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DR. JOHN GEORGE GEHRING AND HIS BETHEL CLINIC

Pragmatic Therapy and Therapeutic Tourism

by

William D. Andrews

FROM ABOUT 1890 to 1925, America's elite came by the hundreds to the small mountain hamlet of Bethel, Maine, not as tourists but as patients of Dr. John George Gehring (1857-1932). Gehring's grand house, still standing today on Broad Street above the Bethel Common, functioned as a clinic where prominent academics, scientists, politicians, industrialists, philanthropists, and socialites stayed for varying periods to receive treatment for anxiety, stress, depression, and digestive ailments.

The story of Gehring and his clinic lingers in Bethel's collective memory, but it is largely unknown in the wider fields of Maine and American history. Gehring's work is important because it reflects national trends in the treatment of psychological disorders, especially among the elite, and because it demonstrates a particularly pragmatic approach to the needs of individual patients. It also reflects a key theme in Maine history: the importance of therapeutic tourism—visiting for the purpose of regaining health—perhaps better known as practiced at the contemporaneous Poland Spring Hotel and its water-bottling works. Gehring's clinic, set in the natural beauty of the western Maine mountains, attracted the rich and powerful, and they in turn benefitted the state through philanthropy, establishing a pattern that continues to the present day.

John George Gehring

Gehring was born in Cleveland on July 4, 1857, the son of Karl August and Wilhelmina Gehring, both immigrants from the Wurttemberg area of Germany. He was the second of four children. Karl Gehring was a

grocer in Cleveland, and, like other land-hungry immigrants, he bought parcels of real estate in the area. Although of modest means, the family sent John to Western Reserve University (now Case Western Reserve), where he earned a medical degree in 1885. He apparently practiced with Dr. George Crile (1864-1943) and Dr. Frank Weed (1846-1891), both involved in founding the famed Cleveland Clinic. Gehring was also listed in the catalog of the Medical Department of the University of Wooster (now the College of Wooster) as Lecturer on Histology and Pathological Anatomy in 1885-86 and later as Professor of Microscopy and Pathology.¹ Since Gehring was at this time already in Bethel, it seems likely that these posts were of a consulting or perhaps honorific character.



Dr. John George Gehring, 1912. As this photograph suggests, Gehring was slight, trim, and dapper. He was known to smoke cigars and dress formally. Despite his slight frame, Gehring was a physically active man and encouraged his clients to engage in robust activity as part of their therapy. *Collection of the Bethel Historical Society.*



Dr. John George Gehring House, Bethel, Maine, circa 1900. Gehring's grand residence still stands today on Broad Street above the Bethel Common. During the early twentieth century, the home functioned as a clinic where prominent academics, scientists, politicians, industrialists, philanthropists, and socialites stayed for varying periods, receiving treatment for anxiety, stress, depression, and digestive ailments. *Collection of the Bethel Historical Society.*

Gehring's move from Cleveland to Bethel apparently originated in a visit he made to the Southwest as a cure for what may have been stress or even a mental breakdown.² There, he met a New England couple, Mr. and Mrs. George Farnsworth, who may have come for similar reasons. While we know little about their subsequent friendship, we know that George Farnsworth died in April 1887, and in October 1888 Gehring and Marian True Farnsworth were married in Boston. Marian was the daughter of one of Bethel's most distinguished citizens, Dr. Nathaniel Tuckerman True (1812-1887), a physician and educator and principal of Gould Academy from 1848 to 1861. Marian was seven years older than Gehring and already the mother of a son, George B. Farnsworth, whom Gehring referred to as his stepson.

The new couple apparently sojourned in Europe, because Gehring cited among his accomplishments a Doctor of Science degree in 1891 from the University of Berlin. Newspaper accounts mention study in Italy and England as well. Earlier, Gehring may have undergone psychotherapy with Dr. Frederic Henry Gerrish (1845-1920), a Portland physician well known for using hypnosis to treat mental problems, and it may have been Gerrish who urged Gehring to study in Europe, where hypnosis was the object of considerable academic interest. In 1895 he received a license to practice medicine in Maine, and in 1896 he and Marian were living in her father's house in Bethel. That house was destroyed by fire and rebuilt on the same site at the top of Broad Street.³ Soon after rebuilding the house, Gehring began treating patients at home. Harvard

Professor Samuel Williston, among his earliest, noted that he visited Gehring because his wife had “heard in Cambridge” about the doctor’s success in helping Massachusetts ornithologist William Brewster by using hypnotism.⁴

Photographic evidence suggests that Gehring was slight, trim, and dapper. He smoked cigars and dressed formally—and well. A household inventory prepared in 1920 valued his clothes at \$2,500. His obituary notes his work “has been done under a very delicate, highly strung nervous organization and none too robust in body.”⁵ Evidence suggests that he was physically active, and he was active in the community as well. In 1905 he and others founded the Bethel National Bank, to which he was repeatedly re-elected as director. He was elected vice president of the Board of Trustees of Gould Academy in 1905 and president in 1921. He was a corporator of Bethel Savings Bank, a town park commissioner, an officer in the Congregational Church, a member of the Liberty Loan Committee during World War I, and president of the corporation of the Bethel Inn. In 1923 he was given an honorary doctor of laws degree by Bates College and in 1928 an honorary doctor of science by Rollins College in Winter Park, Florida, where he and Marian spent some of their winters.⁶ Gehring was not a reclusive therapist but an engaged participant in his community and his profession.

Withdrawing from active practice around 1925, Gehring spent the last six or seven years of his life enjoying the leisure and comfort earned through his thirty-year professional career. When he and Marian celebrated their forty-second wedding anniversary at George Farnsworth’s house in Cleveland in 1930, the report of their celebration mentions previous health problems. Gehring was treated for angina pectoris at Johns Hopkins in 1931, and died in Bethel in September 1932. He was buried at Woodland Cemetery under a tomb said to have been carved by the noted sculptor Daniel Chester French. Marian died in December 1936 at her son’s winter home in Miami Beach and was buried beside Gehring at Woodland Cemetery.⁷

Gehring’s Therapy

As one historian notes, Gehring came to the practice of therapy “without any experience in the asylum psychiatry of the period,” and although a trained and credentialed physician, he cannot be considered, in today’s meaning of the term, a psychiatrist.⁸ Like most medical professionals of his day, he based his therapeutic practice on various sources: scientific knowledge about the human body and the chemistry of medicines; keen observation; theorizing about the connections between somatic and psychological functions; and ideo-

logical perspectives that combined cultural views and personal values. Gehring’s therapeutic methods thus reflect no “school” or formal discipline but rather a trial-and-error approach practiced by an intelligent and observant man with great sympathy for mental suffering and strong personal values about human worth. It was, put simply, a very pragmatic therapy.

