



As North Dakota grew, so did the state's medical care industry. The "surgical suite" from an unnamed institution (probably Bismarck Hospital) included the most modern instruments and facilities of the 1930's. It represented vast improvement in the five decades that organized health care had existed in North Dakota's capitol city.

—State Historical Society of North Dakota Collection

The Development of Health Care Systems in Bismarck, 1872-1937

by Kevin A. Hessinger*

Modern North Dakota enjoys health care opportunities equal to those found throughout the nation. A combination of professional services and facilities exists in the state's larger cities, and many smaller communities support hospitals and clinics that provide access to the best in current practices.

The present status, however, did not always exist. Early health care in North Dakota was largely a matter of self-help, and the story of the development of adequate health care opportunities has many a strange twist and turn. The history of medical care development in Bismarck provides an excellent example.

Professional medicine came to Bismarck soon after the town was founded in 1872. The existence of a military installation, Camp Hancock, on the townsite and an important post, Fort Abraham Lincoln, across the Missouri River guaranteed the presence of doctors, and these medical men often served the general public in addition to their army clientele.¹

For the most part, the work of the frontier surgeon involved major trauma, such as broken bones. Most army personnel were fairly young and relatively healthy individuals who used the infirmary only after injury; for that

reason the medical problems encountered by army doctors were simple, and many diseases were simply ignored. Others, such as tuberculosis, caused separation from the military. As a result, military physicians engaged in a practice that was relatively limited.²

The city of Bismarck benefited from military doctors in several ways. Most notably, the first physicians to locate in the city had completed their service with the army and decided to stay. Initially, Dr. Benjamin F. Slaughter settled in 1872. He was followed by Dr. Henry R. Porter, a surgeon who had contracted to accompany the command from Fort Abraham Lincoln on the Sioux Expedition of 1876 and was the only doctor to survive the 7th Cavalry's defeat at the Little Big Horn River.³ A third physician, Dr. W.A. Bently, arrived in 1877.⁴

The early physicians were adventurous, not the typical doctor of the day. Accustomed to being self-reliant and out of touch with "civilized" medicine and urban areas, these men would often ride many miles to see their patients. The practice of medicine was a solitary affair even in large urban areas. Each doctor had his patients and rarely consulted with a colleague. Only in the latter half of the 19th Century was specialization recognized as a positive part of medicine and then only in the Eastern centers of learning where the ideal had been brought from Europe.⁵ As a result, frontier physicians, such as Slaughter, Porter, and Bently, represented a typical, strongly individualistic breed and philosophy.

Like the physicians, nurses also appeared in Bismarck early in the city's history. Unlike the doctors, however, the nurses represented a relatively new profession, one established during the mid-19th Century by an Englishwoman, Florence Nightingale. Schools of nursing modeled on Nightingale's training academies appeared in the United States after the Civil War and stemmed from a recognition that a need existed for trained people to care for patients in an organized and logical manner. In this same era, institutional reform in many health care areas was revolutionizing American medicine. A proliferation

* The author expresses his thanks to Dr. Stanley N. Murray of the University of North Dakota, Sister Angele Tufis of Annunciation Priory at Bismarck, Carl Hokenstad of the Bismarck City Planning Office, and Mary Klein for their help.

¹ For Bismarck history, see George F. Bird and Edwin J. Taylor, Jr., *History of the City of Bismarck, North Dakota: The First 100 Years, 1872-1972* (Bismarck: Bismarck Centennial Association, 1972). Also see Arnold O. Goplen, "The Historical Significance of Fort Lincoln State Park," *North Dakota History*, 13-4 (October 1946), pp. 151-221.

² See Edward S. Luce, editor, "The Diary and Letters of Dr. James M. DeWolf, Acting Assistant Surgeon, U.S. Army: His Record of the Sioux Expedition of 1876 as Kept Until His Death," *North Dakota History*, 25-2/3 (April-July 1958), pp. 33-81.

³ For information about Drs. Slaughter and Porter, see "Biographical Sketch of Benjamin F. Slaughter," *North Dakota Historical Quarterly*, 1-2 (January 1927), pp. 34-35. Larry Remele, "Henry Rinaldo Porter," in Martin Kaufman, Stuart Galishoff, and Todd L. Savitt, eds., *Dictionary of American Medical Biography* (Westport, Ct: Greenwood Press, 1984), Vol. 2, pp. 601-602; this source will be cited hereafter by title, volume, and page number.

