



## Country Doctors in Weston County



# Obstetrical Care in Wyoming History

Looking back 100 years

BY MICHAEL JORDING, MD

Dr. McDuffie, Dr. Edward J. Gulfoyle, Dr. Willis Franz, Dr. Henry Stephenson, and Dr. Virgil L. Thorpe practiced medicine in Newcastle when a hospital was built in about 1949.

**W**yoming became a territory in 1869, but some towns and cities along the Union Pacific Railroad were established as early as the 1860s. Fort Laramie and Fort Bridger were established 20-30 years before that. Most of the people in the towns were men, but women and families followed those developments, with baby births following as well.

### Care in Wyoming Territory

The book, "Health Needs and Services in Territorial Wyoming," published by Helen Marie Huebert in 1962, chronicles births in towns and outposts. These passages shed light on the challenges faced by women during that era. The book mentions that physicians at military posts often attended the births of wives of military personnel. "A son was born to the

wife of Edward Betlach, butcher for post trader Dec. 9, 1889. And a daughter was born to the wife of Private Harry Matin, Troop D 9th Cavalry on the 21st. ... Many of the first white children born to the settlers in the Territory were born without the assistance of anyone but a member of the family. ... Mrs. Sublette often accompanied her husband on his freighting trips and on May 15, 1869, her first child, a son John, was born in a wagon box while they were camping out."

Other communities in Wyoming didn't spring to life until just before statehood in 1890. Cambria started with the mining of coal in 1888, and Newcastle, the connection site of the Cambria railroad and the main line Burlington, was platted in 1889. For both towns, medical and obstetrical care was necessary, and was provided by the standards of the time.

In his 1954 book, "Just Another Country Doctor," Dr.



Nathan E. Wells documented obstetrical care in Cambria and Newcastle. He wrote, “Maternity cases were numerous. About this time publicity was being given to ‘Twilight Sleep’ – painless birth. It was a hypodermic tablet of morphine, hyoscine and cactin. It did the job beautifully in most cases, especially for the hysterical type of woman.”

Dr. Wells this passage about a birth in Cambria, “Another baby case, down at the coke ovens, I went to attend in the night. Her man said, ‘she in the coal shed.’ She was – on some gunny sacks. I washed in the kitchen and thought, ‘If she wants to have her baby in the coal shed, it’s O.K. by me.’”

About a birth in Newcastle, Dr. Wells wrote, “I received an urgent call in the west country and drove as rapidly as I dared. When I came within sight of the house to where I was going, I saw a man out in the yard waving his hands, trying to motion me to hurry. He was a doctor sent to the country by the Army, government or somebody. As I drove into the yard he met me and said, ‘For God’s sake, hurry. I don’t know what to do.’ As rapidly as possible I took over. The woman was hemorrhaging profusely; a baby had been born and it was necessary to find the cause of bleeding. It was another baby, which, with a little help, was quickly born. And the twins, mother, dad and the doctors all got along nicely after a very near tragedy.”

## Building birthing centers and hospitals

According to the Weston County Heritage Group’s book, “Weston County, Wyoming The First 100 Years,” there were no hospitals early on in Newcastle. Birthing centers gained prominence and were promoted by women who may have had special training as a midwife or nurse. Between 1918 and 1922, Mrs. William Cash operated a “hospital as a birthing center for expectant mothers. ...” It “gained favor in the eyes of the local citizens as well as the local doctors.” The doctors preferred the birthing centers over home deliveries.

The present Sundowner Inn was the site where Dr. Nathan Wells delivered Virginia Belle Bruce in 1923. In the mid-1920s the “Hurt house,” located on West Warwick Street in Newcastle, was managed by Nettie Weaver. Dr. Ogdon Horton used it as his hospital until 1938.

In about 1927, Mrs. Pearl Acord established the Acord hospital in Newcastle and managed it as a birthing center until about 1940. With the onset of World War II, all the doctors left Newcastle and, “citizens were forced to go to one of the ‘Hills towns’ for medical treatment or hospitalization.” Some would also catch the train to either Sheridan, Billings, or Alliance. In about 1943, Dr. E.J. Carlin moved to Newcastle and opened his hospital and birthing center in the old Lone Star Hotel just north of Main Street in Newcastle. Documents

show that local Newcastle resident Glenn Zerbst was delivered in 1943 at the Carlin Hospital by Dr. Carlin. After Carlin left in 1948, obstetrical care in hospitals was only available in other communities of the Black Hills, such as Hot Springs or Rapid City, South Dakota.

