San Joaquin General Hospital

A Historical Review

by Dr. Erwin H. Roeser

The County Hospital had its origin 133 years ago - 1857. It has been in continuous operation since that time and has served many generations of local families. To understand the times and local medical conditions which led to the establishment of the County Hospital, a few historical remarks are appropriate.

The Gold Rush in 1848 suddenly changed things in the small peaceful five-year old Stockton. About 350,000 miners came in search of gold in the mountains just east of Stockton. Tens of thousands of miners passed through the town. Nearly 6,000 of them perished in the mines for lack of medical care, starvation or assaults by Indians. Another 2,000 men died from bitter depression and disappointment. Due to the proximity of Stockton to the mines, it soon became inundated with ill people. For them, they were on their own. There were no social nets and seemingly no hope. Although they were indigents, San Joaquin County had neither the assets nor the organization to provide care for them.

In 1851 the state legislature established the "State General and Asylum Hospital." By 1853 the increasing number of mental patients caused the state to build yet another hospital, the "Insane Asylum of Stockton." Capt. Weber provided at no cost 100 acres of land on Flora Street. This hospital received all the mental patients for the states of California and Nevada. It was immediately filled with 300 patients. The general hospital care of patients was gradually phased out and the burden of caring for the indigents fell reluctantly into the hands of the County Board of Supervisors. In Pioneer Hall at a meeting of the Supervisors on August 2, 1857, a contract was given to Dr. E.B. Bateman to care for the indigents for $3,400. He was to provide for a hospital outside the city limits on the leeward side of town. The citizens then firmly believed that the air carried bad germs and caused much of the sickness. Further, a pest house was to be provided. This wasn't for termites or rodents, but for people with obnoxious contagious diseases. A 36 acre site was chosen on Hazelton Avenue and East Street (now Wilson Way). A section was provided for a potter's field and a farm to raise fruits.
and vegetables. The hospital was a two-story frame structure measuring 25 by 30 feet. It had a single ward with a central stove and kerosene lanterns. All the patients were men, as women were at such a premium they were all easily provided for.

In 1879 a second hospital was built. This was actually a north and south extension of the existing facility. Each wing cost $11,000 and brought many needed improvements. The structure now had the appearance of a hospital but a hospital only for indigents. Other people, when ill, were cared for at home. There was a myth about hospitals - it was the place you went to die. Some doctors had small two and three bed hospitals of their own for paying patients. Usually these were just part of their own homes.

In the county, contagious diseases were more feared than the Indians. The cholera plague in 1851-1853 nearly wiped out the town. Small pox was devastating. Diphtheria was a killer on short notice and consumption (tuberculosis) was everywhere. Injuries were frequent and usually treated in a home near the accident. Travelling by horse was slow, painful and impractical. It could take many hours to reach another facility. Amputations were common and performed without anesthesia. On occasions, laudanum (opium) by mouth was given and large amounts of the strongest whiskey available was provided. Further, a large lead bullet was offered so at impact of pain the injured could sink his teeth into it - "bite the bullet." All surgery was performed bare-handed giving the surgeon an excellent sense of touch. (Gloves were not commonly used until 1925.) The front door of a house made an excellent operating table and a billiard table was just the right height. A kerosene lamp was hung overhead with assistants reflecting light with large hand held mirrors. These were some of the medical conditions that prevailed in the early days of the County Hospital.

In 1886 a tremendous fire started in the coal room of the second hospital. There was an explosion from 70 tons of coal and 50 gallons of kerosene kept in the same room. There were no phones to sound alarm, but the billows of smoke soon told the people there was a catastrophe. It was 30 to 40 minutes before horsedrawn help could arrive. The water tank in the central cupola lost its support and fell to the ground. The Weber Co. pumped water from the East Street canal, which was close by, but all was too late. The hospital burned to the ground. There were 140 patients in the hospital at the time of the fire. All were saved. Fortunately, 110 were ambulatory and 30 bedridden were carried outside. People with horse drawn carts, carriages, wagons and hacks helped transport the patients to the Pavilion. The most critical were placed in Dr. Asa Clark’s sanatorium and the remainder placed in private homes. After the fire, the hospital was partially rebuilt.

