From Country Doc to Pioneer Surgeon

Profile of A.C. Johnson, D.O.

by Jana M. Jaderborg and Sherri Garcia Martin

"There I stood in all my glory, a young and vital man on the threshold of a future I couldn't even begin to imagine, vigorous, healthy, seething with ambition and most thrilling, free to choose my destiny."

A.C. Johnson, D.O.¹

The industrial revolution was in full swing at the dawn of the twentieth century. Improvements in sanitation were under way, particularly in metropolitan areas, while other progressive reforms in such matters as diet and housing impacted the lives of most Americans. In all areas professionalization and specialization were the watchwords; the field of medicine certainly was no exception. The disciplines of bacteriology and aseptic surgical technique were being explored, and serum therapy, such as diphtheria toxoid,

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made its debut in the 1890s. This discovery served to validate the fields of pediatrics and immunology. As the study of bacteriology progressed and triumphed on a few fronts, a significant shift in the disease pattern took place from epidemic infections such as cholera and typhoid to chronic degenerative illnesses such as heart disease and cancer. However, the country was still plagued by other epidemic diseases that had yet to be conquered such as measles, tuberculosis, and pertussis.

Diversity typified the field of medicine as it struggled to address these tough and persistent problems. In this fertile environment, fresh, young practitioners were needed in rural America to bring the latest medical technology and knowledge to benefit its citizens. Like rural doctors of today, country doctors in the past were strongly influenced by their patients and the various illnesses they encountered. The doctor's practice style and special skills often were determined by the needs of his or her community. One such physician was a young osteopath named Albert Collom (A.C.) Johnson. His medical practice began in a small north-central Kansas town. The patients he treated, along with his enthusiasm and ambition, transformed him into an osteopathic pioneer in medical and surgical procedures.

When Johnson's career began, the provision of health care was split between the practitioners of allopathy, homeopathy, and osteopathy. The allopathic physician offered "treatments from the materia medica that produce completely opposite effects of the disease when administered to a healthy individual." The materia medica was a guide to the use of chemical and botanical substances to treat illnesses. The term allopath has since lost its significance and has been replaced by "orthodox" or "regular" physician. Homeopathic physicians practiced under the belief that "like cures like." They developed their own comprehensive materia medica from which they prescribed, in small amounts, substances that produced symptoms similar to those of the targeted disease when given to a healthy subject.

Osteopathy was founded by Andrew Taylor Still (1828–1917), an early resident and medical practitioner in Douglas County, Kansas, in the late nineteenth century as an alternative to orthodox medicine. In 1892 he started the American School of

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Osteopathy (ASO) in Kirksville, Missouri, and by 1915 seven recognized colleges were scattered across the country. The philosophy of osteopathic practice is based on the belief that “disease means some abnormality of the anatomy” is present and can be corrected by “osteopathic manipulations” to normal structural alignment and function of the body. Until 1897 surgery and obstetrics had been conspicuously absent from the curriculum. Although Still was not opposed to these subspecialties of medicine, he initially was not equipped to provide such training. As the field of osteopathy matured, the proponents of a broader view of osteopathy argued for the inclusion of obstetrics and surgery to keep pace with the breadth of practice offered by homeopaths and allopaths. These subspecialties were added to the curriculum in 1897 with Still’s full support. The inclusion of pharmacology and the materia medica, however, initiated a tougher struggle among osteopathic practitioners. The strict teachings of Still were based on his original premise that drugs only treated the symptoms of the disease, not the actual lesions. Although he did allow for the use of anesthetics and antiseptics in surgical and obstetrical practice, and antidotes in poisoning cases, it was not until his retirement from active control of the ASO that a course in “comparative therapeutics” was added to the curriculum. And it was not until 1929, twelve years after his death, that a proposal was passed by the American Osteopathic Association’s House of Delegates to include a course in “supplemental therapeutics” encompassing complete training in biological and chemical agents. By this time many practicing osteopathic doctors, including A.C. Johnson, had already been successfully prescribing medications for their patients.

A. C. Johnson was born in Baltimore, Maryland, the son of Albert Collom and Cora Page (Harlan) Johnson, on June 14, 1892. He spent many of his boyhood days in Hickory Hill, Pennsylvania, and moved to Elkton, Maryland, prior to his third year of high school. Although intelligent, Johnson only managed average grades, as he was more content to read for pleasure than for academic rewards. A job as a bookkeeper in a pulp mill became more attractive than school and enticed him to withdraw from his final year of high school. He quickly realized that work in the pulp mill was monotonous.

