

## CHAPTER 5

*"... every recruit, every appliance of skill, wisdom of the fathers, resource of the sons, drift of theories, fragments of tradition . . . all that was believed and all that was hoped, were brought together under the standard that was borne thus far into the wilderness . . ."*

Dr. George T. Welch, Presidential Address, 1893.

Some New Jersey physicians were irregular attendants at meetings of the Medical Society, even in its active years, because they were also using spare time for affairs of the state and nation. Among the civic-minded doctors were: Moses Bloomfield, William Burnet, Sr., John Beatty, John Condict, William Campfield, Samuel Dick, Jonathan Elmer, Ebenezer Elmer, Thomas Ewing, Melancthon Freeman, Jacob Green, Thomas Henderson, Samuel Kennedy, Jr., Bodo Otto, Jr., Nathaniel Scudder, James Anderson, Jonathan Ford Morris, and Isaac Smith.

The Provincial Congress, and the committee that drafted the Constitution of the State of New Jersey in 1776, included Dr. Jacob Green, Chairman; and Drs. Jonathan Elmer and Samuel Dick.

There were only three years between 1774 and 1800 when no New Jersey physician served as a member of Congress; frequently two or three served in a single session. There were also several physicians in the legislature. In 1780, there were six. Doctors served as Secretary of State, Speaker of the Assembly, Vice President of the Council, and Supreme Court Justices.<sup>1</sup>

There were heavy demands on their professional skill, too. The gravest problem along the Atlantic seaboard at this time was a recurring, debilitating and often fatal disease that bore several names. It was known variously as intermittent or bilious fever, the miasmas, or yellow fever. So serious was this problem that the Medical Society in 1785 chose as the subject for study and discussion, "The Proximate Cause of Intermittent Fever." A vote at the close of the meeting found the majority blaming "debility" as the cause. More than a century later, in the early 1900's, it was finally proved that the bite of infected (*Anopheles*) mosquitoes transmitted malaria, and another species (*Aedes aegypti*) transmitted yellow fever.

Severe epidemics of fever in Philadelphia and the surrounding areas continued seasonally from 1793 to 1803. Dr. Benjamin Rush, one of Philadelphia's leading practitioners, believed yellow fever was caused directly by accumulated filth in the city streets.

He prescribed rather drastic measures to combat the disease. To overcome what he called an "oppressed state of the system," he recommended copious bleeding — *minimum* of 10 ounces every day or two — with ten grains of calomel and ten grains of jalap three or four times daily until purging was produced. With this, a light diet was ordered, including plenty of fluids, local applications of cold water and a cool room. For his advocacy of blood-letting, Dr. Rush was dubbed "The Philadelphia phlebotomist," and his "10 and 10" drug combination was called "Rush's thunderbolt."<sup>2</sup>

Dr. Rush survived his own attack of fever with his treatment, but thirty-two-year-old Dr. Francis Bowes Sayre, who had served as secretary of The Medical Society of New Jersey, 1789-1793, died at Philadelphia in the epidemic of 1798.

*The True American and Commercial Advertiser* of Philadelphia, in reporting Dr. Sayre's death, said: "His services in the cause of humanity (to which he has gloriously fallen a martyr) will ever be indelibly impressed on the number of his indigent fellow citizens, who, by his persevering assiduity in his profession, have been rescued from the grave. How laborious and distressing his duty must have been may be easily conceived, when it is known that previous to the attack he had above one hundred patients under his care. . . . [His loss] is particularly distressing at this time, when so many of our physicians have quit their posts, and the remainder are unable to attend the numerous applications which they daily receive."<sup>3</sup>

Many city dwellers fled to the country in late summer to avoid the peak of the fever season. The less affluent and those with essential business in the city had no choice but to remain. Considering the hazards and difficulties of travel, some felt there was little to be said in favor of either.

### Transportation

In the early 1800's, New Jersey roads were among the muddiest in the nation. Travelers who could afford to used the stage coaches; others used the "Jersey-waggon," which were slow and uncomfortable but better able to withstand the muck. Those in a hurry — as physicians always were — continued to travel by horseback.

The country doctor blessed with a good riding horse could visit patients as far as thirty miles away. In his ample saddle bags he carried jalap, calomel, ipecac, digitalis, laudanum, salts, nitre, guaiac, and quantities of dried drugs, as well as roots and herbs for making teas. He carried a turnkey for pulling teeth and a thumb or spring lancet with his cupping set for relieving the bad blood and upset humors.

Diagnosis was made by counting the pulse, looking at the tongue, inspecting and thumping the body, observing the urine and stool, then drawing on past experience and knowledge. Even the best educated physician knew little of contagion, blood pressure, puerperal sepsis, appendicitis, or meningitis. Certain symptoms might indicate "stones," but the invention of a lithotrite for crushing them inside the urinary bladder was still some years off.

