“Kansas City’s Medical Wonders” is but a small sample of the city’s history in healthcare, as seen through the lens of the people who worked at St. Joseph Hospital, Kansas City’s oldest private hospital.

Part of the hospital’s story is the unique medical collection begun by one of its doctors. The collection not only showcases the advancements in medical technology—with its numerous types of equipment—but also documents many of the stories of the doctors, nurses, and staff who wielded that equipment. In 1971, at the instigation of Dr. Donald Kirk Piper, the members of the medical and hospital staff began collecting what has become one of the best collections of medical equipment in the region. The first artifact display case appeared in 1972. With the support of the hospital, the collection and its displays grew and became more professional. But with the coming of a new owner, St. Joseph decided to get out of the museum business, and in 2015, the collection was offered to the Kansas City Museum. This exhibit is the first opportunity the museum has had to make the collection visible to a much larger audience than just hospital visitors.

The Sisters of St. Joseph of Carondelet opened St. Joseph Hospital on Quality Hill at 7th and Pennsylvania in 1874. The hospital remained there, undergoing constant expansions, until 1917 when the Sisters opted to build a new “modern” hospital on Linwood Boulevard. For 60 years, the seven-story, X-shaped hospital—with its attached nursing school—served Kansas Citians in need of medical care. But by the 1970s, that modernity had faded with medical science being a field of constant advancement. The Sisters made the decision that the old building could no longer meet the demands of modern medicine. In 1977, St. Joseph moved to its present home at State Line and I-435.
The Kansas City Museum would like to acknowledge the commitment, enthusiasm, and support of the City of Kansas City, Missouri including Mayor Sly James, the City Council, and the citizens of Kansas City who generously provide public funding for the Museum. In addition, the Museum is grateful for support from the City of Kansas City, Missouri Board of Parks and Recreation Commissioners and the Director and staff of Parks and Recreation.

The Kansas City Museum thanks Union Station Kansas City for the opportunity to display *Kansas City’s Medical Wonders: The Objects and Stories of St. Joseph Hospital’s Medical Collection* in conjunction with *BODY WORLDS & The Cycle of Life*. *Kansas City’s Medical Wonders* is a collaborative effort between the Kansas City Museum and Joan Hilger-Mullen, former curator of the Donald Kirk Piper Memorial Medical Museum at St. Joseph Hospital. The collection is in spectacular condition due to Joan’s professional diligence during her years of service as its curator.

The sections: “Coming into the World” and “Overcoming Childhood Diseases” include excerpts from *Yesterday’s Children: Growing Up in Kansas City 1900-1950*, a Kansas City Museum exhibition written by Barbara Gorman in 1985. Graphic design of the exhibition is by Carrie Maidment of Print Media Design, with production by Custom Color.

This exhibition is a product of the Kansas City Museum; all objects and archival material displayed are from the St. Joseph Medical Collection except where noted. This collection was donated to the City of Kansas City, Missouri by Prime Healthcare, and it is cared for by the Kansas City Museum.

The Kansas City Museum is owned by the City of Kansas City, Missouri and operated and managed by the City of Kansas City, Missouri Parks and Recreation Department.
OVERCOMING CHILDHOOD DISEASE

Childhood, for centuries, was fraught with danger. Poor sanitation, contaminated water, and unsafe milk supplies meant the young were regularly bombarded by disease, bacteria, and viruses. The list of health threats children faced is astounding today: scarlet fever, dysentery, typhoid fever, diarrhea, tuberculosis, polio, measles, smallpox, whooping cough.

Research on the causes of the diseases that haunted childhood advanced steadily through the 18th and 19th centuries. Around the turn of the 20th century all of that effort began to pay off. By the late 1940s, childhood had been transformed: vaccines protected against measles, smallpox, tuberculosis, diphtheria, and whooping cough. Antibiotics treated scarlet fever, dysentery, typhoid fever, and diarrheal infections.

