

CHAPTER 7

“The successful treatment of disease demands an accurate knowledge of all the agencies which affect the condition of its subject, and the man of science will avail himself of his acquaintance with the most manifest and certain, in the prosecution of his professional duties.”

— *Standing Committee Report, 1837.*

Chance, coupled with discoveries by laboratory scientists and the astute observations of general practitioners, placed medicine on the threshold of many discoveries in the first half of the nineteenth century.

It was, for instance, the accidental shooting of a French-Canadian trapper in 1833 that triggered studies by an inquisitive American Army surgeon, Dr. William Beaumont. An external fistula caused by the gunshot wound gave Dr. Beaumont a means of spying on the patient's stomach and resulted in his book on gastric juice and the physiology of digestion.

Before his death in 1823, Dr. Edward Jenner of England was widely hailed for his discovery of smallpox vaccination. This procedure was introduced to the United States by Dr. Benjamin Waterhouse of Cambridge, Mass., in 1800. Physicians in New Jersey were prompt to urge its use and to protest publicly the needless deaths which occurred periodically among the unvaccinated.

Tools for diagnosis

New diagnostic tools also were introduced at this time, most of them from Europe. With them came a new vocabulary.

In 1816, René Théophile Hyacinthe Laennec invented the stethoscope. The first one was only a roll of stiff paper, but it laid the foundation for the modern knowledge of chest diseases. Proper interpretation of internal body sounds made it possible to diagnose cardio-pulmonary diseases, and to detect the sound of the fetal heart.

A spirometer made possible measurement of the air inhaled and exhaled by the lungs, and permitted an estimate of the force exerted in respiration. A Spanish voice teacher, Manuel García, pointed the way to laryngoscopy; the otoscope permitted examination of the ear, and a German physiologist, Hermann von Helmholtz, invented the ophthalmoscope to study the interior of the eye.

The synthesis of urea from ammonia and carbon dioxide by Friedrich Wöhler in 1828 revolutionized the basic ideas of the chemistry of life processes and led to the synthesis of complex compounds and to an understanding of metabolism. Claude Bernard introduced the concept of experimental medicine, and Charles Edouard Brown-Séquard opened the era of modern endocrinology.

Americans were pioneering in practical medicine and in the establishment of the first dental school in the world. It was founded in 1839 as the Baltimore College of Dental Surgery, now part of the University of Maryland.

In South Carolina, Dr. J. Marion Sims perfected a vaginal speculum and successfully repaired vesicovaginal fistulae, using silver wire sutures. He moved North and in 1855 founded the New York Woman's Hospital.

Harvard's Dr. Oliver Wendell Holmes — described by Sir William Osler as the most successful combination of physician and man of letters the world has ever seen — in 1843 wrote on the contagiousness of puerperal fever. Four years later, the Hungarian Dr. Ignaz P. Semmelweis confirmed Dr. Holmes' thesis by reducing maternal mortality rates from 10 to 1 per cent through such simple precautions as washing his hands with an aqueous solution of chloride of lime before examining his patients.¹

Jerseymen try ether

New Jersey practitioners were prompt to study and test whatever might bring better health to their patients. Dr. Lyndon A. Smith of Newark, discussing new discoveries of medicine in 1847, mentioned "the vapour of sulphuric ether" as a remedy for the alleviation of pain in surgical operations. He had learned of its use in Boston only a few months earlier. After describing the experiments and their results, the cautious physician warned Society members that he thought it "right to say that . . . there have occurred several instances — some in [our] own neighborhood — whose unpleasant results inculcate the indispensable necessity of great caution in the use of this powerful stimulant."

Two years later, Society members Drs. Joseph Parrish, Benjamin H. Stratton and Zachariah Read, commended the use of etherization in childbirth as worthy of more consideration than it had thus far received from New Jersey physicians. Dr. Franklin Gauntt of Burlington recommended it in difficult or protracted labor as giving general satisfaction both to patients and practitioners. "It is given," he added, "by wetting the corner of a napkin with a mixture of equal parts of chloroform and ether, then allowing the patient to inhale the vapor, holding the cloth about an inch from the nostrils, giving . . . an opportunity of inhaling a small proportion of atmospheric air."

Public health records

A public health movement began with the establishment of a Standing Committee of the state Society in 1820. Those named to serve on it were charged with broad responsibilities. They were to investigate and report the general state of health, births, and deaths of the citizens of New Jersey during the preceding year; the causes, nature, and cure of any epidemics, curious medical facts and discoveries, and any remarkable cases. This recognition of the need for reporting communicable diseases, births, and deaths was the forerunner of a notable public health program in New Jersey.

In addition, the Committee was charged with reporting all irregularities on the part of district societies and with settling controversies. Finally, the Standing Committee members were to be the guardians of The Medical Society of New Jersey, watching over its rights and privileges and suggesting matters for the promotion of medical science and the best interests of the profession.

The state Society president, Dr. Lewis Condict of Morris, with Drs. Charles Smith of Middlesex and Peter I. Stryker of Somerset, composed the first Standing Committee. The initial report, compiled by Drs. Abraham Clark, Asa M. Hillyer, and William Pierson, was presented at the semi-annual meeting at Trenton on November 12, 1822. It was based on information from reports in Sussex, Cumberland, Essex, Hunterdon, Salem, and Monmouth. Several reports began by outlining the topography of the county, thus fulfilling the request for meteorological observations.

The influence of the atmosphere on humans was discussed in the 1830's and 1840's. Dr. Stephen Congar of Newark believed it to be of great importance. He cited Hippocrates' theory (about 440 B.C.) that south winds induced difficulty of hearing, impaired vision, headache, torpidity, and languidness; that north winds originated coughs, hardness in alvine discharges, difficulty in urinating, chills and pains in side and breast. Dryness, according to Hippocrates, brought acute fevers; wet seasons encouraged dysenteries, putrid fevers, epilepsy, and angina.²

Weather and consumption

Designating the most common diseases of each month in 1837, one observer said, "The increasing moisture of the air during February and March, the continued storms, the unpleasant condition of the ground, etc., render exposure to the climate more dangerous. The skin is exposed to a cold, damp air, the feet are wet and cold sometimes for hours, transpiration is entirely prevented, the lungs become loaded with blood and irritated by the unhealthy atmosphere . . . the foundations of that fatal curse of our climate — consumption — are laid ineradicably in the delicate texture of our breathing organs. To prove how truly such a term may be applied to this disease, it is only necessary to observe that one-sixth of all the deaths which occur in this state are probably occasioned by it."