During that summer in 1912 his interest was captured by an article in the Sunday issue of a Philadelphia newspaper explaining osteopathy and the opportunities this unique and relatively new field of medicine offered. He enrolled in the program at the ASO in Kirksville. Although a high school diploma was not a prerequisite for admission to the ASO at the time of his matriculation, he completed his secondary education at night while shouldering the rigorous course load of osteopathic training during the day. Osteopathic training at that time was not unlike that of the allopaths, with a heavy focus on anatomy and physiology. Additionally, students were trained in the principles and mechanics of osteopathic manipulations with a noticeable absence of pharmacology and materia medica. The principles of the two disciplines of medicine differed dramatically. The main difference is highlighted in the 1913–1914 ASO annual catalog: “Osteopathy is based upon the belief that health depends upon the structural integrity of the body and that disease is caused by bony or muscular lesions. Medicine is based upon empiricism, except in the cases where disease is caused by germs. The osteopathist believes that health can be restored by correcting the anatomical lesions.”

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10. American School of Osteopathy, Annual Catalog (Kirksville: Mo.: 1913–1914), 66.
Clinical training in the third year was in the form of lectures and observation laboratories. The atmosphere of these afternoon observatories was captured in a cartoon drawn by Johnson and featured in the 1915 edition of the yearbook, the *Osteoblast*, for which he was art editor. A description of him found in this same edition states, "Johnny is our artist, and when his pencil speaks in a creation of beauty or satire, there is no need for words. . . . He sits high in all the people's hearts." Although he was not aware of it then, his artistic abilities would later prove to be of great benefit in medical literary endeavors.

The fourth year of osteopathic training was an optional year. It was no surprise that Johnson, being of an inquisitive nature, opted for a direct entry into the professional world of medicine, graduating in June 1915 after three years of training. A fellow classmate, Anna Rimol of Concordia, Kansas, suggested that he go to Lincoln, Kansas, a town of sixteen hundred potential patients, to practice with Sarah Cole, a homeopathic physician. She handed him a roll of bills, saying, "Johnny, take this and go out to Lincoln. And may God go with you." And with that, he ventured out onto the prairie to practice medicine. The future for him was uncertain. How would he be received by the town's people? Would he be accepted by the allopathic physicians?

A.C. Johnson, doctor of osteopathy (D.O.), arrived in Lincoln, Kansas, on June 15, 1915, eight days after graduation. He was taken to the Windsor Hotel for lodging, and his thoughts reflected his feelings of anticipation:

I stood so tall at that moment, proud of myself and proud of the world, deeply breathing the pure cool air, the setting sun warming my body, and the dripping water from the eaves giving cadence to the coming night. Ahead of me, I watched with intensity the silent prairie, wide open and visible forever. Surely at that moment, God was in His heaven and all was well with the world! Snapping back a few humble steps to reality, I began to take notice of the things around me. The hotel, which was situated at the western end of Main Street, was a comfortable and friendly dwelling. Main Street, a very broad, unpaved thoroughfare upon which scores of chunks of gumbo had been dropped from the wheels of various vehicles, was four blocks long. At once I was struck with the strange slabs of sidewalk, and I set out to investigate. The slabs were of yellow limestone, worn by foot traffic and weather, so that every slab contained hollow areas which were filled on this day with puddle water. On closer inspection, I could see in every slab imprints of fossil sea shells. Surely, I thought, this land once had been under sea. One block east of the hotel and across the street,


was a beautiful square building which I learned later was the City Hall and Firehouse. The building was made of the same yellow limestone, the color being even more brilliant because of the recent drenching rain. . . . At the eastern end of Main Street, sat a large yellow limestone County Courthouse in the center of a well-kept park. . . . I crossed the street and slowly walked back to the hotel and to bed. 14

The next morning he set out to visit the Cole Sanitarium two blocks south of Main Street. He was greeted by Sarah Cole, a homeopathic physician and her sister Hannah Cole, a nurse. He learned that Lincoln had four other physicians, all of whom were allopaths. He also learned that he would be the second osteopathic physician to locate there; the last successful osteopath in the Cole Sanitarium had left ten years prior. Young Johnson was pleased to be offered office space and equipment for ten dollars per month. He recalled the admiration he had for these two women working in a small town with allopathic physicians who

considered themselves far better than any female who dared to enter their domain of medicine. . . . Dr. Cole had become somewhat frustrated in her competition with four younger and more vigorous allopathic doctors. She seemed to welcome the idea of a newcomer, especially one that might give her support. I could understand her dilemma, for as a homeopath, she was bound to be a victim of a certain amount of ignorance on the part of her competitors. Not understanding her profession, they tended to look upon Dr. Cole as a mere sugar pill pusher, just as they were inclined to consider osteopaths as insignificant back rubbers. 15

Johnson’s apprehension about his acceptance by the “regular” physicians was evident from the inception of his practice. He was frightened but optimistic.

