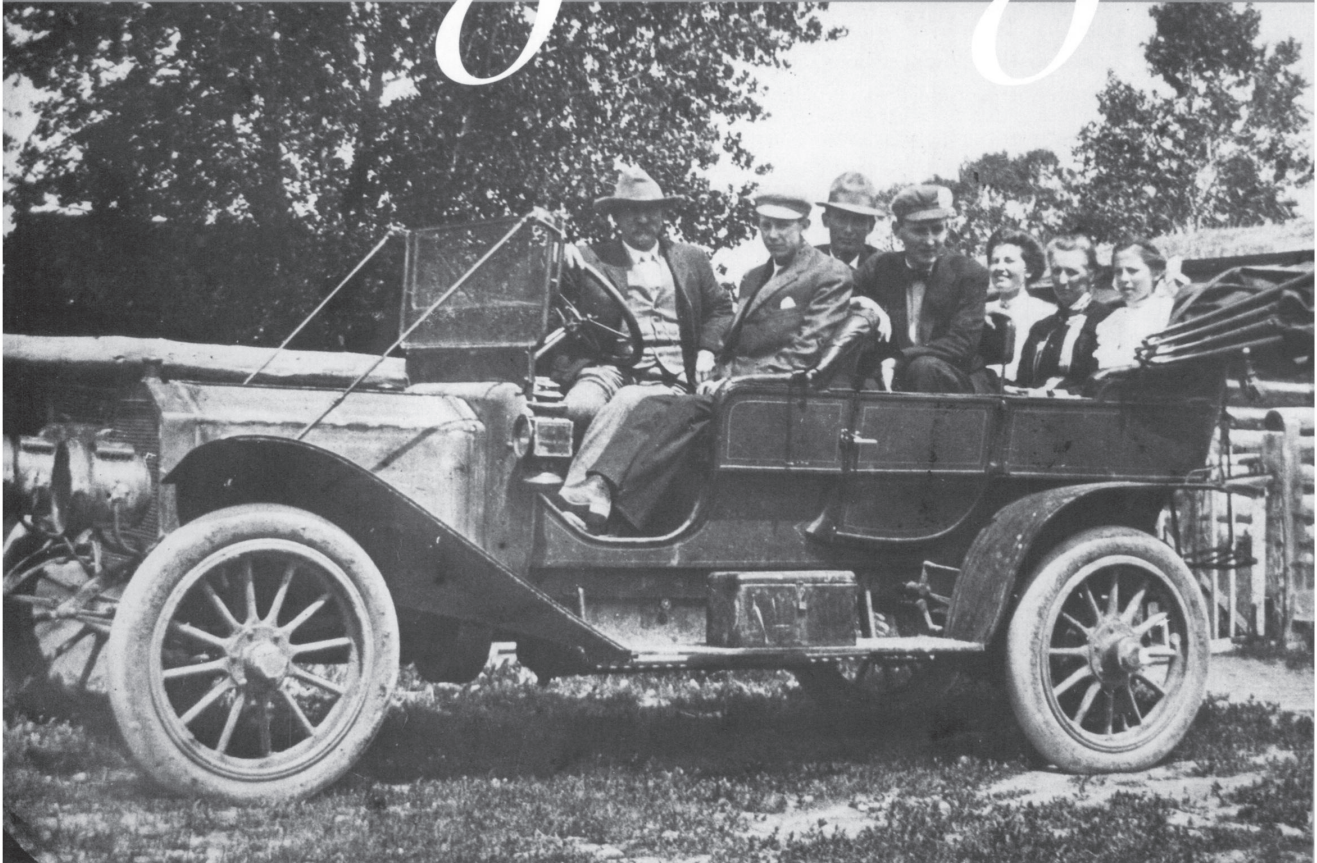


# Dying

PART 2: Caregiving in the Home  
and the Death of Daniel Slayton

## IN THE WEST



During the five months after his terminal cancer diagnosis, Daniel Slayton recorded in his diary information about his medical care and the particulars of his daily routines. His story offers a window into end-of-life practices in the first decades of the twentieth century. Above, pictured at a happier time in 1908, are (left to right): Daniel; sons Ernest, John Albert (Bert), and Daniel Ellis (Dan); daughter Lydia (later Mrs. Norman Hogan); wife Lizzie; and daughter Ruth (later Mrs. Vern Cornell).

MHS Photograph Archives, Helena, PAc 88-75

by Dawn D. Nickel

On September 8, 1927, Lizzie Slayton, a sixty-nine-year-old woman in Lavina, Montana, recorded the following entry in the diary of her husband, Daniel Slayton:

Pa passed away at 7:15 am. I was called by the nurse half hour before he passed away, suffering in great agony. I read the 103 Psalm and sung "Simply Trusting Every Day," and the nurse made a short prayer and we said the Lords Prayer. The children all here but Pearl and Ernest and Bert and Eunice. Reverend Alstad came over and read John 11 and made a prayer.<sup>1</sup>

Lizzie had taken over writing in Daniel's diary on August 20 when advanced bone cancer rendered him incapable of recording the facts of his daily life, some-

thing he had done for the past forty years, including the five months since his terminal diagnosis.

Slayton's diary provides a poignant picture of terminal illness and death in the first decades of the twentieth century and reveals that his experiences were similar to those of many North Americans diagnosed with a terminal illness at this time. Typically, if they could afford to do so, persons facing a terminal diagnosis sought some measure of medical care while they hoped or prayed for a cure, but when medical hope was extinguished, issues related to terminal care became paramount. As described in Part 1 of this article (Fall 2009), in Montana and Alberta, hospitals sometimes provided palliative care, especially for dying people who lacked available family caregivers.

For the most part, however, the practice of caring for the terminally ill in hospitals did not become widespread until after the end of World War II. It was then that the confluence of various health care and social influences—the increasing availability of hospitals, the growth of medical specialization, and the decreasing availability of female caregivers in the home—led to a transfer of terminal care from home to hospital.<sup>2</sup> Prior to 1950, most North Americans viewed care of the dying as a private family matter to be handled in the home, not as a public health or medical matter.

Daniel's and Lizzie's diary entries help in understanding the history of end-of-life care provided in the home. The entries themselves cannot be called introspective; they provide little insight into Daniel's or Lizzie's feelings and the emotional responses to terminal illness or care. Although the information contained in the daily chronicles is brief and to the point, it speaks volumes about the cadence of rural life and death in small-town Montana. Despite Daniel's illness, life for the Slaytons was full of people and very busy. Lizzie's entries in particular contain references to a



Albie Gordon et al., *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 337

**Daniel Slayton came to Montana in 1884. This photograph of (from left) Slayton and brothers Ed and Bill Jenizen was taken in 1887.**



**Daniel Slayton raised sheep and cattle near Lavina, about fifty miles northwest of Billings. Daniel's son-in-law and ranch foreman Norman Hogan is driving cattle through town in this circa 1915 view.**

multitude of individuals, including many family members, who passed through the doors of the Slayton home during Daniel's final weeks.<sup>3</sup>

As Emily Abel explains, "family caregiving is an intensely personal experience that can be fully understood only in the context of the relationships that nest it."<sup>4</sup> Family relationships were crucial in Daniel's life and his death. Family members formed the nucleus of care in the home, but the availability of both formal and informal caregivers from the community also allowed the Slayton home to function as a type of home hospice. Daniel's dying was a physical process that took place within the physical realm of his body, but it also played out within the contexts of a family, a household, and a community.

In a small, rural community such as Lavina, people were used helping one another in times of health crises and births. Similarly, at the other end of life, Virginia H. Hine has noted that "deathbed nursing skills were once available through an extended kinship or a small-community network of personal ties."<sup>5</sup> One should not paint an idyllic portrait of small-town life since not all members of a community are valued equally by others. Still, it is reasonable to conclude that kin, friends, and neighbors responded out of

concern and also from a sense of duty, obligation, and hopes for reciprocity.<sup>6</sup> Like many families in the region, the Slaytons did not have a large number of relatives living nearby, but over the course of three decades they had formed close relationships with other families. These relationships would prove instrumental to the Slaytons during Daniel's dying days.

To more fully understand how a person died, one must first learn how he or she lived, and the part of Daniel's life that preceded his cancer diagnosis reveals much about his approach to health, illness, and professional medicine as well as his financial, geographical, and practical access to medical and caregiving resources.

Daniel had come to Montana in 1884 from Virginia and within a year was operating a successful sheep-ranching venture. As a sheep and cattle producer, he amassed some fortune and a great deal of property over the following two decades. He also owned the Slayton Mercantile Company and held a controlling interest in banks in both Lavina and nearby Roundup. A staunch Republican, Daniel had been a county



C. C. Slack, photographer. MHS Photograph Archives, Helena, 948-964

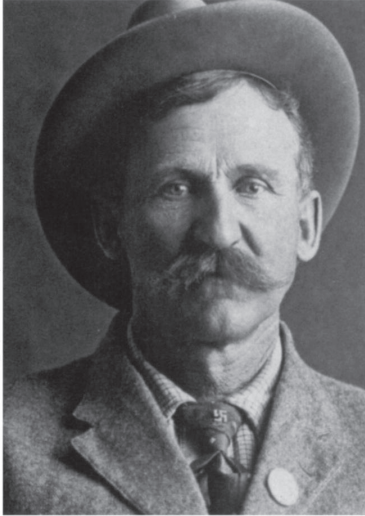
A financially successful rancher, Slayton also owned the Slayton Mercantile Company (above, circa 1915) and a controlling interest in banks in Lavina and Roundup.



