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The Fetterman Hospital Association
Cooperative Health Care on the Range in the 1880s

by Phil Roberts

Wyoming would seem to be the last place with a history of cooperative health care. Yet, more than a century ago, some of the most rugged of individualists, American ranchers and cowboys, together organized a cooperative health program on the Wyoming range. It was probably the first such organization of its kind in the United States even though it is largely forgotten.

In the earliest history of cooperative health care, an article written in 1945, author J. T. Richardson noted that "one of the earliest" single-hospital plans was Hospital Service Association of Rockford, Illinois, formed as a cooperative in 1912. The Fetterman Hospital Association is not mentioned even though it predated the Illinois cooperative by more than a quarter century.

In retrospect, it seems reasonable that cooperative health plans would exist on the Wyoming plains. Cowboying was a dangerous business, and medical services were often difficult to obtain. Cowboys rode in all kinds of weather, suffered from temperatures as low as 50 degrees below zero in winter and 100-degree heat in the summer. The tough, range-born cattle had to be branded and herded across prairies unencumbered for miles in any direction by fences, barbed wire or otherwise.

His horse was his proudest possession, but a cowboy couldn't always rely on staying in the saddle. The range horse could be spooked easily by a rattlesnake or its foot could go down in a badger or prairie dog hole, throwing the cowboy off, perhaps breaking his leg or arm.

The practice of medicine remained primitive even though the treatment of injuries had made great strides during and after the Civil War. Hospitals were no longer viewed as places reserved

Perilous cowboying tasks visible in L. A. Huffman's photograph (n.d.) of a roundup crew include: the bucking bronc at left, the man leading a hobbled horse beyond the white horse on the right, and the man tightening a cinch while keeping his distance from the white horse at the picture's center.
for the terminally ill. Such advances did not come without expense; neither did they filter beyond the larger populated areas.

The few dozen medical doctors practicing in Wyoming Territory in the 1880s were concentrated in the railroad towns—communities such as Cheyenne, Laramie, Rock Springs, and Evanston—which owed their existence to the Union Pacific Railroad. The company employed surgeons who were stationed at division points, many of whom did not treat railroad workers exclusively but expanded into private practice.

Military forts usually had an assigned post surgeon, and several post surgeons resigned their commissions over the years to remain in Wyoming as pioneer physicians. Dr. John Finfrock, originally the post surgeon at Fort Halleck, became a pioneer Laramie doctor, for example, and Dr. Thomas Maghee, post surgeon at Camp Brown (Fort Stambaugh), later was a prominent Rawlins physician who pioneered in plastic surgery.2

Compared to the railroad and the military forts, cattle companies employed relatively few workers. Lacking the control the railroad had over its employees and the responsibility the army had for its troops, Wyoming ranchers could not economically provide doctors or hospitals for a few range cowboys.

During the early 1880s resident managers of absentee-owned cattle companies and owners of smaller spreads in the area of present-day Converse County in east-central Wyoming were participating in the great open-range boom. Cattle prices were at a nineteenth-century high, as much as $4.75 a hundredweight, and more and more investors were betting the industry would continue to be profitable. By the mid-1880s, the once nearly vacant plains were overcrowded with thousands of cattle run by dozens of cattle companies.

Even though cowboying was generally a low-paying occupation, the open-range cattle industry's prosperity had made wages attractive. Experienced cowhands were in demand throughout the industry, but non-monetary inducements to become a ranch cowboy in east-central Wyoming were few. Essentials such as hospitals were distant. On the east-central plains around present-day Douglas, the closest medical care for cowboys was in Laramie more than 150 miles away.

Ranch managers recognized the desirability of convenient medical


help, not only for themselves and their families but for their cowboys. But health care could not be furnished by any one company or individual. It had to be a cooperative venture in which the cowboys would participate in providing such services. If medical care was to be provided, there seemed only one way to obtain it—setting up a cooperative venture of cowboys and cattlemen to share costs manageably.

Consequently, in April 1885 during the height of the cattle boom, cattlemen and cowboys formed the "Fetterman Hospital Association" on the Wyoming plains. The association was named for the east-central Wyoming town of Fetterman, a tiny collection of buildings that included a general store operated by former President Gerald Ford's grandfather, C. H. King. Located northwest of present-day Douglas, Wyoming—on the south side of the North Platte River at the mouth of LaPrele Creek—the town of Fetterman owed its existence to the army, which had established Fort Fetterman at the site on June 19, 1867. By the early days of the cattle boom in the 1880s, however, the need for the fort had disappeared. The post was closed and troops permanently withdrawn on May 20, 1882.