In 1892 the County Supervisors purchased the Godfrey Smith farm near French Camp for the site of a new hospital. For a number of months, they argued as to where the new hospital should be placed on the new site. Each wanted it to be in his own district. At last, a compromise was reached. It was the place you went to transport the patients to the Pavilion. It was logical as it was, the geographical center of the county.
San Joaquin Hospital Circa 1860. There was a single ward with a central stove and kerosene lanterns. All patients were men.

Photo courtesy of Holt-Atherton Library of Western Culture, University of the Pacific

center of the county was selected. There were 490 acres which was large enough to provide for farming activities. To this end, it supplied the hospital with fruit, vegetables, meat, grain and dairy products. Additionally, a large cannery was constructed, and you could have a pair of shoes made. The hospital’s dairy herd was said to be the best in the state and presented much pride to the supervisors. Significantly, it was tubercular free and served as a model to the area. To a considerable extent, the hospital was self-sustaining. There was a large work force that had to live on the premise. The grounds were remote and all travel was conducted by horse. For years the hospital was referred to as the “County Farm” and often referred to as an almshouse or poor house. Farming operations were discontinued in 1973.

The new “County Hospital and Farm” was rushed to completion and was opened with much ceremony and pride in 1895. It was a picturesque building of Victorian style. There was a commanding three-story cupola in the center. This was balanced on either side with two hexagonal structures of similar design. The slate roofs added to its attractiveness. In front was a large, nicely landscaped carriage circle. The center building (the entrance) was used for admitting and receiving purposes. Included nearby were rooms for examinations and emergency care. There were five attached and connecting wooden buildings. They had large first and second story frontal porches to provide those inside relief of confinement and access to the fresh air. All buildings were painted gray with a distinctive white trim. The hospital now had a capacity of 500 beds for the indigents. It should be pointed out that the majority of the beds were for those who were either home-
less, unable to care for themselves or had lingering incapacities. The County Hospital was expected to provide for those who today are in nursing homes and other facilities. The number of acute care beds probably ranged from 50 to 100.

Dr. S.E. Latta was appointed the first administrator of this hospital in 1896. He was followed in 1902 by Dr. J.D. Dameron, a Stanford graduate. He effected the most significant changes in the history of the hospital. Medicine had made great advances by the turn of the century and new methods of treatment were implemented. He started a teaching program for doctors. Dr. William Friedberger from a local family was selected as the first intern. The quality of care improved and the hospital was on its way to becoming a much sought after hospital for medical training with more than 1,000 physicians being trained there.

A nursing school was also started under Dr. Dameron's tenure. The first graduate of a class of three was Miss Mary Graham. About 600 registered nurses were trained by the school. For many reasons, it was absorbed by Delta College in 1968. Today, there remains, in Mary Graham's recognition, the "Mary Graham Children's Shelter" (formerly Mary Graham Hall). It houses 80-100 children up to the ages of 18 years until homes or care can be secured for them.

In 1912 Dr. Friedberger became the hospital administrator and surgeon. He maintained and improved the teaching programs, he introduced the use of transfusions (the donor and the patient were placed side by side on stretchers, and the blood was pumped by hand from donor to patient), and ether became the predominant anesthesia and the liberated fumes gave the hospital a distinctive aroma. He was a kind and generous man and frequently brought food and necessities to the indigents.

World War II brought enormous changes in technology and medicine. Dr. Friedberger resigned in 1942, after 30 years at the hospital, and a number of physicians followed as directors while they also carried on private practices.

The size of the administrative job had become very large, and eventually the supervisors selected a certified lay hospital administrator to continue operations of the facility.

Tuberculosis had always been a problem in this county since the early days of the miners. In 1913 the County Hospital responded by building a special ward to house only tuberculosis patients, probably the first in the state. About 1920 it became more prevalent and of great concern to state and local authorities. A commission was appointed to study the problem and the members advised a separate sanitarium. State officials advised the site of Murphys, California, because the elevation of 2,000 feet was held to be beneficial. It also served to further isolate the disease. In 1928 the Bret Harte Hospital was opened. It was funded 99% by San Joaquin County and 1% by Calaveras County. Grants from the state in limited amounts were received. Many doctors and nurses contracted the disease. A number of citizens of the county over 40 years of age have been patients at this hospital. There were four buildings - one each to house the various stages of the disease. It employed 212 people and was professionally staffed and supervised by the County Hospital.