⁴ See James A. Grassick, *North Dakota Medicine: Sketches and Abstracts* (Grand Forks: Page Printing Co., 1926), pp. 234-235.

⁵ The following outline of 19th Century medical history is drawn from several sources, including Grassick, *North Dakota Medicine*; John Duffy, *The Healers: A History of American Medicine* (Urbana: University of Illinois Press, 1976, 1979); and Elizabeth M. Jamisson and Mary F. Sewell, *Trends in Nursing History: Their Relationship to World Events* (NP: W.B. Saunders Co., 1954).



The first physicians in Bismarck were a self-reliant lot. Dr. Benjamin F. Slaughter (top) and Dr. Henry R. Porter (middle) both came to Dakota to serve military units stationed along the Missouri River. Slaughter also tried farming and real estate speculation after moving to Bismarck. Porter survived the fight at the Little Big Horn in 1876 and became a well-known member of Bismarck society. Dr. W.A. Bently (bottom) started his practice in 1877 and for a time operated a tuberculosis sanitarium.
—State Historical Society of North Dakota



of information produced new medical theories and established the "scientific method" in practice and research. With the increase in knowledge came change and, consequently, a need for better trained assistants.

The changes were represented by several developments. First, research by medical giants such as Koch, Pasteur, and Lister produced new methods of diagnosing and treating disease. Widespread recognition that disease resulted from infection brought by germs resulted in techniques to minimize such problems. Antiseptic techniques were adopted in medical schools and hospitals, and medical literature communicated the ideas to doctors located outside urban areas. A second change involved the education of medical professionals. The late 19th Century saw the establishment of more schools for physicians and the development of standards. State boards began the practice of licensing doctors and nurses and attempting to regulate entry into the professions. In Dakota Territory, a board of medical examiners was established in 1885, and a medical association for Dakota Territory was formed at Larimore in 1887. The net result was a movement to improve medical care.⁶

In like manner, the nursing profession grew into an accepted part of health care. With the improvement of training and education, nurses assumed more of a role, both within hospitals and in the community. The availability of trained assistants allowed physicians to expand their practices.

Thus the beginnings of medical practice in Bismarck and northern Dakota coincided with great changes in medicine. The three physicians and one nurse listed in the 1880 census all were apparently trained in a traditional manner. Drs. Slaughter, Bently, and Porter came from Kentucky, Connecticut, and New York, respectively. The nurse was Nancy McCully, a 59-year old widow with an undetermined education.

These medical practitioners worked with few amenities. Care of patients was largely handled in the homes, and the physicians made do with the equipment that they had. The growth of the area, however, quickly demanded a central medical facility. Accordingly, the civic leaders of Bismarck responded positively when approached by a religious order seeking to expand its service.

In 1878 the Abbot from St. John's Abbey in Minnesota began considering various sites for a girls' academy. His discussions with Bismarck leaders and ministers convinced him that the city did not need a college as much as it needed a hospital. The abbot went to Mother Scholastica to ask the aid of the Benedictine Sisters, a Catholic religious order, to see if they would undertake the work. Up to this time, the Benedictines were not primarily involved in the care of the sick, but had a tradition of undertaking work needing to be done, wherever they

⁶ See Grassic, *North Dakota Medicine*, pp. 61-74, for the first quarter-century of the North Dakota Medical Association; see pp. 159-174 for Grassick's account of the territorial and state boards of medical examiners to 1925.

were. Thus in 1883 Mother Scholastica came to the Bismarck area to look for a site for the hospital.⁷

Originally, Mandan was first selected as the site for a three story, \$25,000 hospital; when Bismarck was chosen as the capital, the order shifted its plans. The money to build was raised by house-to-house calls and parish socials. Interest in the new hospital reached as far west as Medora; *The Bad Lands Cow Boy* carries notices of affairs raising money for the project. A decisive reason for locating in Bismarck was the availability of the Lamborn Hotel built by the partnership of Alexander McKenzie and Richard Mellon.⁸ Members of the order came to Bismarck in 1884. These women, Sister Gabriel McCoy, Sister Thomas Ryan, Sister Juliiana Venne, Sister Opportuna Plemmel, and Sister Alexia Kurst as the Superior divided duties among them and opened the new facility on May 6, 1885. Known as the Lamborn Hospital, a requirement of the sale, it served sixty-six patients of all nationalities and types during its first year. The hospital

⁷ See Sister Grace McDonald, *With Lamps Burning* (St. Joseph Missouri: St. Benedict's Priory Press, 1957), pp. 126-128.