Gehring practiced that therapy in a period marked by growing professional interest in psychology.⁹ The Civil War provided one impetus for this interest, as soldiers and veterans, suffering from what is now called Post-Traumatic Stress Disorder, sought treatment in growing numbers. Urbanization and industrialization disoriented people accustomed to the slower rhythms of rural life, giving rise to the term “neurasthenia,” coined by George Miller Beard in 1869 to describe a complex of symptoms including fatigue, anxiety, stress, eating disorders, and depression. “Nervous breakdown” was introduced in a medical treatise in 1901 and was also identified with new patterns of work.¹⁰ William James published his *Principles of Psychology* in 1890, Sigmund Freud lectured at Clark University in 1909, and John B. Watson published *Behavior* in 1914. Such developments provide a background for understanding Gehring’s work as they reflect heightened awareness of mental suffering in turn-of-the-century America.



Mrs. Marian True Gehring, 1912, daughter of one of Bethel’s most distinguished citizens, Dr. Nathaniel Tuckerman True. Marian played an important role in her husband’s clinic, orchestrating many of the social activities in which guests were engaged as part of their therapy. Collection of the Bethel Historical Society.

Perhaps the most famous psychological practitioner of the day was S. Weir Mitchell, the Philadelphia physician and man of letters who offered two famous therapies: the Rest Cure and the West Cure. The Rest Cure was principally practiced on women. Charlotte Perkins Gilman, a patient under Mitchell, famously described it in devastating terms in her story “The Yellow Wall-Paper” (1892) and presented a deeper critique in her autobiography, *The Living of Charlotte Perkins Gilman* (1935). The Rest Cure essentially infantilized women by forcing them to endure long periods of complete inactivity that reduced physical capacities and induced depression. The West Cure, on the other hand, was directed toward men and consisted of vigorous outdoor activity, preferably in the company of other men.¹¹ Although Gehring in some respects combined aspects of the two, there is no evidence of direct influence. Perhaps more important, there is no evidence that Gehring “gendered” his therapies, despite the high proportion of women under his care. He approached each patient on individual terms and applied appropriate methods.

His efforts were not based on a coherent theory or codified into a practice regime. He struggled to identify causes, but his theorizing lacked rigor and reflected confusion. His first known attempt to articulate a theoretical framework for treating neurasthenia is a paper he presented to the Maine Medical Association on June 13, 1900, centered on “the role which the human consciousness plays in the maintenance of health and in the induction of pathological states.” Adopting a Jamesian mechanistic model, Gehring posited that consciousness received impressions just as a “phonographic cylinder” records sounds. Gehring’s rather simplified understanding of mental processes suggests a mechanistic impressing on the mind of various images, leaving humans the “involuntary product” of their environment—in effect a Lockean tabula rasa.¹²

After this initial attempt at theorizing, Gehring turned to the core of his interest: the use of “hypnotic suggestion” to focus patients on positive impressions to improve both mental and physical health. He presented ten cases, ranging from obvious psychological problems like neurasthenia, sleeplessness, and panic attacks to physical symptoms like arthritis, angina pectoris, and even sciatica—all of which he addressed through hypnosis. In this paper it is evident that Gehring operated on a “what works” basis, since he was unable to lay out a coherent theoretical framework or a rigorous explanatory model of causation. In essence, he contended that hypnotic suggestion could relieve both mental and physical suffering. Given the state of psychology—and medical knowledge generally—Gehring should not be faulted. Rather, we

should see him as a pragmatist and a man of humane values who empathized with sufferers and was eager to put his knowledge and experience to work on their behalf.

Hypnosis was central to that therapy. Since it was likely Gehring himself had been both treated through hypnosis and instructed in its uses by Dr. Gerrish of Portland, it is not surprising that he would employ it in his therapy. Medical hypnosis, as practiced by Gehring, should be distinguished from the entertainment style of hypnosis in which subjects are induced to perform silly acts after being “put to sleep.” Professor Williston wrote that Gehring “was not able to induce the kind . . . sleep that renders the subject entirely under control. On the other hand, the suggestion of peace, drowsiness, and hope, may have had some effect, and I was taught to make these suggestions to myself.”¹³ The key term here is *suggestion*. In his only published book, *The Hope of the Variant*, Gehring described and illustrated a number of forms: auto-suggestion; therapeutic suggestion; hypnotic suggestion; and hypnoidal suggestion. Auto-suggestion, as Williston described it, equipped the subjects with key words or phrases to use on themselves with Gehring’s presence. This technique is reminiscent of two modern therapies: cognitive behavioral therapy, in which subjects identify barriers to happiness in the way they view themselves; and transcendental meditation, in which a mantra, or suggestion, triggers a state of mind that promotes relaxation and insight.¹⁴

Gehring’s Therapy Applied

Though at the center of his practice, hypnotic suggestion was only one aspect of a program that was fundamentally motivated by finding what worked for individual patients. Indeed, since what was most impressive about his therapy was how he tailored it to fit individual needs, we must begin a review of his methods by understanding what his patients presented. Few, if any, of Gehring’s patients were pathological. Samuel Williston’s symptoms were probably typical. He wrote of a lack of sleep that, combined with the stress of his work as a law professor, culminated in what we today recognize as depression: “it was now borne in upon me that I was reaching the end of the road . . . Hope grew gradually dim, and one Sunday morning a wave of despair overwhelmed me with the conviction, by no means unreasonable, that all was lost.”¹⁵ Sleeplessness, stress, anxiety, and depression were likely the main reasons people sought Gehring’s help, though not surprisingly many presented related physical symptoms, particularly digestive complaints. Gehring’s guests were, for the most part, able to afford the time and fi-

nancial cost of traveling to Bethel and settling in for weeks or even months of cure.

Gehring modified his techniques to fit individual cases, but from the recollections of guests and a few contemporary articles about Gehring, we can identify his basic methods of treatment. Beyond hypnosis, these included self-discovery, talk therapy, drugs, exercise, diet, and directed sociability.

