





THE JOURNAL
OF COLLEGIUM
AESCULAPIUM

WINTER 1998

A PERSONAL NOTE FROM THE EDITOR

The Prophet counsels us: be honest, reach out & help, don't purposely end life – or extend it by unreasonable means



What a treat to sit at the feet of the Prophet and receive counsel about our profession.

"This is the first time I have had so many physicians around me," President Gordon B. Hinckley quipped as he began his talk at our Collegium meeting. "I am glad that I am the speaker rather than a patient."

Such quick wit is vintage President Hinckley. As you read his message on page 6 you'll get an idea about his depth of knowledge about health care and the personal preparation he did for this talk — just a couple of days before General Conference. Amazing. But again, this is typical President Hinckley, who as you've noticed is constantly on the go — giving a specifically prepared message wherever he speaks day-after-day all over the world.

Listening to the prophet reminisce about the progress of medicine since his birth in 1910 was a treat by itself. Telling about going to the old county hospital to give a blessing to a young father dying with polio in an iron lung, he said "While the great noisy machine sucked in and expelled air, the patient's health gradually deteriorated." I remember those massive iron lungs in the county hospital too, but my description of them pales at the word picture painted by the prophet who is also a great writer.

Saying that medical practitioners are entitled to a respectable income, the prophet cautioned about the size of our checks and challenged us to "perform a fair amount of what lawyers call pro bono work" for those without insurance who live on the edge of poverty. He encourages us to reach out and to go abroad and give of what we can give there as well as at home.

Then President Hinckley talked about the ethical questions of the day and told about how he had just been asked by the Wall Street Journal to comment on cloning. No one could have given a better answer to the reporter. It was perfect. President Hinckley quoted from the inspired Proclamation On The Family adding a few simple words of caution.

Every issue of this journal has been a keeper. But this issue that contains words of counsel to us as physicians in the Church from the prophet will be a special treasure. Thank you President Hinckley.

By the way, as you think about President Hinckley's counsel about serving abroad, take a look at the articles about the adventures of Ron Stoddard and George Hilton. And don't miss Dean Garrett's piece about disease and sickness in Nauvoo.

Can you imagine a physician in the Church not having this issue of the *Journal*? The sad thing is that some of our colleagues still don't know about Collegium — or this publication. Show this issue to your associates and let's get them on board.

Glen C. Griffin, M.D.
EDITOR

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President Gordon B. Hinckley

ADDRESS TO COLLEGIUM AESCULAPIUM

April 3, 1997



This is the first time I have ever had so many physicians around me. I am glad that I am the speaker rather than the patient.

This is a meeting of the Collegium Aesculapium Foundation. That is quite a name you have. I dare say that not one man in a million would know what it refers to, let alone be able to pronounce it. It reminds me of the country preacher who said to his finance committee, "We need a chandelier. Wish you would consider it." And so they considered it for a time, came back, and said, "We have decided against it. It is too big. It is too expensive. And besides, we don't know how to spell it. What we really need is more light."

Now I knew that Aesculapius was the god of medicine and healing. I took a lot of Latin and Greek at one time. He was supposedly descended from Apollo. That led me to my father's old set of the Harvard Classics, where I found the Oath of Hippocrates.

I do not suppose that young doctors still take the Hippocratic Oath. I do not know.

I read that oath, then I re-read it.

Hippocrates was a Greek physician. He lived somewhere between the fourth and third centuries B.C. His family claimed descent from Aesculapius.

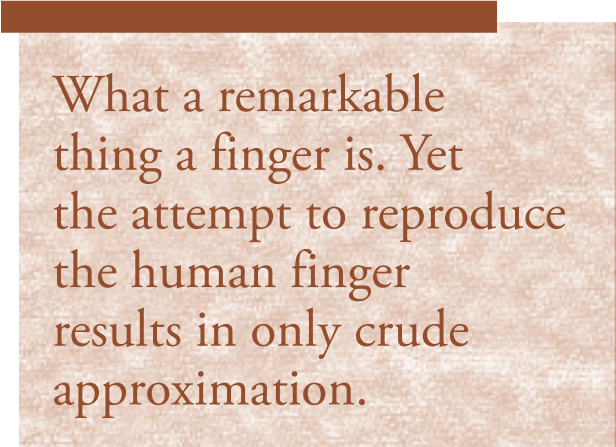
He is reported to have participated in the efforts to check the great plague which devastated Athens at the beginning of the Peloponnesian War. I do not suppose he knew what caused that plague. He lived before men knew anything about bacteria and viruses. He not only wrote the Oath, he wrote a list of aphorisms. One of them says, "Life is short, and the arts long; the occasion fleeting, experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but to make the patient, the attendants, and externals cooperate." (Harvard Classics, Vol. 38, p. 2.) I submit that that is still good medicine.

Now, in case you have forgotten the Oath, I want to quote briefly from it. It states, among other things: "I swear by Apollo the physician and Aesculapius that . . . I will follow that system of regimen which, according to ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous . . . With purity and with holiness I will pass my life and practice my art . . . Whatever in connection with my professional practice . . . I see or hear, . . . which ought not to be spoken of abroad, I will not divulge, as reckoning that all should be kept secret. While I continue to keep this oath unviolated, may it be granted unto me to enjoy life and the practice of my art, respected by all men, in all times. But should I trespass and violate this oath, may the reverse be by my lot." (Ibid., p.3)

The oath says, in effect, that as a physician I will do no harm. This gathering of doctors and health care specialists is concerned with questions of ethics and morality. I can say that the Hippocratic Oath is a beginning point in this matter. It deals with the kind of care to be given and with the importance of confidentiality.

And I would hope that the expressions concerning enjoyment of life, the satisfaction of practicing medicine, and the respect of all men might be had by each of you.

I think I speak for the whole world when I say that we are deeply grateful for men and women of medicine, in all of its aspects. We have been so blessed to be born in this day and time when we are the beneficiaries of medical



What a remarkable thing a finger is. Yet the attempt to reproduce the human finger results in only crude approximation.

science. We have so many enemies to our health. There are bacteria and viruses and cancers. There are mental problems, not a few. And yet we have made such tremendous progress. When I was born in 1910, the average life expectancy in the United States was 50 years. Today it is 75 years. That, I submit, is a miracle.

Smallpox, which once took the lives of vast populations, has been eradicated from the earth. Polio has been eradicated. I recall many years ago going to the county hospital to give a blessing to a young father in an iron lung. While the great noisy machine sucked in and expelled air, the patient's health gradually deteriorated. He died two or three days later. Now all of this is a thing of the past. What a marvelous thing was the Salk vaccine.

A few years back we made a trade with the Reorganized Church under which we acquired the old cemetery in Nauvoo. It was covered with tall weeds. It has now been cleaned up and is being properly maintained. I have the list of those who are buried there. So many of them

were children who died of pertussis, which, I think, is whooping cough. Such a thing is so very rare now. What a blessing that is.

During my lifetime I have lived through and enjoyed the benefits of the sulfa drugs and the parade of wonder drugs that have followed them. They are all of relatively recent origin. How grateful I feel, how very grateful, to the medical researchers, to those who have produced new medicines, who have given us a better understanding of how to care for ourselves, to those who have been involved in public health and in the improvement of public sanitation.

Ancient scourges, of course, still afflict the world. Once it was said that tuberculosis was on the way to elimination. But, and I quote from a recent article in U.S. News, “Today the T.B. microbe is harbored by up to two billion people, about a tenth of whom will become sick and infectious. Every year, T.B. claims nearly three million lives — which is more than all other infectious diseases combined” (*U.S. News*, March 31, 1997; p. 45).

All of us hope that tuberculosis may be eliminated through the discovery of a new wonder drug, rather than having the microbe grow ever more resistant to the drugs we now have.

A great battle is being waged to find something to cure AIDS. And the great war continues against cancer in its various forms. How we long for, how we pray for a cure for this dread disease. How we wish for greater progress in the field of heart disease, although we acknowledge the tremendous progress that is being made.

You, each of you, is part of this remarkable process that goes forward designed to improve the health and well-being of men, women, and children everywhere.

At my age sometimes
I wear a hearing aid,
and when I do
I feel like pulling it out
and throwing it as
far as I can.

What a wondrous thing it is with which you deal — the human body. I sometimes look at my fingers. They are very ordinary among the billions of fingers of the world. Mine are a little arthritic and getting a little stiff with age. But what a remarkable thing a finger is. We

button our clothes, tie our laces, thoughtlessly feed ourselves with our fingers. Yet the attempt to reproduce the human finger results in only a crude approximation.

The human voice is the only thing that produces music without the use of fingers. I know of no musical instrument that does not involve their use.

Surely these bodies are
the creations of God.
I think you must stand
in awe of the wonderful
things on which
you work.

No camera that was ever built can match the human eye. No sound system can adequately match the human voice and ear. At my age I sometimes wear a hearing aid, and when I do I feel like pulling it out and throwing it as far as I can. It is only an inadequate amplifier. It is no substitute for a good ear — I can assure you of that.

The human heart in good health runs longer and pumps more blood than any mechanical device that has ever been put together.

Surely these bodies are the creations of God. I think you must stand in awe of the wonderful thing on which you work.