Preventive medicine, with its focus on nutrition, exercise, and physical examination, came to the forefront in the 1920s, as did health education in the public schools. Milk pasteurization made supplies safe. Life expectancy for children in the United States leapt from 48 years in 1900 to 66 years by 1949. By 1950, only polio and the less serious childhood diseases awaited the coming of future medical wonders.

IRON LUNG

Iron lungs kept polio patients alive, 1951. Vaccines drove polio from the Americas.

VACCINATED?

Get a booster!

The CDC introduced “Wellbee” to the public on March 11, 1962 to help promote Sabin type II oral polio vaccine in the U.S. Wellbee’s future assignments included health promotion campaigns such as diphtheria and tetanus immunizations, hand-washing, physical fitness, oral health promotion, and injury prevention.

A boy receives a measles vaccination at school, 1962.
COMING INTO THE WORLD

When the new modern St. Joseph Hospital opened on Linwood in 1917, it did not include a newborn nursery since most births took place at home. As the appeal of the clean safe hospital delivery room grew, nurses improvised by adapting cribs and beds, meant for older children, for the newborns.

At the turn of the 20th century, the vast majority of American women still gave birth at home. About half of them paid midwives to deliver the baby, while the other half employed physicians. Bringing a baby into the world was fraught with hazards, and it was believed that hospitals only added to the problem. Childbirth was the second leading cause of death among American women between the ages of 15 and 45. Approximately 15% of the babies born in Kansas City died before their first birthday. Kansas City hospitals had to prove themselves, and they did by adding trained nurses and by instituting strict sanitary practices.

Physician training had to change, too. Until the publication of the Flexner Report in 1910—a survey of U.S. and Canadian medical training schools—there were no set standards for physician training in the United States. Kansas City was dotted with “medical colleges” of dubious value. The Flexner Report promoted a standard of systemized, science-based education. The marginal medical training schools were forced to close and the legitimate schools to raise their standards.

Public attitudes were changing. “Science” began to be tied to “medicine,” pushed by the discovery of germ theory, lifesaving immunizations, the safety of antiseptic surgery, and the linking of diseases to contaminated water. By 1929, Kansas Citians had come to appreciate that tie and 62% of Kansas City births now occurred in hospitals.

After 1935, improved and regulated obstetric practices, higher hospital standards, and better prenatal care contributed to a significant decrease in maternal and infant mortality. Even greater contributions to the decline came from medical discoveries—antibiotics now killed bacteria, new drugs counteracted the negative effects of anesthetics, and sophisticated methods of transfusing blood alleviated the dangers of postpartum hemorrhage. By 1940, it was finally safer to have a baby at the hospital than at home.

Hi Dad!

Mother and I are glad you recovered okay. Come over to the nursery during the hours they show us off. The nursery nurse on the other side of the window will let you have a good look at me if you will just show her my name on this card.

Return this card to Mom so you can use it again.

St. Joseph Hospital student nurse with infant in newborn nursery viewing window, 1956. Baby identity cards were given to new dads to present at the viewing window.
There have been folk remedies for illness for as long as there have been folk—and given the dearth of medical science, a strong distrust for doctors. Most Kansas City settlers in the 19th century relied on their own ingenuity when dealing with injury and disease. Even in the 1850s, when more physicians became established in the area, town folk and frontier farmers put more faith in folk remedies, patent medicines, charm cures, and medical books written for laymen.

A patent medicine industry flourished in response to those beliefs. Thousands of such “medicines” were sold with virtually no control or oversight. The mixtures could include anything from alcohol to opium, morphine, heroin, or cocaine sometimes without mention of ingredients on the label. Patent medicine was dangerous because of their promise to cure specific diseases or symptoms, without any science behind it. Efforts to combat the situation resulted in the Pure Food and Drug Act in 1906 and its successor the Food and Drug Act of 1938.