Shortly after his arrival, announcements of the opening of his practice appeared in both town newspapers, the *Lincoln Sentinel* and the *Lincoln Republican*. 16 Johnson was in Lincoln for three weeks, however, before he saw his first patient. The man came complaining of a sore back, for which Johnson administered osteopathic manipulative therapy as he had been trained. He was relieved that the patient did not present with a life-threatening crisis, and he was able to conduct himself as if he had been practicing for many years. He collected his first payment of $1.50 and cherished that first dollar throughout his life. A few days later he was called to attend the delivery of a baby. Although he had sat through many lectures on obstetrics while in training, he never had delivered a baby nor even examined an obstetrical patient. In spite of his lack of experience, the infant was successfully delivered without any complications. He was proud of his accomplishment but felt his role in the entire event had been somehow insignificant. This was the first of many infants to be delivered by Johnson in Lincoln and surrounding towns.

Another memorable first for Johnson while practicing in Lincoln was his first surgical experience. Hazel Avery presented to Johnson with an unsteady gait and complaint of a sore tailbone. After several osteopathic manipulations without relief, Johnson recommended that she seek surgical advice. Avery agreed to try the option of surgical removal of her coccyx, but requested that it be done by Johnson. He was intrigued by the idea of performing surgery although he had not received any formal clinical training. He feared making “a slip of the knife.” He also feared anesthetic complications and the possibility of infection prevalent in this era prior to antibiotic therapy. Most of all, he feared death of a patient in an elective procedure. He felt that a mistake such as this in such a small town would no doubt mean that his “professional career in Lincoln would come to an

15. Ibid., 16.
abrupt and inglorious halt.” In spite of his fears, Johnson agreed to perform the procedure. In preparation he read and memorized everything he could about the coccygectomy. The procedure was performed at the Cole Sanitarium with Cole as anesthetist and Hannah as surgical assistant. The patient was anesthetized by inhaling chloroform gas, the anesthetic of choice in this era prior to the introduction of intravenous anesthetics such as sodium pentothal. Johnson wrote:


With slight trembling hand, I made the incision down to the bone. With the sudden sight of blood, a strange thing happened. I lost all my fear. It was as if the sight of blood cleared the cobwebs of fear from my mind and body. This was to happen often in later years.18

The procedure was a success. At that moment Johnson began to feel comfortable with his role as an osteopathic physician, general practitioner, and perhaps as a surgeon. He began to see more patients as he became known in the community. Not until years later did he say about his beginning in Lincoln, “The small town is the young doctor’s university. . . . If it were not for his personality, the new doctor would quickly succumb to discouragement. If he is quite new, he hasn’t much else to bank on.”19

Johnson married Emma (Emmy) Minster, his high school sweetheart in Elkton, Maryland, on October 10, 1915. Shortly after their marriage, they purchased a used Model T Ford, of which they were quite proud. This mode of transportation made housecalls much easier but still a challenge and often an adventure for Johnson. He spent many cold winter nights sleeping in the back seat of the Ford, stuck in the sloppy gumbo-covered Kansas roads. One particularly trying adventure for him and Emmy was a trip to Larned, Kansas, in inclement winter weather. The roads were slippery during the day and frozen at night turning a 116-mile trip into a forty-hour ordeal.

One of his most memorable housecalls occurred late in the summer of 1923. Johnson was called out to Luray, a town twenty-four miles west of Lincoln, to care for a sick infant. Upon arrival he was greeted by a well-mannered nurse, Theodora Riekenberg, or “Riekie.” She was attending the three-month-old infant who appeared moribund and cyanotic, with a thready pulse. Johnson diagnosed the infant with serious pneumonia and immediately began osteopath-
ic manipulations with assistance from Riekie. He was impressed with her tirelessness, never straying from the baby as they sat up the entire night caring for the infant. Unfortunately the infant died at dawn. Johnson returned to Lincoln saddened by the entire event, but intrigued by the outstanding nurse he had met. A few weeks later he was called to attend another infant, Marianna Kistler, that he had delivered fourteen months earlier. She was suffering from whooping cough, a condition that carried a high mortality in children under three years of age. Johnson felt that the Kistler family needed a twenty-four-hour nurse to help care for the baby. He immediately thought of the dedicated young nurse with whom he had worked in Luray. Although she was a graduate of an allopathic nursing school, she readily consented to work with Johnson and the Kistler family. With her “efficient nursing care and the twice-daily osteopathic manipulation the baby recovered.”