I was interested in a statement from President Spencer W. Kimball. Back in 1981 he wrote these words:

“It must be remembered that no physician can heal. He can only provide a satisfactory environment and situation so that the body may use its own God-given power of re-creation to build itself. Bones can be straightened, germs can be killed, sutures can close wounds, and skillful fingers can open and close bodies; but no man yet has found a way to actually heal. Man is the offspring of God and has within him the re-creating power that is God-given. And through the priesthood and through prayer, the body’s healing processes can be speeded and encouraged. Again, how grateful we are for the skill and patience and understanding of our great men who are trained to give us such marvelous service” (New Era, Oct 1981, p. 48).

Dr. Malcolm Jeppson, who served as a Seventy, once said in General Conference: “I hereby make an admis-



President Hinckley received Collegium Aesculapium's Distinguished Service award, presented by Dr. Marian Brubaker.

sion: physicians do not cure patients. This marvelous and complicated machine we call the human body has built into it its own wonderful healing mechanism. All a physician can do is to provide a good healing environment" (*Ensign*, May 1994, p. 17).

Now, as physicians and medical practitioners, you are faced with new problems. I need not tell you that nothing in our society is changing so rapidly as the practice of medicine. As perhaps never before, medicine has become a business with huge hospital chains that attract shareholders interested only in a profit. Many of you have become employees who work according to a set of rules and well-drawn parameters. We hear of gatekeepers and specialists. Again, ethics and morality enter into the picture. A recent issue of *Reader's Digest* contained an article by an investigative reporter who traveled across the country visiting dentists to get a quotation on a certain procedure that ordinarily would cost about \$500. I was pained to read that when he called upon a Salt Lake City dentist he was quoted a figure of \$19,000. Whoever that greedy dentist might have been, he did not help himself, he did not help his community, he did not help his profession in the dishonest and disreputable thing he did.

I note from the *Wall Street Journal* that the largest hospital chain in America is under federal scrutiny with officers hauling tons of records from its El Paso office, evidently in an effort to determine whether there has been fraud.

There is evidently dishonesty in high places in the so-called healing business. It hurts everyone, and most particularly I know that it hurts you who are men and women of integrity who wish only to have the opportunity of practicing medicine in the best way possible and according to the highest standards.

For some time it has been held that a little red wine is good for the heart. Now at a recent meeting of cardiologists, a paper was presented showing that grape juice was just as beneficial. I noted in the account of this that the study was sponsored by the Welch Company, producers and marketers of grape juice.

I see tonight my old personal physician. He finally got tired of looking at me and retired. He is doing a great service for the Church in heading up our medical team dealing particularly with missionaries. I presently have a personal physician who is a bishop in this Church. He stands as the presiding high priest in his ward. I am grateful for that. It adds tremendously to my confidence, my appreciation, and my respect. I know that there are countless others like him. Once doctors avoided Church service, or Church leaders avoided calling them because it was thought they were too busy. Now they serve very extensively and very ably as bishops, stake presidents, mission presidents, and in many other capacities. They bless the Church with their very devoted and able service.

I note that you have been to the temple today. May the Lord bless you for that great unselfish service. You have done for someone else what he or she could not do for himself or herself. I know of no work which more closely approaches the great redeeming act of the Son of God than does service in our temples. Thank you for what you have done and continue to do in this regard.

I see from your program that in this conference you will be dealing with the social problems that are all about us. Families are falling apart across the world. The tragic effect of that is seen in the lives of our young people. Drugs, pornography, sexual misbehavior, suicide have all increased enormously. They are destroying the lives of the youth of America and other nations.

I would hope that those who are so skilled as you are skilled perform a fair amount of what lawyers call *pro bono* work.

Medical practitioners, of course, are entitled to make a respectable income, moving to this other subject. But I would hope that they would not make the size of their check a mark of their qualification to practice medicine. I would hope further that those who are so skilled as you are skilled perform a fair amount of what the lawyers call *pro bono* work. There are so many without insurance, so many who live on the edge of poverty, so many who can barely afford enough to eat that they cannot possibly afford the high cost of today's medicine. I would hope that there would be a quiet reaching out to these to lend assistance in the easing of pain and suffering and in the dispensing of good medicine to help them with their afflictions.

I cannot commend too strongly the work of Dr. William Jackson and his associates. I have seen that work in the Philippines, where he served as a mission president. It has been a miracle. Life for hundreds of their patients has been literally turned around. The stigma of birth defects has been removed, and their patients have been gifted with something new and wonderful that has totally changed their outlook on life.

I pay tribute likewise to those physicians and surgeons, including many of you here, who spend a part of each

year going abroad among the poor of the earth to give sorely needed medical help. Surely the Lord loves you for your great contributions to His suffering children.

Brethren and sisters, there are so many who are sick. My pleas is that you will reach out in added measure to help them. They are powerless to help themselves. Many of them have no resources. They need the kind of help only you can give. Upon you who are participating in this

Now you are confronted with additional ethical questions . . . You are entitled to inspiration, and I believe you will receive it.

conference there is a special obligation. You are members of The Church of Jesus Christ of Latter-day Saints. You men hold the holy priesthood. You are worthy to go to the temple. You are your brother's keeper. You are the Good Samaritans of this world. You are the healers, and in that situation you are the followers and disciples of the Lord Jesus Christ.

Now you are confronted with additional ethical questions with which you constantly deal. One that is coming up is cloning. I have been interviewed recently by a number of media reporters and representatives. They all want to know about cloning. I ask where you will find the right man or woman to duplicate? How would life be if we were all exactly alike? There are a thousand questions. Just yesterday I was asked by the *Wall Street Journal* to comment on this matter. I submitted the following statement:

"The First Presidency of The Church of Jesus Christ of Latter-day Saints declared in its 1995 Proclamation on the Family that 'God has commanded that the sacred powers of procreation are to be employed only between man and woman, lawfully wedded as husband and wife. We declare the means by which mortal life is created to be divinely appointed.'

"The family was designated by God as the eternal unit with moral agency over creation. Husbands and wives are co-creators with Him and stewards over the divine powers of creation. Each person is born with a unique personal and spiritual identity from a premortal life in the presence of a loving God. Those who

tamper with the sacred powers of creation stand accountable before Him.

"For these reasons, The Church of Jesus Christ of Latter-day Saints encourages those in a decision-making capacity to seek rigorous guidelines and safeguards on genetic research and experimentation."

Dr. Kevorkian has brought into prominence another issue — doctor-assisted suicide and euthanasia. When does a doctor let a patient die? When does he help a patient die?

I think the answers to these questions go all the way back to the Hippocratic Oath. Further, if we believe that we are part of a divine plan, if life is sacred and death is determined by an all-wise Creator, then these are very sensitive issues with which you deal.

In the *General Handbook of Instructions* of the Church are found two statements on these subjects which you may be familiar with and which I think you will find to be of interest. The first is on euthanasia: "A person who participates in euthanasia — deliberately putting to death a person suffering from incurable conditions or diseases — violates the commandments of God." (*GHI*, p. 11-5.)

The second relates to the prolonging of life. It reads: "When severe illness strikes, Church members should exercise faith in the Lord and seek competent medical assistance. However, when dying becomes inevitable, it should be looked upon as a blessing and a purposeful part of eternal existence. Members should not feel obligated to extend mortal life by means that are unreasonable. These judgments are best made by family members after receiving wise and competent medical advice and seeking divine guidance through fasting and prayer." (*GHI*, p. 11-6.)

Most of you are faced with the question of using heroic measures, so-called, to prolong life, particularly with the elderly and infirm. I believe that most of you know what to do, and that you act prayerfully and wisely in these difficult circumstances.

I can only hope, I can only pray that you will counsel with your Father in heaven as you are faced with these agonizing decisions. You are entitled to inspiration, and I believe you will receive it.

I thank you. I leave my blessing with you. I give you my love and appreciation and respect and urge you to go forward, in the name of the great healer, the Lord Jesus Christ, amen.