Gehring began by encouraging patients to understand themselves. He did so by asking them to write and then discuss a full personal and family history, a method not unlike today's practice of narrative therapy that encourages patients to tell stories about themselves to identify and make connections among elements of their perceived experiences. According to one, Gehring "began by making me write my life story and that of my parents and grandparents, and then conversing with me about the whole family. He would spend two weeks getting acquainted with a patient in this way before venturing a diagnosis."¹⁶

He also did a physical examination at the outset—a "mind-and-body cure," according to one patient.¹⁷ Gehring was alert to the relationship between mental and physical health and approached both with equal care. In *The Hope of the Variant*, he wrote: "man is neither wholly an animal, an intelligence or a spirit, but all three, and he cannot hope to maintain his balance unless all three legs of the tripod which comprise his whole are recognized and used."¹⁸ Gehring's holistic approach—attentive to body, mind, and spirit—is, like his use of narrative therapy, strikingly modern.

The many antidepressants available to therapists today were of course unknown in Gehring's time, but he did prescribe and administer drugs. Indeed, Dr. T. Mitchell Prudden described him as "a believer, in perhaps a greater degree than is common among men of his attainments to-day, in the use of drugs, properly selected and controlled."¹⁹ Among those he commonly employed were strontium bromide (an alkaline used as a general sedative as well as to prevent epileptic seizure), sulfonal (to induce sleep), rhubarb tablets (to stimulate digestion and overcome constipation), *nux vomica* (derived from strychnine, to stimulate both the gastrointestinal and the central nervous system), and salol and salicylate of bismuth (for pain relief and as an "intestinal antiseptic"), calomel (mercurous chloride, used as a purgative), and white mineral oil (used as a laxative). He also prescribed such patent medicines as Frye's Pancreobismuth, Roosevelt Hospital tablets, and Tamar Indien.²⁰ The drugs Gehring administered were mostly homeopathic remedies in common use at the time. Because he treated the connection between physical and mental health, these remedies were not specifically aimed at depression or anxiety but rather at

physical ailments—mostly digestive—that Gehring perceived as being the cause of psychological problems.

Physical activity was another tool of Gehring's therapy. Guests were encouraged—some apparently felt forced—to chop wood, garden, snowshoe, hike, and play tennis. This approach is consistent with Gehring's holistic view of disorders. As he wrote in *The Hope of the Variant*, "no chronic ailment of a functional character can exist without in most instances involving both mind and body."²¹ He employed talk therapy—an hour a day with each person—to address the mind, and vigorous physical activity to address the body. And as he did with the other elements of his therapy, Gehring adjusted his method to suit the needs of individuals. Writer and social critic Max Eastman apparently needed to be led gently; Gehring required him to go outside and engage in some activity for the first five minutes of each hour and then to rest for the remainder. Each week Gehring added five minutes to the active part and subtracted five minutes from the passive part of the routine, so that within three months Eastman found himself outside working for forty to forty-five minutes of each hour.²² Gehring's careful manipulation of this routine succeeded in turning the exercise-phobic Eastman into a physically active and emotionally more stable person.

In his treatment of Eastman we see one of the fundamental underpinnings of Gehring's method: to develop the patient's esteem. He boosted his patients' self-confidence indirectly, as in Eastman's case, and directly, as in a letter to another patient: "I want to tell you that I like you, that I believe in you, hoping and wishing all good things for you. . . . I know one thing—you are going to learn to grow up to your possibilities of soul and mind and body—and that there is a provision in our being which give us *no rest* until we do."²³



Clients of the Gehring Clinic sawing wood, 1912. As a reflection of Gehring's holistic therapeutic method, which treated both the mind and the body, guests were encouraged to participate in a range of physical activities that included gardening, snowshoeing, hiking, and playing tennis. *Collection of the Bethel Historical Society.*

Two other elements of Gehring's technique deserve mention: diet and social intercourse. With his holistic view of health and disease, Gehring naturally paid attention to what his guests ate. Many of them suffered physical ailments, in addition to psychological problems, especially gastrointestinal maladies like constipation and indigestion. In addition to drugs, he prescribed bland diets, including soft eggs and warm milk. One guest wrote to his wife about "a remarkable coffee" served by the Gehrings: "Dekafa."²⁴ Clearly Gehring was aware of the stimulative effects of caffeine. Food was important not merely for dietary reasons but because social intercourse was part of the Gehring treatment. Guests lodging in the house were expected to appear, in proper dress, for formal dinners, presided over by the doctor and his wife. Book discussions, talks, slide presentations, and music typically followed, and guests were expected to participate.

In encouraging social relationships and focusing patients on cultural activities, Gehring blended his personal and professional attitudes. While he recognized his patients' suffering, he did not see them as sick. Humans, as he said, are simultaneously physical, intellectual, and spiritual beings. The first step in healing, he wrote, is "to awake to the recognition of the truth that a man may suffer because he has become too conscious of himself." To achieve mental health, to restore the balance among the animal, intellectual, and spiritual, humans needed to let go of those things in their lives that caused tension and "let the spirit of peace enter in."²⁵ If this formulation sounds modern, even New Age, one can justly say that the phrase is apt for Gehring's therapeutic approach.

The Case of George Ellery Hale

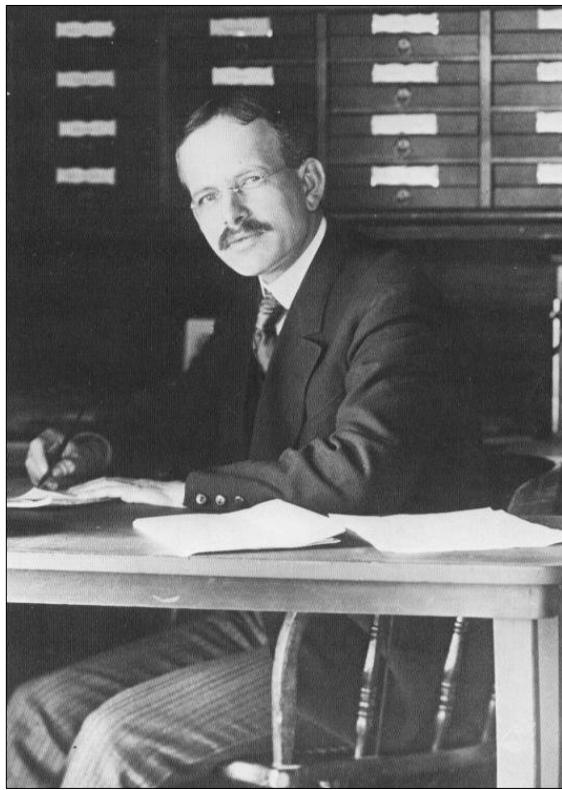
The most comprehensive documentation of Gehring's therapeutic methods appears in the correspondence of George Ellery Hale (1868-1938). Recognized as one of the most important American scientists of his day, Hale is best remembered as the founder and first director of the Mount Wilson Observatory in Pasadena, California. A native of Chicago, he graduated from MIT and, while a student there, volunteered at Harvard's observatory and became interested in astronomy and astrophysics. After studying in Europe, he joined the faculty at the University of Chicago in 1892; in 1904 he persuaded the Carnegie Institute to establish at Pasadena the Mount Wilson Observatory, which he directed. Hale founded the school at Pasadena that later became the California Institute of Technology and helped his friend Henry E. Huntington plan the Huntington Library and Art Gallery in San Marino. Hale published six books and over 500 schol-

arly articles and was awarded numerous national and international prizes for his scientific discoveries.