Before long Johnson had met each of the four allopathic physicians. Early on he felt compelled to remain on his guard around these four men as they probably perceived him as cultist, a perception held by many allopaths toward osteopaths during this period. These men did not readily accept him as had Cole. Johnson wrote:

I was aware of my situation with these men, regardless of the fact that I had no understanding for their feelings. For the life of me, I could not fathom why they should feel so superior. All the things they had for the treatment of the sick were available to the osteopathic physician also. In addition, the osteopath had the truths of his science working for him. I could survive the discrimination, I thought, for I certainly had enough spirit to conquer it.

It was this spirit of determination that would later propel him from his role as a “country doc” to specialist in surgery and obstetrics.

Johnson believed that complete osteopathic physicians must be prepared to use many different modalities, including drugs, to treat the patient in the best manner. “Osteopathic physicians,” he said, “are qualified to use any method of treatment which has been proven to be of value.” Although he had no formal training in pharmacology or materia medica, he had no difficulty prescribing selected medications for specific illnesses. He reported the use of ergot to enhance uterine contraction to control postpartum hemorrhage. He also became comfortable using morphine to relieve post-operative pain. Other medications used during this period included mercury and arsenicals for syphilis, iron for anemia, tetanus and diphtheria antitoxin, and the smallpox vaccine. For skin irritation Johnson concocted his own cure-all ointment, which was much in demand. It was formulated of zinc oxide, and a few drops of oil of tar, a few crystals of betanaphthol, or a few drops of phenol. He never accepted money for his cure-all ointment and reminisced, “my primary concern as a physician was to make of myself a good doctor, not a wealthy one. By nature, I seldom dwelled on the thought of making money, and concentrated my efforts on improving and expanding my abilities as an osteopathic physician.” He warned, “Beware of the doctor who is more interested in the state of your purse than he is in the health of your heart, or lungs, or liver.”

Johnson was busier during his second year in Lincoln partly because he was becoming better known and partly because several of the allopaths left to support the cause of World War I. As a result he moved his practice from the Cole Sanitarium to an office on Main Street. While in this office he was challenged with his second opportunity to perform surgery. At this time most surgeries in Lincoln were performed at the Cole Sanitarium by an allopath from nearby Ellsworth. The patient was a young

20. Johnson, With These Hands, 132.
22. Johnson, With These Hands, 42.
23. Ibid., 103.
24. Ibid., 45.
woman who was suffering from total rectal incontinence secondary to a third degree perineal tear from childbirth. She insisted that Johnson perform the surgery in Lincoln. He was excited and yet frightened by the challenge. This was a difficult surgical case for which he had no training. He again researched and mentally prepared for the operation. The corrective surgery was successfully performed in the sanitarium with the assistance of the Cole sisters. The patient recovered nicely and was much appreciative.

The following year witnessed a medical emergency that gripped Kansas, the nation, and the world. Johnson recalled:

The dawning of the year 1918 brought with it renewed hope that the war might soon come to a close. The Allies were gaining ground and major offensives were beginning to see some success in important areas. The American people began to look forward to their soldiers returning home. There was, throughout the country, an air of gentle anticipation, filled with hopes and prayers that when finally the war did cease, that it would not be too late for families whose living sons, husbands, and fathers had gone abroad to fight for security and peace; that soon...this complicated

and confusing drama would find completion in some final poetic act. Europe was filled with tired soldiers, willing to see an end to it all, wanting to be free of the fight for freedom. It had been an ugly war, from the first shot of the mustard gas to the bleeding bodies of boys and men who had hoped to find their glory in the courageous efforts of war. They had begun their fight, no doubt buoyed by romantic and fearless notions, and now they were ready to end their fight with humility. But at home, in every country, to which those soldiers longed to return, another major offensive, in the form of an ultramicroscopic pillager, had begun to sweep the earth with madness. From out of the darkness, literally from nowhere at all, and more devastating than the most vicious of war weapons, came the Spanish Influenza, and with it one of the world’s greatest tragedies. The disease spared no country, no people, and unlike the battles of war, no one escaped, and no one reigned victorious. From the farthest point east to the farthest point west, from north to south, it struck without much warning, without discrimination... Respected medical authorities throughout the world were somewhat baffled as to its origin.26

Most historical scholars believe the worldwide Spanish influenza epidemic was heralded in March 1918 by a smaller outbreak at Camp Funston in Fort Riley, Kansas, the gathering point for all Kansas military inductees. “The setting for the epidemic at

26. Johnson, With These Hands, 78–79.
Camp Funston was an appropriate one,” wrote Johnson. “The tremendous overcrowding had bred un
sanitary conditions . . . From the more than 25,000 soldiers stationed in the two camps, many hundreds
died.”