MHS Photograph Archives, Helena, Pvc 88-75

Inside the Bank of Lavina, incorporated in 1909, are (left to right): Mr. Titeram, Slayton, assistant cashier Alfred Englet, and cashier A. C. Bayers.

Both photos: MHS Photograph Archives, Helena. PAC 88-75



Far left, Daniel Slayton, circa 1910. Lizzie, left.

commissioner, served in the Montana House of Representatives in 1911, represented Musselshell County in the Montana Senate between 1917 and 1919, and in 1920 made an unsuccessful bid for the Republican nomination for governor. His volunteer and philanthropic efforts in the community were many. He was a founding and active member of the Methodist Episcopal Church, a supporter of prohibition and the Anti-Saloon League, and the major organizer of the local cemetery. In 1887, Daniel married Lizzie Eldora Ellis, who had traveled west from Virginia to wed her

longtime love. Over a period of ten years, they had five children, two girls and three boys. The children enjoyed a privileged childhood and youth, but the family's fortune began to evaporate in the mid-1910s, and drought, grasshoppers, hail, low commodity prices, and bank closures during the 1920s pressed Daniel into personal bankruptcy sometime between 1924 and 1926.<sup>7</sup>

Daniel, his family, and his friends all believed that an injury he sustained to his leg when he was "caught between two horses" during the first week of

MHS Photograph Archives, Helena. PAC 88-75



A staunch Republican, Slayton spent a four-year term as a Fergus County commissioner, traveling to Lewistown for meetings. He also served in the Montana House of Representatives in 1911 and in the Montana Senate in 1917 and 1919. He is pictured here with fellow Fergus County commissioners on July 20, 1898 (left to right): Samuel Phillips, county clerk W. S. Perkins, Jacob I. Corbly, and Slayton.



MHS Photograph Archives, Helena, Pac 94-77-7

**Daniel's cancer initially appeared as severe pain in his leg, which he blamed on getting jammed between two horses. He first visited Dr. Walter Firey in Roundup (above), twenty-five miles northeast of Lavina, on April 28, 1926. In January 1927, he went to Harlowton (opposite), fifty miles west of Lavina, to see a physician and an osteopath.**

March 1926 was the underlying cause of his cancer. The “tissue trauma theory” of cancer was a popular belief at the time. Daniel wrote in his diary that he had gotten a “bad jam” when a horse turned around and thrust him up against a stall gate. He was hurt so badly that he went straight to bed, and his entries over the following days refer to his leg being “very lame” and to his being in “misery.” By mid-April, he noted that he had “suffered all day from my hip joint to my neck” and that he could not be comfortable “in any position.” As the weeks passed, he kept busy planting gardens and lambing, but the amount of discomfort he experienced with his leg increased and upset his sleep patterns to the point that some nights he was “not able to sleep scarcely any.”<sup>8</sup>

Despite his increasing discomfort, Daniel was reticent to seek a physician’s advice. His hesitation could have had a financial basis, or Daniel might simply have been a man who did not care to visit doctors. It could also have been a matter of inconvenience, as calling upon a doctor meant traveling at least a short distance since Lavina had been without a resident physician since 1924. Whatever the reason, Daniel did not seek medical treatment until April 28, a full seven weeks following his injury. On that date, he traveled to Roundup, a larger town located nearly twenty-five

miles away. There, a Dr. Firey gave him “a great working over,” which included taking an x-ray, and Daniel decided to “doctor with him for a while.” He could have chosen differently. Dr. Firey was one of the nearest physicians but not the only one in either Roundup or the county. Throughout 1926 and 1927, other family members traveled to Ryegate, seventeen miles west of Lavina, and consulted with a Dr. Gates and a Dr. Ross. Despite his resolution to “doctor” with Dr. Firey for a spell, Daniel made only one trip back into Roundup on April 29 for another “treatment.” There were no further visits either to or from Dr. Firey or any other physician for the remainder of 1926.<sup>9</sup>

As spring turned to summer, in addition to experiencing many days of “lameness,” Daniel became increasingly frustrated that he tired easily. Still, he continued to “chore around” and tend to the business of everyday ranch life, dealing with irrigation concerns, sheepshearing, hauling hay, and shipping sheep throughout the summer. Through the fall and into early winter, Daniel’s impairment evolved into more acute suffering, which caused him to seek new pain solutions on his own and also accept the help of friends who offered treatment and care. Heat was his primary home remedy as he frequently took hot baths and began to apply “hot applications” to his



painful hip. The Christmas of 1926 was a particularly painful time.<sup>10</sup>

At the beginning of the new year, Daniel once again resolved that professional treatment was an attractive alternative to searing pain, and he determined to travel even farther to get it. On January 7, he boarded a train to Harlowton, nearly fifty miles away from his home. “Brisk northwest wind all day . . . went to Harlowtown on 15 and back on 16. Had a work out with the osteopath and also got some medicine from Dr. Ross. Expenses: fares \$3.28, Ross \$2.00, Gruell \$2.50, Medicines \$1.75,” he wrote in his diary.<sup>11</sup>

Daniel was apparently open to combining both “regular” and “irregular” methods of medical treatment, although he would not have viewed them in those terms. There is no way of knowing whether Dr. Ross, a “regular” physician, or Dr. Gruell, an osteopath, would have supported each other’s treatment methods. Osteopaths advocated treating bodily ailments through manipulation, a system designed to improve circulation and other natural functions. To Daniel, osteopathic treatment would have seemed a commonsense solution for a leg injury. The day after his trip, Daniel re-injured his leg when he slipped on the ice, prompting a return to Harlowton, where he “had another work over,” although he noted “it don’t seem to have done much good.”<sup>12</sup>

Daniel continued to seek various treatment methods to deal with his increasingly bothersome

condition. By the end of January, he was clearly becoming agitated and worn out as he wrote: “my knee very bad and wearing on my nerves.” He gleaned some relief by keeping his knee in a “sweat blanket,” and then on January 27 he wrote that his neighbors, the Turneaures, were over in the evening with an “electric machine” that “did not have much effect on me.” The following day, Enoch Bilden, a longtime friend and business associate, gave him “a lot of rubbing and electric treatment, getting the battery to work pretty sharp.” Physicians disagreed about the therapeutic benefits of electricity. The use of electricity by professionals and others began in the nineteenth century and came to an end by the late 1920s.<sup>13</sup>

Alternative methods, on their own, did not provide relief, and Daniel’s pain and discomfort intensified. On a “very fine day” in February, Daniel decided to “go to Billings with the Mrs.” On the first morning of their stay, Daniel went to see Dr. Henry Armstrong, a Canadian-born physician and surgeon who had completed his medical training at Trinity College, Toronto, in 1894 and who had been practicing in Billings since 1898. Daniel “waited some time” before he got in to see the doctor. The doctor looked him over, gave him some pills to take, and sent him on his way. In the afternoon, he visited the “Riegers,” two osteopaths who practiced in the same building as Dr. Armstrong, one of them on

# Cancer in Montana

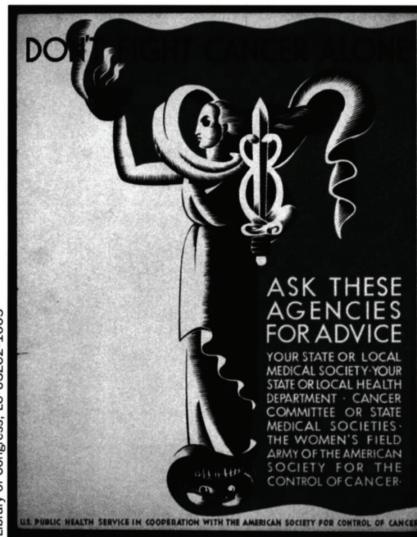
THE SLAYTONS were just one of an increasing number of families coping with terminal cancer during the 1920s. In 1910, cancer had been the eighth leading cause of death in Montana, but by 1930 it was the second, passing accidents, which had previously held the number two spot. Indeed, nationwide beginning in the 1920s, studies had begun to recognize that cancer was taking an increasingly deadlier toll on the population. In 1930, for example, the cancer death rate in the United States was nearly 100 per 100,000 people.<sup>14</sup>