Over the course of this distinguished yet stressful life, George Ellery Hale suffered several nervous breakdowns. It is here that his life intersected with that of John George Gehring, as after two such breakdowns, in 1911 and 1913, Hale traveled to Bethel for the Gehring treatment. Fortunately for history, Hale was a superb and tireless letter writer, and his correspondence to his wife Evelina documents his treatment. It was Dr. James H. McBride, the family's physician in Pasadena, who recommended that Hale see Dr. Gehring.²⁶ In July 1911, Hale wrote to Evelina to say he had written to Gehring to see "if he has space for me." Gehring obviously "had space," because Hale arrived by train to Bethel on July 19, 1911. A few days later he moved into the Gehring house, which he described as "large and attractive . . . with fine grounds" and additional residences for patients. Hale met Marian Gehring and noted she was "as Herrick said, far from attractive." Gehring, on the other hand, struck him "favorably."²⁷

The following day, Hale underwent a full physical examination, the results of which he recounted to his wife: "Dr. Gehring is convinced that my trouble is mainly due to displacement and enlargement of the large intestine, combined with long use of one part of the brain, which produced a weak place for the poisons generated in the large intestine to act upon. He calls it Ptosis." To a modern reader, such a diagnosis may seem preposterous, but we should note that Hale, an eminent scientist, was nonplussed by Gehring's notion that "poisons" in the intestine invaded "a weak place" in his brain. Gehring's practice of the "mind-and-body cure" led him to locate mental problems in physical sources. From our perspective we can see that Gehring was treating two distinct (and presumably real) problems: one digestive and the other psychological. Gehring's initial prescription was a pair of "Balance Shoes" from the Portland Shoe Company. Gehring attested that the shoes cured his own flat-arch problem, and his prescription was part of a larger regimen to improve Hale's posture through exercises to reduce pressure on the intestines.

Hale's assessment of Gehring following this initial examination is notable: "I was greatly impressed by Gehring's clear and logical discussion, and believe him to be a very able man. It is true that he has 'intestines on the brain,' as it were, and lays everything to them. In my case it is easy to believe that trouble may have come from that quarter." As a scientist, Hale appreciated Gehring's clear and logical approach, and even though he made light of Gehring, he accepted that there may be a link between intestinal and psychological problems.



George Ellery Hale, 1900. One of the most important scientists of his day, Hale was the founder and first director of the Mount Wilson Observatory in Pasadena, California. Hale's distinguished career understandably led to a period of anxiety, during which he made two visits to Gehring's Clinic in 1911 and 1913. His correspondence with his wife while he was in Bethel provides a glimpse into the application of Gehring's holistic therapeutic method. *Reproduced by permission of The Huntington Library, San Marino, California.*

The letter described Gehring's prescription for diet (hot milk for several days and then mild foods like toast and eggs and the avoidance of fresh fruit), exercise ("sawing wood, playing tennis"), and medicines ("in great quantities"). The letter concluded with reference to another aspect of the Gehring regime: "last night I went there to their regular Saturday night performance. Gehring read very well from Dooley, showed lantern slides, etc." Directed sociability, a routine part of Gehring's therapy, commenced at once with George Hale.²⁸

Hale wrote to his wife four times during the first two weeks of August. Although the letters mention family matters, they concentrate on the treatment he was receiving and exhibit his growing confidence that he was improving. He mentions a daily hour of talk with Gehring, exercise, the other patients, his posture program, and his medicines. On August 11 he noted that he was feeling quite good and announced that

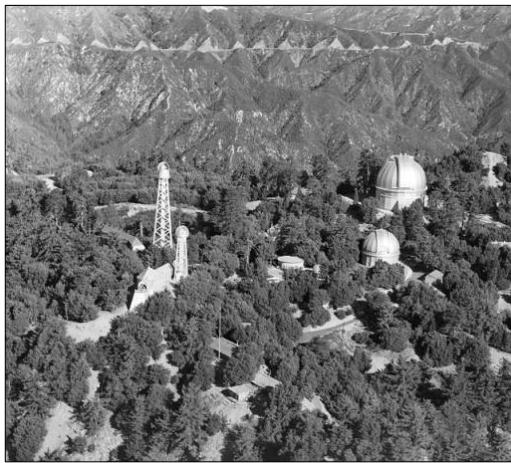
Gehring predicted he would be well enough to leave Bethel by October. Throughout these letters, Hale mentions the prospect of hypnosis with both fascination and skepticism, but he did not have his first treatment until August 15, and as his description indicates, he was less than enthusiastic:

I had my first treatment by suggestion today. . . . After the usual massage of the intestines [Gehring] . . . gave me a short lecture on suggestion, then solemnly closed the transom and began operations. "Close your eyes and lie entirely limp. Your body is quite relaxed and inert. If I lift your hand it falls back dead and motionless. Your legs begin to feel as heavy as lead (they didn't). Your intestines become somewhat numb and seem to be asleep. You involuntarily take long, deep breaths" (not I). Putting his hand on my forehead and eyes—"your forehead grows cool—you sink deeper, though you still understand and hear me clearly. Your legs are still heavier. Your arms inert." Etc. etc. But somehow the solemnity of the occasion, which others had warned me to experience, did not realize. In fact, I had an awful time to keep from laughing outright—possibly because I had been rather prone to joke from the others who had been under the spell. Of course I kept still, and when the Doctor left he told me to lie quietly for fifteen minutes before I got up. If he had looked at my face he may well have been puzzled to interpret its expression—I was choking down a grin! But I think I succeeded, as he directed many suggestions against the arch enemy that gets into the back of my head, and gave my sub-conscious self much food for thought. In spite of my hilarious mood, he partly succeeded, for my arms did feel rather queer when I moved them. But this might have come from keeping them quite still for some time. So you see what a tough customer I am!

