

## CHAPTER 13

*"Facts, facts and more facts is the constant cry of a hungry world, but I hold that a man should have sufficient imagination for the application of perfectly obvious facts and a little more imagination and often some courage in the grasp and application of new facts if he would in any degree succeed in medicine."*

— Dr. Thomas P. Prout,  
Morris County Medical Society, 1906.

The full impact of organized medicine came home to New Jersey physicians, when, in June, 1900, the American Medical Association held its annual convention at Atlantic City.

The conclave was a great social as well as medical event, as physicians from all parts of the country gathered on the famous Boardwalk. On the evening of June 6, The Medical Society of New Jersey played host to the A.M.A.

Parties were held simultaneously on the two ocean piers and spilled over into the palm garden of the Hotel Isleworth. The entertainment included a band concert, vaudeville, reception, dance and smoker. The hotel lawns were festooned with Japanese lanterns swinging lightly in the ocean breeze; live peacocks strutted on the grass, and dapper young doctors in white flannels and blazers escorted ladies dressed in long, softly clinging summer gowns. It was an eye-filling occasion.

The dawn of the twentieth century found the state and country ripe for development. Buoyant "rough rider" Theodore Roosevelt was in the White House, and the nation was flexing its muscles. New Jersey was already on its way to becoming an industrial giant, aided by the great influx of immigrants eager and willing to man its factories.

Statistics tell the changing population in the state. In 1880, four out of five New Jerseyans were native-born. By 1910, the state ranked fifth in the nation in the total number of immigrants, and first in immigrants per square mile. More than half the 2,537,167 residents — 56.3 per cent — had been born on foreign soil or were the children of immigrant parents.<sup>1</sup>

As elsewhere in the country, the newcomers to New Jersey flocked to neighborhoods where the language, dress and custom resembled home and where they could get help from the earlier arrivals.

The immigrants were generally poor. Two of their biggest medical problems were tuberculosis and infant mortality. Some New Jersey physicians were making strides in improving these health matters.

### **The fight against TB**

Tuberculosis was a prime concern from the start of the public health programs. In 1867, the Society's Standing Committee had observed that of the large class of diseases having to do with the respiratory tract, consumption and related affections originated or were fostered by the foul air and imperfect food common to squalid living.<sup>2</sup>

Dr. Ezra M. Hunt had thought cod liver oil with fresh air and proper food might effect a cure. Dr. Theodore T. Price of Tuckerton noted that consumption was rare in Burlington and Ocean Counties, possibly because of the sea air and seafood diet, plus the "fragrant air of the pine woods, the purer oxygen and the cold delightful health-giving streams, their waters amber-colored from the cedar roots in their beds."

The scientific answers were not uncovered until Robert Koch and other laboratory workers identified the tubercle bacillus in the late 1800's. But discovery and cure were some years away, and Dr. William S. Disbrow of Newark was among those protesting sensational news reports of the period. Admitting that the tuberculosis serum treatment might do some good, he thought the press stories unethical and premature. He was correct in the latter, since tuberculin, important in a skin test detection of the disease, was not a cure.

While the New Jersey delegates were assembled in Atlantic City in 1900, Dr. John D. McGill of Jersey City spoke on tuberculosis. To him, the fight against tuberculosis no longer seemed futile, yet the disease accounted for one-eighth of the total mortality from all diseases. Among the contributing factors, he said, were sedentary habits, close confinement in badly ventilated buildings, or damp dwellings on poorly drained ground.

Better enforcement of the Tenement Housing Code was sought by the Medical Society, aware that the environment of tenement houses, dark alleys and sunless ill-ventilated workshops helped propagate tuberculosis. It was now known to be spread also from contact with an infected animal or person, and from articles he had used. Fresh air and sunlight were the best preventives, and doctors insisted these be assured in school rooms, since the germs often were acquired in childhood and developed into fatal illness a few years later. Stamping out tuberculosis in cattle was essential, Dr. McGill said, but it was not the whole answer. For humans, sanitarium treatment was necessary as the most successful means of recovery.

In 1901, Dr. Henry Mitchell of Asbury Park recounted tuberculosis findings from the International Pathological Institute in Zurich, Switzerland, declaring that "nothing short of a hygienic revolution" could defend humanity against this deadly disease.

In that year, the Mercer County Medical Society had managed to get the bill for a state sanitarium introduced, but no legislative appropriation was made because "the drain on the state's treasury already had been so great."<sup>3</sup>

It was obvious that concerted action was required. With the guidance of the parent Society, every county medical society began programs to inform the citizens through newspapers, circulars, and direct contact. The Visiting Nurses Association of Newark proved an important ally by canvassing every house in that city where there was a case of tuberculosis, making certain proper measures were taken for the patient's care and the protection of other residents, and emphasizing the need for a state sanitarium.

In his inaugural address in 1902, Governor Franklin Murphy of Jersey City urged a state sanitarium for tuberculosis and repeated the demand at every opportunity. The legislature responded with a \$50,000 appropriation to a Board of Managers. The Society recognized Governor Murphy's sincere efforts and thanked him, but that first allotment was barely a start.