There was no prevention for typhoid fever, diphtheria, or lockjaw. Foods were mostly home-grown, cooked by open fire. Artificial light was smelly, smoky and uncertain. Beds were usually of straw, husks or feathers.<sup>4</sup>

Ignorant of today's basic rules of hygiene and public health, and with medical practice unlicensed and unregulated, families — especially the poor — fell easy prey to peddlers offering magic potions, powders and herbs.

Qualified physicians pondered the ways to protect the public from quacks. They were convinced that state regulation by license was an important and vital step in that direction. An obvious way to fight for such legislation was through a state organization, and an effort was begun to reactivate the Medical Society, now dormant for twelve years.



In 1807, letters of invitation went out to physicians who had retained their membership, to those who had applied as candidates, and to more recent residents who were known to be reputable practitioners. A meeting was scheduled for June 23 in New Brunswick, where the Society had been organized more than forty years earlier.

Only nine former members responded to the invitation. This was a serious problem, for it left the Society without a constitutional quorum to admit the nineteen newcomers who presented themselves. In their anxiety to re-form the organization, the old members admitted the new ones without examination, asking only that they declare that they were licentiates.

As Dr. Jephtha B. Munn, one of those present (and the Society president in 1828) was to write later, "... the whole proceeding was in open violation of their charter."

But the physicians knew their cause was just, and they went ahead with the meeting confident that the legislature would recognize the difficulty of the situation and sanction their action. Six months later, the legislature ratified the meeting with stunning celerity.

Among the former members present that June day was Dr. John Beatty, who had been devoting most of his time to his government posts in Trenton; and Dr. Moses Scott of New Brunswick, who in the old days had always presented at least one, and sometimes as many as three, unusual cases for diagnosis by the Society members.

Drs. Isaac Ogden and Lewis Dunham found it convenient to attend since the meeting was in their own community; Dr. Lewis Morgan came from Rahway, and Dr. Jonathan Ford Morris from Somerville. Dr. Thomas W. Montgomery, who had married Judge Berrien's daughter, Mary, and then gone to Paris for further medical study, was practicing in the Princeton area and present for the session.

Dr. Henry Schenck was there from the Dutch Reformed settlement near Millstone. Dr. William M. McKissack of Bound Brook, who had been accepted at the final meeting in November, 1795, now attended as a member for the first time, although he had been in practice since the Revolutionary War days.

### **New Jersey-New York diplomas**

Some of the new applicants for membership presented medical degrees from Queens College (Rutgers). They had acquired them by attending lectures in New York and having the faculty there certify to Rutgers that the students were entitled to a diploma from the New Brunswick institution. Beginning in 1792 and for most of the following twenty-five years, this was the procedure in a school that was the forerunner of the College of Physicians and Surgeons. The original faculty consisted of four eminent physicians, including Dr. Nicholas Romaine, who had studied in Edinburgh and Paris.

Apparently there was no other connection between the New Jersey institution and a student receiving its medical degree. It is probable that the subterfuge was prompted by the refusal of Columbia College trustees to allow medical degrees to be granted by any other institution in New York City. Since Rutgers was not in the city, the group starting the competing

medical college in New York thus circumvented the Columbia effort to retain its monopoly.

Four of Dr. Romaine's students received the medical degree from Rutgers in 1792; eight more in 1793. Between 1812 and 1816, at least twenty-one more medical degrees were given. The Medical Society of New Jersey, at its meeting May 8, 1827, in New Brunswick, endorsed Rutgers Medical College in New York. The Society resolution noted that Rutgers had "augmented its usefulness by creating a faculty of medicine by whom the several branches of medical and chirurgical learning are imparted." The Society expressed its fullest confidence in the professors selected by Rutgers, stating that "the appointments merit our decided approbation, as eminently calculated to promote the advancement of medical learning, the interests of the profession and the good of the community."

The legislature of New York, however, then refused to recognize out-of-state licenses to practice medicine that were conferred upon students studying within the State of New York. This ended the issuing of medical degrees by Rutgers.<sup>5</sup>

### Medical families

Among the nineteen licentiates immediately admitted to membership at the 1807 meeting of The Medical Society of New Jersey was Dr. Charles Smith, a student and later a son-in-law of Dr. Moses Scott. Dr. Smith also attended lectures in New York and had been in the first group to be awarded medical degrees from Rutgers.

Another new member was Dr. Peter I. Stryker of Millstone. Born the year of the Society's founding, as a boy of thirteen he was helping furnish supplies to the Continental troops stationed near his home. He had studied under Dr. McKissack and practiced with Dr. Morris. In later years, he served as a state senator and acting governor, and he was active in the military reserves as Senior Major General.