The subsequent pandemic that took the most vic
tims during October, November, and December 1918
was devastating. “The social and business activities
in the United States were curtailed,” Johnson re
called. “Gatherings of people of any size were forbid
den. Churches, lodges, and theatres in many regions
were closed. People on the streets wore face masks in
a futile effort to escape infection.”27 Estimated deaths
in the United States numbered 675,000, and world
wide deaths were 21,000,000, twice as many as died
in World War I.28

No effective drug therapy or vaccine had been de
veloped to shorten or minimize the course of the dis
ease.29 Most American physicians, whether D.O. or
M.D., treated patients cautiously, encouraging iso
lation of the patient, strict hygiene, and adequate fluid
intake. The allopathic physicians prescribed medica
tions such as Dover’s powder at night for aches and
pains, calomel during the day to open the bowels, as
pirin to reduce fever, and strychnine in cases present
ing with cardiac weakness. Their osteopathic coun
terparts rejected the drug regimens, substituting manipulative treatments in their place.30 Such ther
apy, directed at the spine and rib cage, was believed to
normalize visceral functions and build resistance to
pneumonia. It also helped disperse fluid in cases pre
senting with pneumonia, which was a deadly comp
lication of infection.31 When the Spanish influenza
ceased its attack in this country, statistics gathered
nationally from October 1918 to June 1919 supported
the efficacy of osteopathic manipulation in the treat
ment of this deadly disease. The osteopathic mortalit
y rate for influenza alone was 0.2 percent and with
pneumonia was 10.1 percent while the allopathic
physicians reported a rate of 12 to 15 percent for in
fluenza and 25 percent if pneumonia were a compo
nent of the disease. The results of this experience no
doubt had a great impact upon the members of the
osteopathic profession, including Johnson, who trea
ted his share of the cases in Lincoln without any
deaths. Many patients who had viewed osteopaths as
capable of treating only joint and muscle distur
bances now had a new-found respect for the profes
sion and began to patronize them as their family
physicians.32 Johnson and many other osteopaths
across the country benefited from a boost in public
confidence that seemed to validate the profession
they had believed in for so long.

As a family physician, Johnson treated the gamut
of medical and psychological disorders during his
years in Lincoln. By the summer of 1923 he had de
livered several hundred babies without losing a
mother, had stitched innumerable cuts, splinted
many fractured bones, removed many tonsils, and
drained a few peritonsillar abscesses, boils, and car
buncles. Systemic disorders such as pneumonia, in
fluenza, scarlet fever, smallpox, and others were suc
cessfully treated with osteopathic manipulation
alone. At that time measles was quite common. John
son learned to develop a certain respect for this virus
as he observed its spread from one patient to the next,
even though isolation of the infected person was en
forced. He wrote, “Verily, measles will go through a
brick wall.”33 The most troublesome of the common
illnesses of this time was whooping cough. Johnson
wrote that osteopathic manipulation would relieve
symptoms for only a few hours. If a child became
cyano tic with the illness, Johnson would

27. Ibid., 78–81.
za Epidemic of 1918,” Kansas History: A Journal of the Central Plains 15
29. Alfred W. Crosby Jr., “The Influenza Pandemic of 1918,” in
30. Gevirtz, The D.O.’s: Osteopathic Medicine in America, 72; Johnson,
With These Hands, 84.
32. Ibid.
33. Johnson, With These Hands, 97.
run one ounce of ether in four ounces of olive oil into the rectum of the affected child through a catheter, regulating the dose according to the size of the child. In as little as fifteen seconds the ether could be detected in the breath of the child. The ether would stimulate the flow of mucous [sic] in the respiratory tract, thereby moistening the tract and enabling the patient to cough up large quantities of mucus. The relief of these youngsters was immediate, and although the treatment did not cure whooping cough, the patient would never be quite so sick again.34

Oddly enough, he never encountered a case of diphtheria or infantile paralysis.

One of the most intriguing cases Johnson shared in his manuscript was a tale of incest and double murder. On a warm summer evening in 1920, he was called to deliver a baby. He arrived at the patient’s home, and he was met at the door by Lizzie Bunch, who hurried him upstairs to the attic, which was illuminated dimly by a lone light bulb hanging on a cord from the slanted ceiling. The patient was Lizzie’s sister, Stella Hyman. This was not the happy birthing event to which Johnson was accustomed. Nevertheless, he delivered the baby boy amid a silence that blanketed the room. Upon examination it was observed that the infant’s anal orifice was not patent. As Johnson left the house, Lizzie explained that the infant was a product of incest between her sister Stella and her son Lee Bunch, thus shedding light on the unusual circumstances.35 The next day Johnson re-examined the infant to assess whether a rectum was present. It was not, and the infant was allowed to die over the course of three days. Johnson was greatly troubled by the situation.