There were at least 5,000 tuberculosis victims in the state, and 1,000 of them were indigent. An annual appropriation of \$90,000 was needed to take care of the 200 expected to apply for admission and to be eligible for acceptance as potentially curable. Construction costs and initial outlay for a state sanitarium were estimated at \$200,000.

In thirty-six states there were hospitals, sanitariums, dispensaries and clinics for 9,000 tubercular patients, but in New Jersey in 1905 there were only eighteen beds in a special pavilion in Orange Memorial Hospital, an anti-tuberculosis committee with a clinic for the tubercular poor; and a state appropriation of \$50,000 which had been spent for the purchase of land near Glen Gardner in Hunterdon County.

Dr. E. L. B. Godfrey of Camden, continuing the work of presidents before him, reminded physicians that the Society had initiated the movement for establishment of the sanitarium for tubercular patients, and if it was to succeed, every practitioner must help make its importance known to the public. The membership responded as it did in every emergency in which the health of New Jersey citizens was at stake. Besides filling their individual roles, physicians asked many related professional groups to help.

Their combined efforts were successful. The State Tuberculosis Sanitarium (later called Mt. Kipp) at Glen Gardner was built for the accommodation of 108 patients. On opening day, October 25, 1907, special trains brought dignitaries from Trenton, Newark, Jersey City and other locations throughout the state. The *Newark Evening News* described the procession of carriages bearing the officials through the "bracing atmosphere and magnificent autumn scenery" to the sanitarium, a mile and a half away on the southern slope of a hillside sheltered by woods. Among those present to welcome the visitors were Drs. William S. Jones of Camden, Elmer G. Barwis of Trenton; Theodore Senseman of Atlantic City; John H. Moore of Bridgeton; and Rudolph F. Rabe of Hoboken.

The total cost of the Glen Gardner project was \$282,334, including land, buildings, machinery, sewer construction, a water plant, and other facilities. Tents and wooden shacks were planned for summer use, but there was no thought that the facility could ever accommodate all of the estimated 5,000 consumptives in New Jersey. Rather, the new installation was intended as a model for county and regional institutions throughout the state.<sup>4</sup>

Hudson County in 1909 already was carrying out the original intention of the sanitarium by using it as a pattern in constructing its own building at Laurel Hill.<sup>5</sup>

America's first tuberculosis preventorium for children was established in New Jersey in the Grover Cleveland Cottage at Lakewood in 1909. The Cottage was presented by philanthropist Nathan Straus, and Mrs. Cleveland personally supervised the necessary adaptations. A meeting in the home of another public-spirited man, Henry Phipps, had effected formal organization with initial gifts of \$700,000. The facility was primarily for tuberculous children from city tenements. Ninety-two children ranging in age from four to fourteen were admitted in the remaining five months of the year. All showed steady improvement.

So much more space was needed to accommodate additional youngsters that in April, 1910, the facility was moved to the estate of Albert Brisbane,

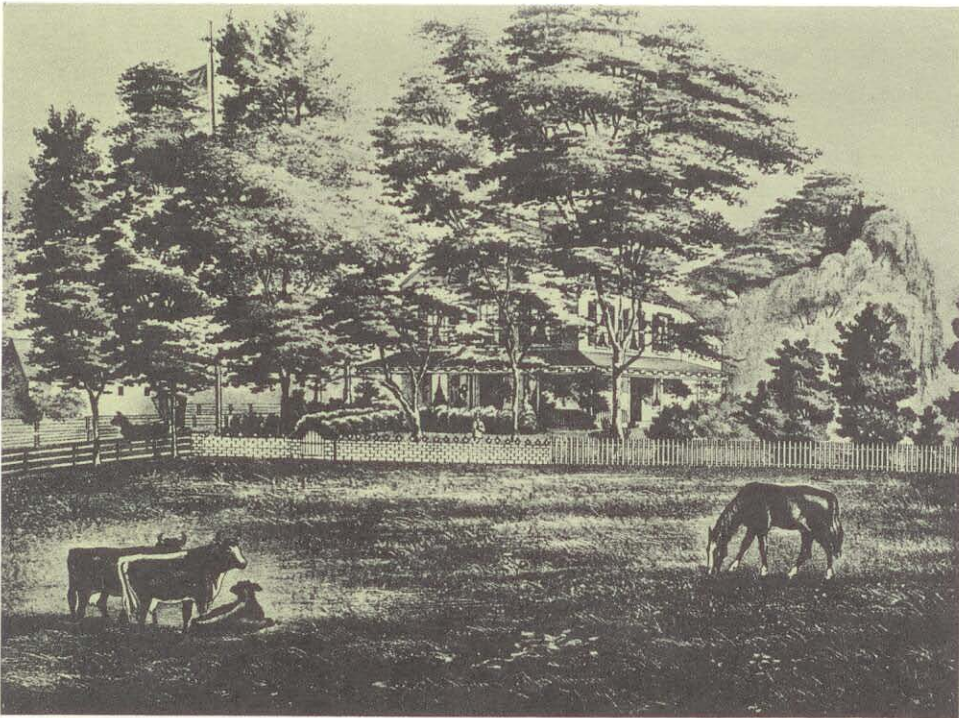


whose writings in the late nineteenth century earned him the title of America's first socialist. His land adjoined the Deserted Village of Allaire near Farmingdale.