There was an active practice of obstetrical care in the rural areas of Weston County. Dr. Wells documented many trials of home deliveries in rural areas. Dr. Charles Reed practiced in Upton from 1922 to 1954, and he performed home deliveries. Dr. Wells wrote, “Another time, when it became apparent that instruments were necessary, I suddenly realized that there was no table or bed. The patient was on a mattress on the floor. So it was up to me to help build a bed. We found some old orange crates and boards with which to make a bed high enough to get traction in the right direction. We got through with a nice red-headed baby and everybody was happy.”

It is well documented that midwives provided birthing care in the rural areas around Weston County. Mrs. Addie Clark graduated from nurse’s training in Lincoln, Nebraska in 1912 and came to Newcastle in 1919. After she and her husband homesteaded near the Rochelle Hills, she helped rural families deliver babies at home. She credited herself with delivery of 28 babies without a doctor present. “There was no money to go to town to have the baby, so when the time came I went across the road. I provided Lysol, silver nitrate solution for the baby’s eyes, and a sterile umbilical tape to tie the cord. And I was especially careful to scrub for the delivery.”

Also from Clark, “It was a rather long labor but a normal delivery, and at 5:40 on May 8th, 1920, a little girl was born. Some twenty years later I was present when that little girl’s first daughter was born – again Auntie felt I should be present. It was my only 2nd generation baby.”

She wrote about the birthing rooms of the time. “There was only one bedroom in their cabin, and it was just large enough to barely get around three sides of the bed. Mr. Shook stood at the foot of the bed holding a kerosene light, and when I said, ‘You have a little girl’, she let out a big sigh and said ‘Oh, Bob, kiss me.’”

Elisabeth Jost Nolan was born in 1887 in Iowa and graduated from nursing school in Aberdeen, South Dakota. She married David Nolan and homesteaded in the Soda Butte area near Upton, Wyoming in 1914, where she practiced as a midwife. Her daughter, Mary Ann Shannon, wrote about her own delivery in “Weston County, Wyoming The First 100 Years.” “They added a room to her ‘shack’ and making it quite a nice two room house. He built a small barn, a corral and a root cellar. It was here that their first child, Mary Ann, was born on September 7, 1916. Dr. Harmon was summoned by telephone.”



## Country Doctors in Weston County

Mary Ann Nolan would later write about her mother, Elisabeth: “she delivered many of the children born in the community. They would call, she would drop whatever she was doing, saddle up the horse, and take off for their place. She always insisted they call the doctor, but many times the baby arrived and was taken care of before he could get there.”

As if predestined, Elisabeth Nolan’s son, Pat Nolan, left their rural Weston County ranch and studied medicine at the University of Utah. He then went to Santa Rosa, California for a two-year family medicine residency, which at the time was kind of a new and novel idea. He became board certified in family practice and moved to Buffalo, Wyoming where he practiced medicine until he was 69 years old.

While in Buffalo, Pat Nolan, MD, and his fellow family practice partners provided in-hospital obstetrical care for Johnson County and other communities a distance away. During the boom years in Gillette, women often sought obstetrical care 60 miles away in Buffalo. The physicians in Buffalo delivered a lot of babies, many of whom came from Gillette.

During the early years of Dr. Nolan’s obstetrical practice, he realized the importance of having anesthesia services during obstetrical care, and at that time, Buffalo’s anesthesia care came from Sheridan (30 miles away) when the visiting surgeon came to Buffalo. Because of the need for in-town anesthesia for obstetrics, Dr. Nolan attended a mini-residency at Wyoming Medical Center in Casper for six months and learned the skills necessary to perform anesthesia care for the obstetrical patients in Buffalo, Wyoming.

### Interviews with Drs. Marion Smith and Lanny Reimer

Dr. Nolan’s daughter, Marion Smith, MD, currently practices medicine in Wyoming. Dr. Smith was president of the Wyoming Medical Society from 2001-2002. She remembered her father, Dr. Nolan, and the mini-residency, during an interview in March, “I don’t know how this worked, but my dad went to Casper for about six months and learned to do anesthesia himself. And so he was kind of their anesthetist, which I thought was really interesting. But he said doing anesthesia is like flying an airplane. It’s easy going except for the takeoff and the landing. So, I think he would go in the middle of the night and would provide anesthesia for OB, and he did that for a long time.”