Public health officials in Montana were sufficiently concerned about the disease by 1919 to print an article listing “Thirteen Points about Cancer” in an issue of the State Board of Health’s *Bulletin of the Department of Health*. The article, provided by the precursor of the American Cancer Society, the American Society for the Control of Cancer, even at this early date promulgated the gospel of early detection. In addition to providing statistics, noting symptoms, and dispelling popular cancer myths, the article warned readers of the dangers of any cures offered by nonsurgeons. While heralding the promise of radium as a treatment for some cancers, it warned that “no medicine will cure cancer,” claiming that anybody who advertised “cures without the knife” was merely playing upon patient fears of operations. Patients were admonished to obtain “competent medical advice” at the first sign of danger. Cancer patients did visit doctors, and most did go under the “knife,”

since surgery was the major treatment for malignant cancer. Radiation was also used to treat cancer starting in the first half of the twentieth century, although the expense of “radon” meant that not everybody had access to it, and chemotherapy treatments were not introduced until after 1950. Since medical advances related to cancer were all associated with hospitals, the number of cancer patients admitted for treatment rose dramatically as the twentieth century unfolded.<sup>15</sup>

Although there was every indication that cancer was on the rise as the decades unfolded, Montana did not develop any statewide, comprehensive cancer programs prior to the mid-1940s. As was the case elsewhere in North America, volunteer organizations were instrumental in the fight against the disease. After the Montana branch of the American

Cancer Society formed in 1936, committees and members worked to educate Montanans about the dread disease at the same time that they offered practical support programs for cancer sufferers. A state cancer registry was established in Montana in 1946 with funds allocated by the United States Public Health Service. The Public Health Service made its investment so that it could continue to learn more about the incidence and epidemiology of cancer throughout the United States. The registry remained the principal cancer program in the state until 1950, when a state-funded educational program and chest x-ray survey were launched.<sup>16</sup>





With his condition increasingly bothersome, Daniel sought alternative treatments. Friend and employee Enoch Bilden, for example, gave him an “electric treatment, getting the battery to work pretty sharp.” Bilden worked in the Slayton Mercantile and is seen here (left) with store manager Herb Belcher (center) and Slayton.

the same floor. It is not clear whether on this particular day Daniel visited the osteopath at Dr. Armstrong’s suggestion. The osteopath gave Daniel an electric treatment, which was “pleasant,” and a “workover” on his leg that was “pretty tough.”<sup>17</sup> The cost of that visit came to \$2.50, the same charge that he paid to the osteopath in Harlowton. He returned for treatments each day for the following four days, and on his last day in Billings he met once again with Dr. Armstrong, who had him “strip” and told him he needed to have his teeth x-rayed. For the second time in months, Daniel had combined a trip to a regular physician with a trip to an osteopath. Perhaps Dr. Armstrong prescribed, or at least supported, the osteopathic treatments. The supposed rivalry between osteopaths and regular physicians documented by historians may have been less of an issue in the rural West, as least at this time.<sup>18</sup>

At the beginning of March, Daniel returned to Dr. Armstrong’s office in Billings where once again to his great annoyance he was kept waiting, this time for an hour. His agitation at having to wait for the doctor may well have been a factor in his previous reticence to visit a physician, yet he did not hold the wait or the fact that the appointment did not go well against

Dr. Armstrong. Daniel lay on the examination table for an excruciating half an hour “and got pretty nervous” when they “failed to inject the serum” as they “could not get the needle between the bones.”<sup>19</sup>



**In February, with intensifying pain and discomfort, Daniel went to see Dr. Henry Armstrong (above, circa 1919) in Billings, where he also took five days of treatment from two osteopaths, the Riegers. He visited Dr. Armstrong again in March and, after returning home, continued to seek his guidance through letter writing and telephone calls.**

This appointment was the last time that Daniel and Dr. Armstrong were in each other’s company, but Daniel’s respect for the physician became clear over the following six months as Daniel continued to seek Dr. Armstrong’s guidance through letter writing and telephone calls. Although they would not meet in person again, Daniel and Dr. Armstrong had developed a therapeutic relationship that would evolve primarily through the mail.

Aside from meeting face-to-face with the doctor, at this point most aspects of Daniel’s medical treatment could have been replicated at his home in Lavina. He

continued to receive home electrical treatments with Enoch Bilden giving him “an awful jolt” on March 15. On March 17, he “got another batch of medicine from Armstrong” but noted the next day that he was “no better” from taking the pills. During the next week, he experimented with the medication, finding that it did little to alleviate his pain but that he slept better when he doubled the dose. After speaking by phone with Dr. Armstrong on the twenty-first, Daniel

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**On April 6, Daniel took the train to Great Falls and entered Montana Deaconess Hospital, where he learned the sad news that he had bone cancer and that the Great Falls doctors believed there was nothing more that could be done for him.**

remarked in his diary that the physician “thinks I will come out OK but wants me to use crutches and drink more water.” Within days, he went to work making himself a pair of crutches, a reminder that people living outside of an urban center had to resort to self-sufficiency to meet their medical needs.<sup>20</sup>

Relief continued to elude Daniel, but not for want of his trying. By April 6, when crutches, water, and Armstrong’s medication had done nothing to alleviate his suffering, Daniel took the train to Great Falls and was admitted to the Montana Deaconess Hospital. It

is interesting that he would go as far as Great Falls given that Billings had a large and modern hospital, St. Vincent’s Hospital, operated by the Sisters of Charity of Leavenworth, Kansas. St. Vincent’s was substantially closer, about 45 miles away, compared to the Montana Deaconess Hospital, which was just over 170 miles from Lavina. Yet, the Deaconess was definitely the hospital of choice for the Slaytons. They were even financial supporters. As early as 1914, Daniel’s diary refers to donations of “spuds and honey” sent to the Great Falls hospital by train. In December 1922 and again in December 1923, Daniel and Lizzie’s oldest daughter, Lydia, had been a patient at the Deaconess, treated for some undisclosed illness. As recently as April 1926, one of Lizzie and Daniel’s grandchildren had been born in the Great Falls hospital. Daniel’s religious affiliation probably had everything to do with his choice of hospital. As a devoted Methodist, Daniel would not have been comfortable supporting a Catholic enterprise such as St. Vincent’s, even if it was closer to home.<sup>21</sup>

Daniel may have made the decision to go to Great Falls on his own given that he was having no success with other methods, but it was more likely that he was referred there to see a specialist for diagnostic tests. Perhaps Dr. Armstrong, himself a strong Episcopalian, preferred to send his patients to a Protestant hospital. Whatever the circumstances of his admission, Daniel’s tests while in hospital included multiple x-rays as well as blood drawn from his ear for a “test of some kind.” After two days in hospital, Daniel was annoyed to learn that Dr. Porter, the “bone man,” had gone to Helena, and he was unable to learn what his x-rays had shown. On his fourth day in hospital, he had three more x-rays. On the tenth, he noted, “[L]ots of visitors today and the doctors on the jump, could not find out anything more but Dr. thought I could go tomorrow.” The next day, Daniel was discharged from the hospital having “finally” been told the sad news that he had bone

cancer. He wrote in his diary: "Snowing quite lively and more on the ground than any time before. The Drs. finally told me I had bone cancer and they could do nothing for me."<sup>22</sup>

### *Living with Dying*

Historian Gerda Lerner, in a poignant chronicle of her husband Carl's decline and death from brain cancer in the early 1970s, suggests that a terminal diagnosis can sometimes set patient and family members on a path of psychological separation from one another. Following Carl's diagnosis and subsequent brain surgery, Gerda began to prepare herself for his death and to help him to die a "good death." Carl's primary focus became to survive, to live. The same phenomenon may have existed for the Slaytons. Although available sources provide little information about how his family reacted psychologically to his terminal diagnosis, Daniel's diary entries following his diagnosis show him squarely focused on living life as normally and fully as possible. Immediately following the sentence that he recorded on April 11 stating that the doctors had told him that he had bone cancer and there was nothing that they could do for him, he wrote in his diary that he paid his bill at the hospital, got a ride to town, and "got shaved."<sup>23</sup>

The doctors in Great Falls considered Daniel's case to be hopeless, but in the immediate aftermath of his diagnosis Daniel sought a more optimistic outlook for his future. He was willing to go to any length or travel any distance if it meant one last chance at survival. On his fifth day home, he composed a telegram to send to "Rochester" about his case. The following day, he received a wire back from the Mayo Clinic "to come." That evening he "had a bad night but took dope" and rose early in the morning so that he, Lizzie, and their youngest son, Ernest, could board a train headed for St. Paul with a connector to Rochester, Minnesota.<sup>24</sup>

A trip to the Mayo Clinic was an arduous journey for a patient with cancer. The threesome spent over a day and a half on trains, with Daniel describing part of the trip as "a very rough 93 mile ride thru a farm country dotted with big and red barns." When they arrived in Rochester, the Slaytons booked into a hotel that ran a free bus service to the clinic. Daniel was impressed with the "new" Mayo Clinic, which stood

at eleven stories of steel in the early stages of concrete pouring. He had a brief interview with a physician on his first day and the next day was subjected to a battery of testing that included blood tests; x-rays; nose, throat, and ear checkups; and a rectal exam by three doctors. No small wonder that he wrote in his diary that he was "pretty well used up" after such an exhausting day. The next morning a "new" doctor worked on him "a little" before he was informed that he could return to Lavina. He left the next day having been advised that a report of their findings would be sent to Dr. Armstrong in Billings, which suggests either that Dr. Armstrong referred Daniel to the Mayo Clinic or that doctors preferred to report to other doctors even if a patient initiated the visit.<sup>25</sup>