In 1950 a drug named Isoniazid became available. It was very effective. Then in 1952 streptomycin was used for the more difficult cases and it, too, was remarkable in its effectiveness. Rapid cures were hard to believe and the hospital census dwindled. Eventually, only a few cases remained, which could now be easily cared for at the County Hospital. The county Medical Society attempted for years to get the Supervisors to close the hospital. An attempt was made to save it by making it a rehabilitation center. Finally the property was sold in 1971 and it is now a recreation and resort area. There remains today a Bret Harte Clinic on the first floor of the county hospital.
functions very well for tuberculosis patients. The number of these cases is increasing, however, at the present time. Public health nurses follow the patients' care. They also help evaluate the social and family settings, particularly as to children, for possible exposure. Today, an infected patient can be made noncontagious in 48 to 72 hours. Occasionally, people are uncooperative. In such cases the sheriff has the authority to impound such individuals.

After the flu epidemic of 1918, there developed a greater awareness of contagious diseases of all kinds. People commonly wore masks when entering public places. The county sheriff was not hesitant in posting a large black "Quarantine" notice on the front door of a diseased patient's home. In 1923 the County Hospital built a separate brick ward which was used for certain contagious diseases. Diptheria, scarlet fever, mumps, cholera, chicken pox, venereal disease and whooping cough were some of the contagious infections. There was also malaria. Though not contagious, it did prompt the Supervisors to pass a mosquito abatement measure which is still included on your yearly tax statement.

The need for a downtown patient clinic became apparent - especially one directed primarily for the needs of baby care and communicable diseases. The concept of preventive medicine was new to all - young and old. In 1925 the County Health Clinic was established in a building on Market Street. In 1926 a young Stanford-trained pediatrician by the name of Dr. Lynwood Sutton arrived on the medical scene. He was the first specialist in pediatrics and brought a much needed expertise to the clinic. Through his work he saved more lives than any other doctor in the history of the county. He once recounted how on severe foggy nights, when making

San Joaquin General Hospital Circa 1896.
Photo courtesy of Holt-Atherton Library of Western Culture, University of the Pacific
house calls in the country, his wife, Ann, would walk ahead of him with a lantern so he could follow the road at 2 a.m. He was a very dedicated and loved doctor, especially by mothers with a sick child. The out-patient clinic was closed in 1951 and transferred to the French Camp facilities.

The early needs for public health services were something the County Hospital could not reasonably assume. Stockton was too small to then qualify as a public health satellite. The state headquarters were in Berkeley. Local doctors found that it took 3-4 days to send a diptheria throat culture to Berkeley and get a report. For many reasons an independent local health district was formed in 1923 by the County Supervisors. The San Joaquin Local Health District had an independent board of directors made up of people with special health interests or qualifications. This was funded by county, state and federal funds. It was located where the first county hospital was built on Hazelton Street. The first director was Dr. John Sippy who immediately recognized the quagmire of public health services. He was followed by several other doctors who continued to provide excellent leadership. Again, it should be pointed out that their mission was to help prevent and control diseases or illnesses. To this end, there was an emphasis on vaccinations and injections to prevent such diseases as diptheria, whooping cough, tetanus, etc. It is interesting to note there has not been a case of small pox in the United States for nine years due to the collective services of public health care throughout the country (you no longer need this vaccination).

There was also tuberculosis screening with free X-rays and skin tests for anyone. The agency carried out inspection of milk supplies, water (city and rural), restaurants, sanitation, pollution (including air), etc. It was the reportable angency for dog bites, venereal diseases and certain other infections. The Health District supervised and directed the much needed public health nurses. The professional community of doctors found them resourceful and helpful for advice on many unusual problems. The autonomous health district as such could not qualify for large public grants, however. In 1989, therefore, it was merged with the County Hospital. All services and facilities remain at the Hazelton Street address.

About 1950 there developed a crisis of disorganization at the County Hospital which also affected medical care. The system just wasn't working and what to do about it remained a difficult problem. A ministerial group, after hearing complaints, found that some patients waited six hours or longer for a few minutes time from a doctor. In addition, they had to ride buses to get to the hospital, which added to the total time. Some just took the day off; others brown-bagged their lunches. The emergency room was a mess. It was one large room with two "cubicles", two doors, two doctors and four nurses. This medical team saw 90 patients a day, many critical. Interns made decisions as to who might be admitted to the hospital, usually after a phone call to his resident. It was so crowded that eye exams were carried out on the porch. The community newspaper felt a social conscience and had a field day. Finally, the Supervisors hired a hospital consulting firm by the name of Louis Kroeger Associates. They rendered a scathing report. The lack of central authority and direction was missing. For example, the business manager made one report to the Supervisors and the hospital administrator made another. Overcrowding of patients was severe and the hospital now provided care for 720 beds. Probably this same story could have been told of many other county hospitals throughout the nation at that time. By today's standard, the teaching of the house staff was thin or monopolized by the department heads. These were the conditions in 1953.