⁸ See Bird and Taylor, p. 74.

⁹ McDonald, pp. 129-130; see also "St. Alexius Commemorative," *Bismarck Tribune*, May 6, 1985, pp. 2, 10-11.

¹⁰ McDonald, p. 131.

had contracts with the county for the sick unable to pay and with the United States Marine Service for the coverage of Missouri River boatmen who needed care.⁹

The area served by the hospital was roughly covered by a circle encompassing Jamestown and as far west as Medora. The first years saw meager patient numbers; to make ends meet the hospital was also offered as a temporary boarding house. The sisters also solicited funds far and wide:

At last the sisters resorted to begging. Two sister nurses were released at intervals to go on begging tours to the nearby Fort Lincoln Railroad Construction camps as well as Dakota towns. When these excursions took them to that area West of Bismarck where the railroad was in process of being built, the sisters had to resort to queer modes of travel. The construction crews used handcarts when traveling from section to section or from their work to their camp. This was the only mode of travel available, and this the sisters took. The sight of a couple of sisters aboard a handcart propelled by sturdy railroad laborers was said to have won them many a friend.¹⁰

Little is known about the relationship between the city's physicians and the hospital, but no doubt it was a welcome addition to a practice accustomed to seeing patients who had been nursed by a friend in a room over a

The Benedictine Sisters staffed the first hospital in Bismarck (see cover photo). In June 1887 the hospital staff included (top, l-r) Sisters Josephine McLean, Crescentia Eich, Julianna Venne, and Margaret; (seated, l-r) Mildred McGuire, Superintendent Alexia Kurst, and Luitgard Billig.

—Courtesy Annunciation Priory Archives, Bismarck



saloon or in a local boarding house. Apparently Dr. Bently used the hospital as a sanitarium, as evidenced by an early picture of the hospital with the sign "Upper Northwestern Sanitarium" on an upper story.¹¹ In this case the disease treated was probably tuberculosis, a malady that reached epidemic proportions in the 19th Century.

Thus by 1885 there was a working hospital staffed with personnel of an untrained nature, but willing to work and learn, as well as eleven doctors: Drs. Slaughter, Bently, Porter, M.T. Bussey, Carroll Corson, W.A. Franklin, H.S. Hershey, F.B. Kendrick, Wm. Lambert, L.C. Pettit, and E.V. Scribner.¹² All doctors practiced independently, as was the custom at that time.

These changes came slowly to the northern plains. Doctors who had obtained their training before 1880 often resisted change and relied on themselves for all cases that came their way. In Bismarck, for example, the physicians in town apparently made use of the hospital only for those patients with no one to care for them at home or for those with a contagious disease.

Change, however, did come, assisted by the advent of better public utilities. The city had a reliable water supply by 1887, and the Hughes Electric Company provided somewhat uncertain power by 1897. While services were increasing, Bismarck was still a frontier town, made up of mostly wooden buildings with few, if any, paved streets and wooden sidewalks.

Visible movement toward better health care in the city occurred during the 1880's. For example, hampered by lack of funds, the Benedictine Sisters sought a stable source of support for the Lamborn Hospital. They approached the Abbot of St. John's; after an intricate negotiation, he agreed to use available funds to buy the hospital in 1885 on condition that the sisters repurchase it. They were able to do so in 1887; in gratitude for the abbot's timely intercession, the sisters renamed the hospital in his honor, St. Alexis. The institution incorporated in 1905.¹³

