

## A LIFE, A LESSON: DR. NICHOLAS T. SCHILLING

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In this age of rampant biotechnological research and discovery, millions who seek relief from their physical and psychological ailments have the disconcerting experience of being regarded "as a clinic number with an interesting pathological condition instead of a suffering human being."<sup>1</sup> Health care has not always been as impersonal and scientific as it is rapidly becoming in recent times.

A century ago medicine was a more personal profession. There was a one-to-one doctor-patient relationship. The family physician knew the family and its problems intimately and all these factors left their imprint on health. He was, of necessity and choice, physician of the psyche as well as the body. The horse and buggy doctor may have been short on knowledge and techniques, but he was long on understanding and on sympathy.<sup>2</sup>

A man by the name of Nicholas T. Schilling practiced this personalized sort of medicine from 1874 to 1919, at Cedar Bayou, Texas, an isolated, rural community near Houston.<sup>3</sup> Dr. Schilling was born on November 28, 1845 in Bavaria, Germany.<sup>4</sup> Twenty-five years later, after migrating with his parents to the United States and having fought for the Union in the Civil War, he earned his Medical Degree, graduating from the Chicago Medical College in 1872.<sup>5</sup> Dr. Schilling moved to Cedar Bayou in 1874, hoping to set himself up in private practice but lacking sufficient funds to purchase instruments and medications, he was forced to work at a brick factory. He continued there until his professional skill and training were discovered when he saved someone's life after an accident. "Schilling began his practice of medicine from a lean-to in the back of a general store along Cedar Bayou." Eventually he married, built a house and fathered two children. His home served as an office until he erected a separate building near his residence in 1890.<sup>6</sup> This separate office was built to provide him with a place from which he could practice medicine and store medical supplies. It would also protect his family from exposure to the diseases that plagued his clients.<sup>7</sup> Dr. Schilling practiced medicine out of his Cedar Bayou office until his death on September 20, 1919.<sup>8</sup>

Dr. Schilling's practice was diversified according to the needs of his patients. Besides the usual internal medicine and surgery, Dr. Schilling also performed dentistry, fitted eyeglasses and occasionally practiced a little veterinary medicine.<sup>9</sup> Throughout his career he frequently traveled for miles by horse to see his patients as well as treating them in his office, knowing that he may receive only a meal or some other type of small payment in the form of vegetables or fruit in return for his services.<sup>10</sup> As a dedicated physician and respected member of his community, Dr. Schilling provided his neighbors for miles around with a higher quality of personalized health care than had formerly been available.<sup>11</sup>

Although Dr. Schilling has been dead for over sixty years, many of his patient records are preserved in the Chambers County Archives. His records suggest that he treated between three and twelve patients daily.<sup>12</sup> These records reveal a fascinating account of the pharmacology and the medical procedures common among country doctors at the turn of the century, along with the stories of men, women and chil-

dren's fights against pain and disease. Each case seems to have held a special interest for Dr. Schilling. From December 15, 1899 to January 15, 1900, he treated twenty different persons and interestingly, one horse.<sup>13</sup> His practice indeed was not over-specialized! Eight of these cases (excluding the horse) may be considered as representative of, though not identical to, the other cases he treated during the rest of the year.

At the turn of the century, just as today, people, especially children, frequently find themselves victims of injuries requiring the care of a physician. Such was the plight of Case One,<sup>14</sup> a little boy who had burned both of his feet during some unexplained circumstance. When Dr. Schilling arrived the boy had calmed down some from the initial pain and fright of the incident. His "feet (were) burned more on the outsides" and some small blisters "about the size of a pea" appeared on the superior and inferior portions of his feet. Dr. Schilling applied Sweet Oil Laudanum<sup>15</sup> and lime water with absorbent cotton to the burned areas. He also left some "mu all [sic] powders of morphine gr. ½" to relieve his pain and a "tincture of Iron Nilh" to be given three times daily, "Acinite Echeuicca Syrup" and "Quinine Licorice Root 12 doses." During the week following the injury, Dr. Schilling prescribed Colomel Sugar Milk (four doses), turpentine (oz. 2), Bismuth Cascaria Bismuth and Carbon Oil at various times all presumably to be applied externally to the burned areas. This young man remained under the medical care of Dr. Schilling from December 15, 1899 until December 21, 1899.<sup>16</sup>