Surveyors of the "cowboy myth" do not mention the association, but even as the local newspaper, the Rowdy West, editorialized at the time: "Probably no institution in America of like magnitude and importance is as little known as 'The Fetterman Hospital Association.'"

According to the minute book of the association, held in the collections of the Pioneer Museum in Douglas, Wyoming, the organizing officers included several prominent stockmen of central Wyoming. The idea for the association may have come from Ephraim Tillotson, the wealthy owner of the Fiddleback Ranch, who donated a building for the hospital. New York-born Tillotson had come to the area several years earlier as an army lieutenant at nearby Fort Fetterman. A Civil War veteran, he left the army in 1870, became post sutler, and began raising livestock. The local newspaper estimated that his Fiddleback Ranch ran between fifteen thousand to twenty thousand cattle at the time the association was organized. During the formal organization meeting attended by several dozen cowboys and cattlemen on April 25, 1885, the association authorized its newly elected officers to search for a trained physician, someone willing to supervise the hospital and work exclusively for the association at a monthly salary of not more than $100.00. Details surrounding the hire are unknown but in May 1885 the association offered the job to Dr. Amos Barber, a graduate of the University of Pennsylvania Medical College. The association agreed to pay him $100.00 per month and cover his moving costs of $92.85 from Philadelphia to Fetterman.

For a small cooperative located on the lightly populated, isolated high plains of Wyoming, Barber was an unlikely hire. When Barber arrived in cattle country on June 1, 1885, he brought with him considerable medical experience. He had served as resident physician at five Philadelphia area hospitals. By all indications, he was competent, experienced, and left a profitable practice to move west.

The town of Fetterman had grown up around the now abandoned military post, but the health association did not obtain the old post hospital building, which housed part of C. H. King's mercantile company. Instead, Tillotson made available the fort's old army barracks, a two-story forty-by-fifty-foot

1. Ibid., August 2, October 5, 1885, p. 14.
7. Ibid., August 2, 1885, p. 9.
10. Ibid., August 2, October 5, 1885, p. 14.
11. Record of Checks, April 1, 1887, p. 3.
Dr. Amos Barber stands with his horse and dog in front of the converted barrack that became the Fetterman Hospital Association's hospital soon after the association was formed in 1885.

building that he apparently purchased soon after the army abandoned Fort Fetterman. The barrack was not well-suited for a hospital. The building was drafty and lacked insulation, proper heating, and internal walls. Heating problems in the hospital were to plague the association throughout its existence, ultimately prompting the association's executive committee to close the hospital during winter. Soon after Dr. Barber arrived, the association hired L. Mortinson as hospital steward. He was paid $174 for two month's work, but his duties also required that "he do all of the hospital laundry." Later, the association hired Newton Doggett as cook for $10 a month, and in March 1888 the hospital board agreed to employ W. H. Tucker and his wife for $60 a month, although the purpose of their hiring was not disclosed. Despite these personnel additions, Dr. Barber retained the authority to order supplies, including "cots and necessary bedding" and "40 cords of green wood." The association's constitution, adopted at the initial meeting, set the terms for "subscribing." Cowboys who signed up had $1 per month deducted from their pay, a considerable amount given that the wage for a working cowboy at the time was about $30 to $40 per month. In return, cowboys were guaranteed the full range of medical services—with some exceptions. According to the constitution, "All diseases and accidents will be treated except venereal diseases." (Later, the association officers agreed to have venereal disease sufferers treated, but the $2.50 fee would not be covered as part of the benefits.) Burial benefits were included but with the proviso that the association would pay only for burials "at this place."

During the first six months of operation, 219 individual cowboys signed on as subscribers, which provided approximately $1,300. More important were the group memberships paid by the twenty largest cattle

12. Fetterman Hospital Association Constitution, articles IX and X; Minute Book, June 4, 1885, p. 4. A handwritten copy of the constitution is included in the Minute Book, pp. 1–2, and is reprinted in Rowdy West, June 2, 1886. Minute Book, June 4, 1885, p. 4. Estimate of cowboy income is based on ranch company records in collections of the American Heritage Center, University of Wyoming, Laramie (hereafter AHC).