Those who withstood the winter months, the doctor noted, were apt to fall victims to the "evanescent and deceitful warmth of April by incautiously changing their wearing apparel."³

Dr. Elias J. Marsh, reporting for Paterson and adjacent areas in 1832, thought miasmas were worse because of an unusual amount of rain early in the season, which filled the low grounds in the country, and the cellars, drains, and sewers in towns. The sun, alternating with occasional showers, gave rise to abundant vegetable miasmas, and a larger number of fever cases than usual, he added.

These cases were highly inflammatory, and, "if not subdued early by liberal use of the lancet, were thrown either upon the brain or the abdominal viscera." In cerebral cases, great good was produced by leeches, cupping and the continued application of ice or iced water to the head, he found.

Dr. Samuel Hayes Pennington of Newark blamed a succession of hot days in 1833 for "exhausting the system" and making patients more susceptible to cholera. One of the early cholera cases in Newark appeared in the vicinity of the steamboat wharf, and may have been brought by a passenger from New York, where the disease was already prevalent. The Newark victim lived in a small, filthy house, situated on the margin of a marsh, about 200 yards from the river shore, and deprived of ventilation by a hill rising

abruptly behind it. This house, Dr. Pennington noted, was filled with about twenty degraded inmates of the most unclean habits. Nine cases developed in the house, all of them fatal. Then cases began to appear in several locations. On August 28, all the five members of a respectable English family were wiped out within forty-eight hours. In all, between July 6 and early September, there were 127 cases of cholera in Newark, with sixty-five of them fatal.

Cholera appeared along the Passaic River, in Belleville and Acquackanonk (now Passaic) and Paterson. It was reported, too, in Whippany, Jersey City, and Elizabethtown, where Dr. John Chetwood was among the victims.

Dr. Pennington described the typical case as beginning with frequent bowel evacuations, stool becoming thin and watery, followed by nausea, headache, tinnitus, abdominal cramps, and muscle spasms of the toes and fingers, until the patient cried out in agony. Features of the face assumed a characteristic appearance, with the skin leaden or brownish and the countenance sharpened and elongated. The voice became a scarcely audible whisper and thirst was intolerable. If the patient revived, there was new danger from congestion of the brain, liver and lungs.

The treatment began with "cleansing the prima via," administering the usual jalap or rhubarb, calomel, and opium, then giving consideration to quieting the stomach with soda water, ice, cold water, and spirits of camphor. Dr. Marsh used oxide of bismuth. Patients were kept warm in bed with heated bricks and sandbags, bottles of hot water, friction, sinapisms to the hands, feet, wrists, ankles, and epigastrium. Stimulation made by applying a mixture of cayenne pepper and mercurial ointment was sometimes substituted, and vapor baths were used to promote perspiration.

When the reaction came, the wise doctor had lancet, scarificator, cups, and leeches ready. If congestion of the head threatened, leeches or cups went to the temples, and ice or a blister might be applied to the shaved scalp. If the lungs were congested, venesection and antimonials were used.

Dr. Pennington was not certain that cholera was contagious, but Dr. Timothy Kitchel of Whippany could not explain the cases there in any other way. With close observation and great candor, Dr. Kitchel added, "the man of regular habits was cut down, and the sot that wallowed in the mire of intoxication, escaped . . . but I beg not to be understood . . . as denying the truth that intemperance predisposes to these diseases. If it be not so in fact, still, for the sake of temperance and good order, let it stand recorded that the drunkard is peculiarly the victim of cholera. Let us all live and die sober men."⁴

Not all physicians exercised such discretion, and occasionally the Standing Committee delivered an official rebuke. In 1822, the chairman commented on the unsigned report from a physician in Monmouth County, "We cannot but regret that in his zeal to promote evacuations, the doctor should have found it necessary to prescribe such extravagantly large doses as seventy-two grains of ipecacuanha, with thirty to forty grains tartarized antimony, followed by six to fourteen grains sulphate of copper; and after giving calomel thirty to forty grains, jalap forty to fifty grains, gamboge six to ten grains, found himself obligated to add a decoction of one and even two ounces of

senna. However such doses may have succeeded in the hands of an experienced physician we cannot but caution those less informed . . . from adopting such large doses of our most active medicines." ⁵

Two years later, Dr. William J. Johnson, reporting from Whitehouse for Hunterdon County, also earned a mild reproof from the committee when it reported his "recipe" for the treatment of dysentery and added, "however remedial the sugar of lead may have proved in the cautious hands of Dr. Johnson, and however plausible its use may seem in sporadic cases of dysentery and diarrhea, it is a medium which requires the further test of experiment before it can be safely ventured upon." ⁶

"The cars" necessitate surgery

The Standing Committee included an account of trauma surgery performed by Dr. Stillman E. Arms of Elizabethtown in 1839. Railroad trains were then so new that accidents caused by the "steam cars" were regularly listed. In this case, a boy of eight was run over and had the tibia fractured in two places below the middle of the bone. The integuments and muscles were much lacerated, and the bone was partially exposed. The parents refused to allow amputation.

In about ten days, "the mortified parts sloughed off, and the tibia was completely denuded on all sides, two-thirds of the distance from the knee to the ankle." Dr. Arms noted that the bone was fractured completely about two-thirds of the distance down, and had no attachment below; above, it was attached posteriorly and laterally to the soft parts and the bone above.