The Board of Supervisors in 1960 responded with plans for a 75,000 square foot addition. Mr. Warren Wong was hired as the architect for the $2,000,000 structure. It was to provide for new radiology, obstetrics, psychiatric admitting, intensive care and conference room. August 23, 1963 the new wing was opened. The long needed wards were also added. These ward houses the custodial care.

The County Hospital is only likely in the future to send or assist in the care of social ills. It is not interwoven. The full-time doctors have infirmaries, acute care, control of communicable disease. The year the $1,500,000 was spent for substance abuse and alcohol. There is a 30 bed ward for alcoholics. There are ongoing follow-up patients. The alcoholic program is methadone maintenance. It is primarily for the most, of these are convicts. Maintenance programs are received and rigidly controlled at the County Hospital. It is innovative. It is for the treatment of neo-natal care.

Like most county hospitals in the number of patients present, there were 160,000 outpatients (450 a day). It is provided by the Joint Commission. It is certificated by the Joint Commission as a hospital to become self-sufficient in obstetrics, surgery, pediatrics. There are current programs for interns. The hospital has 15 full-time doctors.
for new administrative offices, radiology, out-patient clinics, receiving, admitting, laboratory, library, teaching and conference rooms. It was opened August 23, 1962. This was a bargain for the long needed facilities. Renovations were also done and five of the old original 1896 wards were demolished. These wards were 66 years old and housed thousands of indigents for custodial care.

The County Hospital remains as the only likely institution that can manage or assist in the care of so many of our social ills. Funding and personnel are interwoven. The county jail requires a full-time doctor; while the thousands of inmates in the several juvenile facilities have infirmaries, the supervision and acute care of patients remains under control of the County Hospital. Last year the state paid the county $1,500,000 for this service. There are substance abuse programs which relate to alcohol, heroine and other drugs. There is a 30-day and a 90-day program for alcoholics. Important also is the ongoing follow-up care of these patients. There are over 3,000,000 alcoholic people in California. The methadone detoxification center treats primarily heroine addicts. Many, if not most, of these addicts will never convert. Hence, the methadone maintenance program allows for the addicts to receive free methadone which is rigidly controlled on a daily basis. The County Hospital has been very innovative. It was the first to develop programs for physiotherapy, hemodialysis, neo-natal care and other procedures.

Like most hospitals, the County Hospital has had a yearly increase in the number of people treated. At present, there are 10,000 admissions and 160,000 out-patients seen each year (450 a day). The hospital is accredited by the Joint Commission on Accreditation. It is certified to have four residency programs for training doctors to become specialists in medicine, obstetrics, surgery and family practice. There are currently 37 residents and 18 interns. The house staff includes 100 full-time doctors and 200 part-time doctors. Some trainees have stayed in the area, but most have moved elsewhere.

Funding of the hospital comes from various sources. The average per-diem cost with laboratory services is approximately $750 a day. The budget is now $70,000,000 a year and going up. In 1956 the budget was $3,000,000. The county hospital receives 100% reimbursement for the care of Medi-Cal patients. They have a large number of them. Other hospitals in the area are discounted and the difference in the loss of income is passed on to the paying patient, resulting in higher hospital bills. Similar conditions prevail for the Medicare patients. There is open competition with the private hospitals for paying patients. The County Hospital allows all county employees $100 off of the $200 insurance deductible if they will use their facility as a private patient. The County Hospital census is about 50% Medi-Cal, 20% private, 20% Medicare and 10% other. For unpaid bills, a lien is placed against personal property. Recently one claim was paid 40 years after the service. No interest is charged.

No attempt has been made to comment on the hospital's many other services as they are current and information is not readily available.

There will always be a need for the services of the County Hospital. Though originally conceived as a hospital for indigents, various Federal, State and other insurance programs have changed the nature of health care for a large segment of society.