As with others before him, Daniel's trip to Rochester served as confirmation that his cancer was terminal. On May 1, Daniel received a letter from Dr. Armstrong, presumably the letter that the Mayo doctors had promised. Although he did not reveal the precise contents in his diary, nearly a week after receiving the letter he wrote to his friend Tom Marlow and "told him of my condition." In his correspondence with Tom and several other friends, Daniel must have conveyed the seriousness of his illness, for within days he received "a sympathy letter from Tom Marlow and another from Mary Carew." He also wrote a long letter to his eldest son, Dan Jr., who lived in California, several to his siblings back in Virginia, and one to his sister Dollie, who was herself seriously ill and being treated at the now infamous Battle Creek Sanitarium at Battle Creek, Michigan. Some months later, he received a letter from Dollie's nurse at Battle Creek along with brochures detailing the medical services provided at the sanitarium. Although Daniel never visited the Battle Creek facility, he may have been familiar with its services before he read about them in brochures. Daniel subscribed to some aspects of the recovery regimen that Dr. John Harvey Kellogg promoted at the sanitarium, including sunshine, fresh air, and electrical stimulation.<sup>26</sup>

From April until mid-August 1927, Daniel bore his illness stoically, retaining control of his body, his cancer, and his life. Up until his final month, he continued to participate in family and ranch life, finding solace and comfort in his family and in his ability to keep up his regular habits of walking or riding to town to attend to business, socialize, or indulge in frequent



By permission of the Mayo Historic Unit, Mayo Clinic, Rochester, Minnesota

**Later in April, hoping for a more optimistic prognosis, Daniel traveled to the Mayo Clinic in Rochester, Minnesota. Following a battery of tests and examinations, after which he was “pretty well used up,” Daniel returned home to await word. Unfortunately, the trip to Rochester confirmed that his cancer was terminal. During his stay, Daniel was impressed with the “new” Mayo Clinic (above), which stood at eleven stories of steel in the early stages of concrete pouring.**



**Daniel wrote the news of his illness to family and friends, including his sister Dollie, who was also seriously ill and in treatment at the Battle Creek Sanitarium. Although he never visited the facility, Daniel subscribed to some aspects of the recovery regimen promoted at the sanitarium, including sunshine, fresh air, and electrical stimulation. Dollie is pictured here next to her mother in front of her brothers Daniel (left) and Dalon (right) and sister Martha (center).**

visits to the barber. He spent a good deal of time getting his legal and financial affairs in order, including cleaning out his home desk during the last week of May. Through all this time, he was also dealing with a foreclosure case related to one of the banks in which he held a controlling share. Although the social and business consequences of his expected demise occupied a good deal of Daniel's time, it was the physical manifestations of the disease that required constant attention.<sup>27</sup>

Daniel dealt with his physical symptoms in much the same way that he had faced them prior to the terminal diagnosis. Daniel himself largely managed his own palliative care for many months. As he had previously, he depended upon the methods of "medicine by mail" and treatments with electricity. However, he began to depend less upon wet heat applications or sweat blankets and took up sunbathing instead. Although sunbathing had long been understood to have health benefits, the practice enjoyed widespread

popularity during the 1920s, thanks in part to its promotion as part of a health system that American muscleman Charles Atlas had been advertising since the 1910s.<sup>28</sup>

Daniel relied heavily upon the postal service for what was perhaps the most important element of his self-care—drugs. He and Dr. Armstrong continued their running correspondence, with Daniel writing often, sometimes to ask for advice but most often to request medicine, likely painkillers. As he had in his offices, Dr. Armstrong tended to keep Daniel waiting. On June 6, Daniel wrote, "Did not hear from the Dr. and went without any medicine." The next day, he had his daughter Ruth phone Dr. Armstrong "again," and Dr. Armstrong "promised to mail medicine promptly." Perhaps he was just being hard to please, but the following day Daniel complained that he "got some new medicine but no letter." Even as he grew weaker, Daniel tried to stay involved in and to direct efforts related to his medical care. Although he no longer wrote in his diary after

August 20, he did muster the required strength to write to the Mayo Clinic on August 23 for "information on what to do to help him." Five days later, he wrote the last letter that he would ever write and sent it to Dr. Armstrong. That same day, he asked his cousin Mary to write a letter to the doctors in Great Falls. Lizzie's entries in his diary do not mention the receipt of replies to any of the letters he sent.<sup>29</sup>

As time and his cancer advanced, Daniel became increasingly less mobile and more dependent on those around him. He tried to work in the garden or barns but made repeated references to not being able to get much done. July 14 appears to be the last day that he left his home. On that day he rode to town to pay some bills and then he "visited some." On July 20, he "suffered more than usual with my leg," and by July 30 he wrote "have had a lot of misery today." By that time, the barber was making house calls to the Slayton home, and Daniel's daily physical activities were more or less restricted to taking sunbaths on the

porch, snapping beans and shelling peas, and sitting up to receive visitors. On August 8, he had two of his associates from Slayton Mercantile witness his will, signaling his awareness that the end was growing near. In the following week, his condition worsened considerably, and on August 19 Lizzie added a few brief sentences to Daniel's own final diary entry.<sup>30</sup>

### *The Dying Time*

The shared experience and intense emotions associated with the death of a loved one were symbolized in the diary on August 20 when Daniel's wife, Lizzie, took over recording the daily entries at the same moment that Daniel made the transition from caring for himself to being cared for. This date marks the beginning of the end of Daniel's fight with bone cancer.

Daniel's caregivers had no way to predict how long he might linger, but as he grew weaker and his pain intensified, they must have perceived that the end was nearing. A pattern of events starting on August 20 reveals that Lizzie and others expected that Daniel was at a point in his illness where he would only worsen. An understanding of the parameters of Daniel's dying trajectory is possible because of his diary and especially because of Lizzie's entries in it. The fact that on this date Daniel ceased to write anything more in the diary that he had kept since 1884, the year that he arrived in Montana, was just one indication of his obvious decline. This was also the date that the eldest son, Dan Jr., was called and asked to return to Lavina from California. It also marked the first night that family members began to keep a nightly vigil at his bedside. Usually one of Daniel's grown children stayed with him, along with his sixty-year-old cousin Mary Sagar.<sup>31</sup> The practice of "night sitting" meant somebody was available to provide whatever practical or physical assistance the dying person might require during the night. It also provided a psychosocial element of care that ensured that the dying person would not be alone in their final moment of life.<sup>32</sup> Sheila Rothman, in her study of tuberculosis, identified people who sat up with the dying in the nineteenth century as "watchers."<sup>33</sup> Similarly, Emily Abel found that women often sat up with

dying neighbors as part of a large female network that shared services at times of birth, illness, and death.<sup>34</sup> From August 20 until the day of his death, at least one and usually two people night-sat with Daniel.

In *Reading between the Lines*, Betty Jane Wylie argues that, historically, female diarists "are not silent about death in their midst." Rather, women "report with precise detail the last days, hours, and minutes of a family member's death and the care involved." Although Abel found that "women's writings often omitted the physical details of sickness," this was not the case in the Slayton diary.<sup>35</sup>

Lizzie kept close watch on Daniel's biological functions, as if she knew that his body was shutting down. From the first, physiological issues dominated Lizzie's entries, which was not surprising given that



Albie Gordon et al. *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 166

**Slayton Mercantile employees were among those who helped the family care for Daniel. Photographed in the store in 1920 are (left to right): clerk Enoch Bilden; secretary-treasurer and cousin Mary Sagar; Eunice Hughes; implement store manager L. A. Turneure; Emory Goddard; unidentified; clerk Oscar Balgord; and manager John Bailey.**

it was Daniel's physical care that most occupied the household during that time. On August 20, Lizzie made her first full diary entry, writing in Daniel's voice, as if he dictated it: "Pleasant and hot day. Same men haying with Richard Griffin helping. Sent for Dr. Firey who got here about 10 AM. He gave me some powders for my bowels to take at 1:30 and 3:30 PM. Also to use glycerine suppositories and olive oil to inject in rectum. His bill \$25 which is not paid."<sup>36</sup>

Just as Daniel often mentioned the cost of things in his diary, Lizzie also painstakingly recorded the cost

of most purchases in her entries. For some people, notations pertaining to household expenditures would have been part and parcel of keeping a daily chronicle, but given the family's recent bankruptcy situation, it is also possible that both Daniel and Lizzie worried about monetary issues. If Lizzie was generally prone to worrying about financial matters, the fact that Dr. Firey's account went unpaid probably caused her stress that she could have done without.

The Slaytons called in Dr. Firey in response to Daniel's worsening physical state. It is impossible to determine what the doctor's assessment of Daniel's condition was on that day, but it must have been grim. The level of care being delivered accelerated from the time of Dr. Firey's visit forward, but nursing care, not professional medical care, came to dominate the sickroom. Indeed, a small number of informal caregivers and one formal caregiver, all of whom were women, delivered almost all of the care that Daniel received over the next three weeks. At different times, one or more of his two daughters, two daughters-in-law, and his cousin Mary were available to provide care. But the most visible and instrumental caregivers over the course of Daniel's dying time were his wife, Lizzie; midwife Eunice Randall; and Miss Harriet O'Day, a private-duty nurse from Billings.