Shortly after this tragedy, Johnson learned of the sudden deaths, separated by only a few weeks, of Lizzie and her husband, Ed Bunch. One of the town’s “regular” physicians attended these deaths, and the investigation into the cause was slow in proceeding. Johnson became involved again when he was approached by Lee Bunch’s sister, Nancy, who presented with troublesome neurological symptoms. She complained of weakness of her extremities, difficulty holding onto things, and difficulty walking. When examined, her patellar reflex on the right was absent and on the left was diminished. She had diminished sensation to pinpricks on her arms and legs bilaterally. She had a prominent weakness of extension of ankles and wrists with a notable ankle and wrist drop. Johnson was unable to locate any muscular or bony lesions or any reason for her apparent nerve disorder. He performed osteopathic manipulations for several weeks without improvement. Because she had lived with Ed and Lizzie Bunch, Johnson began to question their unusual deaths thinking that somehow all of these strange events might have been related. His initial diagnostic thought was slow poisoning by arsenic or lead, so he clipped some of Nancy’s hair and sent it to a professor of chemistry at the ASO in Kirksville.

34. Ibid., 98–99.

for chemical analysis. The hair was loaded with arsenic. Johnson promptly reported his findings and his suspicion of possible murder to the county attorney. In May of that year, Stella Hyman confessed to the murder of Ed and Lizzie Bunch and the attempted murder of Nancy Bunch. 36 She was convicted and sentenced to life imprisonment at the Women’s Industrial Farm in Lansing, Kansas. She was pregnant again at that time. Lee Bunch was also charged and convicted of one count of incest. 37

Johnson thoroughly enjoyed his role as a country doctor. He was respected and well-liked by the people of the prairie, and he had become accustomed to the congenial disdain of the allopaths. Over seven years of practice, Johnson had referred all but two of his major surgical cases to an allopathic surgeon in Ellsworth, Kansas. One prophetic day in 1922, this man buckled under the “pressure brought to bear by his medical colleagues,” and because Johnson was an osteopath, refused to perform an appendectomy on one of his patients. 38 Johnson was forced to choose whether he would perform his own surgical procedures or refer his patients to the “regular” doctors for assessment and then another referral. The latter option would be an admission that he was a lesser physician providing inadequate care for patients who had grown to trust his medical judgment. He informed the Ellsworth surgeon that he, unlike his allopathic cohorts in Lincoln, would perform his own surgeries, in spite of the fact that he had not been surgically trained. Although the Cole sisters had recently announced that the sanitarium would no longer be available for surgical service, Johnson persuaded them to come to his assistance for this critical situation. The patient survived the appendectomy without complication, and Johnson was on his way to becoming a surgeon.

Johnson had arranged to study surgery in Halstead, Kansas, under Arthur E. Hertzler, M.D., Ph.D., Professor of Surgery at the University of Kansas at Rosedale, and author of *The Horse and Buggy Doctor*. 39 An allopathic apprenticeship such as this was an uncommon and unique opportunity for an osteopathic physician. Johnson’s sister had been one of Hertzler’s patients, and because of their pleasant relationship, Hertzler agreed to allow Johnson to observe surgical cases at his hospital. At that time Halstead had a population of one thousand, yet the hospital had two hundred fifty beds. “Such a large hospital in such a small town was evidence of the fame of this renowned surgeon,” concluded Johnson, who had great respect for Hertzler. 40

During the next two years, I spent a number of weekends watching him do surgery. In the operating room, I was permitted to stand by the table. Mostly all the operations I witnessed were on goiters, and all of them were done under Novocain anesthesia. . . . I learned two things from Hertzler. One was speed and the other was loss of fear. He was fast. And he was good. The two netted him one success after another.

Those weekends that Johnson spent observing Hertzler’s work account for his only training in surgery. Oddly enough, he was never allowed to assist. Even in later years he was quoted as saying, “Money couldn’t buy from me the memories of the dozen years I served as a ‘jaloppy’ [sic] doctor on the prairies of Kansas. It was there I spent many hours watching the long fingers of Hertzler . . . snake out goiters and gall-bladders and uteri.” 41