Little boys and their injuries kept the Doctor quite busy that December. Just a few days after finishing the treatment of the burned child he was summoned from his home on Christmas Day to see Case Two, a young boy who while playing "had a toy pistol shoot him in the hand with a blank cartridge" which entered the medial side of his index finger traveling down toward the joint "causing a very painful wound." Unable to see anything in the wound, Dr. Schilling injected a "solution of Cocaine as an anesthetic into the wound and cut the skin to make a free opening, stuffed it with absorbent cotton and sprinkled it with Boric Acid [an antiseptic] and then vaseline on cotton" and then applied a bandage. Dr. Schilling apparently only saw the child one time as he is not noted in his medical records after the initial treatment on Christmas Day.<sup>17</sup> It is interesting to note that the need for antiseptics was not discovered until around 1865 by Joseph Lister and even then was not a common practice in Europe until after 1870.<sup>18</sup> It is remarkable that Dr. Schilling employed this in his treatments considering the relative isolation of the country doctor from the scientists of his day and their new discoveries.<sup>19</sup>

Besides treating the many injuries that occurred so frequently, he often found himself in a position to practice a little dentistry. His dental load for the month of December consisted of two clients. One person had five teeth removed, including two wisdom teeth. The patient endured this with no more anesthesia or medication than a few drops of Tincture of Iron Glycerine Water.<sup>20</sup> Case Four, a young man, had his left lower second molar extracted without any medication.<sup>21</sup> Apparently the major treatment in dentistry at the turn of the century was extraction of the faulty tooth. However, it is reasonable to speculate that people probably did not come to see a doctor until the tooth was beyond saving. If this is true, it indicates either a lack of fiscal resources with which to pay the physician, or a lack of understanding of the consequences of dental and other types of self and family neglect.

Dr. Schilling's neighbors often found themselves in an altogether unacceptable state of health and in need of his services because of neglect, excessive emotional or physical stress or any one of numerous other factors that reduce the body's ability

to ward off disease. It was Dr. Schilling's task to use his limited resources in a creative and innovative manner, hopefully restoring his clients to a healthier and happier state of existence. The diversity of maladies that were presented to him provided him with ample room for innovation and creativity. Although weather may have been a factor, four of the clients (cases 5-8) who came to him between December 15, 1899 and January 15, 1900 are representative of his other medical cases throughout the year.<sup>22</sup>

Case Five was a female patient complaining of an ovarian abscess, severe cutting pains, aching in her head and back, chills and fever. Dr. Schilling gave her "Dovers Powder Camphor" and Quinine every hour until her pain eased. He also gave her "three doses of hepatic tablets and Calomel two of each in capsules." Besides the above mentioned medications he prescribed two other medications that were not legible.<sup>23</sup>

Case Six, after examination, was found to have a strong pulse of 80, a coating on her tongue, loose bowels and a poor appetite. Dr. Schilling gave her Calomel grains two, Morphine one twelfth of a grain, and Bismuth Sugar Milk until she began to feel better. He also prescribed an Aconite Water solution two hours apart (solution percentage was not legible), Rhubarb and Dovers of Powdered Quinine to be taken six hours apart.<sup>24</sup>

Case Seven suffered from an ailment very common to the winter months, tonsillitis. Dr. Schilling gave the patient a solution of hydrogen peroxide and Golden Seal Glycerine Water to rinse the tonsils. He also gave her Citrate Potash Nitre Syrup Water and Quinine caps.<sup>25</sup>

Dr. Schilling was called to the bedside of Case Eight and found him with a pulse of 100, a respiratory rate of thirty and a temperature of one hundred three and four tenths degrees. His tongue was coated, expectoration was bloody and there were moist rales.<sup>26</sup> He was suffering severe pain in his right side. He was given "Anconite, a Caromel and Ipecae compound in a few doses. The following day Case Eight's temperature had dropped to one hundred and his skin was moist with perspiration (frequently a sign of a falling temperature). His tongue, however, was still coated white and expectoration was difficult since the mucus was thick and rather hard to cough up. "The upper part of [his] left lung [had] harsh dry rales, the right lung [had] moist and crackling rales." Dr. Schilling gave him Dovers Powder, a full dose of Calomel, "an Aconite-Veratrum Digitalis Mixture, a Vormica and Iodine Potash Mixture grains four every three hours, Sulphate Magnesian" and four ounces of turpentine. By Saturday the Fourth of January, the patient's tongue had cleared some and his cough was not so severe, "but the bowels had moved quite freely with blood in the actions so he passed quite a quantity-probably four to six ounces." The Vormica Iodide Potash Mixture was then discontinued and Dr. Schilling added an order for more free consumption of nourishment and Bismuth to ease the bowels. On Monday, Case Eight's vital signs were near normal; his tongue was cleared except for a small portion and the mucus was only white. Case Eight seemed well on the road to recovery; however, on the twenty-fifth of January, he had fallen prey once more to whatever had previously cause his ailments.<sup>27</sup>