Despite his skepticism, Hale appears in this description to have found something useful in the "suggestion." By the end of August, following additional treatments, he became quite positive and even expressed his hope that his wife could come to Bethel and experience it. This change no doubt resulted from Gehring's slow and deliberate introduction and then acceleration of the treatment. It may also have come from Hale's reading, at Gehring's suggestion, a book by Frederic H. Gerrish on hypnosis. Enthusiastic references to "auto-suggestion" appear regularly through the rest of Hale's letters from Bethel, and he noted that he planned to keep up the practice after he left.

In the letter in which he described his first hypnotic experience, Hale mentioned that Gehring showed him an X-ray of a former patient's intestine. Since the X-ray was a relatively new invention, this suggests Gehring's interest in advanced medical knowledge. The rest of Hale's letters from this stay in 1911 contain detailed descriptions of his treatment activities, and pleasant

experiences with other patients. The only negative note occurs in a letter of August 27, when he wrote that “Mrs. G gives me and every one else the jim-jams, and we take to the woods whenever we can.” His initial impression of Gehring’s wife seems to have deepened over the weeks in which Hale participated in numerous social events at the house.²⁹



Mount Wilson Observatory, Pasadena, California, 1958. Inspired by Harvard’s observatory, George Ellery Hale became interested in astronomy and astrophysics, and in 1904 he convinced the Carnegie Institute to found the Mount Wilson Observatory, which he directed. Hale also founded what would become the California Institute of Technology, and helped plan the Huntington Library and Art Gallery in San Marino, which today houses the archives of the Mount Wilson Observatory. *Reproduced by permission of The Huntington Library, San Marino, California.*

Gehring “discharged” Hale from the clinic on September 21 and billed him \$50 for the initial exam and \$80 a week for the seven weeks and four days Hale spent at the Gehring house, including treatment, room, and board. In current values, this represents nearly \$1,000 for the exam and \$1,500 a week for the stay. If these fees were typical, it is not hard to understand the Gehrings’ affluence, despite occasional gratis treatments. Gehring later sent a three-page typewritten summary of his diagnosis that firmly located the cause in the intestines, and particularly in a “flexure of the colon.” Gehring wrote that he was “satisfied that whatever mental and nervous excessive strain you have subjected yourself to would not have brought about your recent ‘breakdown,’ were not the physical basis existent.” Gehring then briefly repeated his prescription for posture exercises and careful diet and proceeded to discuss the extensive drug regime he felt necessary. The letter concluded with Gehring’s regard for Hale and his hopes for improvement:

I trust, dear Dr. Hale, that you will command me at all times in any way in which I may be of service to you, because I am very warmly interested in your being restored to your legitimate state of happiness and usefulness. I shall always take the greatest pleasure in knowing of your well-being. It is needless to say that you have left an enormous hole in the family, which we cannot hope to fill, but I am expecting to pull the string on you next year and give you a relapse, only sufficiently severe to bring you back to us for a little while.

Although the letter is formal, it clearly reflects a warm relationship. And while the tone is otherwise entirely professional, the light humor in Gehring’s threat to “pull the string” indicates an easy relationship—and perhaps Gehring’s own sense of Hale’s playfulness.³⁰

As it happens, Hale *did* come back in spring 1913. His reason for returning is not clear. Traveling east by rail, he wrote to his wife to say that he was feeling better: it “looks like a false alarm! I am practically certain now that it is not a breakdown like the first.” Still, he seems to have been committed to make the trip to Bethel. Most of Hale’s letters from this stay address the weather, long walks, and his drug regime. As he did in earlier letters, Hale complained about Marian Gehring: “Mrs. G has recovered, and holds forth daily at the table in the style of two years ago. Truman [the Rev. Truman of Pasadena] can’t stand her any better than I.”³¹ Judging from the content and tone of the letters and the relative shortness of the stay, Hale’s problems were less severe. As he did before, Gehring wrote a summary of diagnosis and treatment, this time focused solely on medications, once again related to digestion.



Dr. John George Gehring House, Bethel, Maine, 1953. Gehring and his new wife, Marian, moved into a house owned by her father when they arrived in Bethel in 1896. Shortly thereafter, the house was destroyed by fire, and this new house was built on the same site at the top of Broad Street. Soon after that, Gehring began treating patients in the house. *Collection of the Bethel Historical Society.*

He also included a handwritten prescription for “Triple Valerianates,” described as “a helpful remedy should you have depression or nervous distresses.” Perhaps Gehring felt that Hale’s mental state required more than attention to his intestines.³²

Hale’s correspondence offers rich insight into Gehring’s treatment methods. Hale moved from depression to normality as the Gehring therapy unfolded, confirming the effectiveness of Gehring’s pragmatic approach to treatment and his insistence on a gradual shift from physical examination to medications, exercise, and diet, and, almost surely recognizing Hale’s doubts, deferring hypnosis until it would be most effective. The letters also reveal how powerfully attractive Gehring’s personality was, even to a tough-minded and intelligent man of science and public affairs like Hale.

Gehring’s Other Patients

In a paper read before the Practitioners Society of New York in 1909, Dr. T. Mitchell Prudden caught the nature of Gehring’s clinic: “Dr. Gehring’s establishment at Bethel is often referred to as a sanatorium, but with this formal designation he is not in sympathy, since the spirit in which patients are received here is rather that of the entertainment of guests and their reception into the purlieus and interests of a well ordered household, than the usual entrance into a public institution.”³³ People came to Gehring for help mostly through referral from other physicians and from those who had enjoyed successful therapeutic experiences with him themselves. Word of mouth, then as now quite common in medical practice, was the principal mechanism for attracting patients. Gehring’s business records were apparently destroyed, but in trying to identify his patients we should remember that the privileged loom larger in history than the poor. We can identify famous visitors because they were often mentioned in newspaper accounts and because some left written accounts. We have no record of Gehring’s more ordinary patients and therefore no way of knowing how many he treated. Some of the better known patients include philanthropists William Bingham II, George Gund, and George L. Hailman; Professors Vincent Bowditch, J. D. Brannan, Robert Huntington Fletcher, George Ellery Hale, Robert Herrick, William Fogg Osgood, Frank William Taussig, and Samuel Williston; ornithologist William Brewster; Texas Governor and later U.S. Senator C. A. Culberson; and social critic Max Eastman; along with Henry Henshaw, Director of the Federal Bureau of Biological Survey; Frank Knight Lake, head of the Interstate Commerce Commission under Theodore Roosevelt and Secretary of the Interior under Woodrow Wilson; and Edward H. Strobel, U.S. minister to Chile and Ecuador and general advisor to Siam.