A third newcomer was Dr. Henry Drake. Years earlier, as a youngster, he had peered in the doorway of his father's public house at New Brunswick to watch members of the Society at their annual meeting. He determined then to join that illustrious group and showed considerable talent in the first years of practice. Unfortunately, upon the death of his father, he left medicine to manage the inn, became dissolute, and was dead at forty-four.

Dr. Henry VanDerveer, who was also accepted at the reorganization meeting, was the son of Dr. Lawrence VanDerveer, one of the founders, and, in 1784, the twelfth president of the Society. Henry himself was to be the Society president in 1836. Lewis Dunham, Jr., Samuel and Nathaniel Manning, Jr., Jacob Schenck, and Job and Enoch Wilson also brought familiar family names into the revitalized organization.

Many of the young men already were well established in their profession. Dr. Hugh McEown from Basking Ridge, had studied under Drs. Benjamin Rush and John Foulke in Philadelphia. Dr. John Van Cleve of Princeton was so highly regarded that he was later awarded an honorary M.D. from the College of Physicians and Surgeons in New York and invited to head the Medical Department of the College. He died before he could accept.<sup>6</sup>



Officers elected at the reorganization meeting in 1807, were: Drs. Jonathan Ford Morris of Somerville, president; Lewis Dunham, vice president; Charles Smith, corresponding secretary; Moses Scott, treasurer; William M. McKissack, recording secretary. A committee was appointed to call upon the legislature and request them to sanction the proceedings of the day.

### Official Sanction

The alacrity with which the legislature on December 1, 1807, passed the Act to Ratify and Confirm the Proceedings of The Medical Society of New Jersey, indicated that the lawmakers also recognized the need for the Society and its efforts toward regulation and improvement of the practice of medicine.

The preamble of the Society's memorial to the legislature set forth that, "by reason of the death of a considerable number of their members, removal of several others, and the present scattered situation of the remainder, it has become very difficult, if not impracticable, to convene the number requisite by their charter, to form a quorum to transact the ordinary business of the Society."

In addition to approving the emergency measures followed at the time the Society reconvened, the Act also allowed a quorum of nine and set June, rather than November, as the time for the annual meeting.

Unconstitutional though it may have been, the revitalization of The Medical Society of New Jersey had the obvious approval of the citizens and their representatives in government. It marked the last time in its two-century history that the Society's meetings were suspended for any cause.

At the annual meeting a year later, on June 14, 1808, twenty-five members were present, and five more were accepted into the Society.

In a further bid for membership, the group resolved that at the 1809 meeting it would admit any legal practitioners of physic and surgery in the state if two or more members of the Society knew them and would vouch for their good moral character. The applicants would of course be required to produce ample testimonials of their professional attainments.

The invitation, published in several newspapers, resulted in twenty additional members being voted in at the next year's meeting. Among them were such future Society leaders as Drs. Nicholas Belleville, Ebenezer Blachly, Sr., Philemon Elmer, William D. McKissack, son of the secretary of the Society, and Benjamin Hunt.

Dr. Peter I. Stryker, the out-going president, resumed the custom of the president's address with the description of a case of scirrhus (cancerous) stomach and his theory on the cure.

In 1811, Dr. Lewis Condict\* chose for his presidential dissertation the aspects of pneumonia. In the following year, the president, Dr. Charles Smith, contributed his scientific observations on puerperal (childbed) fever. The study and conclusions begun this early, and greatly intensified in the early 1900's, brought world recognition to New Jersey for its pioneering and continuing efforts to improve maternal and child health.

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\* The name Condict has several spellings. Dr. Stephen Wickes used *Condit* for the earlier generations, but explained that the family had spelled it *Conduit* in their Welsh homeland "because they lived near one." Most present-day descendants spell it *Condict*.

The need for continuity and development through district societies was again recognized, and Secretary McKissack was directed to publish notice of such meetings four weeks before their scheduled date. The eastern district meeting was to be in New Brunswick on the first Monday in October, 1809, and the western in Burlington on the same date.

By 1811, the district societies were given further recognition through a motion empowering them to admit members into their group who also would be considered members of the parent Society.

In the same year, a committee appointed to consider better ways for examining candidates advocated a division of the state into three Society districts with examiners in each. It also was resolved that a committee should call upon the judges of the Supreme Court to urge them to withdraw the commissions they had issued and to name instead the examiners recommended by the Society.

In 1810, the clinics, which must have been sorely missed in the interim, resumed with four cases. The first was that of a five-year-old girl suffering from hardening of the salivary glands. The Society's opinion was that the tumor was local and called for the free use of an epispastic (a local agent applied to excite inflammation and so create a discharge), together with the internal use of calomel and mercurial ointment applied externally.