Bequests to the State of New Jersey from his son, the well-known journalist, Arthur Brisbane, provided additional land and buildings at the site. By 1946, the needs were so changed that the installation became known as the Arthur Brisbane Child Treatment Center, designated primarily for emotionally disturbed youngsters.<sup>6</sup>

Adult tuberculosis programs were expanded also. Representatives of county medical societies gave illustrated talks for many lay groups. Drs. Herman Cross of Metuchen, Isaac Edward Gluckman and Frederick S. Crum of Newark focused their attention on factory conditions that might encourage tuberculosis. Dust and fumes were found to be the chief contributing factors. Shorter working hours, precautions in the factory or shop, better wages to permit an improved standard of living, and professional visiting nurses to make certain that good home conditions prevailed were among the recommendations made by the trio.<sup>7</sup>

In 1929, Dr. Samuel B. English, superintendent at the Glen Gardner Sanitarium, summarized its twenty-one-year record. Of the 8,683 who



Home of Dr. Robert Laird, Manasquan, N. J.

At the turn of the last century, physicians with an extensive rural practice were inclined to locate some miles out of town so that they could be nearer their patients yet not entirely removed from the church and civic obligations of their community. *Leslie's Weekly* is credited with the original of this pastoral scene. An enlargement is displayed at the Monmouth County Historical Society in Freehold, N. J.

remained in residence more than thirty days, 65 per cent were working five years after they were discharged; and 49 per cent were still working twenty-one years later.<sup>8</sup>

The newspapers, organized medicine and other professional and lay groups had stirred enough interest in the fight against the disease to generate a separate association, which became the New Jersey Tuberculosis League. Its model was the National Tuberculosis Association which had held its first session in Atlantic City on Sept. 1, 1904. With the guidance of this body and working with federal, state, and local agencies, the New Jersey Tuberculosis League was helpful in obtaining enabling legislation for county tuberculosis prevention facilities.

In the mid-1950's, however, tuberculosis was still a major health problem in New Jersey.<sup>9</sup> The large influx of migrant workers, and the crowded neighborhoods of impoverished groups had a part in the continuing incidence of the disease. Lately, several new drugs have given promise of eventual control.

Since 1909, when it was the No. 1 cause of death, tuberculosis has disappeared from the list of ten major killers. While the disease is not to be minimized — it costs New Jersey about \$10,000,000 annually — the goal of eradication now seems possible.<sup>10</sup>

### Organization changes

Greater achievements obviously were possible through the cooperative efforts of various agencies and individuals. The state medical societies across the nation recognized this and sought a closer unity within the A. M. A. A first step was to have certain provisions revised to achieve uniformity in all states and in the national association so that prompter action could be taken on vital issues. Consequently, in 1903, The Medical Society of New Jersey, under the charter granted by the state legislature in 1864, drew up its constitution and bylaws. A statement of purpose began with the declaration of the Society's intention to federate and organize the medical profession of the state; to unite with similar organizations of other states to compose the A. M. A.; to advance medical science and elevate professional character; to safeguard the material interests of the profession and promote friendly relations among its members; to educate the public in preventive medicine and hygiene; and in all to render the medical profession most capable in its service to humanity.<sup>11</sup>

One item made official the common usage of the word "county" instead of district in the names of the twenty-one societies in the state.

Permanent delegates were first seated at the state Society convention in 1892, and composed the House of Delegates. An important innovation in the 1903 Constitution was the establishment of the order of such delegates and the enrollment of all active members of county societies as associate delegates of the state Society. Since 1929, however, there have been no permanent delegates. Instead, each county society has elected its delegates on the basis of one for every fifteen members, and with no fewer than three delegates from any county society.



The Medical Society of New Jersey in 1900 had about 1,000 members — not counting the 100 delinquents whose dues were unpaid. It is unlikely that societies in other states had a larger regular membership.

### Licensing

After thirty-six years without examination for licenses to practice medicine in New Jersey, the Medical Practice Act of 1890 restored the responsibility to the professional men of the state through the New Jersey State Board of Medical Examiners.

The persistent efforts of the Society to achieve this were commended in 1898 by Dr. John Bingham Roberts, then professor of surgery at the Woman's Medical College of Pennsylvania (and from 1916 until his death in 1924, professor of surgery at the University of Pennsylvania Graduate School of Medicine). In a talk before the Gloucester Medical Society, Dr. Roberts called the New Jersey State Board of Medical Examiners one of the best. He added, "We are conscious that the medical facilities of this country are equal to any in the world. This has not been done by medical teachers, but by medical societies. Medical societies took hold some twenty-five years ago, requiring a high standard of teaching. . . . Through the organization of its state and county medical societies, New Jersey has done more in many respects than most states in advancing medical science, although New Jersey never had a medical school in the state."