An important force for modernization arrived in 1892. A new administrator, Sister Boniface Timmons, took over the St. Alexis Hospital. Within two weeks of her arrival she was active in fundraising to modernize the hospital. She decided that the hospital needed better heating and arranged for steam heat to be installed. When telephones were available, she installed six at the hospital, drugstore, and in doctor's homes. Sister Boniface induced the city's businessmen to support her in hospital improvements. She also became friends with many of the powerful local and state politicians, including Alexander McKenzie. She had a very close relationship with McKenzie until his death in 1922.¹⁴

The city at this time had all the necessary preliminary foundations for attracting new business, people, and more doctors. Under Sister Boniface, the hospital took on the character of an innovative institution willing to change with the times. In fact, the hospital adopted many new ideas before other, larger hospitals out East. Unlike many hospitals of the time, St. Alexis did not

have what is known as a closed staff, meaning that any physician who wanted to and could prove his qualifications could practice at the hospital. This was not the case generally throughout the United States. Most hospitals had a few doctors; the patient went where his or her doctor worked, or accepted whichever doctor worked there.

A second force for change in medicine in Bismarck came to the city in 1899. Dr. Eric P. Quain, a Swedish immigrant who obtained his training at the University of Minnesota, brought new ideas, driving force, and, according to many of those who worked with him, genius.¹⁵ He confronted an immediate problem in overcoming entrenched ideas about treatment. For example, Quain recalled an incident that happened shortly after his arrival in the city. He was called to administer to an injury:

When Dr. Quain reached the hospital, the operating room sister was busy wiping the blood off the injured man's face, using handfuls of unsterilized cotton. When Dr. Quain moved in to take charge, he asked for sterile gauze. The sister's method of rolling bunches of cotton about the bedspread before applying them to the open wound gave him a distinct jolt. The sister gave him a penetrating look: "So you are one of those who have to have their things sterilized are you? Well you have to bring your own sterilized gauze; don't have any sterilizer here."¹⁶

Quain quickly changed that situation. The hospital was soon sterilizing his instruments in boiling water, as well as using sterile bandages on his patients. Sister Boniface was convinced of the wisdom of the idea and procured a steam sterilizer as soon as a portable was on the market. Quain also completely changed the approach and procedures in surgery at St. Alexis. In vogue at that time was the antiseptic technique of infection control, which meant that large amounts of sterile water and other solutions (carbolic acid or bichloride water being the favorites) were poured on patients undergoing surgery. The surgeon's hands were covered by sterilized cotton gloves.

He also began teaching the sisters how to care for their patients, particularly after surgery. Many of the nursing sisters trace their knowledge of nursing and the proper care of the sick to Quain's instructions. Up to this time, the staff at St. Alexis had to transport patients up and down the stairs to take them to surgery. With Quain's prodding, Sister Boniface purchased and installed the latest in electric elevators in the Lamborn building. As she saw the need for more and better facilities, Sister Boniface decided to build a new, larger building in an

¹¹ Bird and Taylor, p. 73.

¹² *Ibid.*

¹³ See the "St. Alexis Commemorative," *Bismarck Tribune*, May 6, 1985, pp. 10-11.

¹⁴ *Peace Magazine* (St. Alexis Hospital), May 1982; interviews with Sr. Maximine Firmer and Sr. Mary Mark Brown, Mary College, Bismarck, North Dakota, October 14, 1982.

¹⁵ "Eric Peer Quain," *Dictionary of American Medical Biography*, Vol. II, pp. 617-618; also see Eric P. Quain, *Just Memories* (Eugene, Oregon: Valley Printing Co., 1951).

¹⁶ Paul W. Freise, *The Story of Quain and Ramstad Clinic, Bismarck, ND 1900-1972* (Bismarck, ND: n.p., 1972?), pp. 9-10.

entirely different location, the present site of St. Alexius Medical Center. Quain also performed the first appendectomy in the city and very possibly in the state.¹⁷