In each of the preceding cases, because of the absence of twentieth century medical technology and information, Dr. Schilling was forced to focus most of his treatments on the symptoms rather than on the etiology of the diseases. At the time his treatments may have been concocted from simple trial and error. Sometimes they failed, but somehow patients of his who could have died recovered, at least for a time.<sup>28</sup> At the turn of the century, medical research and discovery had just begun

APPENDIX A

Office Building of Nicholas T. Schilling



to take giant steps enlarging the sphere of knowledge accessible to those who attempt to restore good health to the sick and infirm. Medical and biotechnology have increased to such a great extent that no one man can hope to place even half of it within the realm of his conscious memory. Antibiotics kill disease-causing bacteria that once cost the lives of millions. Insulin supplements the diabetic person's deficient production of this vital hormone, extending his life for years. Diseases are turned against themselves and made into vaccines that prevent disastrous epidemics. In this world of incredible discoveries men, seeing that they are unable to acquire knowledge as a whole, turn to specialization, hoping to become experts in at least one area. There is a proliferation of every type of medical specialist imaginable. There are Dentists, Ophthalmologists, Radiologists, Podiatrists, Cardiologists, Pathologists, Otorhinolaryngologists, Urologists, Orthodontists and a host of others. If one does go to see a General Practitioner for his ill health, he may find himself ushered along in a conveyor belt fashion from the examination room to the laboratory to radiology to a treatment room and back again, seeing about a dozen care givers along the way – each with his specific function. Eventually the patient will see one or more doctors and if one is really lucky he may have the honor of becoming a fascinating disease in the educated discussions of a dozen physicians.

Perhaps along this path of rapid biotechnological advance something is being obliterated and forgotten in the midst of these life-improving, death-delaying discoveries. Perhaps Dr. Schilling's lack of information, modern equipment, and his lack of specialization kept him from curing many of his clients' diseases, but it may also have left him freer to see and treat his patients as whole beings. Perhaps he made up a little for his lack of etiological information by providing his patients with the emotional support and reassurance so vital to a diseased person's struggle toward restoration to good health.<sup>29</sup> Those who would cure the ills of man must look to the future for unimagined accomplishments, and explore the present for some grain of knowledge not yet fully developed; but they must not forget to search through the remembrances of years gone by for vitalizing ideas and truths obscured by the wonder and novelty of recent acquisitions and the expectations of future accomplishments.

## APPENDIX B

### Pharmacologic Terminology\*

**Aconite** – A poisonous and very powerful alkaloid.

**Bismuth** – A white metallic element; used externally as a protecting coat over an inflamed area. Its salts are used in antiseptics, as sedatives and in the treatment of diarrhea.

**Calomel** – Mercurous oxide – a heavy white powder used in small doses as a laxative.

**Cascara Segrada** – The dried bark of a small tree grown on western U.S. Coast and in parts of South America. The main ingredient in aromatic cascaria sagrada fluid extract is a cathartic.

**Cathartic** – An active purgative usually producing several evacuations which may or may not be accompanied by pain.

**Citrate** – Compound of citric acid and a base in a solution, sometimes used to prevent clotting of blood.

**Diaphoretic** – A sudorific or an agent which increases perspiration.

**Digitalis** – The dried leaves of *Digitalis Purpurea* used in powdered form as tablets or capsules. It is a heart stimulant and indirectly a diuretic.

**Emetic** – Medication that produces vomiting.

**Expectorant** – An agent that facilitates the removal of secretions of the bronchopulmonary mucus membrane.

**Hepatic** – Pills given for liver problems.

Ipecac – A dried root of a plant grown in Brazil. Specific against amebic dysentery. Also an expectorant, emetic and diaphoretic.

Laudanum – Tincture of Opium.

Nitre – Sodium Nitrate.

Potash – Potassium Carbonate.

Syrup – Concentrated solution of sugar in water.