With New Jersey practitioners often called to patients in neighboring areas, there was real concern at the turn of the century when Pennsylvania and New York refused reciprocal licenses to applicants approved by the New Jersey Board of Examiners. Some thought this was caused by New Jersey's refusal to continue the old system of licensing simply upon presentation of a medical school diploma.

Dr. E. L. B. Godfrey of Camden, who had served as president of the Board of Examiners for five years, declared he would rather resign than adopt the selfish plan of some other states which refused a license to a man because his state would not reciprocate. "We exact specific academic requirements from applicants of other states," Dr. Godfrey said. "These are four years of medical study; examination in nine branches of medicine; and a 75 per cent passing mark on the examination." He added that the recent meeting at Saratoga, N.Y., had acknowledged that New Jersey had made further progress in this respect than any other state.<sup>12</sup>

The Medical Society of New Jersey recommended that the A.M.A. take steps to promote reciprocity among all the states, and in 1907, the A.M.A. responded by compiling an abstract of laws regulating the practice of medicine in the United States and elsewhere. The section on New Jersey listed in detail the requirements, fees, exemptions for military commissioned medical officers, and reciprocity. The examination, embracing ninety questions on fourteen subjects, included materia medica and therapeutics, obstetrics and gynecology, the practice of medicine with physical diagnosis, surgery, anatomy, physiology, chemistry, histology, pathology, bacteriology, hygiene and medical jurisprudence.

Through the years, New Jersey licensing became even more stringent. By 1965 it called for a minimum of two years of academic college, four years

in an accredited medical school that had conferred a medical degree; then an internship of at least one year in an accredited hospital. Having met all these requirements, the applicant for a license would be admitted to an examination by the Board of Medical Examiners of the State of New Jersey.

In the continuing effort for uniform educational standards and requirements first sought by New Jersey, the Federation of State Medical Boards of the United States was founded in 1912 as a voluntary organization of legally constituted licensing bodies. The National Board of Medical Examiners, founded in 1915, was a second A.M.A. — sponsored organization designed to enable wider licensing by reciprocity and to encourage a uniform standard of excellence.

### Public health advances

New Jersey also sought a high level of preparation for leadership in related fields. In 1903, a law designed to assure well-qualified local public health officers called for appointees to be licensed by the State Sanitary Examiners' Board. This legislation made New Jersey the first to introduce a system for testing the competence of sanitary officials. The licensing of qualified health officers has continued under the State Department of Health.

In 1916, Dr. Alexander Marcy, Jr. of Riverton called for "trained sanitarians — public health men who have graduated from some institution which trains men for these positions; the same as medical men are trained before they can secure a license to practice medicine."<sup>13</sup>

Other far-sighted views of public health needs appeared in a resolution of the Medical Society in 1908 recommending appointment of a Commissioner of Health who would be a physician of not less than ten years' experience as a practitioner and would be provided with a competent advisory board. In 1915, legislation established the State Department of Health. It had a Board of Health as its governing body until 1947.<sup>14</sup>

A national department of health was recommended by Dr. Dowling Benjamin of Camden in 1909. "It has not been so long since Mississippi and Louisiana were about to go to war with each other to prevent the spread of yellow fever," he recalled. "The plague is threatening, tuberculosis and other preventable diseases are carrying off hundreds of thousands of our best citizens. Our streams are being polluted; our waters poisoned. . . . If sheep become diseased, the Agriculture Department of the government will send elaborate instructions on what to do. But of the people living today, over eight million will die of tuberculosis and the federal government does not raise a hand to help them."<sup>15</sup>

Many functions concerned with public health were carried on in various national bureaus in succeeding years; a federal Department of Health, Education and Welfare akin to that recommended by the Camden physician in 1909 was finally established by President Dwight D. Eisenhower in 1953.

New Jersey's continuing efforts in public health were reflected in vital statistics. The death rate for the entire state was 15.9 per 1,000 in 1902, the lowest, except for 1898, in twenty-four years.

The efforts of physicians and health officers also succeeded in 1909 in making the Boonton plant of the Jersey City Water Works the first in the United States to chlorinate its public water supply.<sup>16</sup>



The Society had made an earlier effort to assure pure water in 1898 when it recommended a law to prevent defilement of watersheds, streams and lakes which were at that time used for the collection of potable waters. Extensive legislation has since governed recreational and other public uses of the state's water resources and reservoirs. Additives, such as fluorides to prevent tooth decay, have stirred popular controversy, and some municipalities have placed the question on referenda for public vote.

### The Medical Society and Governor Fort

The Medical Society was still fighting a grim battle to defend the profession and protect the public from those wanting equal status without equal professional training. The unkindest cut of all came from Governor J. Franklin Fort whose pre-election promises to the medical profession were denied as he heeded pleas to grant special concessions to the osteopaths.