After the medical and obstetrical care provided by early Weston County physicians and midwives in small private hospitals and homes ceased to exist, Weston County had no local obstetrical care for two years. Weston County’s political (Weston County Commissioners) and civic leaders (Lions

Club) advocated for a modern hospital. Finally, in 1949, the doors to the new hospital in Weston County opened, and modern medical and obstetrical care was provided by a new group of young physicians, including Drs. Willis Franz, Virgil Thorpe, and Ed Guilfoyle. They were joined by Dr. Henry Stephenson in 1954.

According to the Weston County Heritage Group’s book the “new hospital and three young physicians practicing in a close, cooperating association, brought excellent medical care to not only Weston County, but the surrounding area. Patients came from Campbell, Crook, and Niobrara counties in Wyoming and the bordering South Dakota areas of Dewey, Custer, and Edgemont.” Those physicians delivered about 100 babies per year. Dr. Franz was typical of a new breed of physicians, having learned a broad spectrum of medical and surgical care while serving in the Army. He had trained at Walter Reed Hospital and delivered President Eisenhower’s grandson, David.

Lanny Reimer, MD, grew up in Newcastle but was himself delivered in Rapid City because Newcastle did not have obstetrical services. He went on to the University of Wyoming and the University of Colorado Medical School. “And by the time I finished that, my wife and I, who also is from here, thought we would probably come back here,” Dr. Reimer said during an interview in March.

Dr. Reimer completed his three-year family practice training at UC Davis in Sacramento, California. Knowing that he was coming back and wanting to do obstetrics in Newcastle, he spent more time than average in obstetrics training and had training in C-sections by the time he left there. He knew he’d be joining Dr. Franz, his mentor, who’d been in Newcastle for



LEFT: Dr. Lanny Reimer. PHOTO BY DR. MICHAEL JORDING  
RIGHT: Dr. Marion Smith. CONTRIBUTED PHOTO



30 years ahead of him.

Dr. Reimer recalled, “When I came back, it was coincident with the oil boom activities around there. There might have been a few more than 100 deliveries per year. Certainly, by the 1980s, we got up to 150 or 160 deliveries a year. We took care of our obstetric patients as a team, and we rotated prenatal visits. I think patients generally rotated, and then, they were stuck with whoever was on call, and we would be on every fourth night. And that was not really popular with the ladies, as patients, understandably, and yet it allowed us to know that we were going to be on call to deliver babies on the night we were on call for the town. Dr. Franz worked about two years after I arrived in '79 until he retired, and we did a lot of work together over those years.”

## A modern approach

When Dr. Reimer came to Newcastle, he brought a more modern approach to obstetrical care.

“Connie, my wife, was interested in Lamaze,” Dr. Reimer said. “As we moved back here, she at that time started a very active Lamaze prenatal course and involved a lot of the couples. She took courses and became certified as an instructor. And then the couples would have about five, one-hour a week courses, and they would learn the physiology of pregnancy and labor and delivery and ultimately, then as a group, visit the hospital so that they would see the delivery room and know a little more about what's coming.”

Before Dr. Reimer began practicing medicine in Newcastle, “deliveries had always traditionally been very sterile, draped procedures and, frankly, ladies were strapped down, their arms with leather straps of about two inches wide and prepping and shaving and no families in the delivery room.” Dr. Reimer had been in California with a real home-style delivery program, and so it was a little difficult. Dr. Franz had no difficulty, but Dr. Reimer felt that some of the other physicians and nurses thought it was really out of the ordinary, his approach was crazy and there was going to be infection. “We all of a sudden would let fathers in and other family members, and we did, you know, more minimal prepping, no shaving, and we did fine.”

Dr. Reimer remembered, “They did not have fetal monitoring here before I came. And I went several months without a fetal monitor. I can clearly remember one induction, listening with an electronic stethoscope after every contraction to see if I could hear deceleration, and I finally thought, ‘this is crazy.’ I wasn't feeling like the administration at the hospital was helping get money for a monitor, and we didn't have IV pumps then either. The pitocin we were doing by counting drops. I remember going to the county commissioners, and I said,

‘What do you get for a mile? How much do you pay for a mile of county road?’ ‘Whatever figure,’ they said. I said, ‘Well, I need a mile and a half of county road, and I need this \$10,000, ... because we need a fetal monitor, and we need pumps,’ and they consented.”