In the presence of Drs. George R. Chetwood and Charles Davis, Dr. Arms separated the bone at the apophysis by means of a heavy scalpel and after some time, although the joint admitted of little motion, it proved capable of sustaining considerable pressure so that, with the aid of a suitable shoe, the limb was expected to be highly useful.⁷

Alert for new devices as well as techniques, the Society was brought an exhibit in 1836 by Dr. Samuel Woolston of Vincentown, Burlington County, of a newly invented apparatus to be used after fractures of the thigh or leg.⁸

Persistent Waldo Brown

Members of the Medical Society were irritated in this period by the persistent Dr. Waldo Brown, a practitioner in Essex County, who was determined to be accepted by the organization. It took him twenty-two years, and his victory — if such it was — hinged on a legal decision and the absence of a needed clause in the Society's bylaws.

On October 2, 1826, Dr. Brown applied to the Morris County censors for an immediate examination. His certificate said he had studied medicine under a practitioner in Connecticut, and his diploma awarded him an arts degree from a Connecticut college. After several hours of questioning, the censors unanimously agreed that he was totally unqualified to practice medicine. They refused to give him a certificate, adding that the decision was a duty both painful and irksome to them. They advised him to resume his studies for a season, offering not to divulge the results of this first examination.

Instead, he applied for membership in the Essex County Society and was admitted, after denying he had been examined and refused a certificate by the Morris censors. When they protested, Dr. Brown "indulged himself in language not very decorous," accusing them of falsehood and unfairness.

The matter was then referred to the Standing Committee, which found "a want of moral principle and a turpitude of character" which made Dr. Brown "unworthy of the respectful notice of the medical profession." Not content to leave the matter in the hands of the Essex County Society, Dr. Lewis Condict declared, ". . . a violation of any sound rule or principle, or an injury to any one practitioner, is an injury to the whole profession, which all medical men are bound to redress."

Unfortunately, redress could not be had by legal means. The Society hastened to introduce an amendment allowing it "to revoke the license of any person who shall have obtained the same through fraud, or in violation of any of the requirements of this act . . . or who has dishonored himself by disgraceful conduct or gross malpractice."

But the amendment was not retroactive, and Waldo Brown appeared at the November, 1839, meeting of the Society as one of the delegates from Essex. More protests ensued, but the Society at last allowed him to be seated. The minutes of May and November, 1848, list Dr. W. M. Brown among the Essex County delegates attending the state Society meetings. No further mention of him appears.

But Waldo Brown left a lasting impression on the Society. Because of him, it was never again without legal means to prevent an untrained and incompetent practitioner from holding a medical license in New Jersey.

Consistent drug quality sought

Dr. William Pierson of Essex warned other members of the Society in 1822 that although he had purchased the best cinchona bark available, he was convinced it was adulterated. He thought mahogany had been used because when he simmered the bark to prepare the quinine decoction, it resembled pale ink and caused irritation to the gastrointestinal tract. His futile efforts to obtain cinchona bark that was not adulterated induced him to try other treatments, such as sulphate of copper in doses of one-fourth grain, three to six times a day.

In 1829, Dr. Pierson introduced a resolution concerning the ethical dispensing of drugs. He reminded Society members that in 1823 the privilege of vending drugs and medicines had been extended to merchants and shopkeepers "to the detriment of the profession and the imminent danger of the health and lives of New Jersey citizens," since medicines of a spurious quality were often sold. Even when the medicines were genuine, he said, the vendors were totally ignorant of their properties, the quantities which could be safely administered, and the probable effects. He proposed that the legislature be urged to repeal or modify the earlier provisions so that only properly licensed physicians could dispense any drug used principally as a medicine.

Another approach to the problem had begun in 1817. At that time, the Medical Society of New York had written to ask for an expression from its neighboring New Jersey Society on the merit of a plan for an American pharmacopeia. The New Jersey group replied that such a national

compilation of medical formulae would be useful and that New Jersey would like to cooperate — but had no funds.

In 1819, Drs. John Van Cleve, Charles Smith, E. Fitz-Randolph Smith and Abraham Clark were appointed from The Medical Society of New Jersey to participate in the Philadelphia meeting concerned with the formation of an American pharmacopeia by the medical societies of the existing states. The New Jersey men were allowed \$45 for expenses — which left only 87½ cents in the Society's treasury. The following year, the national convention was held in Washington, D.C. but the New Jersey Society, as in 1817, had no funds and no representative. One member had suggested that the reimbursement for expenses could be drawn from anticipated profits if the Society would order a quantity of the pharmacopeias for re-sale to members at a slightly higher price. But borrowing against the future was never a way of life for The Medical Society of New Jersey.

The first edition of the book that was to become today's *United States Pharmacopeia* was published in 1820. It had 274 pages and measured about six by ten inches in size. Descriptions of pharmaceutical products filled 200 pages and were printed in both English and Latin, in a form preserved in subsequent editions. The book represented the joint efforts of a committee of several physicians from each of the participating states. Drs. Charles Smith and John Van Cleve were the representatives of The Medical Society of New Jersey whose names appeared among the committee members who compiled it.⁹

Fellows of the Society

Recognizing education and the exchange of knowledge as indispensable to progress, the Society wanted to assure a source of permanent leaders to whom younger members could turn for information and advice. This was accomplished in 1825 by making each past president of the Society a life member, with the designation of *Fellow*. This title continues to confer high honor and responsibility. In the 200 years of the Society's existence, it has named only 175 *Fellows*, with seldom more than twelve active at any one time.

Medical licenses

The responsibility for more formal recognition of medical education through the licensing of qualified physicians was delegated to The Medical Society of New Jersey in 1816. Since 1825 the Society has been legally empowered to grant the degree of Doctor of Medicine, although it has not exercised this authority since 1902.¹⁰

In the early 1800's, the man with little or no medical education who wanted to circumvent ethical procedures could easily find some school which would accommodate him with a medical degree. New Jersey, in 1772, was the first state to stringently regulate the practice of medicine; half a century later, only four or five others had similar controls. In states with no regulations, granting was promiscuous and pseudo-medical schools were widespread. There were twenty-six new schools between 1810 and 1840, forty-seven more in the following thirty-five years, and 156 more before the end of the century.¹¹

To All to Whom these presents shall
Come, or may in any wise Concern.

