

## CHAPTER 8

*“ . . . every year added to the life of man, and every day saved from sickness, is capital added to the resources of the State.”* — Sanitary Report, 1854

In the 1840's and 1850's, New Jersey medical men were learning to express their point of view in layman's language in order to reach the public and the legislators.

Members of the Society making the Sanitary Report of 1854, for instance, emphasized the economic values of life and health observing, “We cannot but regret that [legislators have expended so much time] on the mere moneyed interests of the inhabitants of New Jersey to the almost total neglect of measures best calculated to secure health and longevity. . . . We marvel that more attention has not been directed to this, inasmuch as every year added to the life of man, and every day saved from sickness, is capital added to the resources of the State, equal in amount to the worth of the time thus saved, the principal accumulating yearly, and the interest yielding a handsome revenue.”

The report added, somewhat caustically, that if the interests of the State of New Jersey in the years between 1798 and 1848 required twenty-three laws relating to the oysters in the bays and harbors, then “surely the health and longevity of man are worth the time required to pass *one* efficient law for their preservation.”

The Society had made some earlier attempts to instigate public health legislation. In 1847, Dr. Joseph Fithian of the Burlington County Medical Society — later to become state Society president — suggested that the medical profession make personal efforts to induce church authorities to report the number of funerals and list the age and cause of death of the deceased.

The Society asked for legislation requiring the regular recording of marriages, births, and deaths, and such a law was passed in 1848. A few months later, the Society urged its members to help their town clerks to carry out the provisions of the law.

In 1849, another member of the Burlington Society, Dr. John W. C. Evans, attended the state Society meeting in New Brunswick and proposed a resolution for expanded legislation to provide “a more complete system of law in respect to public health, particularly regarding vaccination.”

In retrospect, advancements in public health seem to have been made at a snail's pace, yet many programs that The Medical Society of New Jersey introduced in the nineteenth century were based on new concepts.

New Jersey was the first state officially to record births, marriages, and deaths.<sup>1</sup> The Medical Society not only introduced the beginning of a public health program, it also was ready to extend a helping hand in setting up the necessary system and in prodding officials if the work lagged. Once the program had begun, the Society moved forward in developing sanitary measures to protect the health of New Jersey citizens.

At the meeting in 1851, committees were appointed to report a year later on the chemical action of the kidneys and their influence on health, on the

effect of blood-letting on vital organs, and on the action of mercurial preparations on living animal tissues.

These reports prompted a third member of the Burlington County Society, Dr. S. W. Butler, to offer a resolution. He noted that the sanitary laws and regulations in the state were inadequate to guard against many of the preventable causes of disease and death. He moved that a committee be appointed to consider the existing laws and the need for future legislation.

A thorough job was done by the three-man committee, with Dr. Butler as chairman, assisted by Drs. Samuel Hayes Pennington of Newark and James B. Coleman of Trenton. Their presentation in 1854 was called a Sanitary Report, and included a summary of the health laws of the state from 1668 through 1853. Using a broad definition, they found 174 such laws. The most numerous—forty-eight—concerned drunkenness and immoralities arising from the abuse of intoxicating beverages. Twenty-five pertained to idiots, lunatics, and lunatic asylums; twelve to the regulation of the practice of physic and surgery, and twelve to food packing and exporting. Eight dealt with social vices, and six with the registration of births, marriages, and deaths. Three acts pertained to contagious diseases and three more to urban sanitary measures.

The report was prepared while Dr. George F. Fort was the governor of New Jersey (1851-4). Born in Pemberton in 1809, Dr. Fort was graduated from the University of Pennsylvania in 1830 and began medical practice in New Egypt in that year. He opened a drugstore and also became postmaster. Before he was elected governor, he served first in the New Jersey Assembly and then in the Senate. In 1852, during his term as governor, his nephew, John Franklin Fort, was born in Pemberton. He too was destined to become governor of New Jersey, (1908-11).