Quain's abrupt and impatient nature rapidly involved him in conflict with established community leaders. He and his partner, Dr. Niles O. Ramstad,¹⁸ refused to "play political ball" with Alexander McKenzie, arguably the most powerful man in North Dakota. Though the incident is unclear, McKenzie blacklisted both of the partners. In that many of their patients owed political favors to McKenzie, the doctors lost patrons, or were asked to attend to those families after dark. McKenzie also brought in other, younger doctors to "get rid of those damn Swede doctors." Likewise, complaints, from the indigent patients who had known financial help from McKenzie before elections increased significantly. Although admitting to the consideration of leaving for greener, more friendly pastures, both Quain and Ramstad were made of stubborn Swedish and Norwegian stock. They decided not only to stay, but to fight back. The results of this struggle was Bismarck's second hospital.¹⁹

Matters complicating the situation extended beyond politics. Quain evidently had difficulties in his relationship with the Lamborn Hospital and its administration. For example, it was understood by the sisters that Quain wanted to operate only in the mornings and that he felt that closed staffing was a necessity in order to protect his instruments and procedures.²⁰ Quain may simply have sought to guard his special techniques and thereby came into conflict with hospital policy, but the net result was a rift in his relationship with the hospital and its ally, Alexander McKenzie.

At the same time that this situation was developing, the German Evangelical Church was seeking a location for a new hospital. A Bismarck pastor, W.C. Menges, in 1906 convinced Ramstad to try to sway the church to build in Bismarck. When Ramstad pledged \$10,000 toward this new hospital the decision was reached, and land acquisition began in July 1907. By the time the new hospital was accepting patients in 1908, Ramstad and his partner had donated over \$50,000 toward establishment of the facility. The building that resulted was initially named the "German Evangelical Hospital," but within a year was known as Bismarck Hospital; it had one hun-

¹⁷ Quain's contributions are enumerated in several sources: McDonald, pp. 134-135; *Peace Magazine*, May 1982; Bird and Taylor, pp. 99, 119, 129.

¹⁸ "Niles Oliver Ramstad," *Dictionary of American Medical Biography*, Vol. II, pp. 623-624.

¹⁹ This series of events is recounted in Freise, p. 10. The political power of Alexander McKenzie, the "Boss of North Dakota," is outlined in several sources; the best is Robert P. Wilkins, "Alexander McKenzie and the Politics of Bossism," in Thomas W. Howard, ed., *The North Dakota Political Tradition* (Ames: Iowa State University Press, 1981), pp. 3-39. Wilkins, however, does not mention this incident.

²⁰ These and other reasons for Quain's desire to have a second hospital in Bismarck were recounted during the author's interview with Sisters Maximine and Mary Mark on October 14, 1982. Also see Freise, pp. 101-103.



Three leaders fostered the changes that made Bismarck a health care center before 1940. (top) Sister Boniface Timmons (1853-1937) headed St. Alexius Hospital from 1892-1906 and 1909-1937; her acumen enabled the hospital to develop close ties with the community.

(middle) Dr. Eric P. Quain (1870-1962) introduced anti-septic surgery to North Dakota and became the state's best-known doctor; with (bottom) Dr. Niles O. Ramstad (1875-1952), Quain co-founded the second oldest group practice in the USA in 1903.



Ramstad also did much to establish Bismarck Hospital.

—Courtesy (top) Annunciation Priory Archives, Bismarck; (middle and bottom)

State Historical Society of North Dakota Collection



dred beds and was constructed under a contract totaling \$104,000.²¹

Along with its second hospital, Bismarck acquired its first school of nursing, one modeled after the Nightingale Schools. Also associated with the hospital was a clinic started by the partnership of Quain and Ramstad, one modeled after the Mayo brothers in Minnesota and considered the second oldest in the United States. While the two physicians were surgeons, they, like the pioneers before them, took all cases that were presented. Despite the political pressures, the two had succeeded in getting the closed staffing at their new hospital, and the partnership was sole judge as to whom could practice there.²²

With the two hospitals established, the number of doctors coming to the area on their own increased, along with the physicians invited to join the Quain and Ramstad partnership. By the advent of World War I, the rep-

the services provided to them and their patients also had to increase. Thus, St. Alexis had the first radiology and pathology laboratories in the state that met the requirements of the American College of Surgeons. The hospital also recognized its own school of nursing in 1915. The first nurses graduated in 1918.²⁴

Nursing at this time was admittedly primitive by today's standards. The nurses were taught loyalty to their physicians, hospital, and school, all of which were supposedly dedicated to the healing of the sick and the betterment of mankind. All phases of hospital work were within the nurse's bailiwick: housekeeping, dietary, admitting and discharging of patients, as well as all the handling and care of everyday life for the patient. In addition to some of the more mundane duties, the nurse was expected to know a doctor's preference in terms of dressings, positioning, medications, as well as the instru-



St. Alexis Hospital occupied its new building on 9th Street between Broadway and Thayer Avenues in Bismarck in 1915. Note the screened porches and the adjacent powerhouse and laundry.