William Bingham II (left) and William J. Upson dressed as Scotsmen at the Gehring House, ca. 1912. Bingham and Upson first arrived in Bethel in 1911, and quickly Bingham and the Gehrings established what would become a life-long friendship. Through the Gehrings, Bingham focused much of his later philanthropic work in Maine, contributing to Gould Academy, establishing the Bingham Associates Fund to improve health care in Maine, and later, through his will, establishing the Betterment Fund, which is today one of the largest philanthropies focused exclusively on Maine, supporting health, education, and the environment. In 1927, Bingham funded the construction of a new medical ward at the Neurological Institute in New York, which he named in Gehring’s honor. *Collection of the Bethel Historical Society.*

In terms of his overall impact on Maine, no single patient was as important as William Bingham II. Bingham’s grandfather, for whom he was named, was a prominent Cleveland businessman and politician. His father married a daughter of Senator Henry Payne, whose brother, Oliver Hazard Payne, was associated with John D. Rockefeller in Standard Oil and created a trust fund for his nephew William Bingham II. Bingham came to Bethel in 1911 with a Cleveland friend, William J. Upson. Bingham was a reclusive person who traveled for his health and had ample means to indulge in what appears a strong tendency to hypochondria. He quickly came under the influence of Gehring and his wife, and their relationship remained close, almost familial, to the end of the Gehrings’ lives.³⁴

Marian was apparently responsible for Bingham’s financial support for Gould Academy, which began with a gift of \$2,500 to establish an endowment. Bingham continued to back capital projects and under-

write operating expenses at the academy. He served as a trustee from 1917 until his death in 1955, and the Bingham name lives on in Bingham Hall and Auditorium. Bingham bought a summer residence adjacent to the Gehring's house in 1922, and in 1932 he established the Bingham Associates Fund to improve health care in Maine through the Betterment Fund that is today one of the largest philanthropies focused exclusively on Maine, supporting health, education, and the environment. Bingham's support for Maine philanthropies, a direct result of his fondness for the Gehrings, is but one reflection of the impact of therapeutic tourism on the state. In 1927 Bingham gave \$200,000 to the Neurological Institute in New York to name a medical ward in Gehring's honor.³⁵



Max Eastman from his 1948 *Enjoyment of Living*. A well known Socialist literary and economic critic, Eastman came to Gehring's clinic in 1906 when he was only twenty-three years old. Eastman's case provides a glimpse into Gehring's sincere interest in his patients, as Eastman was offered free treatment, including room and board. Eastman later fondly remembered Gehring's kindness, referring to him as "the man who saved me from a life of invalidism."

Further insight into the people Gehring treated comes from the 1915 establishment of a formal association of his former and current patients. Called the Bethel League, the group included over 150 individuals and functioned somewhat like a college alumni association whose principal action was to assemble in Bethel to

celebrate Dr. and Mrs. Gehring. The announcement of the group's formation explains the motive and plans:

A small circle of Dr. Gehring's patients have banded themselves together and have formed a society known as the Bethel League, the object of which is to give an opportunity to its members to return to Bethel once every year, at a given time, for the purpose of renewing the peculiarly warm and sincere friendship which exists between Dr. Gehring and his patients, and also among many of the patients themselves.

Dues (payable to the treasurer, William Bingham) were \$1, and for the first meeting members were asked to contribute an additional \$1 or \$2 for the purchase of a loving cup to be presented to the Gehrings.³⁶ The first meeting was held in February 1915 at the Bethel Inn, and its activities included a dinner, outdoor activities, a "business meeting," a dance, and a "service" at the Gehring House.

League memberships provide a geographic and gender profile of Gehring's patients:

	<u>Women</u>	<u>Men</u>	<u>Total</u>
Boston area	22	20	42
Other Massachusetts	10	3	13
Chicago area	11	2	13
Cleveland	13	4	17
Other Midwest	11	6	17
New York City	7	7	14
New York City area	8	5	13
Other New York	4	1	5
Maine	1	3	4
Other U.S.	11	10	21
Canada	2	0	2
Total	100	61	161

While members of the Bethel League were not "typical" Gehring patients, this profile is revealing. Almost two-thirds of the members were women. Some, but not all, were married to men also listed. Over a fourth were residents of the Boston area, and the rest were mostly from large cities. We can infer that they were affluent, given the expenses for travel and accommodation necessary to make such a commitment.

The linkage among members is also significant. Harvard's faculty provided significant numbers, reflecting the word-of-mouth method of recruiting patients.³⁸ Samuel Williston heard through his wife about William Brewster's success with Gehring, and Brewster was also responsible for the presence of Dr. Henry Henshaw, a childhood friend, and probably Mrs. Jacob Hittinger, whom he knew. The circle that began with Brewster extended to include at least ten members of the Bethel League.³⁹ Personal relationships also no

doubt account for the seventeen Cleveland-area members, beginning with Bingham and his sister, Frances P. Bolton. Another Midwestern node existed around Mrs. William Dudley Foulke (1851-1938), president of the League in 1915-1916.⁴⁰ Foulke was an arts patron and community leader in Richmond, Indiana, and her daughter Gwendolen was also a member, as were Dr. and Mrs. John F. Urie, who lived in Chicago and spent time with the Foulkes in Richmond. Mrs. Foulke's husband was a member of the Civil Service Commission at a time when it was headed by Franklin K. Lane, who was also a Gehring patient.⁴¹

While the Bethel League included only the wealthy among Gehring's clients, a case that suggests his interest in a wider group is that of the Socialist literary and economic critic Max Eastman, who arrived in Bethel in 1906 when he was only twenty-three and many years away from the fame he would later achieve. Gehring learned of Eastman's condition through another patient, John Denison, and promptly offered free treatment, including room and board. As Eastman notes in his memoirs, Gehring "agreed to treat me gratis as an outpatient." His gratitude to Gehring is revealed in the caption to a picture of the doctor in Eastman's memoirs: "The man who saved me from a life of invalidism was Dr. John George Gehring of Bethel, Maine."⁴²

We do not know how many others received free treatment, but Eastman's case confirms that Gehring did not limit himself to the well-known and wealthy. Perhaps, indeed, it was his work with the rich that made it possible for him to accept nonpaying patients. Gehring's offer to Eastman further reveals that he sought *interesting* patients—smart but troubled young men like Eastman whose treatment provided in some senses its own reward for the curious and intellectual doctor.