### **Child welfare laws sought**

The study of New Jersey laws revealed only one statute concerned with workmen's hours and one with the factory employment of children under ten years of age. The Sanitary Committee was particularly concerned about children's welfare generally. The members believed small, poorly-ventilated school rooms were helping to propagate disease, retard the growth of children and harm their nervous systems. Regulatory measures were urged.

Industrial workers needed protection too. Chairman Dr. S. W. Butler wrote, "We know there is less inducement to provide for the comfort of workmen if, on becoming disabled and incapable of performing their tasks, they can be discharged."

Reflecting the North-South controversy, Dr. Butler continued, "The slave-owner is prompted by [self] interest to protect the health of his slave. . . . We see abuses in the North which would not be tolerated in the South. No prudent slave-owner would risk the healthful growth of his young Negroes in an ill-ventilated cotton factory, nor would he hire [out] a hand to any shop where there was a risk, unless the employer guaranteed against depreciation in the value of the slave."

Home rule and private gain came in for comment when the Committee reported, "Mill-ponds and marshes should be under the supervision of health

officers. The antiquity of many of these sources of disease is their protection. . . . The question is whether the pecuniary profit of the pond-owner or the health of the surrounding people is more to be regarded."

Finally, the committee of physicians agreed that smallpox vaccination should be required by law.<sup>2</sup>

Two years later, in recognition of the public health efforts of this committee and others, Society President Dr. Alfred B. Dayton of Middletown Point declared, ". . . in no department of medicine has progress been more marked, and the profession less [praised] than in *hygiene*, the object of which is the preservation of health and life. All hygienic laws, rules or regulations are most certainly based upon principles elaborated and expounded by the medical profession. . . . If a sanitary or quarantine law be passed by a legislature, it is perhaps attributed alone to the wisdom and intelligence of that honorable body, when, if the matter were traced to its source, it would be found to have been either directly the result of efforts of physicians, or indirectly of those principles of hygiene which have resulted from their labors."<sup>3</sup>

Focusing public attention on hygiene was one result of the medical profession's efforts. Another was the formation of groups dedicated to similar public health goals.

### The Quarantine Convention

Dr. Wilson Jewell of Philadelphia reflected the thinking of many New Jersey physicians when he arranged a Quarantine Convention for May 13-15, 1857. As president of the Philadelphia Board of Health, Dr. Jewell extended invitations to representatives in the Atlantic seaboard cities. The seventy-three delegates who attended came from nine states and twenty-six Authorities. Nearly fifty of them were physicians.

Among New Jersey men at the first meeting were Drs. Alexander N. Dougherty and Isaac A. Nichols from Newark; and Drs. W. S. Bishop, Othniel H. Taylor, and Thomas F. Cullen from Camden.

The next year, at the Baltimore meeting, Dr. Nichols was the only Jerseyman present. He was also at the third meeting, in New York, with other Newark representatives, Drs. Gabriel Grant, Milton Baldwin, Edward P. Nichols, J. A. Cross, A. W. Woodhull, William Pierson, S. H. Southard and E. T. Whittingham. Drs. L. W. Elder, J. M. Cornelison, P. Trimble and Charles F. Lehlback attended from Hudson County.

The final quarantine meeting was in Boston in 1860. Attending were Drs. I. A. Nichols, E. P. Nichols, Christopher Eyrich, J. A. Cross, Luther G. Thomas and Gabriel Grant, all of Essex County. Dr. S. L. Condict represented Hudson County, and Dr. P. W. Oakley was there from Elizabeth.

The agenda included Quarantine Regulations and measures to control yellow fever, cholera, typhus fever, and smallpox; a model ordinance to require the registration of births, marriages, and deaths; a report on legal restrictions for the control and sale of poisons and dangerous drugs; the utility and application of heat as a disinfectant and, from a New York representative, a paper on civic cleanliness and economical disposition of refuse.