—*Courtesy Annunciation Priory Archives, Bismarck*

utation of the clinic was such that the service area it provided stretched from Jamestown to eastern Montana, to Canada and into South Dakota. Some of the physicians that joined the group in its first ten years included Dr. V.J. LaRose, Urology and Radiology; Dr. A.M. Brandt, Obstetrics and Pediatrics; Dr. Frederick Griebnow, General Practice; Dr. William Bodenstab, Internal Medicine; and Dr. E.M. Rudiger, Pathology. Of the five, only doctors Bodenstab and Rudiger were not known to be graduates of the University of Minnesota Medical School.²³ In this list of early Bismarck physicians may be noted the gradual shift to specialties.

During the time that the clinic was growing and becoming more of a medical force in the city and the second hospital began caring for patients, St. Alexis continued the modernization that Dr. Quain had begun and continued to support. With the increase in medical staff,

ments each used. Quite often the instruments were the doctor's personal property, which the nurse was required to maintain in working order. Today all these skills and more are present to some degree or another, but the tie that binds them together is the patient and his needs.

The students at both of the hospital schools learned skills and a certain amount of theory about four areas of nursing: Medical, Surgical, Pediatrics, and Maternity, with a lesser amount of Psychiatry. The technical skills

²¹ See Bird and Taylor, pp. 109-110; *Bismarck Tribune*, July 16, 1907. The original and common names of the facility are evident in the Bismarck city directory listing for 1907 and the local telephone books for 1908.

²² See Bird and Taylor, p. 110; Freise, pp. 101-103.

²³ The list is taken from Bird and Taylor, pp. 19-25.

²⁴ Interview with Sisters Maximine and Mary Mark; "St. Alexis Commemorative," pp. 2, 8, 9.

learned from the instructors, supervisors, and the graduates on the floors were the aspects that the students spent most of their time on. The "why" of things was frequently considered an area exclusive to the doctor.

Many of the techniques and procedures taken for granted as the arena of the working nurse today were either being done by the physician or not at all, e.g., blood transfusion, I.V. infusions, dressing changes, and suturing of minor wounds, to name a few.²⁵

In 1915, there were eighteen physicians on staff at St. Alexius Hospital and between six and nine on staff at Bismarck Hospital. Some of the innovations in medicine during this period included an X-Ray machine acquired in 1908 (Bismarck Hospital), as well as the services of a certified pathologist (Quain and Ramstad). It was during this time that Quain began using the new drug Novocaine which he had brought back from Europe. After this

ward. Against all advice, she proposed and carried out a building project in 1914 that moved the hospital to 9th Street and Thayer Avenue, its present location. She also began a school of nursing in 1915, thereby providing her hospital with inexpensive help and future staff nurses.²⁷ This era set the course for the two hospitals for the next thirty years, each trying to maintain institutional integrity and financial solvency. The nature of the two principals involved did nothing to lessen the competitiveness of this period. Even today it is difficult to overcome this historical rivalry.

World War I temporarily diffused much of the animosity between the two hospitals. Many of the regular staff, medical as well as nursing, were either in Europe or performing service in the United States. Both hospitals worked with skeleton staffs, making much use of the student nurses.



The "German Evangelical Hospital" rapidly became identified as "Bismarck Hospital" after it opened in 1908. The photograph is not dated, but shows the facility after the 1917 addition.

—State Historical Society of North Dakota Collection

first use in the state, the drug soon caught on with the other physicians.²⁶

The competition between the hospitals during this time was probably at its most "cutthroat." The new hospital was struggling against the older, more established St. Alexius. Bismarck Hospital had the edge on innovation due to the farsightedness of Dr. Quain and his current knowledge of medicine.