14. Rowdy West, June 2, 1886; Minute Book, June 4, 1885, p. 8; New York Times, May 20, 1915. On number and types of cases Dr. Barber treated, see Rowdy West, June 2, 1886.
15. Minute Book, August 2, 1885, p. 11.
16. Minute Book, September 6, 1886, p. 29; March 28, 1887, p. 45; Record of Checks, June 20, 1887, p. 35. Two "patients without means" from Douglas and Glenrock are noted also. Minute Book, September 26, 1887, p. 63. Charge for the eight patients was $447. Record of Checks, June 30, 1887, p. 35. Fetterman was included in Converse County after the legislature created Converse from Albany and Laramie counties on March 8, 1888. Lizzie Ragsdale was paid $40 on September 30, 1887. Her name then drops from the record. Record of Checks, June 20, 1887, p. 51.
operations in the area in the amount of $1 per month per employed cowboy. These amounts ranged from $25 from the British-owned Douglas-Wilson Sartoris Cattle Company to the $100 from the cattle partnership operated by J. M. Carey, who later became Wyoming's first United States Senator and, in 1911, Wyoming governor. Stockman D. H. Andrews, the association's first president, enrolled all of his cowboys into membership and, on top of that, donated more than $200 to hospital operations. Not including donations, the twenty cattle companies paid $1,019 during the first six months for approximately 170 cowboys.13

Working on the open range in frontier Wyoming was a dangerous job, and it is reflected in Dr. Barber's report for the first season. Barber treated 149 patients, all but 14 of whom were association members. (Non-members were charged $2.50 per treatment and "extra for surgery." Cowboys were most commonly treated for broken bones, including five broken arms and one skull fracture. Four cowboys were treated for "cold," two for "poisonings," and one each for gangrene and asthma. Barber treated 6 patients with gunshot wounds, 1 man with heat exhaustion, and 2 others suffering from alcoholism. There was the usual range of respiratory diseases, several cases of "rheumatism," and, despite rules requiring additional payment for such maladies, four cases listed as "debauch." The local newspaper noted that Barber "not only did not lose a single case, but performed a successful cure in each and every instance." Association records list no snake-bite cases, although Dr. Barber gained a national reputation for treating such injuries.14

Although the association kept good records, officers frowned on excessive bureaucracy. In the association's first year, a cowboy hired by prominent stockman Major Frank Wolcott was treated for a broken leg. The association secretary reported that Wolcott's subscription payments for his cowboys had been received two days after the cowboy had been treated. Wolcott argued that his cowboy should be entitled to benefits because Wolcott and the association secretary had been negotiating over a subscription term (three or four months, as Wolcott wanted, or the standard six months) at the time of the injury. Wolcott claimed that in his correspondence with the secretary, "there had been a delay in the answer" that caused the "subscription date" to be missed. The executive committee accepted Wolcott's explanation and allowed coverage.15

In its second year of operation, the association raised the wages of both the doctor and the steward and hired a full-time nurse, a Miss Lizzie Ragsdale, who received twenty dollars apparently for a month's services. It also began treating "paupers," whose medical expenses were paid by the county at the rate of three dollars per day, "surgery extra." The hospital was located in what was then Albany County, some 150 miles from the county seat of Laramie. County patients never made up a significant portion of the total people treated. The high point was in June 1887 when the county was charged for 8 patients. By the time of the organization's general meeting in March 1887, more than 340 patients (all but 23, subscribers) were being treated annually. Three patients had died during the previous year, and for the first time, the association paid for subscriber burials.16

The severe winter of 1886–1887 threatened the financial health of many of the hospital association's members, however. Cattle prices plummeted after 1885 from as much as $4.75 per hundredweight to as low as $1. Little rain fell during the summer of 1886, parching what plains grasses remained. Adding to the problem was serious overgrazing of the open range as cattlemen tried to keep their herds off the market until prices improved. The misfortune culminated in disaster when a succession of blizzards swept over the plains in November, and snow, buffeted by high winds, continued to fall in record amounts well into April.
1887. Many cattle outfits struggled to survive by making substantial cuts in expenses, and most outfits no longer retained the services of range cowboys beyond the roundup seasons. Many cowboys became small, near-subsistence ranchers themselves or eked out their existence doing casual labor. Unable to find work, many cowhands left the area, and two of the association’s enrollees died. 