So-called osteopathic bills were introduced almost every year in the legislature. In 1910, such a bill was introduced, designed to give equal professional status to osteopaths without requiring equal professional education and training. While that bill was pending, The Medical Society of New Jersey had another one introduced. It was described as "primarily for the protection of the people of the state against incompetent practitioners of every school of practice, and while requiring a high educational standard from all persons of every school entrusted with the care of the sick, yet expressly aimed to treat fairly such osteopaths as are at present engaged in the practice of their profession in this state."<sup>17</sup>

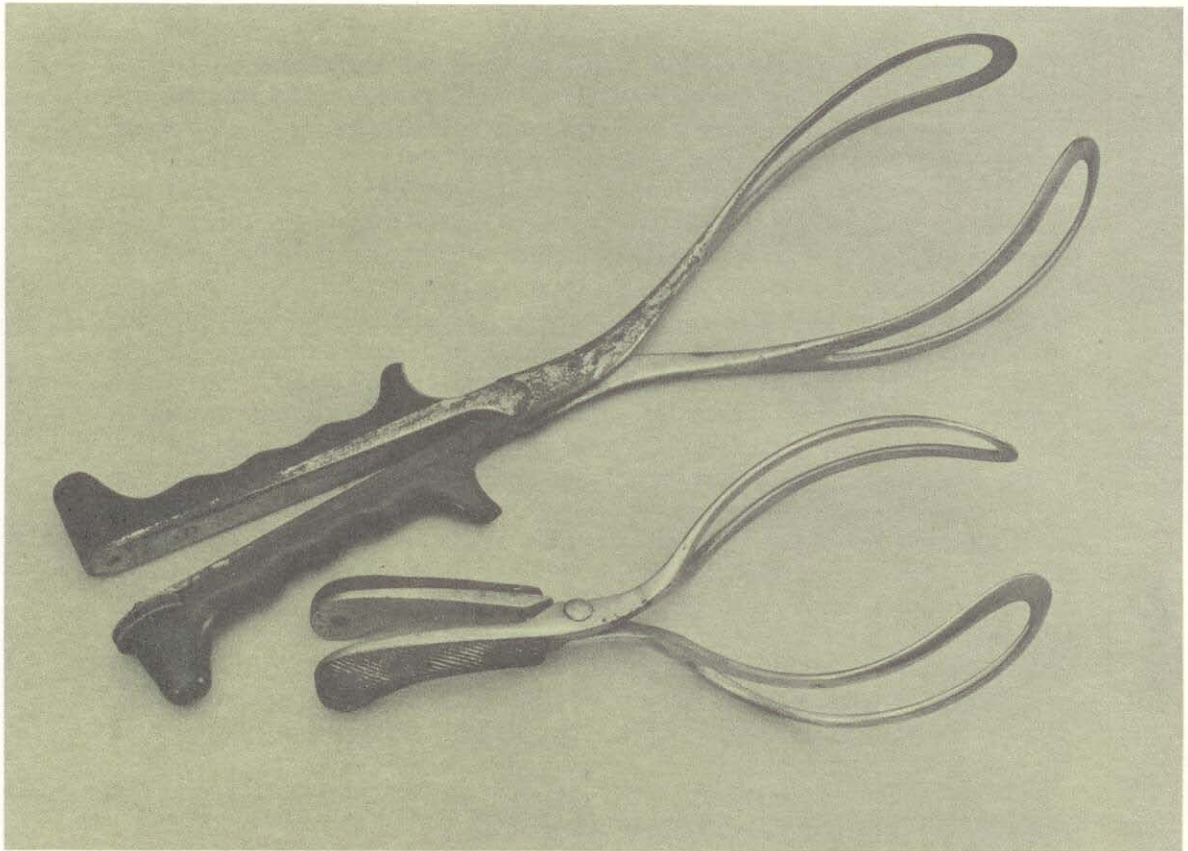
Governor Fort's veto of the bill, according to members of the Society, "placed on him the responsibility of New Jersey's failure to require reasonable educational qualifications of those now practising or who may hereafter begin to practise osteopathy in New Jersey."

While the governor was holding a public hearing on the bill to regulate osteopathy, he turned to Dr. Luther M. Halsey of Williamstown, a *Fellow* of the Society for more than ten years, and said, "You have been lying about me." After a few more denunciations, the governor abruptly declared the hearing adjourned.

The governor's reference was to Dr. Halsey's reporting that Mr. Fort during his candidacy had said that if elected, he would do everything in his power to maintain the high standards of the medical profession in New Jersey, and that "what the doctors of New Jersey want, I stand for, as they are doing a noble work to wipe out disease."

The *New York Times* remarked on the following day that it was "hard indeed to understand why Governor Fort should have been so savagely indignant in his denial that he once promised to do anything in his official power to maintain the high standard of the medical profession in his state. To have made that promise would not have been criminal," the *Times* editorial continued, "it would not, so far as we can see, have even savored of impropriety. If the governor ever had any talk on the subject with real doctors, he hardly could have said anything less, and his application of the short and ugly word [liar] to a doctor . . . is certainly a most mysterious manifestation of anger."<sup>18</sup>





These obstetrical forceps were used by Dr. Benjamin H. Rogers (1861-1923) of Paterson, N. J. The larger forceps is the pelvic type with English lock, and the smaller is the outlet type with carved handles.

The Medical Society of New Jersey in its annual session a few weeks later placed on record "not only an expression of perfect confidence in Dr. Halsey, but also of deep regret that the governor of our state so lost control of himself as to reflect discredit upon his high office and dishonor upon the state; and, moreover, that his actions have resulted in lowering the standards of preliminary educational requirements in New Jersey and the consequent loss of reciprocity between our state and the State of New York."