As Daniel's spouse, Lizzie earned the title of primary caregiver, although her personality, age, and her own health problems influenced the type of caregiving activities that she could take on. Reading Daniel's diaries leading up to 1927, one might have expected that Lizzie was the most likely member of the Slayton family to face a health crisis. In addition to suffering acutely with rheumatism, she generally had "a hard time with sickness in one way or another." At the advanced age of sixty-nine,

Lizzie's frailness seemed quite apparent, and she did not generally participate in everyday household chores. For instance, when Daniel had been well enough, he was the one who prepared all of the meals for his haying crew, and when he was incapacitated other relatives or friends pitched in to get food on the table. By most accounts, Lizzie spent little time in the kitchen. A man who had worked as a foreman for a haying crew at the Slayton ranch during 1927 remembered her as "high class stuff." Lizzie did not need to engage in much physical labor in her home. Her daughters, daughters-in-law, and granddaughters helped both inside and outside of the house. Despite their financial difficulties, for years the Slaytons had paid to have someone come in and do laundry once a week. Perhaps in anticipation of things to come, at the end of April they hired a young girl to live in and help with household chores. Although Lizzie did not provide the lion's share of physical care, the psychosocial and spiritual support that she rendered to her husband was just as essential. With the practical dealings of the household taken care of, Lizzie was free to provide the loving care that only a partner of so many years could. She could fix his tea or coffee as he liked it, read to him, or simply chat with him about events unfolding outside of the sick room.<sup>37</sup>

Another of Lizzie's foremost activities was to complete the chronicle of Daniel's life by recording his

**Not in the best health herself, Lizzie received help with chores both inside and outside of the house from daughters, daughters-in-law, and granddaughters, including daughter Lydia, pictured here with husband Norman Hogan and their children circa 1925.**



Albie Gordon et al., *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 147

dying narrative. Daniel was obviously a devoted diary keeper, and Lizzie understood the import that Daniel attached to the small leather volumes that held the story of his life.<sup>38</sup> As a record keeper at the bedside, Lizzie did an outstanding job. She made note of the many treatments administered and recorded daily the physiological details of his failing condition as though she were a professional nurse trained in the art of chart-keeping. For the first several days that she wrote in the diary, Lizzie had retained Daniel's voice, perhaps hoping that he would step back in and take over the diary. Later, she switched to the third person, a symbolic, although likely subconscious, indication that she knew that his days of speaking and writing for himself were nearly done.

The most compelling evidence that women knew what to watch for in a dying person and what to assist with comes from the Slayton diary. Lizzie's entries make clear her knowledge about terminal care. Physical details that Lizzie remarked upon as she cared for Daniel in his final days suggest that she knew the physiological signs of impending death. Specifically, she referred to Daniel's "legs getting cold," to his "urine gradually stopping," and in the final days, to his sleeping "most of the time." What the Slayton diary does not explain is exactly how Lizzie learned how to interpret these signs. She could have been alerted to what to watch for by a physician, a midwife, or a trained nurse, all three of whom were involved in some capacity with caring for Daniel Slayton during his final days. Nothing in the diary suggests this, however.<sup>39</sup>

Much of the bodily care that Lizzie narrated during Daniel's final weeks was provided to Daniel first by Eunice Randall, Lavina's local midwife. Daniel frequently mentioned Eunice Randall in his diary pages as a household visitor before he became seriously ill. Eunice appeared to be more than a casual acquaintance but not as close a friend of the Slaytons as a number of other Lavina adults. When Eunice arrived at the Slayton home on August 20, the day that Daniel took a turn for the worse, she came not as a friendly visitor but to offer her assistance as a knowledgeable caregiver: "Eunice Randall came to help and gave me injections of olive oil and epsom salts, which helped to clean out the lower bowel. The Dr. sent up some mineral oil to take when cleaned out. Laid abed all day. Lydia canned her blackberries here

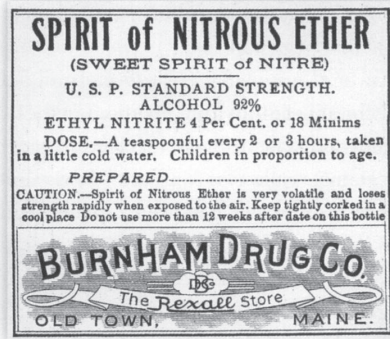
in afternoon and here again for the night with Mary helping to take care of him."<sup>40</sup>

It is not known whether Eunice Randall regularly aided with care of the dying in Lavina, but the fact that she continued to be called to the Slayton home suggests that they relied upon and trusted her gifts and abilities as a nurse and healer. On August 22, Lizzie wrote: "Eunice came. Gave Pa niter and a mustard poultice on his back. Had some bowel passage just as she came. Can't pass but little urine. Put hot cloths on bladder and took pumpkin seed tea."<sup>41</sup>

Knowledgeable about a wide range of home-care remedies, Eunice administered more therapeutic treatments than any other caregiver, and she provided the most personal aspects of physical care when she administered enemas of Epsom salts and olive oil or Epsom salts and water. The mustard poultice that she applied was a common treatment for respiratory ailments, including pneumonia, an expected outcome of terminal cancer. Pumpkin seed tea was believed to contain medicinal properties that helped improve bowel function by ridding the intestinal tract of parasites and worms. Finally, "niter," also known as spirit of nitrous ether, was a pale yellow liquid obtained by the distillation of alcohol with nitric and sulphuric acids. It was used as a diaphoretic or, as in Daniel's case, an antispasmodic or diuretic. In a later entry, Lizzie refers to Eunice administering half a teaspoon of niter in water to Daniel.<sup>42</sup>

Daniel's condition worsened daily, and somebody in the household once again determined that the doctor needed to be called. Although Lizzie made no reference to it in the diary, the "Lavina News Notes" column of the *Roundup Record* stated that Dr. Firey attended at the Slayton home August 25.<sup>43</sup> All indications are that this was the first and last time that a physician visited the Slayton home during Daniel's dying trajectory. Although after 1950 the physician would come to hold a central position at the bedside of the dying, in the 1920s the doctor appears to have done little more than confirm that all medical efforts had been exhausted and perhaps prescribe palliative drugs.

Only a few historians have looked at the topic of the role of the physician in tending to the dying. Sheila Rothman and Pat Jalland both found that although doctors ceased providing medical treatment at a certain point, physicians often remained at the



Among Daniel's regular caregivers at the end of his life was midwife Eunice Randall. It is not known whether Randall regularly aided with care of the dying, but she was knowledgeable about a wide range of home-care remedies. Among those she administered was niter, or spirit of nitrous ether, used as an antispasmodic or diuretic.

deathbed. In Rothman's study, in a chapter on the mid- to late nineteenth century, physicians remained at the bedside even after they gave up actively treating tuberculosis sufferers. Family members accepted physician efforts to provide moral support to patient and family in the absence of curative medical treatment. As long as physicians showed compassion and caring, they remained part of the caregiving team. Similarly, Jalland argues that despite their limited therapeutic powers, Victorian doctors played an important role in end-of-life care by providing "a remarkably good record of terminal care, comfort, and palliative management." Jalland and Rothman both show that physicians knew that they had additional roles to play beyond treating the patient's disease, and they acted accordingly, often at the patient's or family's insistence. In concert with informal caregivers, they provided a holistic program of care to the dying, a program that included spiritual and psychosocial, as well as physical, care.<sup>44</sup>

Evidence in the Slayton case study suggests something quite different—namely that the physician was completely absent during the final days. In Daniel's case, doctors played only a minimal role in the late terminal

phase. One can speculate about the reasons why. The doctor's short and infrequent visits might have been typical for a rural community, especially in a small town like Lavina that lacked its own local physician. Perhaps the Slaytons were unwilling or unable to pay for the doctor to come more often or to stay for longer periods of time. It is also possible that by the late 1920s the "house call" was gradually becoming something of a lost art and that what transpired with respect to physician attention in the Slayton household was quite commonplace.

### *The Deathbed*

As the final days of August came to a close, the Slayton family faced several more critical junctures. On August 27, Dan Jr. arrived from California, and Eunice Randall came "to stay for a few days." Then, on August 31, Lizzie wrote: "Pleasant. Pa very nervous. Didn't sleep much of any and Ernest called me and I gave him some medicine, then he wanted the rest called and Dan came in and we had a very serious talk and we crossed hands and he promised to look after me and do right. Ruth came in, then Mary, and then Lydia, Bert and Pearl."<sup>45</sup>

Daniel's decision to call his family to his bedside signaled his awareness that time was running out. As a devoted husband, his main concern was to secure a



Daniel Ellis, oldest of the Slayton children, arrived home on August 27. On August 31, Lizzie recorded that her husband "wanted the rest called and Dan came in and we had a very serious talk and we crossed hands and he promised to look after me and do right. Ruth came in, then Mary, and then Lydia, Bert and Pearl." Daniel Ellis and his mother posed for this photograph after he returned from serving in World War I.

