to buy, as well.

The shop has moved twice: first to the old Commercial Hotel and then to its present location on Sangamon Street, where Eunice bought her skirt.

The Pink Shutter is one of many projects undertaken by the ALMH Auxiliary (its name since 1966). Organized in 1951, with Anna Schmitt of Beason as the first president, the auxiliary kept Eunice pretty busy during her term as president. Members met in units with names like Nancy Hanks and Abe Lincoln, read the pink monthly newsletter edited by Jean Gossett, hemmed diapers, and volunteered at the hospital.

Fundraisers over the years have included a coffee and gift shop and a Harvest Fall Festival with a luncheon and bazaar with little "shops" featuring crafts, baked goods, and plants. At the annual style show at the high school, "Landauer's [clothing store] just went all out for us," says Eunice. The present hospital gift shop is managed by Judy Busby and Alice Turner.

Reorganized as an at-large membership during the presidency of Eloise Dammernan in 1972-73, the auxiliary has donated hundreds of thousands of dollars to the hospital for everything from mammography equipment to building renovation. Martha Sasse is the current president.

Volunteers and Special Services Directors Jean McCue and Barbara Dahm

Barbara Dahm says she has the "neatest job in the whole wide world. The people who come to my office . . . want to be there and want to serve the hospital."

For example, when Barbara put out a little article asking for adult volunteers to work the information desk, she was "just delighted" with the response.

That kind of enthusiasm led to the hiring of Mrs. Laverne Bair in 1962 to oversee the growing number of volunteers. She was followed by Mary Richter and Jean McCue (who also wrote the hospital newsletter for many years).

Jean remembers "a whole bunch of us" carrying things across the railroad tracks when the Pink Shutter moved to Sangamon Street; she also visited clubs to ask for donations to start a Lifeline program. (People with Lifeline have a button to press in an emergency.) Today, Lifeline has over 200 subscribers.

Present director Barbara trains the teen volunteers, along with Education Director Karen Cluver, RN. Begun in 1960 as the Candy Strippers, it now includes boys as well as girls, and dress has been updated to khaki shorts and slacks.

The 290 volunteers help with Mini Medical Days, the HOP Club (Hospital Orientation Program for First Graders), blood pressure screening, and lots more. ■

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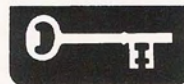
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First line of defense against illness: Alvey's Drug Store, 1909. History of Logan County Illinois 1982. Homer Alvey, Jr., otherwise known as "Doc," was often consulted for his cough syrup and other remedies. He kept his prescriptions on coat hangers in the basement. There had always been home remedies, too: cloves and peppermint extract for toothaches, Vicks boiled in water or smoothed on the chest for colds, castor oil in orange juice, three drops of kerosene in a teaspoon of sugar for sore throats.

Our Times

The People, History, and Culture
of Logan County, Illinois

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Material for this issue came from the *Courier* under its various names; *The Lincoln Times*; *History of Logan County Illinois 1911, 1982*; *St. John Church 1860-1960*; Cooke, Sr. M. Francis. *His Love Heals*; ALMH Auxiliary histories; and the excellent memories of our friends. Speaking of which: Paul Verderber tells us that Kismet was not the name of Doc Lund's sailboat, but of his canoe, which Paul's son Chuck now owns.

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