As the Bethel League itself demonstrates, Gehring's fondness for his patients was reciprocated. The League's purpose included "renewing the peculiarly warm and sincere friendship which exists between Dr. Gehring and his patients, and also among many of the patients themselves." It was, in other words, both an alumni association and a mutual-admiration society. Gehring enjoyed interesting people, and he created over time a collection of patients resembling a bright social circle as much as a roster of former customers. Thus it is not surprising that Gehring became the object of fictional treatment. Novelist and scientist Robert Herrick, who spent a year with Gehring in 1907, used the doctor as the title figure in his novella *The Master of the Inn*.⁴³ Published first in *Scribner's* magazine, the story was published separately in 1908 and went through eighteen printings. The story is nearly plotless, with the strong figure of the Master of the Inn providing whatever co-

herence it manages. The figure is warm and wise in helping people temporarily residing at his Inn. His remedy includes diet, ethical and religious bromides, and open-air exercise. Herrick obviously intended this portrait of Gehring to be flattering, and the book was dedicated to "J.G.G." Gehring also served as the model for medical figures in two later Herrick novels, *Together* and *The Healer*. While the literary quality of the depictions is unimpressive, Herrick's intention of honoring Gehring in this way reflects the high regard in which most patients held the doctor.



Clients of the Gehring Clinic with Dr. and Mrs. Gehring (center) at a Valentine's Day Party. William Bingham II is second from the left, back row. Ca. 1912. The camaraderie that developed between the Gehrings and their patients is evident in photographs such as these. In 1915, a formal association of Gehring's former and current patients was established. Called the Bethel league, this group aimed to meet each year "for the purpose of renewing the particularly warm and sincere friendship between Dr. Gehring and his patients." Collection of the Bethel Historical Society.

The Gehring Family

The paucity of personal letters limits our ability to understand Gehring, but we can infer something about him from others who spent time at the Gehring house. From these accounts a picture emerges of great social activity orchestrated by Marian Gehring, who also instructed Gould Academy students in manners at teas and dances and entertained local and visiting friends and family. Gehring's Cleveland-based family, including his nephews Edwin and Norman and his niece Alma, visited frequently, often for extended stays. Both Edwin and Norman married young women from Bethel, and both became physicians. Edwin (1876-1953) eventually moved to Portland to establish his medical practice and was well known in local and state medical circles.



The spacious and elegantly appointed interiors of the Gehring House are well documented in a series of photographs taken around 1912, as well as a detailed Appraisal and Inventory carried out in 1920. Shown here is the "drawing room" on the first floor. *Collection of the Bethel Historical Society.*

Marian's niece, Mrs. Natalie T. Bartholomaei, captured some of the Gehrings' more positive traits. She remembered spending the winter of 1917-1918 with the Gehrings and described warmly their fondness for flowers, their love of travel, and their collecting habits. Gehring, she remembered, made slides of his trip to Cairo, had them colored, and projected them on a screen at the back of their lounge. Marian "read aloud a paper describing the scenes."⁴⁴ The household inventory of 1920 confirms the Gehrings' acquisitive tendencies, with household furnishings valued at about \$54,000 (the equivalent of about \$500,000 today). In addition to the usual furnishings of an upper-class home, their effects included a grand piano, a gramophone, several cameras, a fully equipped darkroom, and hunting and fishing gear. The Gehrings also collected nearly one hundred paintings, drawings, and photographs, and a library of over 1,400 items, including works by Shakespeare, Bryant, Emerson, Schiller, Dickens, Thackery, and Locke. When he died in 1932, Gehring left an estate of \$195,429, equivalent to about \$2.5 million today.⁴⁵

Although Edwin Gehring enjoyed long visits with his uncle and aunt in his youth, his attitude toward the family was less than positive later in life. A letter to his brother Norman disparaged George B. Farnsworth, Marian's son by her first marriage. "Geordie," as Edwin called him, had aligned himself with Bingham, and eventually managed the extensive Bingham charities. Edwin's resentment is palpable. Bingham, he notes, "got caught in the net of the 'Wizard of the Androscoggin' [Gehring] years ago and up to the time of Geordie's death had not been able to extricate himself." Edwin accused Farnsworth of claiming credit for

Bingham's philanthropy and of overshadowing Bingham himself. Edwin went on to criticize his uncle, whom the family called George:

George Gehring, you will recall was the sickly one of grandfather's brood, who had to be sent to bed early for his rest while our father had to hold a candle for the old man to dress his cattle, into the wee hours of the morning. George died in the seventies, a fakir; our father at 38 of tuberculosis, but all honest men.

Don't forget Marian. She had much to do, I am sure with making George and Geordie stuffed shirts and crooked but she had good material to work with.

P.S. This is not sour grapes.⁴⁶

Sour grapes or not, Edwin Gehring's candid comments provide insight into John George Gehring's character, at least as perceived by his nephew. They confirm Gehring's influence on Bingham and the widely held view that Marian Gehring was a strong, dominating personality who had a sharp eye for the main chance and for promoting herself, her husband, and her son.

The Gehring Legacy

John George Gehring founded no school of therapy, and his clinic closed permanently before he died. His only book apparently failed to excite professional or popular interest. The single instance of his influence on professional practice is the Austen Riggs Center at Stockbridge, Massachusetts.⁴⁷ That connection began in 1906 when Dr. Charles McBurney, suffering depression over his inability to save the life of assassinated President McKinley, heard about Gehring's clinic and decided to present himself for treatment. He experienced initial improvement under Gehring's care but suffered a recurrence and came a second time. Impressed by Gehring, McBurney recommended him to at least two family members: his sister-in-law and, later, his son-in-law, Dr. Austen Fox Riggs. Riggs went to Bethel in 1908, where he underwent Gehring's therapeutic treatment and engaged the older man in discussions of his methods. Riggs approved of the approach and adopted it as the basis for the clinic he established in Stockbridge in 1919. Through various permutations, the Riggs Center remains today an active psychiatric clinic.