Abbie Gordon et al., *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 149

promise from his eldest son to take care of Lizzie after he was gone. Although his tiredness must have made the effort difficult, he felt it was time to say what he had to say to his children, his cousin Mary, and one of his daughters-in-law, Pearl. By the end of that day, any doubts his family had about the reality of his impending death were surely erased.

Another event on the thirty-first that signaled the seriousness of Daniel's condition was Dan Jr.'s decision that a trained nurse needed to be "sent for." Perhaps Dan felt that the care provided by Eunice Randall was inadequate or perhaps Eunice was unable to continue her bedside care due to other obligations as she did have a young son at home and babies to deliver. A call was made to Dr. Armstrong, who advised that Harriet O'Day, a private-duty nurse from Billings, would be available to tend to Daniel. A son-in-law was dispatched to pick her up. Whether he had to drive to Billings or merely to the train station in Lavina is not clear. Upon her arrival, Miss O'Day gave Pa some "pain medicine," almost certainly morphine, which "kind of upset him and he was a little out of his head." Lizzie "was called" at 11:00 P.M. The reference to being "called" might have meant that the nurse thought Daniel was about to expire, or Daniel himself could have been calling out Lizzie's name.<sup>46</sup>

The arrival of a professional nurse added to, but did not replace, family care. Family members continued to sit with Daniel at night and during most hours of each day. Lizzie continued to record the details of Daniel's care, noting the precise times at which Miss O'Day gave him "a hypo," or hypodermic injection.

On September 2, the morphine "made him dozey," but he had a "very bad spell" between 1:00 A.M. and 3:00 A.M. and another "towards morning." Lizzie wrote, "could hear him from my room."<sup>47</sup>

Another crucial turning point came on September 3 when Daniel "called for Mr. Peck." Reverend Peck, the Methodist minister, had been a welcome guest in the Slayton home for several years, but the number of his visits had increased following Daniel's terminal diagnosis. During June, he made one visit; during July, three. On August 8, Reverend Peck visited the same afternoon that Daniel had his will witnessed, and he called again on August 21 just as Daniel's condition worsened. Reverend Peck's last visit with Daniel took place on the third, the last day that Daniel appeared to be coherent. Lizzie wrote: "He called for Mr. Peck and when he came he talked with him and then we had a word of prayer together."<sup>48</sup> Having settled business and family matters, his last words focused on settling affairs with his God.

During the final week of Daniel's life, the household beyond the bedroom remained a hub of anxious activity, the stresses of caregiving exacerbated by the heightened level of activity. The social reality of Daniel's dying trajectory was that it took place in a very full and busy household, and it coincided with one of the busiest times of the ranching year. In addition to having to feed a haying crew of ten people, on September 4 the Slayton family had to welcome their annual boarders. Daniel and Lizzie had provided living accommodations for Lavina's schoolteachers for many years and even though their arrival meant



Albie Gordon et al., *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 151



Albie Gordon et al., *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 153

**Four days after Daniel asked to see his children, Lizzie wrote in his diary that "[h]e was out of his head most of the time and also thru the night, getting worse, weaker, and more flighty." She also noted, "Bert and Eunice [right] and Pearl and Ernest [left] down at night and Ernest staid in the room with him all night." Increasingly exhausted, Lizzie relied on faith, family, friends, and nurse Harriet O'Day to get through Daniel's final days.**

## Lizzie drew heavily upon her faith to perform her final and most important caregiving task, to help Daniel make the spiritual transition from this life to the next.

more work at this already frantic time, they did not turn the teachers or their high-school boarder away.<sup>49</sup> Besides Daniel, Lizzie, and Mary Sagar, the ranch foreman and the hired girl lived-in, so with the addition of four new boarders and a nurse the population of the household grew to ten persons living under one roof. In addition, the Slayton's five adult children, their spouses, and multiple grandchildren were in and out of the house daily. Mealtimes alone were a major undertaking since, with the haying crew, more than twenty people had to be fed at each meal.

Events taking place in the Slayton home during Daniel's final weeks of life reveal how willing Lavina community members were to pool their resources to assist a family in need. While friends from church, the Eastern Star, and the Ladies Aid dropped by with flowers, berries, and tumblers of jelly, other women provided support of a more practical nature by helping to cook dinners. Male friends also showed up. George Hogan came to deal with a swarm of bees on Lizzie's Russian honeysuckle, and other friends dropped in to visit Daniel.<sup>50</sup> August 28 was the last day that Daniel received visitors. On that day he met with Mr. Moreland for a few minutes but did not want to see Gertrude Fisk or Mr. Cooper. During his last week of life, Daniel did not receive social callers.

According to Lizzie, Daniel had one of his worst spells on the night of September 4. As she wrote: "He was out of his head most of the time and also thru the night, getting worse, weaker, and more flighty." By now, the physical and emotional strain was starting to show on everybody, especially Lizzie: "A fine morning. I had a bad spell myself from being worn out and getting a big store bill \$244. It discouraged me so I played out and laid on bed all morning. In afternoon felt better and took a walk down to the wheat field and saw Kenneth cutting wheat and Dan Jr. shocking it. Bert and Eunice and Pearl and Ernest down at night and Ernest staid in the room with him all night."<sup>51</sup>

The bad nights did not subside, and Lizzie grew even more exhausted. On the day before he died, Lizzie observed that Daniel was very restless, with "arms agoing all the time but he doesn't call for us so

much." That evening, she "heard Pa in the night and partly dressed but as I was not called laid down again in bed with shoes on." Daniel also did not eat or drink on that day; the end was fast approaching. Ernest, the youngest Slayton son, stayed with Daniel for most of the night.<sup>52</sup>

In Daniel's final hour, Nurse O'Day watched over Daniel's dying body as the devout Lizzie drew heavily upon her faith to perform her final and most important caregiving task: to help Daniel make the spiritual transition from this life to the next. Strong spiritual faith had woven its way through the fabric of Daniel and Lizzie's lives, and in his final weeks, days, and hours, religious sentiment climbed to new heights. Lizzie was obviously familiar with traditional religious rites and rituals at the deathbed, as evidenced by her choice of psalm and hymn. But religious fervor was employed only in part as a religious ritual to escort or encourage Daniel's spirit out of the material world. Standing beside Daniel's deathbed, Lizzie engaged passionately with her faith as a means to get herself and her children through the wrenching agony of losing her beloved husband and their father. One can almost feel the depth of Lizzie's emotions as she stood over her dying husband reading the 103rd Psalm, a psalm of thanksgiving and joy that acknowledges the finite days of humans. Verses 15 and 16 read: "As for man, his days are as grass; as a flower of the field, so he flourisheth. For the wind passeth over it, and it is gone; and the place thereof knoweth it no more."<sup>53</sup>

Following Lizzie's spiritual ministrations, Miss O'Day also said a short prayer, and the family recited the Lord's Prayer. Sometime later, Reverend Alstad, the local Lutheran pastor, attended the deceased to pray and read from the New Testament. Reverend Peck's absence is explained by a newspaper article noting his departure for Bozeman to attend the Methodist conference.<sup>54</sup> The long nights of torturous agony were over for Daniel, but with his death his family's pain and grieving were newly born.

The Slaytons did not have to bear their sorrow alone. In the days following Daniel's death, the community of Lavina supported the family as they had

throughout Daniel's dying days, a reminder that the acts of death and dying have social implications. On the day of Daniel's death, the school flag was dropped to half-mast, and the general store that he had previously owned was closed to honor a community leader. Mrs. Jensen brought doughnuts; Mrs. Bilden and Mrs. Balgord, longtime Slayton friends, dropped by to offer sympathy and help where needed. Mrs. Linton, Miss Gossink, and Mrs. Burdick each took one of the three teacher-boarders back to their homes to provide them with an evening meal. On the following day, a nearly full-page obituary for Daniel appeared in the *Roundup Record* stating that news of this pioneer's demise had "caused profound sorrow among his host of friends" even though "it was known for some months that his condition was hopeless."

daytime and sometimes through the night, but there is no evidence that they provided any physical caregiving. Dan Jr. assumed an authoritative role when he arrived in Lavina from his home in California. As the eldest son, perhaps it was expected that he would take charge when his father was incapacitated. Clearly, he was the person who decided that it was time to hire professional nursing services. Harriet O'Day's arrival in the household did not seem to disrupt in any way the caregiving routines and regimes that had been put in place during the weeks that Eunice Randall, Lavina's midwife, had provided the nursing care. As is the case today, the availability of a female caregiver influenced both the level of care that the dying would receive and the location where that care would take place.<sup>56</sup>

## As is the case today, the availability of a female caregiver influenced both the level of care that the dying would receive and the location where that care would take place.

Daniel's status in the community was likely what garnered extra concern for him and his family from nonfamily members. In terms of providing physical and psychosocial support, the women of Lavina had more than done their part and would continue to do so as the grieving and funeral process wore on.<sup>55</sup>

Lizzie Slayton's daily record of Daniel's dying trajectory provides a window into one family's experience with care of the dying and provides important insights into the history of the home as hospice. Overall, what this story makes apparent is that the process of dying and caring for the dying was not treated solely as a medical event. Tending to Daniel's physical needs and comforts took up a great deal of time in the late terminal phase. At the end, a large cast of characters participated in the unfolding drama in the Slayton household, tending variously to the physical, practical, religious, and psychosocial needs of both patient and caregivers.