The President of the Medical Society
of New Jersey, sends Greetings,

Whereas John F. D. Heineken of the
County of Burlington State of New Jersey,
hath exhibited to me satisfactory testi-
mony that he hath studied Physic and
Surgery, and hath also upon examina-
tion by the Boards of Censors of the Medi-
cal Society of New Jersey for the Eastern
District given sufficient proofs of his pro-
ficiency in the healing art and of his mor-
al Character as certified under their hands
to me directed, as President of the Medical
Society of New Jersey,

I have therefore by virtue of the power
vested in me by Law, do grant unto
the said John F. D. Heineken the privilege
of practicing Physic and Surgery in this
State, together with all the rights and
immunities which usually appertain
to Physicians and Surgeons. In testimony
whereof I have granted this Diploma
sealed with the seal of the Medical
Society of New Jersey, and testified under
my hands at Newark, this twelfth day
of July in the year of our Lord Eighteen
hundred and thirty seven.

J. S.

Lyndon A. Smith, M.D.
President.

State of New Jersey: }
Burlington County: } John F. Taylor

Dr. John F. D. Heineken (1810-1867), medical graduate of the University of Pennsylvania in 1836, was granted this license by The Medical Society of New Jersey. It was signed by President Dr. Lyndon A. Smith at Newark on July 12, 1837. Dr. Heineken practiced at Columbus, Burlington County. He was the grandfather of Dr. Theodore S. Heineken of Glen Ridge, through whose courtesy the diploma is reproduced.

An address on the subject of unqualified degree holders was delivered by Society Vice-President Dr. Othniel H. Taylor of Camden, at the state meeting on November 13, 1849. The report became historic in the annals of medical legislation in New Jersey. Dr. Taylor began by pointing out that the charter of The Medical Society of New Jersey had been originally granted by the legislature to protect the citizens from the consequences of "gross ignorance, unprincipled cupidity and insolent assumption in the profession of medicine."

The Society had been given many and singular powers, in contrast with medical societies in the other states, he said, and added, "The public has extended to us privileges of important value, in consideration of our pledge to protect it from the dangers of empiricism and incompetence."

Zealous, energetic Dr. Taylor reminded his audience that the fourteenth act of the Society's incorporation began: ". . . this Act shall be so construed as to prevent all irregular-bred pretenders to the healing art, under the names or titles of practical Botanists, Root, or Indian Doctors, or any other name or title, involving quackery of any species, from practicing deceptions, and imposing upon the ignorance and credulity of their fellow-citizens. . . ."

Admonishing the twenty-four delegates from district societies, he added, "It is . . . not the privilege, but the *legal duty* of the district societies, to prosecute the delinquent in every instance of infraction of the law."

Dr. Taylor was convinced that medical college faculty members would be too lenient in certifying their own graduates as qualified for medical licensure. He cited several answers he had heard applicants give the medical examining board, after the applicants' colleges had graduated them as ostensibly prepared for medical practice.

One candidate, when asked what those medicines were called which increase or promote the discharge from the bronchial tubes, told the examiner, "That was the very part I intended to study before examination."

Trying to be helpful, the examiner noted the young man had been in practice a few months and asked, "Well, do you prescribe expectorants in your practice?" The would-be licensee answered, "Yes, sir, by all means . . . *Jayne's Expectorant*, and I use no other, because it is the best." He admitted he did not, however, know any of the constituents in his favorite prescription.

Another candidate, no less strongly recommended by his medical college, was asked by a member of the New Jersey examining board to explain what was meant by an hour-glass contraction of the uterus. Embarrassed and unable to answer, the applicant was given another chance. The question was rephrased, "What would you do in a case of hour-glass contraction?" The candidate then replied promptly, "I would pass a wire."¹²

Dr. Taylor's address was printed in the *New Jersey Medical Reporter*, newly launched by Dr. Joseph Parrish of Burlington and selected as the official organ of the Society.

Camden historian Dr. E. L. B. Godfrey later recalled that the college faculties read the speech in the printed proceedings of the *Reporter*, and when the legislature convened, the faculties turned out in full force to denounce the Society. "The Society, like an eagle in a dove-cote, had fluttered their parchment plumage," Dr. Godfrey chuckled.¹³

Although The Medical Society of New Jersey had been given responsibility in 1816 for the licensing of physicians in the state, in 1851, the legislature exempted the graduates of five medical schools from the licensing laws. Under the 1851 enactment, graduates from the University of New York, the College of Physicians and Surgeons of New York, the University of Pennsylvania, Jefferson Medical College, and the Pennsylvania Medical College, were no longer required to be tested by The Medical Society of New Jersey in order to obtain a license to practice medicine in the state. Instead, these graduates had only to make application and pay the fee in order to be licensed. In 1854, a further enactment extended the exemptions so that anyone of good moral character was allowed to practice medicine in

JOSEPH PARRISH, M. D.,

BURLINGTON, N. J.

Burlington Sept. 23rd 1880.

My Dear Dr. Chick.

In view of the current popular
move in the direction of legitimate medicine
~~and~~ would you think of the Standing
Committee taking hold a typical case of
bogus diploma, and proceeding in the name
of the society and thus give direction to the
action of local societies. I am appealed
to in this matter with the statement
that is no precedent to guide the district
society and they do not know what to do
in such cases of which there are many in
the counties?

Please advise me
+ oblige yours truly
Joe. Parrish.

Dr. Joseph Parrish (1818-1891) of Burlington, N. J., editor of *The New Jersey Medical Reporter*, saw the need to eliminate "diploma mills" which were granting bogus degrees to applicants with few if any qualifications for medical practice.

New Jersey if he had studied three years with a licensed practitioner and could show a diploma from any medical college or department of a college in the United States that testified to his completion of twelve weeks in each of two courses of specified medical subjects.