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140 Years of Locke Ranch Farming

by R.W. Clottu

Four hundred friends and relatives of the Locke family gathered at the ranch headquarters in Lockeford on July 14, 1990, to celebrate 140 years of farming. It all began when Dr. Dean Jewett Locke bought 360 acres for $1.00 per acre from Staples, Nichols & Co., owners of a Mexican land grant, in 1850. The Mokelumne River furnished water for irrigation and, of course, there was a fording spot which became known as Locke’s ford.

Dr. Locke donated land for a town with the stipulation that there would be no drinking or gambling. The first crops were truck produce for themselves, neighbors, and for sale to the near-by mining communities. The area soon developed into a prosperous farming community and there were 200 residents in Lockeford by 1860.

The Lockes next developed a jersey dairy farm, building a big hay barn and establishing a creamery in mid-town. Dr. D.J. Locke also ran sheep in the Blue Mountain range and raised grain on the plains around the town.

The family acquired 330 acres of bottom land (along the river) in 1910. This area was a jungle of wild blackberries and tangled underbrush; a lot of time was spent in clearing by burning. Chet Locke, son of Niel and grandson of Dr. D.J. Locke, remembers cottontails running in all directions during the burning. The early scraping was done with Fresno scrapers and horses. During the 1930’s a Holt 75 was acquired.

Farming has been preventive mining. Contour leveling, one of the early balers and a plowing and harrowing peas. Niel operated a Holt 75, and Chet has a 4 bottom land producing Baby Food and a harvester, that went through each step in a day and a half. The cost was for pasture plowing and peas, and the loss for the grass. The packers for pasture silage.


Farming has always required an inventive mind. Niel Locke developed a contour leveler for irrigated pasture, one of the early windrow pick-up hay balers and a one-man harvester for picking peas. Niel did “outside farming,” operated a Holstein dairy, did contract plowing and worked for Holt Mfg. Co.

For fifteen years the Locke bottom lands produced peas for the Gerber Baby Food Co. in Oakland. From the harvester, through the thirty man crew, each step in the process was worked out to produce two tons of peas per hour. The crop is so fragile that a precise procedure is necessary to avoid loss for the grower during the two week harvest period. The land was also used for pasture and for raising corn for silage.

The Lockes went out of the dairy business in 1946, and Chet Locke (Niel’s son) took over management of the ranch and planting a variety of crops. Included were sugar beets, tomatoes, watermelons, asparagus (in 1957), beans and walnuts. Presently, the primary crops are grapes and walnuts with plans to concentrate on walnuts in the future. Chet majored in irrigation at U.C. Davis, which knowledge has been very helpful. The Locke Ranch has riparian rights to Mokelumne River water and uses both surface irrigation and sprinklers. Drainage is no longer a problem and “Camanche Dam (1963) has been a God send for flood control,” says Chet.

Some of the “upland” property has been sold for housing development, but farming continues in the bottom land with Chris Locke (son of Chet and Pat) as manager. The corporation, owned by members of the Locke family, also does grape and walnut harvesting and other farm work on a contract basis.

Pat Locke, Chet’s wife, does the bookkeeping and manages the office, which now includes computers. As Chet says, “We’ve come from Cows to Computers.”
Captain Charles M. Weber's Cabin

The question of when Captain Weber first built his cabin on Weber's Point in Stockton has been an unsolved problem to date. When the Weber family donated the cabin, now located at the San Joaquin County Historical Museum, family members believed that the structure was the original cabin. The story came down through the family that the cabin was originally located on Weber's Point. When Captain Weber built his new adobe home in the same location, the cabin was used as a detached kitchen. After this house was abandoned, the cabin was utilized for various purposes until it was moved, with the Weber home, to a new site on the Calaveras River, where it was converted into a guest house.

After searching many sources, it was discovered that two items from George Tinkham's history of San Joaquin County* could help prove the authenticity of the cabin. The two passages appear below.

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"In May of 1865, a pioneer in the press said, 'I arrived here in the late part of September, 1848, with Bernard Murphy, and Thomas Knell. We met Daniel Murphy, who had just arrived from San Jose, and a man named Eli Randall, who was keeping store for Captain Weber. We camped two or three days up the slough, after which two of the others went below (San Francisco). Captain Weber having arrived engaged me to erect a store and kitchen for him. I built the kitchen first which was the first frame building ever erected in Stockton, and the store was not completed until January, 1849.'"

*Tinkham, George H., "History of San Joaquin County California," Historic Record Co. Los Angeles, Ca. 1923.