Eventually osteopaths themselves recognized the value of higher educational standards in excluding incompetents from their profession, and laws were enacted providing for their representation on the composite Board of Medical Examiners, where osteopathic applicants for licenses now are processed on the basis of the same requirements imposed on other candidates for licensure.

### **Monthly Journal appears**

In September, 1904, the first issue of the *Journal of The Medical Society of New Jersey* appeared. The concept came from Dr. H. Genet Taylor of Camden. In his presidential address in 1889 he pointed out the value of medical news while it was fresh, and urged the Society to make New Jersey the first state to issue monthly proceedings rather than the once-a-year

*Transactions*. In the intervening fifteen years, he continued to urge a monthly publication. At the same time, he took an active part in establishing the Cooper Hospital and served as its medical director from 1898 until his death in 1916 at the age of seventy-nine.

Both he and his father, Dr. Othniel H. Taylor, were literary men, and the son encouraged the *Journal* as a means of continuing education for New Jersey physicians. With no medical college within the state, he believed the *Journal* could help fill the need by carrying practical articles relating professional experiences by members of the Medical Society and qualified guest authors. Dr. Richard C. Newton of Montclair was the first *Journal* editor, with Dr. David C. English as chairman of the Publications Committee. In less than two years, Dr. English became the editor, continuing in that office, mentally and physically agile, until his death at eighty-three.

Dr. English and his father served the New Brunswick community. The latter received his professional diploma from the state Medical Society in 1821, and was associated for a time with Dr. William G. Reynolds, president of the Society in that year.

The younger Dr. English was president of the Society in 1897 and afterwards served on the Board of Trustees. Members claimed, only half in jest, that attending a meeting of the Medical Society was Dr. English's idea of paradise. For an annual honorarium of from \$600 to \$1,200, he devoted the last twenty years of his life to producing a monthly publication that equaled

The brass mortar and pestle, left, urine centrifuge, center, and Bunsen burner with cast-iron base and ring flange were in use in the early 1900's by Dr. John Y. Sinton of Imlaystown and were supplied for reproduction through the courtesy of Dr. Aaron J. Heisen of Trenton. Dr. Heisen's residence in Imlaystown has belonged to successive medical practitioners since 1869, including Dr. Sinton who died there in 1945.





any in the country in erudition, accuracy and timeliness. Not a meek man, he was firm in his convictions. A few months before his death, when all his private practice had been renounced, the Society offered him a salary of \$2,500. He accepted only \$2,000 of this, saying he could live on that and the Society could not afford more.<sup>19</sup> His other great love was his church and upon the wall of the First Presbyterian Church in New Brunswick there is a tablet bearing his name and the inscription:

His life was a demonstration that  
man can be cultured, be learned, and  
still live by the power of faith. The  
Medical Society of New Jersey honors  
itself by here publicly testifying  
that self-sacrificing devotion to  
the interests of his fellows finds a  
resounding chord in the human heart.

### Journal advertising

Just before the turn of the century, medical societies in several states, including New Jersey, had criticized the quality of the advertisements accepted by the A. M. A. publications. Consequently, when the *Journal of The Medical Society of New Jersey* began selling space, the scrupulously conscientious editor, Dr. English, exercised the keenest discretion.

Among the earliest advertisements were those for Dermatographic Colored Pencils "for drafting on the human skin," Listerine soap, Fairfield Dairy at Caldwell, Oak Hill and Riverlawn Sanitariums, trusses, a Parke, Davis & Co. product for hay fever, Pyrenal for asthma, Glyco-Thymoline, panto-pepton and the *Journal* printer, the *Orange Chronicle Co.*

In 1907, the *Journal* advertised a vacancy in the dispensary staff at the Orange Memorial Hospital, thus beginning its continuing policy of low-rate personal service notices for the profession.

The *Journal* announced a competitive written examination in 1914 for assistant physicians at the New Jersey State Hospital at Morris Plains. Candidates were required to be graduates in medicine and unmarried. Hospital experience and general qualifications would be given consideration, and the applicants would be examined in anatomy and physiology, materia medica and therapeutics, obstetrics and gynecology, practice, surgery, and mental and nervous diseases. The salary was \$1,000 a year, plus meals, room and laundry, terms which may have seemed fair enough when men's shoes cost up to \$2; men's suits, \$5 to \$15, and a Model T Ford, \$290!

Additional publications supplemented the *Journal* periodically. In October, 1947, Society President Dr. Royal A. Schaaf inaugurated the *Membership News Letter* to provide "interim 'news flash' reports of important medical developments in the state and nation; to inform members promptly of current programs of the state Society for which support and participation are needed; and to call attention to articles or stories of special interest in recent medical publications."

The *Periodic Newsletter* was launched only a little later and sent to cooperating agencies when their assistance was sought for a specific project or when the Society had information it desired to bring to their attention.