Tincture – Diluted alcoholic solutions of non-volatile substances, 10% being standard strength for powerful drugs and 20% for weaker ones. Ex. Tincture of opium – 10% crude gum and diluted alcohol. Tincture of Digitalis 10% crude digitalis and diluted alcohol.

Turpentine – A mixture of terpens and other hydrocarbons from pine trees, used externally in liniments and counter irritants.

\**Taber's Cyclopedic Medical Dictionary*, 11th Edition, 1970.

## NOTES

<sup>1</sup>Ralph H. Major, *A History of Medicine*, 2 Volumes (Springfield, 1954), II, 1025.

<sup>2</sup>Geoffrey Marks and William K. Beatty, *The Story of Medicine in America* (New York, 1973), p. 1349.

<sup>3</sup>Chambers County Historical Survey Commission. "The Office Building of Dr. Nicholas T. Schilling" Application for Official Texas Historical Marker. (Chambers County Archives, 1976), p. 10.

<sup>4</sup>U. S. Department of Interior, Bureau of Pensions, "Nicholas T. Schilling" Pension Application.

<sup>5</sup>Application for Official Texas Historical Marker, p. 2.

<sup>6</sup>Dr. Schilling's office was a three room one story building with an attic. The main level consisted of a small waiting room, an apothecary with an attached cistern, and an examination-treatment room that occupied the right half of the building. The attic served as a storage area and was occasionally used to house patients who needed to remain under the doctor's care overnight. See Appendix A for pictures of the office's exterior.

<sup>7</sup>Application for Official Historical Marker, p. 3.

<sup>8</sup>After Dr. Schilling's death, his son John Schilling continued the medical practice at the Schilling office a few years and then left it for a practice in Houston. In 1966 the heirs of his daughter Annie Schilling donated the Schilling office and its contents to Chambers County. Quoting the Application for Official Texas Historical Marker (p. 10) "The office building and its contents are preserved so well . . . seldom can such a demonstration of how and with what a country doctor practiced medicine" at the turn of the century be found.

<sup>9</sup>Application for Official Texas Historical Marker, p. 6. Nicholas T. Schilling, Medical Records (Chambers County Archives, December 12, 1899-February 19, 1900), January 1, 1900.

<sup>10</sup>Application for Official Texas Historical Marker, p. 6 and *Baytown Sun*, August 7, 1967, p. 8.

<sup>11</sup>Schilling, December 1899-1900.

<sup>12</sup>*Ibid.*

<sup>13</sup>During my research I examined Dr. Schilling's medical record books for December 1899, January and May of 1900 in detail. The structure of these records seemed to indicate a daily record of his practice with a notation about each patient he saw. It is noteworthy that during the three months examined only one pregnancy was noted and not a single broken bone or death was mentioned.

<sup>14</sup>Dr. Schilling did not refer to his patients by case number in his medical records but identified each by the head of household's name and other identifying information which will not be presented here in an effort to insure the privacy of his patient's descendants.

<sup>15</sup>This and other pharmacological terms are defined in Appendix B.

<sup>16</sup>Schilling, December 15-21, 1899.

<sup>17</sup>*Ibid.*, December 25, 1899-February 19, 1900.

<sup>18</sup>Major, pp. 824-825.

<sup>19</sup>The attic of Dr. Schilling's office contains stacks of medical journals, newspapers and other periodicals. I did not make any close examination of them because of their extremely fragile condition but their presence may indicate that Dr. Schilling continued updating his knowledge and procedures in his relatively isolated location by reading current medical publications.

<sup>20</sup>Schilling, December 16, 1899.

<sup>21</sup>*Ibid.*, December 13, 1899.

<sup>22</sup>*Ibid.*, December 13, 1899-June 30, 1900.

<sup>23</sup>*Ibid.*, December 28, 1899.

<sup>24</sup>*Ibid.*, December 31, 1899.

<sup>25</sup>*Ibid.*, January 1, 1900.

<sup>26</sup>*Taber's Cyclopedic Medical Dictionary* defines rales as abnormal sounds in the chest caused by the passage of air through bronchi that are congested or which are constricted by spasm or a thickening of their walls.

<sup>27</sup>Schilling, January 2-February 19, 1900.

<sup>28</sup>*Ibid.*, December 13, 1899-June 30, 1900.

<sup>29</sup>Charles A. Garfield, Editor, *Stress and Survival* (St. Louis, 1979), p. 3.

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