The likelihood of abuses was so apparent that Dr. William Pierson, Jr. (who was to be elected Society president in 1900) wrote Dr. J. Henry Clark of Newark in 1858, "... I have to say that I fully concur in the opinion expressed by yourself and others, that the Charter is valueless to the profession of this state. All that remains to us, beyond what the Medical Society could accomplish for itself, is the right of conferring the degree of M.D. and fees derived from licenses. I have but a single favor to ask of the legislature and that is to repeal all medical laws and leave the profession to stand or fall upon its own foundation."¹⁴



Through the mid-nineteenth century, most physicians carried dental forceps like the above, left and right, and a turnkey, center, to aid in tooth extraction. These instruments are part of the collection of Dr. Aaron J. Heisen, of Trenton.



The legislators and the public were not as prompt to anticipate the easy purchase of fraudulent diplomas, and the resulting dangers to the public. In New Jersey, the Medical Society members were charged with seeking a monopoly for themselves. With their efforts to protect the public so grossly misunderstood, the officers of the Society suggested two possible courses of action: First, an increased zeal on the part of the members so that their worth would be clearly apparent when the public compared them with pretenders to the healing art; Second, that all members of the legislature be invited to learn the objects of the Society by attending the opening session of each annual meeting of The Medical Society of New Jersey. Both plans were wise but time was needed for their accomplishment.

The only immediate consolation for the Society was that the American Medical Association, at its first general meeting in 1847, had placed educational requirements for licenses to practice medicine at the top of the list of considerations. There was promise that within a few years, national standards would be established.¹⁵ In the meantime, The Medical Society of New Jersey could refuse membership to those proved unfit.

The members of the New Jersey medical profession knew that many unqualified degree holders were a hazard to the public, and in 1849, the Society endorsed the resolution by Dr. Joseph Parrish of Burlington County that the A.M.A. should be encouraged to adopt the policy long used successfully by The Medical Society of New Jersey of separating the teaching and licensing powers, and establishing a board of examiners entirely separate from the faculties of the medical schools. Many years were to elapse, however, before a completely satisfactory system of examination evolved.

Start of the A.M.A.

The need for improvements in the medical education requirements among the states prompted the founding of the American Medical Association. The organization that was to become the A.M.A. held its first general meeting in Philadelphia in 1847. It was patterned after the earlier meetings of representatives from the medical societies of several states, working together for a common purpose — initially, the pharmacopeia.

Soon after Dr. Nathan S. Davis of Binghamton, N.Y., was named a delegate to his New York State Medical Society in 1844, he introduced a resolution calling for that society to recommend a national convention of delegates from medical societies and colleges of the whole Union to convene in New York City in May, 1846, to consider ways to elevate the standard of medical education in the United States. A small group convened, primarily to plan for a larger meeting in Philadelphia, May 5, 1847.¹⁶ The New Jersey Society, in May, 1846, resolved that its five delegates at the Philadelphia meeting the following year should be Drs. Lyndon A. Smith, Elias J. Marsh, William Forman, Thomas P. Stewart, and William Pierson. Six months later, the newly formed county societies in Gloucester, Camden, and Hunterdon were given special recognition when the parent Society voted that there should be an additional five delegates from these counties added to the representation from New Jersey at the national convention in Philadelphia in 1847. The added delegates were Drs. Benjamin P. Howell, Joseph F. Garrison, Joseph Parrish, Othniel H. Taylor and Richard M. Cooper.¹⁷



A cupping set was carried by doctors until the mid-nineteenth century. The mechanical lancet or scarificator was used for "wet" cupping; a syringe suction was used for "dry" cupping.

State Mental Hospital

Another matter of great importance to New Jersey citizens was developing in this same period.

Although groups of physicians had pondered and discussed the problem much earlier, the matter of proper care for the insane was first formally presented for the consideration of organized medicine in 1837 when Dr. Lyndon A. Smith chose this subject for his presidential address. He urged the establishment of a State Lunatic Asylum and sought requisite legislative action. At its next session, the legislature of New Jersey appropriated \$500 to determine the number, age, sex and condition of the lunatics of the state, the best means for their relief, and — if an asylum proved to be the answer — the cost of construction.

The committee of Society representatives, with Dr. Lewis Condict as chairman and Dr. Smith as secretary, prepared the report, presented it at the next session of the legislature and saw it printed and disseminated throughout the state.

Dr. Smith believed an asylum was the only effectual means of caring for mental patients and that the report would promptly move the legislature to action. Unfortunately, it did not. An institution for the mentally afflicted seemed to be a lost cause.

Dorothea Dix and the doctors

In twentieth century literature, Dorothea Lynde Dix, a frail, soft-spoken spinster from Massachusetts, has received much credit for New Jersey's State Mental Hospital.

In reality, she was the catalyst. The initial work had been done by members of The Medical Society of New Jersey, more than five years before she began her humanitarian efforts to improve conditions for those with mental diseases.

It is not improbable, in fact, that as her success in Massachusetts became known, some members of the New Jersey Society privately sought her assistance in reaching the public of this state and inspiring them to demand legislative action.

The doctors had prepared their report to the legislature with care, concentrating on statistics — cold hard facts. Miss Dix cited individual cases, and the legislators, who at first had been willing to vote \$1,000 to ride her out of New Jersey, instead were moved to vote for an appropriation sufficient to build the State Mental Hospital on the outskirts of Trenton.

The conditions Miss Dix found in New Jersey in 1844 were similar to those she had known in her own State of Massachusetts and would later find throughout the country. She learned that the number of neglected insane and imbeciles in New Jersey was greater than the population of the state prison, and though their only "crime" was mental disability, the insane were often housed with the lowest criminals.