Dr. William F. Manning, a third member bearing that family name, reported a case of obstructed gland of the eyelid. The Society believed "a simple puncture will remove the obstruction completely."

The matter of fees once again came up for discussion. A bill was approved and orders issued to print enough copies of the regulations to supply one to each member. This was not done, however, and further revisions were made in the controversial fee structure in 1818.

The issue was dropped in 1820 when the designated committee reported there were no funds in the treasury to meet the printing and distribution expense, and "under the existing circumstances of the times, doubts were suggested by several gentlemen . . . of the expediency of increasing the rates of charging for professional services."

### Weather and health

As a further indication of their desire not to overlook any factor that might bear upon health, the members of the Society, at a meeting in 1810, resolved to make as accurate and extensive meteorological observations as circumstances would allow and to report them at succeeding meetings.

From this beginning came the formation in 1820 of a Standing Committee of three who were to be considered *ex officio* members of the Society. Among many responsibilities set forth in the new bylaws, they were to investigate and compile an annual report of the health of the citizens of New Jersey and the causes, nature, and means of control of prevailing epidemics.

Dr. John Van Cleve may have prompted this important development when he was appointed to the original committee and suggested a correlation between meteorological observations and prevailing illnesses. Dr. Van Cleve was influenced by two older associates with whom he shared a Princeton office — his partner, Dr. Ebenezer Stockton, and the good Scotsman, exceptional surgeon and chemist, Dr. John MacLean. With such



spirited men as colleagues, the able Dr. Van Cleve accepted election as corresponding secretary and assignment to almost every committee of the Society.

### **The Charter of 1816**

Anticipating expiration of the first twenty-five year charter in 1816, a committee began work on revisions in 1812. An important innovation was the proposal that the Society be composed of delegates appointed from each district society.

On February 16, 1816, the legislature passed a new Act to Incorporate The Medical Society of New Jersey. (There were brief intervals when a slight variation in the official name occurred, but it was designated as The Medical Society of New Jersey in 1820 and is so recognized today.) The 1816 Act named Drs. Nicholas Belleville, Enoch Wilson and John Van Cleve "together with all such physicians and surgeons as now are members . . . and their successors . . . to be a body Politic and Corporate in Law" under this name.

Provision was made for the formation of district (county) medical societies. These were authorized to accept applicants for membership and to certify eligibility of candidates to receive a license from the president of the state organization.

A Supplement to the Act, in 1818, more specifically provided that the Society should be composed of four delegates chosen by and from each district society. It also made the Society responsible for the appointment from each county society of three censors to examine any applicant and certify his entitlement to a license. In the same year, a committee reported progress in the study of procedure and requirements for conferring medical degrees.

The Act of 1816 determined that the charge for the license should not exceed \$5. This was waived at least once — when a member told the Somerset County Society, soon after its founding, that an applicant, Dr. Henry B. Pool, was destitute and unable to pay the fee. Somerset excused him from paying an examination fee and appropriated the money from its own treasury to pay for his diploma.

### **No "medicine shows"**

Besides assuring appropriate licensing of qualified physicians, the Act repeated portions from Section Five of the original Act of 1772. The later one provided penalties for the "physician, surgeon or mountebank doctor who shall come into, travel through or remain in the state and shall erect . . . any stage . . . for the sale of drugs or medicine."

For each offense there would be a fine of \$25 plus costs. With poetic justice, the fine was to be assigned equally to the person who prosecuted the case and to the use of the poor of the town where the offense was committed.

In accordance with the second provision of the Act, a board of fifteen managers was appointed to carry on the business of the Society. These were Drs. Augustus R. Taylor, Lewis Dunham, John Van Cleve, Jacob Dunham, Nicholas Belleville, William M. McKissack, Nathaniel Manning, Enoch Wilson, Charles Smith, Peter I. Stryker, Matthias Freeman, Ralph P. Lott,

Moses Scott, Charles Pierson and Ephraim Smith. The managers elected Drs. Lewis Dunham, president; Wilson, vice president; Ephraim Smith, treasurer; Taylor, corresponding secretary; and McKissack, recording secretary.

Committees were appointed to consider bylaws and report at the June meeting. It was also decided to retain the basic form of the original seal, with slight alterations.

The bylaws and regulations empowered the president to call occasional meetings of the Society or Board of Managers, established nine members as a quorum, and levied an admission fee of \$2 and annual dues of 50 cents.

The ink on the Act of 1816 was scarcely dry before the organization of county societies was begun. The first charter went to Somerset, with Monmouth, Essex, Morris, and Middlesex following in short order.