However, Sr. Boniface moved her hospital steadily for-

²⁵ *Ibid.*

²⁶ See 1914-1915 Edition of the *Annual of St. Alexius Hospital* (Bismarck: St. Alexius Hospital, 1915); Freise, p. 123; *A Touch of History: Bismarck Hospital School of Nursing* (Bismarck: n.p., 1979).

²⁷ McDonald, p. 126.

²⁸ See Quain, *Just Memories*, for his version of these events; also see Grassick, pp. 130-131; Sarah Sand Stevenson, *Lamp for a Soldier* (Bismarck: North Dakota State Nurse's Association, 1976); Interview with Sisters Maximine and Mary Mark.

World War I was brought home when Dr. Quain's surgical detachment went to France as part of Base Hospital 60. Dr. Quain had been in Europe earlier and had seen the preparations being made for war, as well as what medical groups were doing to prepare for casualties. Thus, when he returned to Bismarck, he made plans for the surgical unit. Within a week of the declaration of war by the United States, he was in the Surgeon General's Office, offering his services to the government. When he returned to Bismarck, he enlisted the aid of twenty-eight nurses and six other physicians to serve as staff in his emergency surgical unit. Most later saw action in France.²⁸

By the time Base Hospital 60 was being organized, there were over 1,500 schools of nursing in the country, two of which called Bismarck home. This proliferation of training institutions for women caring for the sick had a

Interior views of the "new" St. Alexius Hospital demonstrate the attempt to provide modern facilities. (Below) Note the paging system above the desk in the main office, and (r.) consider the apparent comfort of a "typical" private room. Both pictures are taken from the 1914-1915 hospital Annual.

—Courtesy Annunciation Priory Archives, Bismarck



substantial effect on the public's expectations in hospital care. They expected to have a doctor and a trained nurse care for them throughout their illness. It was very difficult at that time to induce nurses to come to Bismarck, and the loss of twenty-eight nurses for the duration of the war was a heavy blow to the hospitals. The small number of student nurses at each institution made it possible to maintain a level of consistent care.

Even during the war, Bismarck Hospital continued to add to its physical plant. In 1917 a four story addition was completed to house the school of nursing, obstetrics, and the dietary department. Just prior to the building addition to Bismarck Hospital, St. Alexius had built a new hospital in 1915 having a capacity of 125 beds.²⁹ By 1917 the two hospitals were finished with building projects until both made additions in 1945-46. However, the services offered by the two continued to grow as more physicians with board certified specialties were added to the staffs.

In 1927 the city gained even more medical competition. A new clinic, the Roan and Strauss, was begun by doctors who had left Quain and Ramstad. The experiences left a mark on the modern era. When Quain and Ramstad clinic recruited medical talent, it often required new physicians to accept their patients primarily at Bismarck Hospital and the clinic.

In 1927, however, Bismarck had nineteen doctors and two schools of nursing graduating approximately thirty nurses a year. Bismarck also was the first in the state to

use radium for cancer therapy (1919) and to have an oxygen tent (1922). While the service area experienced growth due to the improvement of private transportation, it could also be attributed to the fact that the nearest alternative medical facilities were in Fargo.³⁰

In 1927 St. Alexius served over 2,600 inpatients, performed over 6,900 radiologic procedures, performed urine and gastric analysis, sputum examinations (TB), blood glucose levels, blood cell counts, and an ever-increasing amount of surgery. Bismarck Hospital, with slightly smaller numbers, performed most of the same functions. Patients stayed in bed longer and were expected to be more "helpless" after surgery than now. It was not unusual to be non-ambulatory after a procedure for three weeks. The procedures were also getting more complex; in 1915 there were few appendectomies whereas in 1927 there were 121 done at St. Alexius alone.³¹

During this time the public perception of a hospital changed; it became a place to get well, rather than a place to die. This was accomplished in great part by the increase in effort by health care personnel to educate the public in hygiene sanitation as well as an increase in skill in affecting cures for diseases that previously were killers, such as tetanus. There was also an increase in the flow of information from centers of learning to practicing physicians, making new methods of diagnosis and treatment available to the patient sooner.