The asylum recommended by the medical men of New Jersey had the backing of Essex County Senator Joseph S. Dodd and a few others, but it took Miss Dix's moving case histories, a fire, and a prison physician to bring action. In the same year that Miss Dix visited New Jersey, the almshouse in Salem County burned down. Although no lives were lost, it was an



This pen-and-ink sketch of the New Jersey State Hospital, founded in 1848 at Trenton, was done by Dr. A. Ross Pittman of Trenton. Born in 1883, he received his medical degree from the University of Tennessee in 1916. Dr. Pittman is a neuropsychiatrist, a former medical missionary to India, and a widely-acclaimed expert in block printing.

opportune time to emphasize the difficulties of rescuing “lunatics chained fast to their cells.”

Dr. James B. Coleman, Mercer County physician at the state prison, added his strong support to the appeal for proper housing and care for the insane when he reported that his observations indicated solitary confinement diminished physical strength and weakened the mind, if it did not cause absolute derangement.

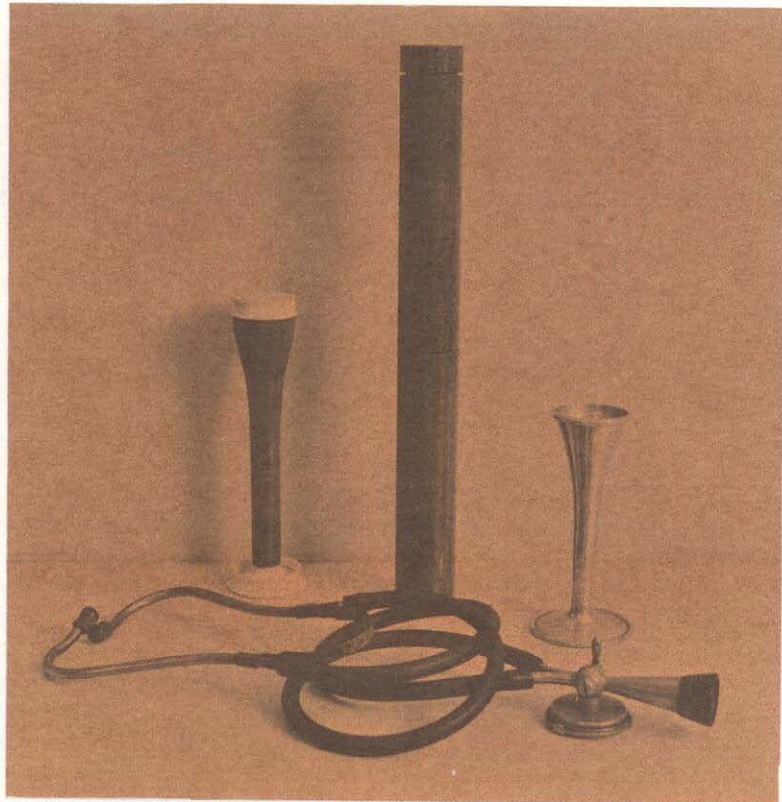
At last a majority of the legislators became convinced of the need and took action to provide for mental patients. Between 1844 and 1848, \$153,861 was appropriated to cover the cost of farms, construction of buildings, and the purchase of furnishings, equipment and other necessities.

New Jersey's State Mental Hospital (then called the New Jersey State Lunatic Asylum) was dedicated in 1848 and was one of the first psychiatric hospitals in the nation. It included a small apartment for Miss Dix's use whenever she returned on visits to the state. These rooms are still maintained as a memorial to her. A greater and more lasting monument is the present-day program for improved mental health, begun at the instigation of the organized medical profession in New Jersey and aided immeasurably by the indomitable spinster from Massachusetts.¹⁸

Passaic County Medical Society

Some fourteen years had passed without the addition of a new district society when, in 1843, the medical men of Passaic applied for a commission. The county had been established just six years earlier. Its physicians had been participating in the work of other county societies.

There were about 17,000 residents in Passaic County at the time, some 12,000 of them clustered along the Passaic River between Paterson and Passaic. The Dutch had located near the "Great Falls" as early as 1682. The Irish had arrived a century and a half later, at the dawn of Paterson's fame as a silk manufacturing city. The Germans, who had been brought to work the Ringwood iron mines before the Revolutionary War, stayed on. French Huguenots also were prominent. Dr. John De Vausnee, known as "the French doctor," practiced in the Passaic area from 1738 until his death in 1760. Representatives of these several nationalities were among the physicians who took the initiative in forming a local society.



Stethoscopes familiar to most physicians in the past century and a half included the French wooden cylinder of Laennec, center, (1819); ivory and wood "ear trumpet" of Piorry, left, (1828); German monaural metal device, right, (1909); and the American binaural combination chest-piece model of Sprague-Bowles, foreground, (1926).

The requested commission for the Passaic County Medical Society was granted in 1843 to Drs. Elias J. Marsh, Donatien Binsse, Garret Terhune, Lemuel Burr and Jeter R. Riggs. They held their organization meeting on January 16 of the following year.

Dr. Terhune was chosen president; Dr. Riggs, vice president; and Dr. Burr, secretary. Dr. William Magee was made a member and chosen treasurer. He was the only "city" doctor among them who kept a horse of his own. The others walked or depended on the livery stable.

Passaic has a history of medical practitioners continuing through several generations of one family. Dr. Percy H. Terhune, completing fifty years of practice in the 1930's, recalled that his father and grandfather had been physicians in the City of Passaic successively since 1830. An earlier ancestor, Dr. Gilliam C. Terhune of Hackensack, who helped found Passaic County, connected the line with four generations of still earlier physicians. The family name is also familiar to the lay public of the twentieth century through Albert Payson Terhune (1872-1942) whose many books described the breeding and training of collie dogs at "Sunnybank," Pompton Lakes, N.J.

The Blachly line has been one of the notable names in medical practitioners not only for New Jersey but also for several other eastern states. The progenitor, Thomas Blachly, was in Hartford, Conn., as early as 1640 and signed agreements with those who migrated from Connecticut to Newark, N.J. Although he did not accompany them to New Jersey, at least one of his sons came to this state. Dr. Ebenezer Blachly, a fourth generation of the venerable family, was born in Mendham in 1735 and became a founder of The Medical Society of New Jersey in 1766. Five of his seven sons studied medicine. In the next generation, still another Ebenezer, born in 1760, was such an ardent patriot that he enlisted under age and served as a surgeon's mate throughout the Revolutionary War. Later he married and settled in Paterson where two of his sons carried on the medical tradition. From that time until late in the nineteenth century, one or more Blachly physicians practiced in Passaic County, and in each family, two to four sons studied medicine, making possible the claim of an eighty-five-year-old man that he had been attended by five generations of Blachlys in the course of his long life. In recent years, the family name has been extended to other states including New York, Pennsylvania, and Ohio.