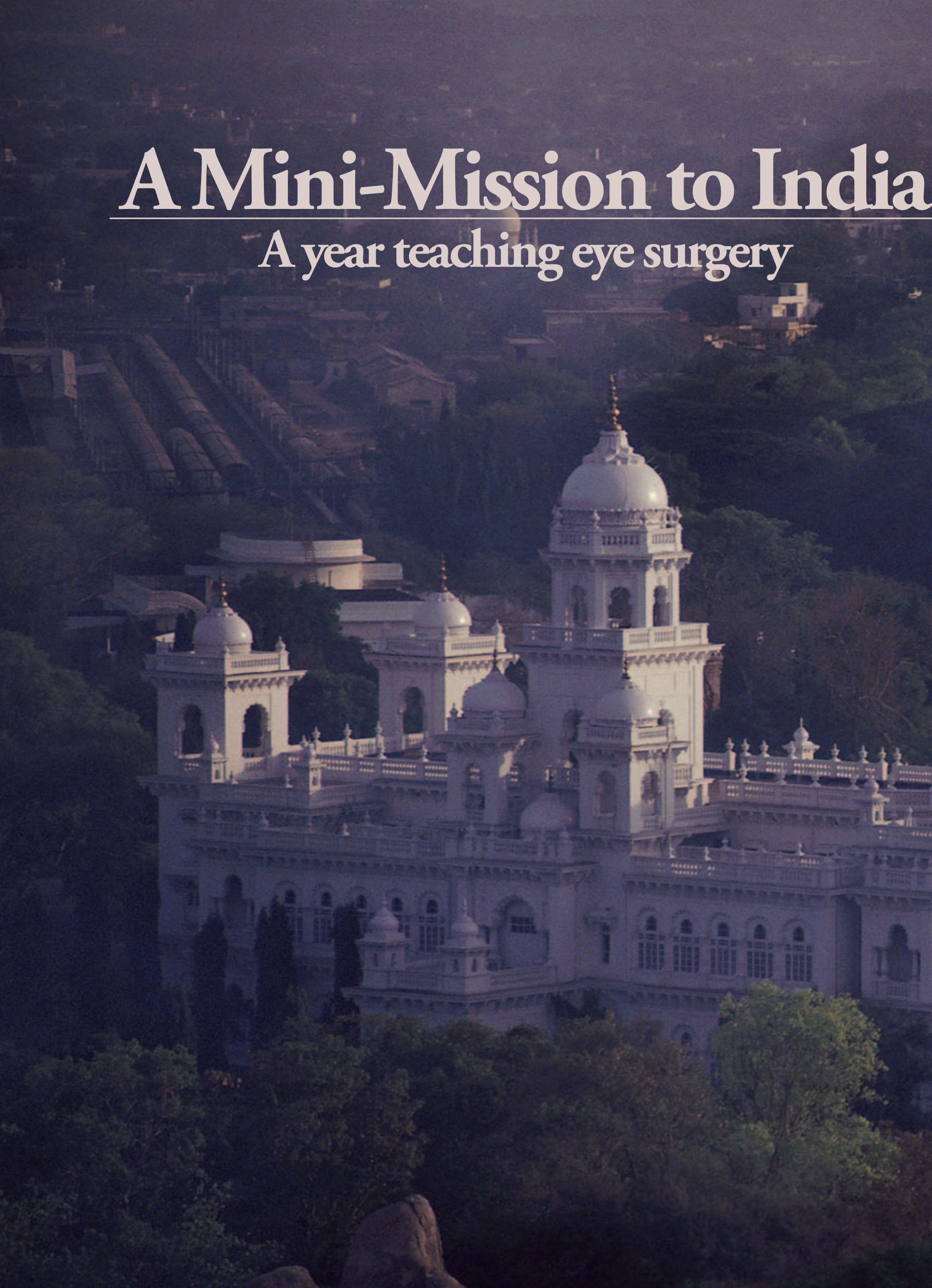
President Gordon B. Hinckley is President of The Church of Jesus Christ of Latter-day Saints. These remarks were delivered at a Collegium Aesculapium Dinner on April 3, 1997 in the Joseph Smith Memorial Building in Salt Lake City, Utah. At the dinner, President Hinckley was honored with Collegium's Distinguished Service Award.



President and Sister Hinckley visit with a patient at a Primary Childrens Hospital function.

A Mini-Mission to India

A year teaching eye surgery





by Dr. George F. Hilton
as told to Mark Brown



ould you like to spend a year in India teaching doctors what you know about retinal surgery?" the voice on the phone asked Dr. George F. Hilton. "Of course, we would like your wife to go with you."

That voice was from the office of Latter Day Saint Charities, formerly called the Humanitarian Services of The Church of Jesus Christ of Latter-day Saints. Soon there after the Hiltons received their mission call letter from President Howard W. Hunter.

There was a great need in hospitals all over the country of India for someone to teach up to date eye surgery skills—particularly of the retina and vitreous.

"We felt in our hearts that it was the right thing," said Dr. Hilton, who specializes in retinal surgery and is Co-director of the Retina Service at the University of California San Francisco School of Medicine. It was to be the third mission for Doctor and his wife, Sister Hilton, who is an ophthalmology technician. The Hiltons previously served together in Tahiti where Brother Hilton was called to be mission president and where he had served a mission as a young man. Brother and Sister Hilton also have served a short term humanitarian mission in Bulgaria.

training of small groups of the faculty in current methods of diagnosis and treatment."

Sister Hilton also played a vital role in teaching the Indian physicians. She prepared a patient information booklet, a manual for ophthalmic medical technicians, did a research project on intraocular pressure, wrote the history of C.M.C.-Ludhiana Department of Ophthalmology, and prepared an index for a new anatomical-pathological classification of ophthalmology. She was asked to teach the ophthalmic technicians as well as teaching perimetry to the ophthalmology residents.

In general, India was found to be about 15 years behind the United States in their treatment and care of the eyes. "Even though they are behind us, they are very bright and work very hard," Dr. Hilton said. "They are professionals that work six days per week. And so did we."

The major focus of the mission was to do clinical teaching. Dr. Hilton taught the technique of ocular ultrasonography, laser surgery of the retina by using the triple-observer biomicroscope, surgical management of retinal detachment, and microsurgery of the retina and vitreous by using the triple-observer microscope along with a mini video camera and monitor. More than 30 surgical supply

"Even though they are behind us, they are very bright and work very hard. They are professionals that work six days per week. And so did we."

One year before the mission, Dr. Hilton made a two-week tour of several major eye hospitals in India. From this survey, he recommended working with five teaching hospitals: The L.V. Prasad Eye Institute (Hyderabad); The Aravind Eye Hospital (Madurai); The Minto Ophthalmic Hospital (Bangalore); The Christian Medical College (Ludhiana) and The Christian Medical College (Vellore). As has become quite evident in church related and other programs, it was felt that more good could be accomplished by teaching, in this case the Indian professors of ophthalmology, rather than doing a high volume of direct patient care.

"The mission was for the prevention and curing of blindness by the training of the faculty at each of the five medical school hospitals in state-of-the-art surgery of the retina and vitreous. This was accomplished in the lecture hall (over 300 lectures), the operating room (over 500 operations), the ultrasonography laboratory, the laser room, clinics and wards," Dr. Hilton said. "There was some large group teaching, but the major focus was the

companies kindly donated instruments and supplies that facilitated the Hiltons' teaching.

In addition to the work done in operating rooms and other clinics, the Hiltons were able to lecture at ophthalmology symposia, conferences, and conventions. They accepted 15 invitations to lecture, averaging five lectures per meeting in several prominent Indian cities such as Bombay, Delhi and Madras.

Although the Hiltons were instructed to do no proselyting, they were able to communicate gospel principles by the way they lived which prompted many questions. "The Indian people tend to be very religious," Dr. Hilton said. "About 80 percent of them are Hindus. Because of this, they were very open to our beliefs. They have a belief in God and are a kind, faithful people." The Hiltons were able to distribute dozens of copies of the Book of Mormon during their period of service.

Work wasn't all related to the medical field. They were invited to present a workshop for the All-India LDS Youth Conference. They were also invited to address the

The major focus of the mission was clinical teaching. More than 30 companies donated instruments and supplies for the Hiltons to use in India.



All-India Church Education System Conference and to make health-related presentations at the mission couples conference.

Although the Hiltons and the other couples there (teaching audiology, dentistry, occupational training and recreational programs) didn't proselyte, they were able to provide great help to regular proselyting missionaries, some from India as well as from abroad, who are teaching the gospel and working with almost 2,000 members in the country.

While the elders proselyted, the Hiltons worked 10-hour days, often doing some evening work. Missionary preparation days were few and far between. "We worked every day but Sunday, just like they do. Sunday is their day off — not necessarily because of religion — but it was our religious day off," Dr. Hilton said. They were able to visit the grand Taj Mahal on one of their rare P-days.

The Hiltons walked away from this land rich in heritage and tradition with a feeling that they had accomplished their goals and that they were well received. "The best part was the immediate emotional gratitude we received from all those we worked with," Dr. Hilton said. "It's pretty tough for many of them to be Latter-day Saints. We learned patience and serenity despite adversity from these lovely people.

"A call to serve commands our attention, but we don't need to wait to be called. Members of the Church need to step forward — there is work to be done."

George F. Hilton, M.D., is co-director of the Retina Service at the University of California San Francisco School of Medicine.



Disease and Sickness in Nauvoo

by H. Dean Garrett, PH.D.

One of the greatest challenges the Saints faced as they fled Missouri involved finding a quiet, suitable refuge from the harsh winter and spring which they had recently endured without adequate shelter, food, and supplies.

Joseph Smith chose Commerce, Illinois, later renamed Nauvoo by the Saints, as such a place for settlement.

Unfortunately, as they began settling Nauvoo, nearly everyone suffered and many died due to (1) the stress of their rapid expulsion from Missouri, (2) the unhealthy living conditions in Nauvoo, (3) the effects of spreading disease, and (4) the poor quality of health care available.

Consequently, the Saints relied heavily on one another, exercising their faith and using the priesthood to get them through the challenges of disease and sickness. A review of the histories and journal accounts of the Nauvoo period reveals the challenges the Saints faced in staying healthy in the face of the ever-present threat of death in Nauvoo.