The team that tended to Daniel consisted primarily of females, including some close relatives and others who entered the household specifically because they had the skills required to care for a critically ill person. Daniel's sons sat and visited with him during the

How much the Slayton case study is representative or typical of families in the region is hard to ascertain, but there are some commonalities worth noting. Love and affection may have motivated family members to care for dying loved ones, but a strong sense of social and family responsibility also dictated that the sick would be cared for by their family members, almost always women. Issues of care of the dying, where it would take place, and who would provide it were keenly influenced by a cultural ideology that dictated that women were in fact the "natural" caregivers.<sup>57</sup>

Religion also played a role in Daniel's illness and his dying trajectory. Travel to the Protestant hospital in Great Falls suggests some allegiance to the Protestant church, and visitations by clergy to Daniel at home over several months reveal a closely held faith. Lizzie's references to Bible verses, hymns, and prayers at the very end of Daniel's life also suggest the importance of religion, as does the attendance of a pastor who arrived to pray with the family in the hours following Daniel's death. Class also had an impact on the available care. The Slaytons were elite members of a small community, and the amount of care available to Daniel and his family reflected his status. Although Daniel had fallen on hard times financially, he still had the means to travel as far as he wanted to in order



**Daniel passed away at his Lavina home (above) on September 8, 1927, surrounded by the people and the things that he had loved and worked for. In the days following his death, the community of Lavina continued to support the family and honor the memory of one of its leading citizens.**

to seek medical treatment. The Slayton family's relative wealth also meant that they could afford to try a number of different treatments. Many families would not have been able to afford a range of treatments, even if they believed that they were the only option that might keep their loved one alive. The family's financial circumstances also enabled them to employ domestic help, which in turn allowed Lizzie and the Slayton daughters more flexibility in caregiving and running the household.

It is also important to note that Daniel Slayton's story illustrates how patients decided for themselves how far to go for treatment. In the end, when treatment options were exhausted and the real work of dying began, family care, with some help from outside the household, allowed Daniel to stay in his home. To modern readers, there is a sense of success in Daniel's death. He died at home, in his own bed, surrounded by the people and the things that he had loved and worked for. When polled today, over 80 percent of North Americans state that if they were diagnosed with a terminal illness, and if they could choose, they would prefer to die at home.<sup>58</sup> Paradoxically, the percentage of people actually dying at home is about 20 percent or less.<sup>59</sup> The reality is that where terminally ill people die is prescribed more by circumstance

than by choice. Caregivers are an important part of the context that shapes that choice.

The research that resulted in this article grew out of frustration with literature in the history of health and medicine that implied that families readily gave up their caregiving role once hospitals became available. Evidence from the history of Alberta and Montana contradicts this assumption. Terminal care in hospitals was the exception and not the rule, and dying patients most often spent their final days in hospitals only when the absence of family or other female caregivers necessitated it. Families did not abdicate their responsibilities for the dying. Instead, family members continued to provide care to dying loved ones up to at least the middle of the twentieth century.

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## Notes

### Dying in the West

1. Daniel Slayton diary (hereafter Slayton diary), Sept. 8, 1927; Daniel Webster Slayton and Lizzie Ellis Slayton Papers (hereafter Slayton Papers), MC 178, Montana Historical Society Research Center, Helena, Montana.

2. Susan L. Smith and Dawn D. Nickel, "From Home to Hospital: Parallels in Birthing and Dying in Twentieth-Century Canada," *Canadian Bulletin of Medical History*, 16, no. 1 (1999), 49–64. For a discussion of the influence of the growth of medical specialization on the relocation of medical care from home to hospital, see David Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890–1950* (Montreal, 2002), 35.

3. Shirley Parrott to author, Dec. 7, 2002. Some personalities defied my research tactics, and first names and/or additional personal information could not be found.

4. Emily K. Abel, *Hearts of Wisdom: American Women Caring for Kin, 1850–1940* (Cambridge, Mass., 2000), 36.

5. Virginia H. Hine, "Dying at Home: Can Families Cope?" *Omega*, 10, no. 2 (1979), 180.

6. Abel reveals that obligations of "neighborliness" and health care reciprocity were most evident during times of childbirth and epidemics. Abel, *Hearts of Wisdom*, 38–39.

7. Biographical information for the Slayton family is provided in Gordon Albie, Margaret Lehfeldt, and Mary Mossanny, *Dawn in Golden Valley: A County in Montana* (n.p., 1971), 142–45; Leland P. Cade, *Golden Valley County, Montana: Selected History* (Billings, Mont., 2001), 138–233. At the time of Daniel's illness, Daniel's and Lizzie's children ranged in age from approximately twenty-nine to thirty-nine. *Ibid.*, 138.

8. *Roundup (Mont.) Record*, Sept. 9, 1927; Slayton diary, Mar. 6–9, 1927, Apr. 17, 18, 1926.

9. Slayton diary, Oct. 31, 1926, Jan. 7, 1927.

10. Slayton diary, Mar. 8, Apr. 24, Nov. 21, 1926.

11. *Ibid.*, Jan. 7, 1927.

12. *Ibid.*, Jan. 10, 1927.

13. James Harvey Young, "Device Quackery in America," *Bulletin of the History of Medicine*, 39, no. 2 (1965), 154–62; Carolyn Thomas de la Pena, "Design-

ing the Electric Body: Sexuality, Masculinity and the Electric Belt in America, 1880–1920," *Journal of Design History*, 14, no. 4 (2001), 275–89.

14. Barbara Clow, *Negotiating Disease: Power and Cancer Care, 1900–1950* (Montreal, 2001), 40, 11. Clow claims that the death rate from cancer in the United States between 1900 and 1930 rose from 64 to nearly 100 per 100,000 residents. According to statistics published in the Montana State Board of Health biennial reports for those years, in 1920 the cancer death rate was 51 per 100,000 population. It had risen to 124 per 100,000 by 1950. According to the Kaiser Health News.org (accessed Sept. 22, 2009), the rate was 179.6 per 100,000 in 2006.

15. Montana State Board of Health (hereafter SBH), *Sixteenth Biennial Report, 1931–1932* (Helena, Mont., 1932), 32; Montana SBH, "Thirteen Points about Cancer," *Bulletin of the Department of Public Health*, vol. 11, no. 9–10 (1919), 29. For more on the history of early detection, see Barron H. Lerner, *The Breast Cancer Wars: Fear, Hope, and the Pursuit of a Cure in Twentieth-Century America* (Oxford, U.K., 2001), 242–50, 300; Kirsten E. Gardner, "By Women, for Women, and with Women: A History of Female Cancer Awareness Efforts in the United States, 1913–1970s." (PhD diss., University of Cincinnati, 1999). On the history of radiation or chemotherapy relative to cancer treatment in North America, see Ruth Brecher and Edward Brecher, *The Rays: A History of Radiology in the United States and Canada* (Baltimore, 1960); John E. Aldrich and Brian C. Lentle, eds., *A New Kind of Ray: The Radiological Sciences in Canada, 1895–1995* (Vancouver, B.C., 1995); Charles R. R. Hayter, "Seeds of Discord: The Politics of Radon Therapy in Canada in the 1930s," *Bulletin of the History of Medicine*, 77, no. 1 (2003), 75–102.

16. *Treasure State Cancer News*, 18 (Apr. 1959), copy in Montana Historical Society Research Center, Helena; Montana SBH, *Twenty-fourth Biennial Report, 1947–1948* (Helena, Mont., 1948), 8; Montana SBH, *Twenty-sixth Biennial Report, 1950–1951* (Helena, Mont., 1951), 70. For more on the history of the American Cancer Society, see Lerner, *The Breast Cancer Wars* and Gardener, "By Women, for Women."

17. Slayton diary, Mar. 4, 1927. Since they were both Montana old-timers, it is

entirely possible that Daniel and Dr. Armstrong knew each other personally.

18. Paul Starr claims that osteopaths and chiropractors faced "vehement medical opposition" up until at least the 1930s. Starr, *The Social Transformation of American Medicine* (New York, 1982), 127.

19. Slayton diary, Mar. 4, 1927. The exact nature and purpose of this procedure remain in question.

20. *Ibid.*, Mar. 23, 1927.

21. Quote in Cade, *Golden Valley County*, 159; *Roundup (Mont.) Tribune*, Dec. 28, 1922, Dec. 14, 1923; Slayton diary, Apr. 19, 1926.

22. Slayton diary, Apr. 6, 7, 9, 11, 1927.

23. Gerda Lerner, *A Death of One's Own* (Madison, Wisc., 1985), 49; Slayton diary, Apr. 11, 1927.

24. Slayton diary, Apr. 15, 16, 1927. It is not clear what type of "dope" Daniel took the night before he left for Rochester, but it was likely pain medication, perhaps even morphine. Slayton diary, Apr. 17, 1927.

25. *Ibid.*, Apr. 18, 19, 20, 1927.