Another of Passaic's and the state's leading medical families started with Dr. Elias J. Marsh. He began his practice in Paterson about 1827. He was of moderate stature, slightly olive complexion, a good writer and speaker. His particular interests were improved public education and all that benefited the usefulness and dignity of his profession. This was particularly evident in his long and active participation in the Society. In 1851, during an outbreak of remittent fever in the community, Dr. Marsh had more work and exposure than he could endure and fell sick himself, sacrificing his life in his heroic effort to care for his patients.

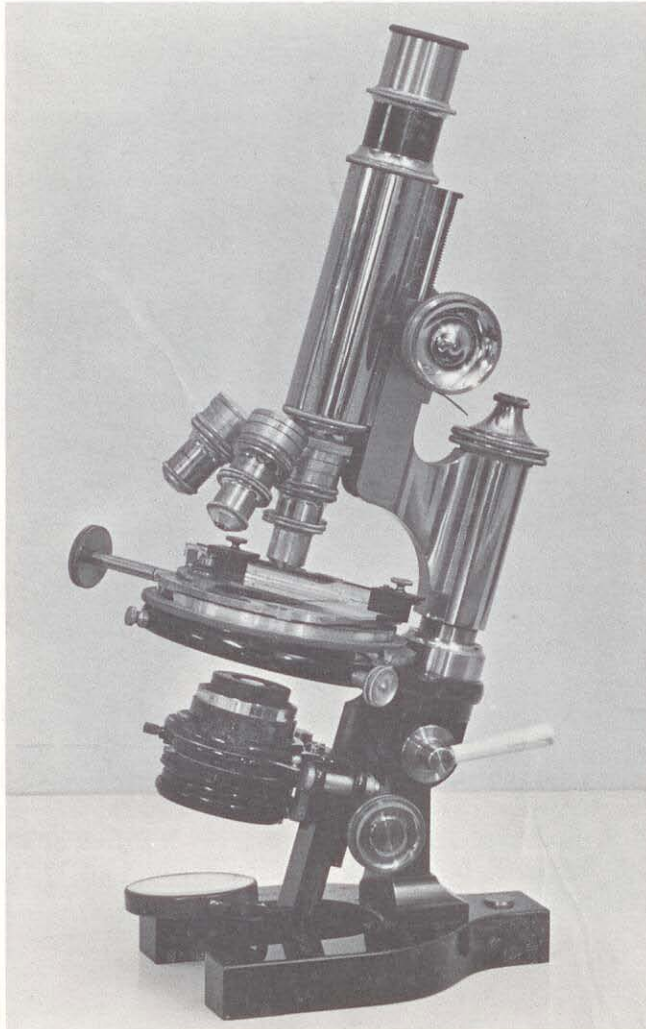
Like other Jersey men of Huguenot ancestry, Dr. Garret Terhune was born in New Barbados Township near Hackensack. He studied under Dr. Lambert Sythoff and attended a course of lectures at the College of Physicians and Surgeons, New York, thereby earning an M.D. degree from the Rutgers Medical College in 1827.

Another member of French descent was Dr. Donatien Binsse. Tall, handsome, with black hair and whiskers and sharp black eyes, he had married a wealthy woman during a visit to the Island of Barbados, B.W.I. They loved their children and society, and each afternoon when the weather was fine, the family would ride about in a horse-drawn carriage. After some years, the wife received her full inheritance, and they moved to New York for a livelier social life.

For years, Dr. Jeter Riggs, a bachelor, lived in Newfoundland in the upper end of Passaic County, traveling hundreds of miles to attend patients, including one on whom he successfully operated for a cataract — an operation rarely performed by a country physician.

Such evidence of surgical competence and concern for the well-being of his patients helped to excuse Dr. Riggs for disorderliness: an office with dusty books and a riding saddle on the floor, unkempt horses in the yard. Popular and well educated, Dr. Riggs was elected to serve a term in congress. At one meeting of the Society, his paper on "The Influence of the Mind and Moral Sensibilities over Disease" exhibited an early and careful observation of a concept not generally accepted until many years later.

This 1907 Bausch & Lomb microscope was used by Dr. Alvin S. Rogers (1889-1937), Trenton.



Other memorable names—Moss—Quin—Banta—Balleray—Ameraux—Mac-Intosh—Leal—Kipp—Johnson—appeared in succeeding generations of medical families in the county.

Much of the early information on Passaic was prepared by Dr. Alexander W. Rogers, president of the state Society in 1879 and one of the early members of the Passaic County organization. A later president described him as a constant reader, and a traveler who attended several medical society meetings in Great Britain to exchange technical knowledge and experience.

Passaic fees

By 1852, the Passaic Society resolved that the ordinary charge for a visit should be 50 cents, and for an ordinary obstetrics case, \$5. Ten years later, spurred by wartime inflation, a meeting was called "to consider the propriety of increasing medical fees in view of the rise in the prices of all else." The fee for ordinary visits went to 75 cents, with 50 cents additional for every mile over the first. Two years later, the charge for a visit was set at \$1, and for an obstetrical case, \$10. Annual dues for the county society were \$2.

The unmentionables

Almost a century before venereal disease was mentioned outside medical circles, the Passaic County society, in 1846, had a paper on gonorrhoea and discussed ways to educate the public about it.