37. “Citizenship Pardon of Stella Hyman,” July 10, 1929, Citizenship Pardons, Ben S. Paulen Administration, Records of the Governor’s Office, Library and Archives Division, Kansas State Historical Society.
40. Johnson, *With These Hands*, 146.
41. Ibid., 147.
42. Axelrod, *Johnsonian Memo-grams*, 45.
His expanding professional role forced him to think seriously about his need for better facilities. The house the Johnsons had purchased shortly after they were married was quite large for the young doctor and his wife, and they had often dreamed of converting the unused portions into hospital facilities. This dream became a reality in November 1922 with the opening of the Lincoln Osteopathic Hospital, the first osteopathic hospital in Kansas. Johnson wrote:

Little did I realize what lay before me. I was a lonesome young doctor on a wide Kansas prairie, who had committed himself to proving his conviction that an osteopathic physician was capable of carrying on a general practice of medicine and was even qualified to develop himself for a surgical practice,

even under the stresses of competition with allopathic regulars. I owe more to my medical competitors than any other creditor. They have kicked me a million times but thanks to the whims of public opinion and to my own bull-headedness, every kick has boosted me up a little higher.

A few months after the opening of the Lincoln Osteopathic Hospital, Riekie moved to Lincoln and became Johnson’s twenty-four-hour nurse, attending all surgeries he performed for a salary of eight dollars per day. The townspeople readily accepted Johnson as a surgeon and went to him for many types of operations such as tonsillectomies, fracture repairs, hemorrhoidectomies, appendectomies, thyroidectomies, and mastoidectomies. He was proud of his low surgical mortality rate of less than one-half percent. He had been practicing at his hospital for only a few months when he was consulted by a woman in her eighth month of pregnancy. She had already suffered the death of two infants in traumatic deliveries. Johnson measured her pelvis and noted that although she was obese, her pelvic diameter was narrow and likely caused the deaths of her first two infants. This woman’s baby needed to be de-


44. Johnson, With These Hands, 126; Johnson, "M.D. and D.O.," 15.
45. Johnson, With These Hands, 133.
livered by cesarean section, an operation that Johnson had neither seen nor done. He again went to his textbooks for assistance. When the day arrived for the baby to be delivered, Johnson, with Riekie as his assistant, Cole as his anesthetist, and Emmy as a roustabout, performed the first cesarean section in the history of Lincoln County. A normal male infant was delivered without complications. As a result “the people [of Lincoln] became more and more aware of the Lincoln Osteopathic Hospital.”

The hospital was often a center of much excitement. One winter morning, the roof caught fire during a surgical procedure. Johnson continued to work while waiting for the fire department to arrive. Meanwhile, many townspeople assembled to help, each with a fire extinguisher. The fire department arrived shortly after the fire had been extinguished. Johnson was working all the while, saying that “if things got too hot I would cover the incision and the patient with sterile goods and carry her next door.” The surgery was successfully completed, and the patient recovered without ill effects. The incident received much publicity in local newspapers.

Johnson’s obstetrical practice continued to thrive. It was more convenient for him since patients could come to him, rather than him going to them. Of all of the infants Johnson delivered, the most memorable was the birth of his son David on April 10, 1925. He and Emmy had waited ten years for a child, and both were thrilled with the idea of being parents. Their son adjusted quite well to hospital living, but when his father tried to interest him in surgery, it became evident that he would have none of it. He later settled on a career in engineering. Johnson wrote about his life at this fruitful time: “So, at the age of thirty-four, I was a busy doctor, a husband, a father, and a surgeon. I still wasn’t making much money mainly because of drought, poverty, and high hospital expenses, which I paid out of my practice income. But all in all, I was happy and ambitious.”

As Johnson became more proficient in surgery, he began to write clinical articles detailing his self-taught surgical techniques. The articles contained precise pencil sketches of the procedures described. Over the years, many of these articles were published in the *Journal of the American Osteopathic Association*. The self-motivation and proficiency of this prolific country doctor allowed him to become nationally known in the osteopathic profession. In July 1927 he and Cole attended the annual Convention of the American Osteopathic Association (AOA) in Denver, Colorado. While at the convention, he met several osteopathic surgeons with whom he had formed the American College of Osteopathic Surgeons (ACOS) one year previously. After returning from the Denver trip, Johnson was contacted by P.E. Roscoe from the Roscoe Clinic in Cleveland, Ohio, regarding his surgical publications. Roscoe went to Lincoln to observe Johnson’s surgical work, was impressed, and promptly offered him a position as a surgeon at the Roscoe Clinic. After much thought, Johnson decided to accept the position and move his family from the only home they had known. He wrote:

I had always been of the opinion that I didn’t want to spend all of my life in Lincoln. I looked upon the years of living and practicing there as a valuable period of education, a period of preparation for another world of wider practice. . . .

51. Ibid.
Johnson's illustrious career spanned more than fifty years. His life and accomplishments stand as an example to both osteopathic and allopathic practitioners to look beyond the name of a degree to the science and personal integrity of the physician.