EXPULSION FROM MISSOURI

After bitter mob actions and constant conflicts between the Saints and the Missourians raised tensions to a fever pitch, Governor Lilburn Boggs signed an order on 27 October 1838 addressed to General John B. Clark and the Missouri militia, instructing them that the Mormons “must be treated as enemies and must be exterminated or driven from the state if necessary for the public good.”¹ This military order set into motion terrible events that eventually led to the removal of all faithful Saints from the state of Missouri to the Quincy, Illinois, area. This expulsion occurred in the dead of winter during adverse traveling conditions. In the early part of 1839, Albert P. Rockwood described some of the challenges faced by the Saints as they escaped to Quincy, Illinois: “We had snow and rain every day but [two]. We had heavy loads, were obliged to walk from 2 to 8 miles a day, thru mud and water, camped out on the wet ground 3 nights before we arrived at the river. A few days before we got to the river it grew cold. The river froze over and we were obliged to camp close to the river 3 days and nights before we could cross in the boat, 6 wagons were with us at the time.”²

Moreover, the Saints were forced to leave most of their personal belongings and comforts of home behind. “Many were stripped of clothing and bedding. Many sold all their household stuff to pay the immediate expenses of their journey.”³ Consequently, the fleeing Saints' health deteriorated from exposure to the elements, improper nutrition, and inadequate protection. Even though the citizens of Quincy and the surrounding area treated the Saints charitably, the various physical and emotional challenges rendered them prime candidates for disease and death.

UNHEALTHY CONDITIONS IN NAUVOO

While the Saints were being driven out of Missouri, the Prophet Joseph Smith remained incarcerated in Liberty Jail. While still in jail, the Prophet made plans for the purchase of land in Illinois, known as Commerce (Nauvoo), for the Saints to settle. When Joseph and his com-

panions escaped, they joined the Saints in Quincy and immediately carried out their plans to purchase the Commerce area from Isaac Galland and Hugh White. By July 1839, the Saints began to settle this area.

Commerce, Illinois, was a low-lying area on a big bend of the Mississippi River. It was swampy, full of mosquitoes, with water unfit for human consumption. Joseph Smith described the area as “literally a wilderness.”⁴ This swampy area, covered mostly with trees and bushes, was so wet that a man on foot could get through the area only with utmost difficulty; it was totally impossible for wagon teams to do so. Furthermore, this area was so unhealthy that, before the Saints' arrival, very few people lived there.

When the Saints began moving in, Commerce consisted of only one stone house, three frame houses, and two block houses. When Joseph and Emma arrived, they moved into one of the existing houses. Most of the Saints, however, were forced to live in dugouts, tents, or wagons until homes could be built. Theodore and Francis Turley and their six children built and occupied the first Mormon house in Nauvoo, after living in a tent for thirteen weeks until their log home could be completed.⁵

Upon his arrival in Nauvoo, Benjamin Brown vividly described the conditions which he encountered:

*We found Brothers Joseph Smith and Sydney Rigdon there with a few others. The rest were coming in daily in a most distressed condition. Many of them were sick, and they had no house to enter when they arrived. The nature of the climate, combined with the hardships they had endured, soon made those ill, who were not so previously. Numbers of the sick and dying had to lie on the ground, with only a blanket over them. No springs or wells were handy, and the Mississippi waters were unfit to drink, so that many had to go miles for water to give to the afflicted. Sometime one would go on horseback with a jug, and fetch a little for the sick, and take it round to them. It was frequently declared that the persecutions in Missouri were small matters compared to the miseries endured at this period in Nauvoo.*⁶

The first person to die in Nauvoo from these devastating conditions was Sister Crosby. “After an illness of about one week, she departed this life 8 July 1839, being the first one of the Saints that laid down her body in Nauvoo, then called Commerce.”⁷ The unhealthy conditions in Nauvoo added to the challenge of keeping the sick alive. Mosiah Hancock wrote:

The water stank in Commerce because of the many sloughs. We were so sick at times that we knew not what to do! Sometimes my parents were so ill they

*could barely move, and I would take a quart cup and fill it with water from the spring that was about 60 yards from the house. Then, I being weak, would crawl on my arms and knees, and place the cup of water ahead of me and crawl to it each time I reached it, until I reached the house. Then because of father's feverish distress I would usually give it to him. The water would disappear before anyone could get scarcely a taste, and looking at the heroic face of my mother, and the innocent face of my little sister, Amy, I would repeat the pilgrimage until my knees and elbows would be worn near the bone.*⁸

The months of August and September were especially deadly times for the inhabitants of Nauvoo. Specifically, the child-bearing women, the elderly, and the young were the prime candidates for disease and resulting death due to the poor living conditions found during this time.⁹

EFFECTS OF SPREADING DISEASES

The health conditions caused one author to refer to Nauvoo as a “beautiful pesthole.”¹⁰ The unhealthy living conditions compounded by the moist environment in Commerce (Nauvoo) promoted the spread of disease. The swampy conditions existed not only because of the river, but also from the many springs and streams rising in the bluffs. The Saints eventually solved this problem by digging a drainage ditch along the base of the bluffs, dividing the water at its source.¹¹ However, although the ditch improved the environment for the Saints by eliminating some of the swampy land, it did not completely remove the threat of disease.

Mosquitoes were the unsuspected carriers of the disease, which infected the entire Mississippi River basin. Although malaria was prevalent in Missouri, few accounts of it are recorded in the Mormon journals until the Nauvoo period. From the early days of settling Nauvoo to the last days of its abandonment, malaria was the most prevalent disease in the region and played an important role in the Saints' sad tale.¹² The wisdom of the time dictated that malaria was caused by bad swamp air generated by vegetable matter. This disease was known to them as the “Ague” or the “Fever.”

Malaria was not the only disease that afflicted the Saints in Nauvoo. They had to contend with dysentery, typhoid, brain fever (meningitis), scarlet fever, and diphtheria, which were all communicable. Children's diseases included bloody flux (dysentery), summer sickness and cholera infantum (infant diarrhea), as well as the normal childhood diseases such as measles, mumps, and whooping cough.

Another factor that kept malaria and other diseases active was the steady influx of immigrants from the East

and from England. When the population of an area becomes stable, the incidence of malaria and other diseases tends to decrease and, in some cases, disappear. However, when the population increases, the spread of disease also increases. Because the newcomers were not acclimated to the area and its diseases, malaria continued to be a problem in Nauvoo.

The medical terminology used during the Nauvoo period disguises illnesses still prevalent today. In addition, communal diseases and chronic diseases, such as cancer, heart and vascular conditions, and nephritis, were also present. These diseases were given simple and appropriate names. For example, decay referred to cancer and dropsies to heart conditions. Flux described “an extraordinary issue or evacuation from the bowels or other parts, as bloody flux, or dysentery, hepatic flux.”¹³ Lax referred to diarrhea, and palsy identified any loss of movement or sensation. Influenza described such diseases as catarrh fever, typhus, pleurisy, quinsy (an inflammation of the throat or tonsillitis), winter fever, and LaGrippe.

Furthermore, the taxonomy of disease at that time most often reflected the location rather than the cause. For instance, the inflammation of the meninges (meningitis) was called brain fever. Both medical and folklore records suggest that one kind of fever had the ability to turn into another kind of fever. This information makes the tracing of disease in Nauvoo very difficult.

Almost all the residents of Nauvoo experienced the effects of these diseases. Nauvoo had a much higher death rate than the United States in general. “The crude mortality rate for the United States from 1830 to 1840 has been estimated at 13.8 deaths per one thousand persons.” However, in Nauvoo the crude mortality rate was “22 deaths per one thousand persons, in 1844 it had increased to 25.9,” and in the first ten months of 1845 it was 19.5,¹⁴ which made it above the national average. It is estimated that, between 1842 and 1845, an average of five deaths per week occurred in Nauvoo, or approximately 260 per year. “Such figures indicate that perhaps 1,750 Mormons are buried in Nauvoo, most of them in unmarked graves.”¹⁵ Mosiah Hancock recorded that “when the people began to move into Nauvoo and were dying off so fast, father would work day and night making caskets, when he was not sick.”¹⁶

When Benjamin Johnson arrived in Nauvoo in the summer of 1839, he reported the following:

Nearly every one was sick and quite a number had died among whom was mother Huntington and both Zina and her father were still very sick. Of the Fisk brothers, three had died and our neighbor, Capt. B. Brown, had lost his only daughter. Nearly all were down with typhoid or malarial fever which it almost

*seemed would sweep the place with death, for among all the families of the saints it was rare to find one who was able to wait upon and care for another.*¹⁷

As Nauvoo grew in numbers, disease worked its way through the residents, and required the Saints to seek medical help to control the ravages of death.

THE QUALITY OF HEALTH CARE

The availability and qualifications of the medical help affected the quality of health care received by the Saints in Nauvoo. The medical community of Nauvoo reflected that of a frontier town. Two basic camps, or philosophies of medicine, existed in the United States at that time. The first, and the oldest, was the humoral theory of disease; the second was known as botanic medicine.