In the same year, Dr. William Forman proposed that the state Society should offer a cash prize for the best essay on syphilis, written either in French or English and primarily concerned with whether the disease was ever eradicated or only suspended; whether a suspended case could transmit to offspring and how early the disease could be recognized in the offspring; which tissues were involved, and what developments occurred in secondary or tertiary syphilis. Whether the prizes were too small or the doctors too busy, few competed for the prize of a book, a few dollars and publication in a medical journal.¹⁹

Camden County Medical Society

The controversy into which Camden County was born in 1844 may have prompted the determination to keep the records—at least the medical ones—clear.

Until the partitioning, Old Gloucester had included Camden, and Dr. Isaac S. Mulford, who began practice in Camden in 1823, served as a connecting link in later years between the physicians of Camden and those distinctly identified with Old Gloucester. He also found time to write a history of New Jersey.

Several counties have recorded their achievements in anniversary editions of the *Journal* or in local newspapers, and the Auxiliary, after its founding in 1927, performed a valuable service in supplementing these records. But nowhere was there greater awareness of history and medical men to write it, than in Camden County.

The parent Society issued a commission authorizing organization of a Camden County Society at a meeting to be held August 14, 1846, at the hotel of Joseph C. Shivers, in Haddonfield. The men commissioned to hold the

organization meeting were: Drs. Jacob P. Thornton and Charles D. Hendry of Haddonfield, Isaac S. Mulford and Richard M. Cooper of Camden, and James S. Risley of Berlin. The elected officers were Dr. Risley, president; Dr. Othniel H. Taylor, vice president; Dr. Cooper, secretary; and Dr. Thornton, treasurer.

The constitution and bylaws were slow to reach the state Society, and it was not until the annual state meeting in New Brunswick on May 11, 1847, that the Camden delegates were accepted.

The new president, Dr. Risley, had been graduated from Jefferson Medical College in Philadelphia and licensed by the censors of the Western District of New Jersey in 1844. His eloquence was so great that one acquaintance claimed, when listening to the doctor's almost unbroken flow of language, "the hours would pass unnoticed." After Dr. Risley moved to western Pennsylvania, Dr. Mulford succeeded him.

The controversial partitioning of Camden County, the battle over the county seat, and the difficulties in starting the Camden Medical Society were only part of the medical men's problems. A later one involved a long-established and popular physician, Dr. Lorenzo F. Fisler.

The new county society, in its zeal to have regular physicians clearly distinguished from homeopaths, published in the local papers a list of licensed practitioners. Dr. Fisler's name was not among them. A prompt apology in the press could have soothed the troubled waters. But none was forthcoming. Dr. Fisler then paid for a newspaper announcement setting forth the facts that he was graduated from the University of Pennsylvania in 1818, licensed by the Board of Censors of Salem County in 1825, and was a delegate to the state Society in 1829.

Members of the Camden group consulted a former state Society president, Dr. Charles Hannah of Deerfield, who had been on the Salem Board of Censors. He declared — again for the press — that Dr. Fisler had never been certified.

The state Society, recognizing the frailties of Dr. Hannah's age and faulty memory, investigated further and determined that Dr. Fisler had indeed been properly examined and certified. A new diploma was issued to make amends for the injustice that had been committed. Disturbing though the affair must have been, it did not harm Dr. Fisler's "public image." He was a candidate for mayor of Camden twelve times, representing successfully the Whig, American, Republican, and Democratic parties, and was elected eight times. He too emulated his professional forebears by assuming the dual role of physician and preacher, the latter in the Methodist Church of Camden. As a public lecturer, he could regularly command a crowd with either of two addresses: "Queen Victoria" or "Witchcraft." His interest in medical advances placed him first in Camden in the use of ether and chloroform as general anesthetics. Although he was not able to forgive the Camden County Society's snub and join that organization, he associated with its members attending the state Society meetings.

Dr. Reynell Coates (1802-1866), who lived in Camden from 1845 until his death, was an energetic speaker and author. His books, *Popular Medicine* and *First Lines of Physiology*, were widely read; the latter, for school use, went through six editions. His writings were not confined

to medical subjects, and his poem, "The Gambler's Wife," was often quoted. In 1852 he was a founder of the Native American political party and its vice presidential candidate. He presented lecture courses on physiology in several eastern cities, including Boston. In 1870 he helped secure a clean water supply for the city of Camden and two years later was elected president of the Camden City Medical Society.

Perhaps Dr. Richard M. Cooper, a state Society *Fellow*, saw most clearly the need for medical men to relax and enjoy social hours together, smoothing away misunderstandings through better acquaintance. He so appreciated the value of the medical meetings for this purpose that in 1864 he invited the state Society to hold its annual meeting in Camden — and underwrote the entire expense himself. When Dr. Cooper died in 1874, he bequeathed \$3,000 to the Camden County society to help continue both its social and business sessions. His estate and the generous gifts of his family made possible the Cooper Memorial Hospital which was opened in Camden in 1887.

Dr. Isaac S. Mulford was another leader in community life as well as in the local society. In 1842, an Act of the legislature, secured chiefly through his efforts, permitted inhabitants of a township to raise money for public school purposes by direct taxation in addition to the state apportionment. Dr. Mulford's efforts to provide better education for the young earned him appointment to the State Board of Education. A Camden school building was named in his honor. His enthusiasm was so infectious that in the half century after the Camden City Board of Education was organized, almost every prominent physician in the city was persuaded to take a turn as a member of the Board. Among them were: Drs. Charles W. Sartori, Maximilian West, Henry H. Davis, John R. Haney and Dowling Benjamin. Drs. Thomas G. Rowand, Sylvester Birdsall, and James M. Ridge served as chairmen, and Dr. Alexander M. Mecray was called to superintend the teaching staffs.

The Camden County Medical Society, and members from it who met more frequently as the Camden City Medical Society, were held in such high esteem that city officials gave them plenary power during the cholera epidemic in 1866 and the smallpox outbreak in 1871, "to carry out any sanitary measures for the public good."²⁰

Recognition that medical authority should supersede all other in epidemics was born of panic. The acknowledgment that such authority might help *prevent* epidemics came more slowly, but medical men were pointing the way with organized efforts for a public health program in the 1840's and '50's.