Within two years, many of the large cattle companies were insolvent, victims of harsh weather, over-grazing, and the arrival of fencing. The association survived by enrolling new members from the general public. To drum up potential subscribers, the executive committee agreed to “send out circulars to stockmen, foremen and the general public” during its meeting of April 24, 1888. Announcements were also placed in area newspapers as far away as Cheyenne. Two coal mining companies—Fetterman Coal and Glenrock Coal—enlisted their employees. Although the number of miners enrolled was about the same (approximately 450) as the original number of men enrolled by the cattlemen, coal miner enrollments were shortlived and apparently failed to prevent demise of the hospital association. Trust may have been another problem. In accepting the coal company employees, the health association directors insisted that the association be “allowed to inspect the payroll at any time” to ensure that “the number of men upon pay roll were to be taken as the number of subscribers,” and that “men shall be admitted to the hospital on order of the superintendent of the coal company.”

Hard times, meanwhile, had come to the town of Fetterman. Hints of a fatal end came in early 1886 when the Fremont, Elkhorn and Missouri Railroad chose to build to Douglas, a half dozen miles to the southeast, instead of to Fetterman. Within two years, most Fetterman businesses had moved to Douglas, including C. H. King’s mercantile store, which became the first such business in Douglas.

Sometime in 1888, meanwhile, Dr. Barber relocated to Douglas and opened a private practice, although he offered to see association patients under conditions of the old contracts. Later, “as soon as a building can be provided,” the executive committee voted to move the hospital itself to Douglas, which had been named the new county seat of Converse County. The town of Fetterman, meanwhile, faded out of existence.

With the decline of the cattle companies and demise of the town of Fetterman, the association had lost its initial membership, the range cowboys—the rugged individualists who helped bring cooperative health care to frontier Wyoming. Despite adversity and a poor economy, the association still counted thirty paying subscribers in 1889, and...
prominent local ranchers still served as officers. DeForest Richards, elected as a delegate to the State Constitutional Convention that year and who later served as governor of Wyoming, was association president. But the membership base was too small. With financial resources dwindling, the hospital finally closed. The last entry in the association record books for May 11, 1889, showed that while the association was not insolvent, subscriptions were insufficient in themselves to cover expenses for the first time. The report to the annual meeting in 1889 showed $1,401.28 in subscription revenue with expenses of $1,545.39, not including $750.00 owed to Dr. Barber in salary. The association had a carry-over cash surplus of about $750.00—just enough to pay Barber's annual salary. No further record of the organization has survived.

Barber left medical practice temporarily in 1890 to serve as the first Wyoming secretary of state. Soon after his term began, Governor Francis E. Warren resigned to accept election to the United States Senate, making Barber acting Wyoming governor. Barber was serving in that capacity when the so-called Johnson County War erupted in 1892, in which more than two dozen cattlemen and hired guns "invaded" north-central Wyoming with intentions of ridding the area of supposed rustlers. The citizens of Johnson County and especially Buffalo resisted the invasion, however, with an armed defense. When the invaders were surrounded and about to be overwhelmed, Barber made frantic calls to Washington, D.C., begging President Benjamin Harrison to stop the violence. Federal troops from Fort D. A. Russell ultimately saved the invaders from armed and angry Johnson County residents with timely arrest and escort back to Cheyenne.

Dr. Barber seems to have never mentioned his connection with the Fetterman Hospital a medical practice in Cheyenne. With a brief interruption during the Spanish-American War, when he served as an assistant surgeon in the army, Barber continued his Cheyenne practice until shortly before his death in 1915. He died in Rochester, Minnesota, and is buried in Lakeview Cemetery in Cheyenne.

Tillotson's ranch survived the "bust" in the cattle industry. Following his death at the turn of the century, the ranch was sold to a corporation headed by Roscoe Crary, a principal in Texaco Oil Company. Tillotson's widow occasionally wrote to friends from homes in Chicago and New Jersey. The Fetterman hospital no longer exists, and there is no record of when it was demolished. The cowboy subscribers to the unique association soon dispersed and apparently left no record of their memories of the cooperative.

The existence of the Fetterman Hospital Association demonstrates that the American cowboy recognized the medical hazards of his work and welcomed cooperative efforts to provide health benefits if he suffered accidents or illness. The cowboy might have been a "rugged individualist," but even on the open range of nineteenth-century Wyoming, he was hardly a fool when it came to his health.

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