Hippocrates, a Greek physician and the father of the Humoral Theory, "propounded the idea that there were four corresponding humors of the body — blood, phlegm, yellow bile, and black bile. His humoral theory of disease maintained that illness occurred when the body produced one of the four humors in excess."¹⁸ According to this Hippocratic or Humoral view, the body's basic defense was the fever, which separated the excess humor from the other humors so it could be expelled from the body. If the body could not successfully eliminate the excess humor, the physician then stepped in and assisted by either warming the body or inducing elimination procedures such as bowel movements, vomiting, sweating, or bleeding. Doctors prescribed drugs to warm, cool, and purge the body. By the time of the Restoration, Humoral doctors believed that if one dose of a drug worked, "a dozen must be better."¹⁹ Alvin Smith's death was an example of this type of treatment. If the doctor determined that the humoral fluids of the body were out of balance, then the medical procedure of bleeding was used to remove the excess humor and restore the balance of the body.

Botanic medicine, the other medical practice used in Nauvoo, combined some of the acceptable practices of the day with the herbal and drug uses of the Native Americans. Dr. Samuel Thomson developed a system of treatment that instituted the use of herbs instead of blood-letting and calomel. He patented the system throughout the United States and maintained that even the uneducated could learn his system. This system of medicine began to replace the humoral method as a more effective (although crude) way of treating the sick and was, to a certain degree, the forerunner of modern-day medicine.

The first Thomsonian disciple in the Church appears to be Frederick G. Williams, who was practicing the Thomson approach to medicine in Kirtland at the time of his conversion by the Lamanite missionaries in 1830. He

taught Joseph Smith much concerning the botanic practice of medicine.

Another important medical figure in Nauvoo was John C. Bennett, self-proclaimed MD, obstetrician and gynecologist. He practiced the Thomsonian approach to medicine, with his own modifications, and helped improve the unhealthy environment of Nauvoo. As mayor of the city, Bennett had a drainage ditch dug to carry off spring waters, drained the flats, and removed trees and brush. One author observed that Nauvoo was "fortunate to have John Cook Bennett — [and] perhaps if he had stayed longer, things would have become even healthier."²⁰ Two other practicing botanic physicians, Willard and Levi Richards, actively treated the Saints when their church callings allowed. Thomson and Bennett were close to Joseph Smith and represented a positive medical influence in Nauvoo. In addition, it was a botanic practitioner, Dr. Calio Pendleton, who introduced the Saints to Dr. Sappington's pill (quinine) for the treatment of malaria. These pills saved many lives in Nauvoo.

The humoral method of medicine lost acceptance among the Saints in Nauvoo. They realized that there was more danger of dying from the treatments than from the disease or sickness. The Prophet attacked such doctors when he advised the Saints: "Doctors won't tell you where to go to get well; they want to kill or cure you, to get your money. Calomel doctors will give you calomel to cure a sliver in the big toe; and they do not stop to know whether the stomach is empty or not. . . . And the lobelia doctors will do the same."²¹

This antipathy toward some of the doctors of the day appeared to be justified. The papers of Nauvoo were filled with advertisements that boasted of curing every disease known to man. An Illinois newspaper in 1834 observed, "It is one of the severest curses to a new settlement that quacks of every description find refuge there, but none do more mischief to society than the self dubbed doctors, who in numerous herds deal death and destruction in the shape of pills, powders, tinctures etc."²²

The public was further advised through the newspaper of the availability of the patent medicines, such as Wistar's Balsam of Wild Cherry and Humphrey's Pile Medicine. Most of this patent medicine was made of 60 percent alcohol (120 proof). But, to some, it did not matter as long as it cured the illness.

Although Joseph Smith and others supported the botanic doctors, the presence of the humoric doctors and quacks caused the Saints to lose faith in the treatments of all doctors. The general attitude of the Saints is reflected in a letter to the editor, published in the 15 September 1843 edition of the Times and Seasons: "The [common practice of] medicine destroys as many lives prematurely as war. . . . What greater sign of death, and loss of faith,



Joseph Smith's first home in Nauvoo, the Homestead, was not immune from sickness that pervaded the Saints' new settlement.

can be supposed, than to see a physician's horse hitched before a sick one's door?"²³

In a lengthy response to the letter, editor John Taylor reviewed the Lord's injunction that they who were sick were to exercise faith and call in the elders (D&C 42). Then he observed, "We are aware that the community have been a good deal imposed upon by quacks; that Nos-trums of all kinds have been administered by injudicious hands, producing the most deleterious effects; and that many have slept in the dust, who, if they had been let alone, would still have been in the land of the living."²⁴ However, the editor continued with his strong support of the botanic, medical use of herbs if the Saints did not have faith to be healed. "If the heads of families are themselves acquainted with the nature of diseases, the medicinal properties of herbs, and the mode of compounding, preparing, and applying them, so much the better. If they are not, the advice and counsel of those better informed, we think, could not be injurious."²⁵

Nauvoo was not exempt from medical quackery. In the 15 March 1843 edition of *The Wasp*, a Dr. W. B. Brink advertised that he would treat "cancers on the condition of no cure no pay." He claimed that his remedy "had never failed and I will pay \$50 for every case where it will not perform a permanent cure." This money-back guarantee — if you die you get your money back — illustrates the distorted attitude of many Nauvoo doctors. It is interesting to note that two weeks later a notice of malpractice suit was filed against Doctor Brink in a child delivery case. He lost the case in court, but soon after advertised that his practice would continue in his home just west of the temple.²⁶

ASSISTING ONE ANOTHER

Because of the great amount of sickness among the Saints and the poor quality of health care available, the task of caring for one another became overwhelming. When Benjamin Johnson arrived in Nauvoo in August 1839, he "found nearly everyone sick and quite a number had died."²⁷ Johnson served as a nurse and caretaker to the patients of two Nauvoo physicians, Wiley and Pendleton. When the sick could not be left alone at night, Johnson would ride "for miles into the country to bring young women. Often did I go for those called the Robinson girls, sisters of General Robinson and Brother D. W. Well's first wife. Those people were very kind, and the young women would come alternately as they were needed."²⁸

In October 1842, Emma Smith became quite ill with the ague, or chills and fever, which lasted into the winter. Shortly after Emma contracted the illness, Joseph had to go into hiding to escape from some of his enemies. Eliza R. Snow wrote the following message to him on 12 October 1842:

*Sir, for your consolation permit me to tell
That your Emma is better — she soon will be well.
Mrs. Durfee stands by her, night and day like a friend
and is prompt every call — every wish to attend;
Then pray for your Emma, but indulge not a fear
For the God of our forefathers, smiles on us here.*²⁹

When the Prophet Joseph Smith became ill with the ague in October 1839, Benjamin Johnson was chosen as his constant nurse and companion. Johnson recalled that

the Prophet was treated with Sappington's pills and the "sanitary treatment of copiously flushing the colon with water, much upon the present 'Hall system' was about his only remedy."³⁰

Throughout the Nauvoo period, the community of Saints reached out to one another and helped each other survive the onslaught of disease and illness. Because medical help was not sufficient to control disease and heal many of the Saints, they had to rely on each other and especially on the Lord.

HEALING POWER OF THE PRIESTHOOD

The severity of the disease and sickness in Nauvoo forced the Saints to put into action the Lord's command to call in the elders who would "pray for and lay their hands upon [the sick] in my name" (D&C 42:44). In the summer and fall of 1845, "There was an unusual amount of sickness in Nauvoo and in all the surrounding country."³¹ During this time, Erastus Snow and his family were healed by the laying on of hands by the elders. He recorded the following:

[My family and I were] afflicted with canker and bowel complain[er]s most of the time, insomuch that I was but just able to do my small matters of business about home and secure the few crops I had put into the ground, I had several attacks of fever but by faith and the use of wholesome herbs accompanied by the administration of the elders, they were removed and I was eventually in the fall fully restored to the enjoyment of good health and my family.³²

Even from his own sick bed, Joseph Smith rose to heal the sick. In response to complaints from Sidney Rigdon,

... [The Prophet] arose in great power, shook off his own sickness, went to brother Rigdon, rebuked his fearful and complaining spirit, and told him to repent or a scourge from the Lord awaited him. Those being sick he commanded to be healed, which they were. He then called for a skiff and crossed the river to Montrose, where he found Elijah Fordham, drawing apparently his last breath. By his command life returned and he was at once made whole. The Prophet then visited Brother Noble and other places, full of the power of God, healing the sick.³³

After Elijah Fordham was blessed, he "immediately arose from his bed, and shook from his feet the onion poultices which was on them" and, being assisted in dressing, he walked with the Brethren to the house of Joseph Bates Nobles.³⁴

Elder Fordham was called upon to pray, and while praying he fainted. He soon recovered and proceeded with his prayer, which when finished, they lay hands upon Brother Nobles and raised him up, many likewise miraculously healed as they went from house to house ministering to the sick, and blessing them in the name of the Lord Jesus Christ and they recovered.³⁵

The Prophet sent members of the Twelve to the outlying areas to heal the sick. Sickness was so widespread that "the Prophet Joseph called a special fasting and prayer Sunday in Nauvoo for the benefit of the sick and the elders went forth among the people with power."³⁶

Helen Whitney recorded that the "Apostles and their brethren were in the habit of meeting together every evening, and sometimes oftener [sic], at Brother Willard Richard's house, to unite their faith in the holy order of the priesthood in behalf of Israel." She also indicated that her "mother's babe was very sick at this time, which fact father mentions in his journal as being a source of anxiety and sorrow to witness his suffering. Two successive days some of his brethren came into [sic] join him in prayer for him in the holy order." Her father took her sister, Sarah, and "sister Winchester to the river and baptized them for their health."³⁷ In addition, Joseph Hovey's wife became so ill that she miscarried, but "she was healed by going to the baptismal font and was immersed for her health and baptized for her dead."³⁸

Not only did the Saints heal by the power of the priesthood but they also exercised faith to control sickness. In the latter part of 1844, Sarah Leavitt had four boys who were all sick with black canker.