As an osteopathic surgeon Johnson accomplished many “firsts.” He founded the first osteopathic hospital in the state of Kansas in 1922. In this hospital he performed Lincoln County’s first cesarean section and probably many other surgeries that had never been performed in that county. He founded Art Centre Hospital in Detroit in 1944—no small feat in the midst of a world war—and he was a pioneer in post-operative early amputation techniques, with the largest study population of any surgeon nationally. He performed the first mitral valve replacement in the state of Michigan and probably many more firsts that eluded this search. He won honorable mention at the Gold Reel Festival in New York for his film of the duodenal diverticulum resection, and the film detailing the Hofmeister partial gastric resection is currently located in the archives of the Michigan Health Care Corporation, Detroit. A sculpture entitled The Healing Hand was

Johnson enjoyed the respect and admiration of his peers within his profession. He served on the board of governors for the American College of Osteopathic Surgeons for many years and was awarded the Orel F. Martin Gold Medal, the organization’s highest honor, in October 1962. Additionally, in October 1965 he received the American Osteopathic Association’s highest honor, the Distinguished Service Certificate. And in 1969, after eighteen years as chairman of the board of trustees of the Kirksville College of Osteopathic Medicine, the honorary degree of Doctor of Science in Osteopathy was conferred upon him.

54. Ibid., 146, 156.

55. Ibid., With These Hands, 251, 258, 259; “Obituary of Dr. A.C. Johnson,” The D.O. 13 (April 1973): 218; “Obituary of Dr. A.C. Johnson,” Kirksville College of Osteopathic Medicine Alumni Magazine (November 1972): 2; “Graduation Program of the Kirksville College of Osteopathic Medicine Graduation Ceremonies, Citation for Honorary Degree of Doctor of Science in Osteopathy,” May 10, 1969, A.C. Johnson file, Alumni Relations Department, Kirksville College of Osteopathic Medicine, Kirksville, Mo.


created by sculptor John Pappas and dedicated in Johnson’s memory by the Michigan Osteopathic Medical Center Auxiliary on April 17, 1983.  

Johnson’s friends and co-workers described him as punctual, precise, and studious. He liked to schedule surgeries early in the morning and always completed his paperwork by noon. He was a good storyteller who smoked incessantly, lighting a new cigarette with the butt of the one before, and he enjoyed joking with co-workers, from housekeepers to administrators. It is easy to imagine how his personality and leadership qualities must have attracted others. These traits, no doubt, served him well in Lincoln and as he advanced among his peers in Cleveland and Detroit. The doctor himself credited his success in large part to the women who influenced him throughout his life:

The women in my life were a great asset to my career. Without their aid, I am sure that my life would have been quite different. My apparent success as an osteopathic physician and the hope that the Lincoln Osteopathic Hospital would thrive often led me into deep thought about the people who had made it possible. The many small unrelated incidents that had given boost to my career formed an impregnable fortress of luck and good fortune. The women, I thought, were the greatest part of that luck.

Had it not been for Anna Rimol, who so eagerly handed me that roll of bills at graduation time, I probably would not have come to Kansas. Had the Cole sisters discouraged me about locating in Lincoln, I would have, no doubt, wandered to some other town. Had Emmy decided to marry her boyfriend back there in Elkton, I would have returned to Lincoln and married somebody else, perhaps not as good a match. And had that late summer night call been referred to some other doctor, I might never have met Riekie.

Surely, I thought had luck not been with me, the history of my life would have been far, far different.

Although Johnson expressed some animosity toward allopathic medicine in his writings, he was well-respected by many allopaths for his surgical endeavors. Likewise he respected their philosophy of caring for patients but found their treatment arsenals lacking without manipulative therapy. Early in his career he recognized that the two disciplines were more alike than different. He stated, “If it were not for the osteopathic treatment to be had there, an osteopathic hospital would be no different than any other hospital.” His life and accomplishments stand as an example to both osteopathic and allopathic practitioners to look beyond the name of a degree, to the scientific and personal integrity of the physician who possesses that degree to define his worth based on ability and courage. For without recognized surgical ability and the courage to educate himself, A.C. Johnson would not have been half the pioneer that he was. He truly believed, “It might be better to fail gloriously in an attempt than to spend the rest of one’s life in thinking up excuses for not having even tried.”

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60. Dr. Mahlon Ponitz, Art Centre Hospital medical director, Interlochen, Mich., interview with author, March 1993; Dr. Justin Conlon, head of anesthesiology, Michigan Health Center, Detroit, interview with author, March 1993.
61. Johnson, With These Hands, 137–38.
63. Ibid., 44.

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