Longtime nurse anesthetist Lorein Mitich provided general and obstetrical anesthesia for Weston County. She didn't do spinal blocks: Drs. Reimer and Franz did spinals. Dr. Reimer noted, “where a bigger hospital might do a crash induction, we didn't have that. We had to do a spinal block as quickly as we could. Later, we had more advanced and newer techniques by the local or visiting nurse anesthetists.”

“In the 80s the numbers went up, and we started hiring; other doctors moved to town here, and we hired some. We had a group of three to four family practice residency-trained physicians. Some of them did C-sections before they came, but some of them learned here from me and would carry on and do that,” Dr. Reimer said.

Dr. Reimer brought family centered obstetrical care to Weston County and shortened the post-partum stay by two or three days. “The families in town were overjoyed because before, they were not only kept out of the delivery room, they couldn't go in and see. The husband couldn't go see the wife in the obstetric recovery area or in her hospital room. As you know, they used to stay in the hospital two or three days.”

Treatment for pre-term labor was evolving during Dr. Reimer's training and early practice. “I can tell you, you know, certainly in my training, there was IV alcohol used. I can remember in medical school in Denver, you know, IV alcohol being used. And, of course, everybody joked about it a little bit. But that evolved then to change to other agents, subcutaneous beta agents that you know came on later.” That evolved into the use of corticosteroids, magnesium sulfate, and tocolytics (terbutaline).

## Barriers to care

Challenges exist at most deliveries for physicians doing obstetrics. For Dr. Reimer, “The other problem was not only do you have this patient on the table, but as soon as you deliver that baby, you had two patients in the room. And if the infant wasn't doing well, you know, we were dependent on the nurses to sort of manage that. Or if we had another doctor in town, maybe somebody could come in, but we had to hurry up and finish up mom and get attention to the baby again.”

Dr. Smith also faced challenges with deliveries. Obstetrical anesthesia care was not always available right away, “You know, that is the one thing that comes to mind about really when I just had to quit doing OB. One Sunday morning, I was



## Country Doctors in Weston County



Dr. Michael Jording.  
CONTRIBUTED PHOTO

in the delivery room with a 37 week pregnancy and a ruptured uterus. And it was very stressful waiting that 45 minutes for anesthesia to show up and you know, it was horrible.”

Most physicians who work for a time in rural hospitals also experience deliveries where the mother decided to not keep her baby. Some of those decisions are made well in advance of the delivery, while others make those decisions known on the

delivery table. Dr. Smith remembered an experience of her father, Dr. Nolan. “My youngest brother is adopted, and my dad delivered him and kind of came home and said, there's a little baby at the hospital that doesn't have a home. Can I bring him?”

“You know, it did happen occasionally, and always it was just so really bittersweet. I'm happy for this baby and it's sad that you can't keep your baby, but you had enough love to bring it into the world and let someone else raise it. It'd be so hard,” Dr. Smith said.

The hospital in Newcastle elected to stop delivering babies at the end of June 2003 because of decreasing numbers of deliveries per year, the rising cost of malpractice insurance for every Wyoming physician to deliver babies, and the failure of tort reform to limit liability for physicians who delivered babies.


### Mentors play an important role

Mentoring physicians are often an underutilized benefit. Dr. Smith talked about her mentor, Kayo Smith, MD, who was also her father-in-law. “I probably spent more time with him than my own family, you know, when we worked together for all those years.” Dr. Kayo Smith went to the University of Nebraska Medical School and joined the Navy after medical school. He went to San Diego and did an internship and then a year of surgery. He mentored Dr. Smith for 20 years in her practice, especially obstetrics.

Dr. Reimer remembered fondly his relationship with Dr. Franz. “I would tell you, I do recall when he retired after working several years with us. He was very kind. He was no longer working in the clinic. He paid his own malpractice

[insurance] to be able to help us and assist us, as the younger generation for a few years. ...I still have a written hand copy of his instructions on how to handle the twin and breech deliveries if they would surprise you.”

It's always wonderful to have a mentor. Dr. Reimer also served as mentor for physicians that have worked with him and others that came behind him. And so, that pattern continues, doesn't it? We all must help teach the next generation of physicians.

I'd like to share a closing thought from Dr. Wells, a country doctor in Weston County. “Physicians of today can do so much more work with the good roads, good office help and hospital advantages. Of course, as with everything else, fees are higher, but I think patients get their money's worth, as a rule. I was always a sort of lone wolf because of necessity, or at least I thought so. It is a poor policy because there were times when I needed others' opinions and help.” 



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