There were many who died in Nauvoo with the same disorder and some of my boys were brought to the very gate of death, to all appearances. But by watching over them day and night and administering, the Lord raised them up; thanks be to his holy name. One of the boys had gotten about and could walk out while the other lay at the point of death. We had to watch over him every moment. The one that could walk as soon as he laid down at night, he took with a toothache and would roll and groan. After a few nights (I had lain down to rest a few moments) he began to groan. I had a strange feeling come over me. I thought it was the power of the devil that was destroying our peace, and I had borne it as long as I could. I jumped out of the bed with about the same feeling I would have to drive a hog out of the house; and as sure he would go. I stepped up very spry to the bed and put my hands on his head in the name of Jesus and asked God to rebuke the spirit. I did not say a loud word, but as soon as it was done, he went to sleep and never was troubled any more.³⁹

Sister Leavitt indicated that, through the use of faith, she had administered “to very many to rebuke disease, but never had the same feeling before or since.” She had a different experience with her daughter, Mary, who had a felon (a painful inflammation of the tissue of the finger or toe) on her finger. Sister Leavitt's new baby was just a few days old, and Sarah had very little strength. Mary's “felon was growing worse every day. I told her to get up on the bed beside me. I took her hand in mine and asked the Lord to heal it. The pain stopped while I held her hand in mine and she had no more pain. The next day the core came out and the hole remains there yet where the core was, and always will be. In this case I said nothing aloud, but I had faith as much as a grain of mustard seed.”⁴⁰

CONCLUSION

Although settling Nauvoo offered the Saints frequent opportunities for spiritual growth, it challenged their physical survival. The Saints fought hard to overcome the challenges of the swampy, wet land on which they settled. They also endured many diseases and sicknesses which plagued their stay in Nauvoo. The medicine of the day was not effective in treating the sickness and disease, until the botanic medicine slowly replaced the Humoral practice. More importantly, the loving care of the Saints for each other and healing power of the priesthood gave them the faith to survive their difficult circumstances.

The Saints battled disease and sickness to the very day that they fled Nauvoo under the pressure of the mob. Jonathan Crosby lamented the fact that his family could not leave Nauvoo when the mob attacked: “Being all sick, we were unable to get away sooner and being also in poverty, I was totally unable to make any preparations for leaving. And nights, while lying abed tormented by mosquitoes, fleas, and bedbugs in terrible numbers, we could hear the roar of cannon and guns, in the battles that were waged between our people and the army of the mob.”⁴¹

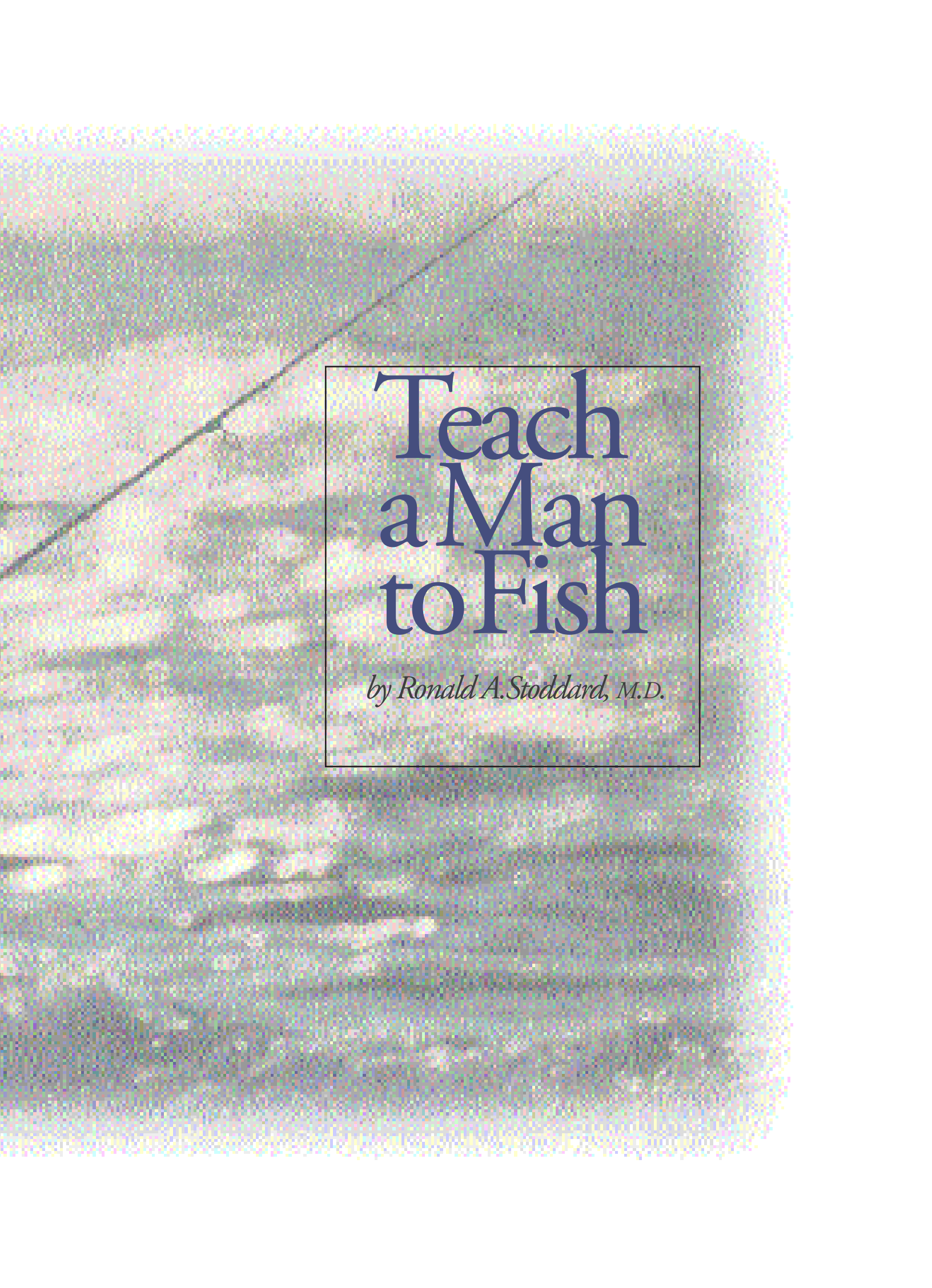
Sickness and disease were part of the way of life for the Saints in Nauvoo. Every journal account of Nauvoo reflected this fact. However, despite their high death rates and struggles for survival, the Saints remained strong and even grew in their faith. Consequently, as they left Nauvoo, they were better prepared for the struggles of Winter Quarters and beyond.

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NOTES

1. History of the Church (Salt Lake City: Deseret Book, 1980), 3:175; hereafter HC.
2. Albert Rockwood, Letter to “Dear beloved Father,” undated, quoted in Dean Jesse and David P. Whittaker, eds., “The Last Months of Mormonism in Missouri: The Albert Perry Rockwood Journal,” Brigham Young University Studies 28 (Win 1988): 34.
3. John P. Greene. Facts Relative to the Expulsion of the Mormons or Latter-day Saints from the State of Missouri Under the “Extermination Order” (Cincinnati: R. P. Brooks, 1938).
4. HC 2:80, 3:375.
5. Theodore Turley, “Reminiscences and Journal, 1839-1840 July,” LDS Church Archives.
6. Benjamin Brown Testimonies for the Truth (Liverpool: 1953), 12, S. W. Richards.
7. Lorenzo Brown Journal ts. Brigham Young Univ, Harold B. Lee Library, Special Collections, 1:7. Journal (1823-1846), ts. Brigham Young Univ, Harold B. Lee Library, Special Collections (Copied 1960).
8. Mosiah Hancock, Autobiography, 20.
9. George W. Givens, In Old Nauvoo: Everyday life in the City of Joseph (Salt Lake City: Deseret Book, 1990), 112-14; and Lorenzo Brown Journal, ts., BYU Studies, 7.
10. Robert T. Divett. Medicine and the Mormons: An Introduction to the History of Latter-day saints Health Care (Bountiful, UT: Horizon Publishers, 1981), 64.
11. Robert Bruce Flanders. Nauvoo Kingdom on the Mississippi (Urbane, IL: Univ of Illinois Press, 1965), 40.
12. Divett, 60.
13. Noah Webster American Dictionary of the English Language, 1828. Reprinted Sixth Edition 1989 by Foundation for American Christian Education, San Francisco.
14. M. Guy Bishop. Vincent Lacey and Richard Wixon “Death at Mormon Nauvoo 1843-1845” Western Illinois Regional Studies 9 (Fall 1986): 73.
15. George W. Givens, In Old Nauvoo) 113.
16. Mosiah Hancock, Autobiography, 19.
17. Benjamin Johnson, My Life's Review (Independence, MO: Zion's Printing, 1947), 60.
18. Divett, 14.
19. Divett, 15.
20. Divett, 65.
21. HC 5:357.
22. As quoted in George W. Givens, In Old Nauvoo 188.
23. Times and Seasons 4:325 (Nauvoo, IL, Nov. 15, 1842).
24. Times and Seasons 4:326.
25. Times and Seasons 4:326.
26. Givens, 118.
27. Benjamin Johnson, My Life's Review, 60.
28. Benjamin Johnson, My Life's Review, 60-61.
29. Eliza R. Snow, “To He Who Knows,” Elisa R. Snow's Nauvoo Journal, Ed. Maureen Ursenbach, BYU Studies, No. 4, 15 (Sum 1975): 400-01.
30. Benjamin Johnson. My Life's Review 61.
31. Journal Erastus Snow ts. Brigham Young Univ, Harold B. Lee Library, Special Collections, 92. “A Journal or Sketch of the Life of Erastus Snow” ts. Brigham Young Univ, Harold B. Lee Library, Special Collections.
32. Erastus Snow. Journal of Erastus Snow, ts. Brigham Young University, 92.
33. Benjamin Johnson. My Life's Review 62.
34. Wandle Mace Autobiography ts., Brigham Young Univ, Harold B. Lee Library, Special Collections, 42.
35. Wandle Mace Autobiography ts., 42.
36. Edward Stevenson, Autobiography, J. G. Stevenson, ed., 1986, 59.
37. Women Exponent 1882, 11:170.
38. Joseph Hovey Autobiography, 37. ts. Brigham Young Univ, Harold B. Lee Library, Special Collections.
39. History of Sarah Leavitt, Juanita Pulsipher, ed. (n.p., 1919), 21.
40. See Leavitt History, 21-22.
41. Jonathan Crosby Autobiography, Utah State Historical Society, 25.