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"In the previous year, 1848, the settlers celebrated Christmas in Great style. In the morning Peter MacQueen, a former sergeant in the Stevenson regiment, later a San Joaquin farmer, took up a collection and, visiting the three trading stores, bought the ingredients for an old fashioned Scotch punch. MacQueen mixing the ingredients to the "Queen's" taste. As they sat in the little cabin drinking from the "wassail" bowl as it was passed around and telling stories of hunting and adventure, little did they dream that their little group of twenty persons would be increased in number to 50,000 by Christmas of 1920. In the afternoon Captain Weber invited the settlers over to his residence to enjoy a Christmas dinner. They crossed the channel in whale boats...."

The first item indicates that the unknown pioneer said he built a kitchen. Now admittedly, he did not say where. But the second item states that Weber invited the men to dinner and they crossed the slough by boat to get there. This would be from the business section of town located near present day Weber Avenue and Commerce Street. Why did they not walk to Weber's Point? Because at that time Stockton Slough continued east in a bend across present day Hunter's Square and to the south east until it connected with Mormon Slough. This slough was full of water so they took the boat directly across to Weber's cabin/kitchen/house.

It makes sense that if Weber had a kitchen, any dinner he served would have been prepared there. If that kitchen had been built on the south side of the slough, the men would not have used a boat.

In conclusion: If all of the above sources of information are correct, the kitchen/cabin was built on Weber's Point before Christmas of 1848.

Written and compiled June, 1989, by Olive Davis
The Successful Housekeeper

The Successful Housekeeper is the name of a 608-page leatherbound book given to Mrs. Joyce Anderson of Stockton by Helen Bush DeLotty. The book was originally the property of Helen's paternal grandmother who brought it to California in a wagon train during the 1840's. The author is unknown, but the attitude and tone strongly suggest that he was of the male gender. The language of the Preface, which follows, supports this conclusion and is of interest to the Historian.

Preface

"In the compilation of this work, we have striven to give the greatest amount of information possible, consistent with the plan adopted, and to so arrange it that any subject sought can be easily and quickly found; and, when found, that it shall contain just the information sought. The tendency of the age is toward the practical, and he who would gain the attention of the public must be concise and to the point.

Our aim is to assist in the management of the household, but especially would we enter our plea for improved cookery. Ill-cooked meals are a source of discomfort. Bad cooking is a waste - waste of money and loss of comfort. Among the "common things" which educators should teach the rising generation, this should not be overlooked. It is the commonest and yet the most neglected of the branches of female education.

In this department we have endeavored to give only those recipes which have stood the test of actual use and received the endorsement of the best cooks and caterers of the day, and all of them can be depended upon as being just what they purport to be.

We have considered it unnecessary to add the names of the contributors, as most of them would be nearly or quite unknown to the reader, and therefore, would carry no weight of authority with them and would serve to occupy space, which is better used for additional recipes.

The greater part of human labor is occupied in the direct production of the materials for human food. All these articles - corn, beef, mutton, and such like - are handed over to the female half of the human species to be converted into food for the sustenance of themselves, their husbands, and their families. How do they use their power? Can they cook? Have they been taught to cook? Is it not a fact that, in this country, cooking is one of the lost or undiscovered arts?

The most worthless unit in a family is an ill-managing wife, or an indolent woman of any sort. If she knows nothing of her kitchen, and is at the mercy of the cook, the table will soon become intolerable - bad soup, soft and flabby fish, meat burned outside and raw within. The husband will soon fly from the Barmecide feast and take refuge in his club, where he will not only find food that he can digest, but at the same time escape from the domestic discord that usually accompanies ill-cooked victuals at home.

In short we want common sense in cookery, as in most other things. Much of it is now absolutely wasted - wasted for want of a little art in cooking it.

The advancement of people is measured by its proficiency in the cuisine. Vice and crime consort with foul living. In those places demoralization is the normal condition. There is an absence of cleanliness, of decency, of decorum - all tending to foster idleness, drunkenness and vicious abandonment.

Besides the cooking recipes, we have added such other information as is of importance to every housekeeper. In its completeness we now present The Successful Housekeeper to a discriminating public, with the hope that it may make easier the burden and more pleasant the cares of the over-burdened wives and mothers of our land."
Wine Tasting

Editorial Comment
Our thanks to those readers who have taken time to respond to the information contained in our publication. We strive for accuracy and appreciate receiving questions and comments!