With the advent of the Great Depression of the 1930's, the Bismarck area experienced very difficult times. Hospitals, however, had to continue accepting patients despite the lack of payment, and many physicians, nurses, and hospitals came close to poverty levels. Quite often, health problems came second to getting food on the table. Developments in health care continued despite the difficulties. Public health departments and public health nursing came to be widely used. New therapies, such as antibiotic therapy and intravenous therapy, became widespread practices, as did blood typing and transfusions.³²

²⁹ See *A Touch of History*, passim.

³⁰ See Freise, passim.

³¹ 1927 Edition of the Annual Report of St. Alexius Hospital (Bismarck: St. Alexius Hospital, 1927); Interview with Sisters Maximine and Mary Mark.

³² Jamisson and Sewall, p. 454.

In Bismarck, thirty doctors had established practices as the city's population surpassed 20,000 in 1937. The two hospitals had reached patient load capacities long before and were seriously considering new building projects when the economy improved. The service area continued to grow as transportation capabilities improved, roads were being paved and other reliable routes enabled patients to travel farther with less effort. Hospital services were enlarged to include a wide assortment of new treatments. New departments were created, such as physical therapy and medical social services.

Radiation therapy was being used much more widely during this time for many conditions that today are treated with drug therapy, including tonsillitis, some non-cancerous skin lesions, and treatment for certain carcinomas. The levels of radiation used for diagnosis purposes were also much higher than those used today. Due to medical research defining the mode of transmission of contagious diseases, many nursing procedures had to be described for the first time. As a result, nursing's list of essential skills and the accompanying theoretical framework had to expand.³³

One result of the changes of the era occurred at St. Alexius. There the sisters designated a separate house on the grounds as their contagion ward for suspected and proven cases of especially dangerous diseases. They made it clear, however, that it was only for those cases discovered in the hospital. Later, sometime in the 1930's the city convinced the hospital administration to open the ward to those cases discovered in the city.³⁴

³³ 1936 Edition, *Annual Report of St. Alexius Hospital* (Bismarck: St. Alexius Hospital, 1937); Bird and Taylor, p. 7; Jamison and Sewall, p. 430.

³⁴ See the 1927 Edition of the *Annual Report of St. Alexius Hospital*.

³⁵ See "St. Alexius Commemorative," pp. 10-11; Interview with Sisters Maximine and Mary Mark.

Both schools of nursing expanded and admitted larger numbers of women into the freshmen classes. At St. Alexius, the nurse's home, later rededicated as Boniface Hall, was built just to the east of the hospital. At Bismarck Hospital students continued to live their first year in selected homes in the community.

In 1937, Sr. Boniface died, marking the end of the pioneer period in health care development in the city. During her tenure as administrator at St. Alexius she saw many changes and overcame many hardships. Though not a nurse, she was an astute judge of character as well as a very effective executive. An example of both those roles can be seen in Sister Mary Mark Brown. When she came to the city, she was to be in charge of diabetic diet preparation. She found that she had time on her hands and went to Sister Boniface. That judge of character sent her to the hospital school of nursing and after her graduation the executive eventually placed her in charge of the school. Sr. Mary Mark later became an administrator of the hospital and today is involved in the nursing division at Mary College.³⁵

Sr. Boniface left a class "A" hospital of 175 beds in good financial shape for future expansion to do what those early health care pioneers did best—"Care for the Sick." Meanwhile, Bismarck Hospital continued to improve the services there, as well as maintain an active recruiting program for new innovative physicians.

Through the efforts of the four significant institutions in this area, the city of Bismarck grew accustomed to health care beyond the norm for its size, stature, and geographical position. Despite the past animosity and other less obvious problems, the competitive spirit between the institutions has played a large part in the contemporary status of health care in the city as well as the basic survival of the institutions themselves during the more trying periods of growth and development.

In 1935, Bismarck business and professional people helped St. Alexius Hospital celebrate its Golden Anniversary by presenting an automobile to Sister Boniface Timmons, Local businessman John P. Jackson represented the donors; the on-lookers included church dignitaries (right background, front row, right to left) Bishop Joseph F. Busch and Archbishop John Gregory Murray, both of St. Paul, and Mother Louise Walz, OBC.

—Courtesy Annunciation Priory Archives, Bismarck