Teach a Man to Fish

by Ronald A. Stoddard, M.D.

A famous saying goes, “Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.”

As a physician and member of The Church of Jesus Christ of Latter-day Saints, I have had the opportunity over the last five years to leave a busy neonatology practice for periods of one to two weeks and visit physicians and hospitals in countries throughout the world and help “teach them to fish.” These opportunities have been sponsored by the Church through LDS Charities, a humanitarian aid arm of the welfare services department.

In a five-year period of time, I have visited the People’s Republic of China twice, Russia twice, Taiwan twice, and Hong Kong once. Arrangements are being made for a similar visit to Indonesia this fall. The primary purpose of each of these visits has been medical education—specifically, teaching neonatal resuscitation. Not only has this been a tremendously rewarding experience from the standpoint of teaching, but it has been a golden opportunity to see and be involved with the growth of the Church throughout the world. I have made many dear friends, and continue to exchange medical, religious, and personal thoughts and ideas with them via fax, phone, mail, and e-mail.

People’s Republic of China

In the fall of 1992, through the efforts of Dr. Robert Clark, I joined a large group of physicians and allied health care personnel on a visit to the People’s Republic of China. We carried multiple pieces of donated equipment and supplies as well as manikins, intubation heads, and equipment for the teaching of neonatal resuscitation. The Neonatal Resuscitation Program (NRP) has been translated into Chinese and was utilized in teaching instructor courses to physicians. We then observed their teaching of provider courses to other health care personnel. In a two-week period of time, we visited many hospitals in Xiamen, toured sights of great significance in Beijing, and taught at the University of Xian. We became well acquainted with a number of physicians who subse-

quently visited Utah for three-month periods at the invitation of the Utah Medical Association. These physicians stayed in our homes, became closely associated with our families and religious practices, and worked beside us in our clinical practices.

One pediatrician from Xiamen was converted to Christianity and was extremely interested in the Church. Under the guidance of the Asia Area president, we gave her copies of the scriptures and some other important Church works. Although I feel she was truly converted to the gospel of Jesus Christ, formal missionary discussions and baptism were not offered because there is no organized branch of the Church in her area. She was encouraged to continue personal reading, studying, and religious practices.

The following year, a group of four newborn intensive care nursery nurses and two pediatricians made another trip to the People’s Republic of China, visiting Xiamen, Shanghai, Hangzhou, and Guilin. Again we carried equipment donated by LDS Charities to each of these locations with commitments that the equipment would be used to further the teaching of neonatal resuscitation in these cities and areas. The Chinese people were very warm and gracious hosts. Most of the physicians in obstetrics and pediatrics are women; they work in a very difficult financial climate where physicians make much less money than local bus drivers. They are, however, very hard workers and have a voracious appetite for medical education.

Russia

THE FIRST VISIT—1995

In March 1995, two newborn intensive care nursery nurses (Teresa Blauer and Alyse Jones) and two physicians (Dr. Steven Clark, perinatologist, and myself) visited Ekaterinburg as part of a two-year program aimed at improving the delivery of perinatal care in the Sverdlovsk

region. We visited various hospitals in that region, including very large and very small maternity hospitals and the Regional Children's Hospital #1, which was the primary referral center for the Sverdlovsk region in Russia. Our visit was timed to occur shortly after a retired pediatrician, Dr. Joseph Newton and his wife, Betsy, had arrived in Ekaterinburg from Salt Lake City, Utah, to serve an 18-month full-time humanitarian mission for the Church.

Our two-week visit left us all with very deep and lasting impressions of Russia, the Russian health care system, and the health care providers in Russia. Overall, Russia is a very poor country with limited resources for the delivery of health care. Medical personnel are not well paid, and

five times as many abortions performed each year as there are live births. In fact, abortion is virtually the only method of birth control practiced there.

Among a multitude of problems, we found that there is no system for collecting information about perinatal outcomes. Treatment is based upon anecdotal experiences dictated by the chief of service rather than science. Sterilization and infection control remain a serious problem, and there is a drastic shortage of medications and supplies. Other significant problems noted were: inadequate NICU facilities, a very poor social infrastructure with poor transportation, and an extreme lack of medical equipment as well as an inability to troubleshoot and repair broken equipment. We also found that professional



CHINESE BABIES ARE OFTEN
CARED FOR BY A FEMALE
OBSTETRICIAN OR PEDIATRICIAN
WHO MAKES LESS MONEY THAN
A LOCAL BUS DRIVER.

health care delivery is inept under the auspices of the government. The facilities are inadequate, they lack medical equipment, and when equipment breaks down, they cannot repair it. The health care providers are anxious to learn, but their resources for learning are quite limited. We arranged for five of their neonatologists and five of their obstetricians to visit Utah during the next two years and receive further training with us in our hospitals.

The Sverdlovsk region in Russia is one of 72 regions (which are similar to states in the U.S.). There are 5.5 million people in this region with approximately 1.2 million children. Ekaterinburg, the capital of the Sverdlovsk region, has 1.5 million people and 30 different hospitals in the city. The main referral hospitals in the city are Regional Children's Hospital #1 and Maternity House #20. Most child, newborn, and maternal referrals go to these hospitals. There are about 40,000 babies born annually in the region. It appears that there are from three to

education is quite limited because of inaccessibility of books, journals and publications; a lack of English skills; and abbreviated education for both nurses and physicians. Nursing rolls are not as strong as in the United States, and there is one physician for every two nurses.

Birth trauma continues to be a major problem and seems to stem from inexperience or biases of delivering physicians, nurse practitioners, or nurse midwives. Alcohol abuse, particularly during pregnancy, remains a serious problem. In spite of these almost insurmountable problems, the health care providers in Russia are remarkably positive and anxious to learn. They are very perceptive, gracious, and open people. They would ask us questions about medical topics as well as our religious beliefs. The years of restrictions have made them very inquisitive, and once they make your acquaintance, they are some of the warmest and friendliest people in the world.

There are 170 neonatologists in the Sverdlovsk region,

but their training is limited, and many of them do not know how to intubate. Most of the deliveries take place at a maternity house, and there are very few home deliveries. Neonatologists attend high-risk deliveries. There is apparently a very high incidence of birth trauma, maternal alcohol abuse, and poor prenatal care. Nurse midwives are frequently employed, but it is unclear who actually delivers the majority of the babies — nurse midwives or physicians.

After teaching a core group of physicians in neonatal resuscitation, we assisted them in setting up provider courses throughout the region. The neonatologists in charge of newborn ICU at Regional Children's Hospital #1 were charged with seeing that all physicians and health

Although Ekaterinburg had only been open for missionary work for less than a year, there were about ten missionaries working in the city, and a thriving, growing branch had been organized and headed by President Joseph Gwynn. At the time of our visit in March, it had been announced that a new mission would be formed and headquartered in Ekaterinburg starting in July 1995. This was formerly part of the Novosibirsk Mission. We were able to worship together with the Saints in a small rented government room for sacrament meeting. I was filled with gratitude and amazement as I noticed the hammer and sickle carved in the crown woodwork of the room just above the table where the sacrament was being prepared



RUSSIAN HEALTH CARE PROVIDERS ARE ANXIOUS TO LEARN, BUT ARE LIMITED BY THE INACCESSIBILITY OF BOOKS, JOURNALS AND OTHER PUBLICATIONS, AND BY THEIR LACK OF ENGLISH SKILLS.

care providers involved in deliveries in the region be trained in neonatal resuscitation.