26. *Ibid.*, May 7, 10, Aug. 11, 1927; Patsy Gerstner, "The Temple of Health: A Pictorial History of the Battle Creek Sanitarium," *Caduceus: A Humanities Journal for Medicine and the Health Sciences*, 12, no. 2 (1996), 1–99.

27. Slayton diary, May 24, Apr. 29, May 9, 1927.

28. *Ibid.*, July 19, 20, Aug. 4, 1927; Elizabeth Toon and Janet Golden, "'Live Clean, Think Clean, and Don't Go to Burlesque Shows': Charles Atlas as Health Advisor," *Journal of the History of Medicine and Allied Sciences*, 57, no. 1 (2002), 39–60.

29. Slayton diary, June 7, 8, Aug. 28, 1927.

30. *Ibid.*, July 14, 30, Aug. 8, 19, 1927.

31. Daniel's diary notes that his cousin Mary moved into his house in June, although it is not clear whether she did so for financial reasons or for health reasons. She had been ill during the spring with some unnamed affliction. It is also possible that she moved to be of assistance to Daniel. Slayton diary, June 11, 1927.

32. British nurse Harriet Copperman explains that "[a] night sitter for the last few nights will often mean the difference between the patient dying peacefully at home with a satisfied family, or being bundled into hospital and perhaps dying within 24 hours, leaving a guilt-ridden family." Harriet Copperman, *Dying at Home* (New York, 1983), 79.

33. Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York, 1994), 8.

34. Abel, *Hearts of Wisdom*, 17.

35. Betty Jane Wylie, *Reading between the Lines* (Toronto, 1995), 105; Abel, *Hearts of Wisdom*, 55.

36. Slayton diary, Aug. 20, 1927.

37. A. Martin to Daniel W. Slayton, n.d., folder 8, box 1, Slayton Papers; Cade, *Golden Valley*, 224; Slayton diary, Apr. 28, 1927; Copperman, *Dying at Home*, 1.

38. Lizzie started keeping her own diary in 1917 but discontinued in 1918. Raising five children likely consumed much of her free time. Quite remarkably, making Daniel's final entries motivated her to take on Daniel's role as family chronicler for several years. She continued to write daily in Daniel's 1927 diary, and in the new year she started a fresh, new diary and continued to diarize until 1934. Her daily writings continued to be short and to the point. Lizzie died in 1940 at the age of eighty-two. See *Roundup (Mont.) Record-Tribune*, July 25, 1940.

39. Slayton diary, Aug. 25, 29, Sept. 1927; Joan Furman and David McNabb, *The Dying Time: Practical Wisdom for the Dying and Their Caregivers* (New York, 1997), 131–32.

40. Slayton diary, Aug. 20, 1927.

41. *Ibid.*, Aug. 22, 1927.

42. *Ibid.*, Aug. 29, 1927.

43. *Ibid.*, Aug. 25, 1927.

44. Rothman, *Living in the Shadow of Death*, 114–15; Pat Jalland, *Death in the Victorian Family* (Oxford, U.K., 1996), 77.

45. Slayton diary, Aug. 31, 1927.

46. *Ibid.*, Aug. 31, 1927.

47. *Ibid.*, Sept. 2, 1927.

48. *Ibid.*, Sept. 3, 1927.

49. The money would have been a factor, in that the teachers each paid a monthly amount for their room and board.

50. Slayton diary, Aug. 22, 1927.

51. *Ibid.*, Sept. 5, 1927.

52. *Ibid.*, Sept. 7, 1927.

53. *Ibid.*, Sept. 9, 1927; Psalm 103:15–16.

54. *Roundup (Mont.) Record*, Sept. 9, 1927. Although the article was published two days after Daniel's death, the news would have been from earlier in the week.

55. Slayton diary, Sept. 8, 1927; *Roundup (Mont.) Record*, Sept. 9, 1927.

56. In my dissertation research, I was able to confirm what Susan L. Smith and I had suggested in an earlier essay, namely that the availability of a female caregiver was a key determinant of where terminal care took place. See also Smith and

Nickel, "From Home to Hospital," 57. Vincent Maida claims that currently the presence of more than one caregiver is a factor that promotes success in home palliative care. See Vincent Maida, "Factors That Promote Success in Home Palliative Care: A Study of a Large Suburban Palliative Care Practice," *Journal of Palliative Care*, 18, no. 4 (2002), 282–86.

57. Nancy R. Hooyman and Judith Gonyea, *Feminist Perspectives on Family Care: Policies for Gender Justice* (Thousand Oaks, Calif., 1995), 121. For further analyses of gender and caregiving in today's society, see Suzanne Gordon, Patricia E. Benner, and Nel Noddings, eds., *Caregiving: Readings in Knowledge, Practice, Ethics, and Politics* (Philadelphia, 1996); and Francesca M. Cancian and Stacey J. Olikar, *Caring and Gender* (Walnut Creek, Calif., 2000).

58. *Toronto Sun*, June 26, 2003, p. 67. The percentage of North Americans surveyed who express a desire to die at home and not in a hospital is approximately the same as it was over two decades ago. Hine, "Dying at Home," 175.

59. Marilyn J. Field and Christine K. Cassel, eds., *Approaching Death: Improving Care at the End of Life* (Washington, D.C., 1997), 45; Donna M. Wilson et al., "Location of Death in Canada: A Comparison of Twentieth-Century Hospital and Nonhospital Locations of Death and Corresponding Population Trends," *Evaluation and the Health Professions*, 24 (Dec. 2001), 390.

### 'The Huge Mass Writhed and Screamed like a Live Thing'

1. Hauser Dam was one of three steel dams in the U.S. A search of the literature failed to turn up evidence of any other steel dams having been built anywhere else in the world. One was planned for a site near Minden, Germany, circa 1930.

2. *Helena (Mont.) Independent*, Apr. 15, 1908.

3. *Ibid.*

4. *Great Falls (Mont.) Tribune*, Apr. 15, 1908.

5. John W. Hakola, "Samuel T. Hauser and the Economic Development of Montana: A Case Study in Nineteenth-century Frontier Capitalism" (PhD diss., Indiana University, 1961), 3.

6. Alan S. Newell, "A Victim of Monopoly": Samuel T. Hauser and Hydroelectric Development on the Missouri River, 1898–1912" (master's thesis, University of Montana, 1979), 3. While no definitive biography yet exists, accounts of Hauser's life can be found in Joaquin Miller's *An Illustrated History of Montana* (Chicago, 1894), 126–27, 213–30; Robert G. Raymer, *Montana: The Land*

*and the People*, vol. 1 (Chicago, 1930), 274–75; Helen F. Sanders, *A History of Montana*, 3 vols. (Chicago, 1913), 1:348–50, 2:880–82; *Progressive Men of the State of Montana* (Chicago, n.d.), 202–3; and William G. Robbins, "The Deconstruction of a Capitalist Patriarch," *Montana The Magazine of Western History* (hereafter *Montana*), 42 (Autumn 1992), 20–33. Hauser's niece, Mrs. Erastus B. Jones, wrote a biographical overview of Hauser's life, "Sesqui-Centennial Bethania Congregation 1759–1909," copy in folder 2, box 1, Samuel Thomas Hauser Papers (hereafter Hauser Papers), MC 37, Montana Historical Society Research Center, Helena (hereafter MHS). For the most comprehensive overview of Hauser's career up to 1893, see Hakola, "Samuel T. Hauser."

7. Robbins, "The Deconstruction of a Capitalist Patriarch," 28; Newell, "A Victim of Monopoly," 39. Hauser created a consortium of various Helena power companies that eventually came together under the umbrella of the United Missouri River Power Company, which incorporated in 1906. An untitled document by Bea Burgess in the Samuel Hauser Vertical File at MHS and Newell's "A Victim of Monopoly" delineate the complex relationships between these companies.

8. Michael P. Malone, *The Battle for Butte* (Seattle, Wash., 1981), 16, 56. See also Federal Writers' Project, *Copper Camp: Stories of the World's Greatest Mining Town, Butte, Montana* (1943; repr., Helena, Mont., 2001), 18; C. B. Glasscock, *The War of the Copper Kings* (1935; repr., Helena, Mont., 2002), 75; John Brooks, *Telephone* (New York, 1976), 86.

9. Some western mines rigged small-scale hydroelectric generators. Frederic L. Quivik, "Early Steel Transmission Towers and Energy for Montana's Copper Industry," *Montana*, 38 (Winter 1988), 67.

10. See M. S. Parker, "Cost of Steam and Water Power in Montana," *Association of Engineering Societies*, 15 (June 18, 1895), 26; and Max Hebgren, "Hydroelectric Development in MT," *Transactions of the American Institute of Mining Engineers*, 46 (1914), 804.

11. Newell, "A Victim of Monopoly," 10; Quivik, "Early Steel Transmission Towers," 67–69. See also Rita McDonald and Merrill G. Burlingame, "Montana's First Commercial Coal Mine," *Pacific Northwest Quarterly*, 47 (Jan. 1956); L. D. Tandy, "Butte, Montana, Electric Power Transmission Plant," in *American Electrician* (Feb. 1898), 53. For accounts of early electrical development in the Montana mining industry, see Montana Power