Once electricity became commonly available, a new industry of fraudulent medical devices developed. Physicians of the time labeled the devices “quackery.” Available into the 20th century, these devices promised cures or treatment for every ailment known to man through the application of electricity.

Another popular approach to combating illness was Homeopathy, a system of alternative medicine created in 1796 by Samuel Hahnemann. It was based on his doctrine of “like cures like”—that a substance that causes the symptoms of a disease in healthy people would cure similar symptoms in sick people. Because medical practice of the time relied on dangerous or ineffective treatments, patients of homeopaths could often claim better outcomes than those of doctors. Kansas City had the Homeopathic Medical College, opened in 1888. But public interest and trust in homeopathic medicine began to wane, and the school faded away after the turn of the century.
For Kansas City's manual laborers—blacksmiths, stone masons, carpenters, ironworkers, firemen, policemen, railroad workers, and even housewives—wound infection was a threat to livelihood. Cuts, broken bones, and burns could easily result in untreatable infections, permanent incapacitation, and long-term or permanent unemployment. Wound infection was almost a given. Until the 1890s, it was not known that diseases were caused by bacteria and viruses. Nearby rivers and streams—the city's water supply—functioned also as sewers. With contaminated water supplies, outbreaks of smallpox, yellow fever, malaria, cholera, and typhoid were regular summertime occurrences.

Since the 1890s, surgeons have been devising hip prosthetics to repair injured or diseased hips. Surgeons experimented with materials like ivory, glass, plastic, ceramics, and stainless steel (pictured above). It was a process of serious trial and error made possible by patients so debilitated by pain they were willing to try anything. Though it took 100 years, hip replacement is considered one of orthopedic surgery's most successful interventions.

A Kansas City medical partnership in the late 1890s addressed an occupational hazard of war. It was not unusual for Civil War veterans to retain bullets or shrapnel in their bodies from the battlefields, a potential source for lead poisoning. St. Joseph Hospital opened an X-ray department in 1897 under the leadership of Dr. John Nesbit Scott. Working with Dr. Jefferson Davis Griffith, St. Joseph's chief of staff, Dr. Scott would pinpoint the location of the projectile with an X-ray and Dr. Griffith would surgically remove it. Veterans came from far and near to take advantage of this new medical technology.
In the 19th century, before “germ theory” and with limited anesthesia, surgeons focused on speed to limit infection and trauma. Considering where many surgeries were performed—on kitchen tables and in battlefield tents—it’s a small wonder that surgical success rates were hit or miss. But once it was understood that microorganisms caused disease, surgical success rates soared.

Following this breakthrough in the last decade of the 19th century, doctors were able to focus on perfecting their surgical skills and designing specific instruments for surgery. Some of these innovations happened in Kansas City. By the mid-20th century, surgical procedures deemed impossible became routine.

St. Joseph Hospital had one of Kansas City’s most renowned surgeons as its first chief of staff. Dr. Jefferson Davis Griffith (1850-1924) came to Kansas City in 1873 to set up private practice. A native of Mississippi, he ran away from home to join the Confederate Army at age 13. After the war, he attended medical college in New York. He joined with the Sisters of St. Joseph of Carondelet in 1875 to open the hospital, a lifelong partnership.

Around 1886, the Sisters sent him to New York for a year to learn new abdominal surgical skills perfected in Europe. After his return, Dr. Griffith developed the first surgical team in the Midwest.

He was a consulting surgeon for several railroads, including Missouri Pacific, Kansas City, Memphis & Birmingham Railroad (later named Kansas City Southern), and St. Louis-San Francisco Railroad. He was a charter member of the Association of Military Surgeons of the United States. In 1898, he was appointed Chief Surgeon in the U.S. Volunteer Army during the Spanish-American War. He was appointed medical inspector in 1897, eventually becoming chief surgeon for the Missouri National Guard. Throughout his career, he published and presented research on surgical topics and taught at Kansas City medical schools. He was a tireless supporter of the hospital’s nursing program and school.