*Health Hints*, consisting of a short item on a timely health topic, was designed for newspaper use and mailed to editors every second week. *Junior Health Hints*, prepared as a public service by the Council on Public Relations, was intended to provide classroom health information each week through the school year at junior and senior high school levels.

### **The profession rejects hospital commercialism**

At a time when physicians were confronted with law suits designed to avoid paying for medical services, and while the Society was seeking ways to cope with abuses at free clinics and dispensaries, a group of physicians led by Dr. Edward J. Ill of Newark took a bold stand against the prostitution of their professional status.

The German Hospital in Newark, under a new lay management, began to discharge staff members who had not provided a sufficient number of paying patients during the year. Dr. Ill, who had been connected with the institution for thirty-seven years, in 1908 heard the news and at first found it unbelievable. He investigated carefully, visiting the president and five members of the Board of Directors. All confirmed the new policy and, in fact, regarded it as a "smooth" one, which would not cause a ripple in the professional world.

Dr. Ill and Dr. Charles J. Kipp, who also served on the hospital staff, resigned and issued a statement to the *Newark Evening News* and other publications. Following this, county medical societies published resolutions in their papers denouncing the action of the hospital and affirming the stand taken by Drs. Ill and Kipp. The commercially minded hospital directors were replaced, professional men were included on the new board, and the institution was reorganized.

This was one of three times in his sixty-five years of practice when Dr. Ill took a public stand on a matter of ethics involving his profession. He was always guided by what he considered best for his patients. His first determination was in 1897 when a prominent member of the Practitioners' Club refused to stop exploiting his dramatic achievements in diagnosing by X-ray. A third instance, similar to the one at German Hospital, occurred much later and led the Essex County Medical Society to formulate and enforce certain principles relating to hospital management. These included professional representation on all hospital boards of trustees and consultation with the trustees and staff before demoting or discharging a physician who had loyally and faithfully served the hospital.

Dr. Ill's philosophy was summed up in the letter he wrote at the time of the German Hospital incident: "When I learned that three men had been discharged because they had not provided a sufficient number of paying patients, I felt an indignity had been offered to the profession as a whole. . . . Is it right that the honest practitioners whose clientele is among the poor should be thus treated? Are the hospitals intended for the well-to-do and the wealthy? Are the directors of the hospitals to judge us by the financial aid we give them, or by the care and attention we give to those in the wards? Do we ever ask whether patients pay for their beds, or do we care to know whether they are the poorest of the poor?"





At the beginning of the twentieth century, St. Francis Hospital, Trenton, took pride in its "modern" ambulance equipage. (Photograph was supplied through the courtesy of St. Francis Hospital.)

Dr. Ill's father, the elder Dr. Carl Fredolin Ill, had been a practitioner in Newark beginning in 1850, after he was forced to flee Germany because of his liberal politics. During Newark's Asiatic cholera epidemic, the elder Dr. Ill treated countless numbers of patients without compensation.

The son continued his father's precepts, giving unlimited time to hospital work for the poor and taking part in public movements for the betterment of the community. His honors included the presidency of the Essex County and the state Medical Societies; the vice-presidency of the Pan-American Medical Congress; the presidency of the American Association of Obstetricians and Gynecologists; the state chairmanship of the American Society for the Control of Cancer and membership on the Board of Governors of the American College of Surgeons. In 1934, on his eightieth birthday, a bronze bust of Dr. Ill, sculptured by a talented colleague, Dr. Siegfried Husserl, was presented to the Academy of Medicine.

Five years later, in 1939, Dr. Ill's colleagues paid him further honor when they celebrated his eighty-fifth birthday and announced the establishment by the Academy of Medicine of the Dr. Edward J. Ill Award "to be presented at such times as the Council deemed wise to the doctor from northern New Jersey who merits it for his extraordinary service as a physician and as a citizen." The announcement was made by Dr. Wells P. Eagleton, whose own achievements were internationally known.<sup>20</sup>



### Privileged confidences

Another aspect of professional ethics disturbing members of The Medical Society of New Jersey in the early 1900's was the right to protect private communications of patients in legal proceedings.

"It is only in the temple of justice that the science of medicine is prostituted," Camden County's Dr. Charles C. Garrison, a Supreme Court judge, exclaimed bitterly in 1907.<sup>21</sup>

Repeatedly in following years, committees worked for a law recognizing privileged communications between physician and patient. They also advocated that expert medical witnesses be chosen to serve as officers of the court.

Despite continuing efforts over the years and joint meetings of medical and bar associations, these problems were not entirely resolved. In 1963, Medical Society legal counselor Robert M. Backes, discussing confidential and privileged communication between physician and patient, declared, "New Jersey adheres to the view that the public welfare outweighs the right of the individual patient to have his communications to physicians free from disclosure. In the absence of statutory privilege, the physician may be required to testify concerning such facts."