Elder and Sister Newton became rapidly involved in consulting at the Children's Hospital, facilitating the ongoing communications and efforts of the LDS Church, and teaching English classes at the university where many health care providers, including physicians, were able to markedly improve English speaking and reading skills. A regionwide conference for pediatricians and neonatal health care providers, consisting of two days of lectures by the American nurses and physicians, was held toward the end of our visit. The hospital auditorium was packed, and the people were interested not only in the medical lectures, but also in the LDS Church.

and administered to the saints. Less than ten years earlier, I left active duty in the United States Air Force, where we went through battlefield exercise training to be prepared for war with our two long-time enemies, China and Russia. Now I had actually visited both of these countries and witnessed miracles that I never had dreamed of seeing in my lifetime.

THE SECOND VISIT—1996

A little more than one year later, our team returned once again to the Sverdlovsk region in Russia to assess the effectiveness of our teaching. We were impressed with the findings. The NRP had been a remarkable success. Between 450 and 500 people had already been certified in

the Sverdlovsk region in neonatal resuscitation. These people were not only increasing their skills and self-confidence, but their relationships between hospitals and the referral center had markedly improved, the lines of communication seemed to have opened, and many infants were now being referred in a more timely fashion.

Dr. Michael Skylar, the chief of Regional Children's Hospital #1, reported that the NRP had been accepted, approved, and was mandated for health care providers in the perinatal area by the Sverdlovsk government. After successfully taking and passing the course, a physician or health care provider needed to go to the regional government, where a similar test was given. On successfully completing the examination, the person was certified in neonatal resuscitation. In addition to the Sverdlovsk region, Dr. Skylar reported that the NRP had been adopted by the national government in Moscow as the standard throughout the entire country for neonatal resuscitation. The resuscitation manual is now being printed and distributed in Russia in a hard-back form about the size of a copy of *The Book of Mormon*.

The Regional Children's Medical Center had expanded its intensive care facilities to house eighteen intensive care beds rather than six. We were pleased and excited to see sinks in every room and other careful attention to suggestions that we had given on the previous visit. Dr. Skylar reported that numerous maternity houses throughout the region had upgraded the care of newborns. The numbers of incoming consultation calls, as well as transport calls, had increased by 25% in just one year. In addition, it was noted that the neonatal mortality had dropped by 30% in just one year.

Elder and Sister Newton, close to the end of their 18-month mission, had warmed their way into the hearts of many physicians and health care providers in Ekaterinburg. They had been successful in bringing other physicians into the Church and had been eyewitnesses to the phenomenal growth in Ekaterinburg. There were now three large branches of the Church, and the missionary work was moving ahead in a great way. Elder Howard Sharp, another retired physician, and Sister Marjorie Sharp had been sent from Salt Lake City on an 18-month mission for the church, and they were rapidly winning their way into the hearts of physicians and health care providers in Ekaterinburg.

In addition to assessing neonatal resuscitation, we were very closely involved on this visit in bedside teaching for both nurses and physicians as well as teaching certain newborn ICU skills. We discussed strategies, specific patients and specific skills used in newborn intensive care. We taught the team approach to critically ill babies and reinforced it later in the year when two of the neonatologists visited our hospital and worked with us in the new-

born intensive care nursery.

During our visit, I had the opportunity to ask many people who were in their 30s and 40s about the differences before and after the fall of communism in Russia. They talked openly about how religion was forbidden and most of their parents said little or nothing to them of a religious nature. Because of fear of the totalitarian government and threats toward parents and children, Christianity might have been totally eradicated were it not for the grandmothers in Russia. I found that a surprising number of people had learned about Jesus Christ from their grandmothers.

The spark of Christianity had been propagated from grandmothers to their grandchildren, keeping their religious hope alive. Now these very same people are the ones most interested in hearing about the gospel of Jesus Christ, and many of them are joining the church. There are now three large branches of the church in this city with more than 100 members in each branch. Elder Newton and Elder Sharp, in addition to their humanitarian and medical service, have been actively involved in proselyting and were serving as the two counselors to the first native Russian mission president who came from St. Petersburg.

We had a delightful three-hour block of worship in the central Ekaterinburg branch. Elder Colt was departing the mission field and had been involved in the work in Ekaterinburg right from its onset. He was known not only for his love and spirit in the mission, but most of all because of his supreme mastery of the Russian language. Elder Colt started learning Russian in elementary school long before he was old enough to serve. At that time there were no missionaries in Russia, and he received friendly kidding from family and friends about his study of the Russian language. Now he had completed a remarkably successful mission, and there were few dry eyes in the congregation as he humbly bore his testimony to these Russian Saints. After our three-hour block, we were privileged to join with ward members in witnessing a baptism in the swimming pool of a local school building. Again, to stand on Russian soil and see Russian brothers and sisters dressed in white and being baptized into the kingdom was a dream come true.

Hong Kong

Although neonatal resuscitation supported and sponsored by The Church of Jesus Christ of Latter-day Saints had already occurred in many areas of Asia, including the People's Republic of China, it was always assumed that there was no need for such training in Hong Kong. The medical sophistication of Hong Kong is very similar to

that of the United States. Almost all the physicians speak English fluently, and Hong Kong has been open for missionary work for many years. When Elder Robert Young, the executive secretary of the Asia Area presidency, inquired, he found that the newly formed Hong Kong Society of Neonatology had already identified neonatal resuscitation as a priority to be taught in Hong Kong. They had contacted the American Academy of Pediatrics but were informed that the teaching alone, not including the cost of manikins and medical supplies, would cost between \$21,000 and \$30,000 in U.S. currency. This price was far beyond the means of the fledgling society, and this information had been given to them literally a

openly recognized and expressed appreciation to the Church. In all of my experiences, I have never seen or felt such warm, open appreciation from a group to us and the Church.

These physicians also were very interested in asking questions about the Church. They were intrigued when they found out that all of us had served full-time missions for the Church in various countries. Dr. Cornish had been in Guatemala, Dr. Groberg served in Indonesia, I served in Germany, and Dr. Bell had been a missionary in Hong Kong twenty-five years earlier. His tasteful and timely use of Cantonese also developed strong mutual friendships. Dr. Bell was very open in challenging them to



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few days before contact by Elder Young. They were, of course, delighted at the possibility of LDS Charities helping them establish the neonatal resuscitation program in Hong Kong.

Dr. Richard Bell, Dr. Devin Cornish, Dr. George Groberg and I went for a week to Hong Kong and began instructor training on 23 October 1996. Elder Kwok Yuen Tai, the Asia Area president, introduced the program and the Church's involvement with the NRP. We were well received by the 33 neonatologists who successfully took and passed the neonatal instructor's course. In addition to the recognition of the Church in printed programs, the directors of the conferences and meetings

notice the LDS missionaries and listen to what they had to say.

After teaching this core group of instructors, we again went to separate locations in the city and observed these instructors teaching their provider courses in their individual hospitals. Dr. Cornish, Dr. Bell, and I were also asked to speak in an evening lecture at Queen Elizabeth Hospital in Hong Kong. More than 200 physicians and nurses were in attendance, and the lecture started late because of the need to bring in extra chairs. The format of the conference allowed the instructors to have their credentials established, and questions and answers continued until late in the evening. Our hosts in Hong Kong were

among the most gracious and concerned people I have ever met. They were constantly paying attention to every detail of our comfort and made it a special visit.

Taiwan

The neonatal resuscitation program was introduced in Taipei, Taiwan, in November 1996. I had previously been invited by the Taiwan Society of Neonatology to lecture on high frequency ventilation earlier in the fall. They had requested that I return and teach their neonatologists newborn resuscitation.



THE LDS CHURCH DONATED
NEONATAL TEACHING
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TAIWANESE NEONATOLOGISTS
MASTER AN INSTRUCTOR'S NRP
COURSE AND THEN RE-TEACH IT
THROUGHOUT THE COUNTRY.

The venture was co-sponsored by the Church by their donation of five sets of neonatal teaching equipment, including a resusci-baby manikin, intubation head, and miscellaneous supplies such as a bag and mask, laryngoscopes, and ET tubes.

Some 31 neonatologists from throughout the entire country of Taiwan who were present and participated in the instructor's course. All of the physicians were conversant in English, and the course was taught from manuals in English. The NRP course was then taken to various cities and hospitals throughout the country to be further taught.

CONCLUSION

The American Academy of Pediatrics has set a standard that every delivery in the United States should be attended by someone skilled in all aspects of neonatal resuscitation. Although they have chosen not to certify students taking this course outside the United States, they have been open in asking that each country find a certifying organization. In Hong Kong and Taiwan, the neonatology societies of the country accepted that responsibility and have developed certificates to be given out at the completion of training. In addition, they had catalogued the equipment donated by the Church to be checked out from a central library and used in various cities through-

out each country. In Russia, the government itself (health care division) has taken the responsibility of certification within the country.

These special opportunities provided by LDS Charities have not only given me the opportunity to be intimately involved in missionary work throughout the world and to witness the growth of the Church, but they have truly allowed me to help "teach people to fish."

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