Beyond that one clinic, Gehring's professional legacy may better be said to reside in the hundreds of persons who underwent treatment at his clinic and returned to their busy and accomplished lives because of his help. It is hard to ignore the assertions of people like Eastman, Herrick, Hale, and Williston that they owed their happiness and professional accomplishments to Gehring. In addition to his patients, Gehring touched many lives for the better in an indirect but im-

portant way: through his engagement of William Bingham II in the state of Maine. Bingham's charities have supported, and continue to support, nonprofit organizations that serve countless residents. The Gehring's influence over Bingham was responsible for this generosity. Bingham may be the most impressive example of the effect of therapeutic tourism on Maine, but the state continues to draw visitors for less dramatic but equally important recreational therapy.

Beyond his pioneering role in promoting Maine as a site of therapeutic tourism, Gehring's professional pragmatic approach to therapy deserves mention. His humane vision that people should not have to suffer from mental disorders, his direct impact on hundreds of such sufferers, and his holistic approach to curing mind and body disorders make John George Gehring a man of interest and appeal.

NOTES

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3. On Gehring, see *Who's Who in New England* (1916); *Oxford Democrat*, April 5, 1892; conversation with Donald G. Bennett, Bethel, Maine. On Gerrish, see his *Remedial Uses of Hypnotism* (Portland: William H. Marks, 1892); *Dictionary of American Biography* (1931), vol. 7; Minutes of meeting, September 5, 1895, Maine Board of Licensure in Medicine (courtesy of Timothy Terranova). On Gehring's house, see *Bethel News*, February 26, November 18, 1896; Randall H. Bennett, *Oxford County, Maine: A Guide to Its Historic Architecture* (Bethel, 1984), p. 44.
4. Samuel Williston, *Life and Law: An Autobiography* (Boston: Little, Brown, 1941), pp. 160-61.
5. "Appraisal and Inventory of Household Furnishings Belonging to J. G. Gehring," prepared by Equitable Appraisal Company of New York, June 18, 1920, Bethel Historical Society; *Oxford County Citizen*, September 8, 1932.
6. *Oxford County Citizen*, June 28, 1923, March 15, 1928.
7. *Oxford County Citizen*, October 30, 1930, September 8, 1932; Barr, "Gehring," p. 10; *New York Times*, December 21, 1936.
8. Lawrence S. Kubie, *The Riggs Story: The Development of the Austen Riggs Center for the Study and Treatment of Neuroses* (New York: Paul B. Hoeber, 1960), p. 5.
9. See Roderick Nash, *The Nervous Generation: American Thought, 1917-1930* (Chicago: Rand McNally, 1970); T. J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920* (New York: Pantheon, 1981); F. G. Gosling, *Before Freud: Neurasthenia and the American Medical Community, 1870-1910* (Urbana: University of Illinois, 1987); Barbara Will, "Nervous Systems, 1880-1915," in *American Bodies*, edited by Tim Armstrong (New York: New York University, 1996), pp. 86-100.
10. See Megan Barke, Rebecca Fribush, and Peter N. Stearns, "Nervous Breakdown in 20th-Century American Culture," *Journal of Social History* 33 (2000): 565-84.
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12. Gehring, *The Subconscious Memory and Its Relation to the Practice of Medicine* (Portland: Stephen Berry, 1900), pp. 3, 5 (thanks to Roberta Gray, Public Service Librarian, Abplanalp Library, University of New England, Westbrook College Campus).
13. Williston, *Life and Law*, p. 161.
14. I am indebted to Dr. Irvin Cohen, Jr., for background information on Gehring's methods.
15. Williston, *Life and Law*, p. 161.
16. Max Eastman, *Enjoyment of Living* (New York: Harper, 1948), p. 259.
17. Eastman, *Enjoyment of Living*, pp. 258-59.
18. John George Gehring, *The Hope of the Variant* (New York: Scribner's, 1923), p. 3.
19. T. Mitchell Prudden, "Dr. Gehring's Work at Bethel, Maine," paper read before the Practitioners Society of New York, 1909, p. 12.
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24. George Ellery Hale, letter to his wife, August 25, 1911, Institute Archives, California Institute of Technology, Pasadena, quoted by permission.
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26. James H. McBride in Helen Wright, *Explorer of the Universe: A Biography of George Ellery Hale* (New York: E.P. Dutton, 1966), p. 270.
27. George Ellery Hale to Evelina Hale, July 17, 1911, and July 30, 1911, Hale Papers.
28. George Hale to Evelina Hale, July 30, 1911, Hale Papers.
29. George Hale to Evelina Hale, August 27, 1911, Hale Papers.
30. J. G. Gehring to Dr. Hale, September 25, 1911, Hale Papers.
31. George Hale to Evelina Hale, March 14, March 23, 1913, Hale Papers.
32. Gehring to Hale, April 2, 1913, Hale Papers.
33. Prudden, "Dr. Gehring's Work at Bethel," p. 7.
34. On Bingham, see Francis Parkman, *The Gould Academy Story, 1836-1976* (Bethel: Gould Academy, 1976), pp. 93-96.
35. *New York Times*, April 27, 1927.
36. *First Annual Report of the Bethel League* (Bethel, 1915), Research Library, Bethel Historical Society. Subsequent details about the first meeting are drawn from this report.
37. The Treasurer's Report notes paid dues of \$120, which suggests that 120 people joined the League. The cup was valued in the 1920 household inventory, along with a matching stand, at \$600.
38. Prudden, "Dr. Gehring's Work at Bethel, Maine," p. 13.
39. That is, Brewster and his wife, Williston and his daughter, Henshaw, Mrs. Hittinger, and Harvard professors Bowditch, Brannan, Osgood, and Taussig.
40. On the Foulkes, www.mrl.lib.in.us/history/biography.
41. Stanley Howe, undated media release, Research Library, Bethel Historical Society.
42. Eastman, *Enjoyment of Living*, p. 258.
43. On Herrick's fictional treatment of Gehring, see Nevius, *Robert Herrick*, pp. 161-65, 2015-16.
44. Natalie T. Bartholomaei to Cathy Newell, April 21, 1977 (copy), Research Library, Bethel Historical Society.
45. Gehring's will (1929), filed in the probate office of the Oxford County Court in South Paris; Marian True Gehring's will, *ibid*.
46. Edwin Gehring to Norman Gehring, September 5, 1949, Research Library, Bethel Historical Society (copy, courtesy Katherine Gehring LaFond).
47. On Riggs, see Kubie, *Riggs Story*, pp. 1-12; Jeffrey L. Geller, "Avoiding Extinction: Private Psychiatric Hospitals in the Opening Decade of the Twenty-First Century," *Psychiatric Quarterly* 77 (Summer 2006): 189-201.



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