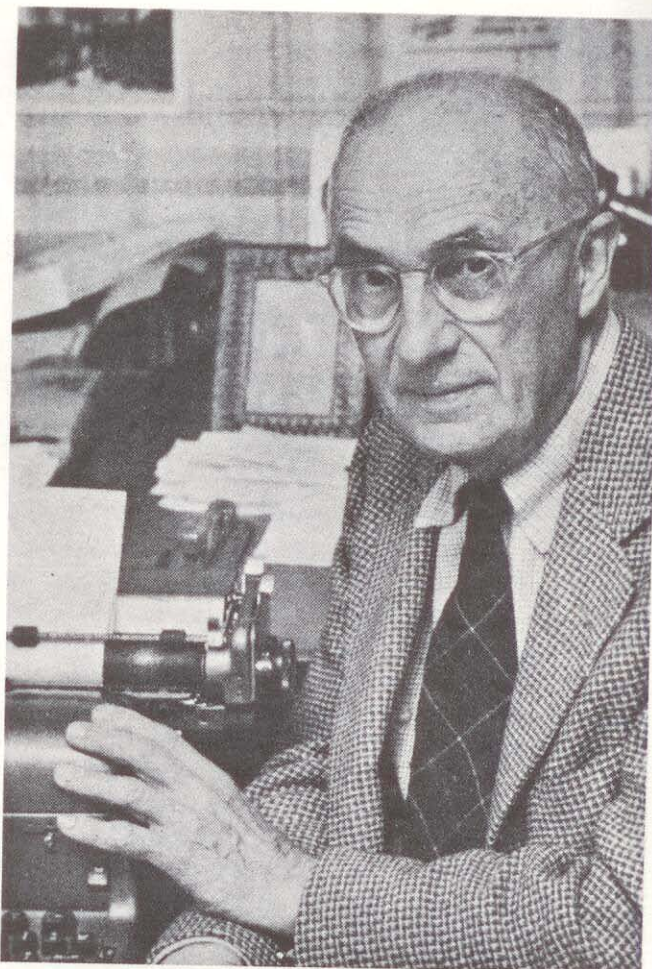
On the other hand, Mr. Backes noted that the courts have ruled that a New Jersey citizen has a right to privacy and to be protected from wrongful intrusion into his private life which would outrage or cause mental suffering, shame or humiliation to a person of ordinary sensibilities. "The underlying guiding principle remains that the right of the patient is a limited right against disclosure," Mr. Backes summarized, "and although a physician ordinarily receives information relating to one's health in a confidential capacity, he may legally disclose the same without the patient's consent where the public interest or the private interest of the patient so demands."<sup>22</sup>

### "Never underestimate the power of a woman"

The ground swell that was started in 1892 by Dr. Coit and his committee seeking clean, wholesome milk, and the concern of New Jersey pharmacists and physicians over the patent medicines that flooded the country, had national reverberations when Edward W. Bok, editor of the *Ladies' Home Journal*, told readers about the impure foods and drugs they and their families were consuming. Women readers after 1900 were among the leaders crusading for legislation to assure wholesome and unadulterated foods and the control of the "patent medicine curse."

Basic food and drug laws were passed by Congress in 1906. New Jersey enacted legislation in the same year. But laws were only as good as their enforcement. Dr. Harvey W. Wiley, chief of the Chemistry Bureau of the U. S. Department of Agriculture, and his assistant, Dr. H. H. Rusby, worked with public health officers and members of The Medical Society of New Jersey. They found meat packers processing the carcasses of diseased horses as "imported" frankfurters, bologna and smoked "beef." A patented ipecac was proved to be 50 per cent ground olive pits. "Seven grains of ipecac is the normal dose for a baby with croup," one doctor said. "There are 7,000 grains to the pound. The packager of adulterated ipecac would gain fifty





Dr. William Carlos Williams (1883-1963) was a world-famous poet, and well-loved Rutherford pediatrician. His son, Dr. William Eric Williams, continues medical practice in this field in the same community.

cents on the pound by his dishonesty. And since every baby would die from such a dosage, that means 1,000 babies for every half-dollar of profit.”

Dr. Coit was widely quoted concerning the two or three thousand babies dying annually in America because of impure foods such as rotten eggs used in bakery products, and adulteratives added to jellies, cereals, cream cheese, candy and ice cream.

The physicians and the food and drug inspectors also protested excessive use of benzoates and other such preservatives, and the processing of food in filthy surroundings.

### **150th anniversary**

By 1912, lay groups were showing their awareness of public health safeguards by helping to promote pure food and drug laws, installing drinking fountains to replace the shared tin cup in schools, railroad stations, trains and parks, assessing fines for spitting and taking other precautions to curb the spread of disease.

There was recognition of the need to help in public disasters such as the San Francisco earthquake and fire of 1906. This holocaust had occurred on the opening day of the Medical Society's annual convention, and while the public collected and sent clothes and money, members of the Society promptly dispatched contributions for the 500 physicians of San Francisco who had lost all their professional equipment as well as personal belongings.

In the early years of the twentieth century, the world had seen the brief spectacle of Halley's comet and survived, despite the forebodings of end-of-the-world fanatics. And in 1912, nations shared a common grief in the steamship *Titanic's* sinking with a loss of over 3,000 passengers.

But the disasters, man-made or natural, still left the United States ill-prepared for the outbreak of the first World War. As The Medical Society of New Jersey convened for its 150th anniversary, a preliminary bit of military shadow-boxing was under way in Mexico.