An added feature was the presence of noted Harvard lecturer and physician, Dr. Oliver Wendell Holmes, who had composed a poem for the

occasion. Beginning with a question, "What makes the Healing Art divine?" it concluded:

To guard is better than to heal, —  
The shield is nobler than the spear!

It was a military spear, however, that disrupted the sanitary organization. After the Civil War it was not revived, as such. Many of its members participated twelve years later in founding a new organization, the American Public Health Association. Its first meeting on September 12, 1872, at Long Branch, N.J., was in part a sequel to the pioneering efforts of The Medical Society of New Jersey in behalf of public health.<sup>4</sup>

### Disease little understood

New Jersey and the nation needed the strength of organized medicine and the individual efforts of the members of the medical profession in solving many health problems.

While instruments, diagnostic techniques and new treatments were being introduced, many diseases, particularly contagious ones, were little understood. The public drinking cup at the town pump was one of many evidences of this fact.

At each annual meeting of the state Medical Society, the Standing Committee reported unusual cases, new treatments or medicines, and the usual incidence of whooping cough, croup, scarlet fever, influenza, measles, and mumps. The most frequent cause of death was pulmonary disease.

Erysipelas was regularly present, and sometimes fatal. Dr. J. C. Elmer, writing from Mendham in 1842, described the attacks which killed his mother and his strong, healthy, eighteen-year-old sister. Redness and pain began under one eye and spread over the face and temples accompanied by pain, nausea and periods of unconsciousness. Death came within a week.

Dr. Alexander N. Dougherty of Newark reported his treatment for erysipelas. It included calomel, antimony and extract of hyoscyamus (a plant giving an effect similar to belladonna), alternating with effervescent draughts, soon changed for wine and quinine. Applications varied with the patient and might be lead lotion, decoction of poppy heads, or burnt flour. In two cases of phlegmonous erysipelas of the arm, he found that making "deep incisions and encircling the limb with a strip of blistering plaster" seemed to arrest the spread of the inflammation.

In 1849, Dr. Joseph Parrish wrote that erysipelas appeared to have a wider variety of treatments than almost any other disease. Some of the best authorities, he said, favored cold applications, while others favored hot and emollient fomentations. Hot lard and simple molasses had their advocates, as did buckwheat and rye meal, mercurial ointment, zinc oxide, creosote, silver nitrate, and tincture of iodine.

Dr. Parrish's writings of a century ago indicate he was a cautious man. Since there was no known cure for erysipelas — it is now recognized as a streptococcal infection — his concern was to prevent the disease from spreading over the patient's body or to other patients. He knew that the simultaneous occurrence in a community of erysipelas and puerperal sepsis had often been observed by physicians.

In his own practice, fearful that there might be some danger of his communicating erysipelas from one patient to a second one, then in labor, he resolved to make vaginal examinations as rapidly and as infrequently as possible. But a difficult delivery made some contact necessary. As a result — although he had thoroughly washed his hands in advance — his second patient developed erysipelas, and, he said, “barely escaped with her life.” Her child contracted the disease and died within three days of birth.

Dr. Elias J. Marsh of Paterson reported an almost identical case in the same year. In 1856, Dr. William Johnson of Whitehouse, noting many cases of erysipelas, said he had never lost an adult with the disease nor seen anything to persuade him of its contagiousness. Nevertheless, he added, he made it a point to wash his hands carefully before attending an obstetrical case, as well as before leaving the house of an erysipelas patient, if his hands had come in contact with “disease secretions.”

### **Basic hygiene lacking**

So little was then known about proper cleanliness, sanitation and control of infection, that it is not surprising that there was an extensive outbreak of boils, carbuncles and erysipelas in the 1850's. Described as “a disposition to purulent deposits in the external tissues of the body,” it was said to exist in epidemic force all over the world. Almost every bruise, blow or scratch — however slight — developed some disagreeable eruption. Three or four years later, there was an outbreak of an irritating skin disease that was so slow to heal that people, recalling the Biblical plague, termed it a “seven years' itch.”

These infections were rarely fatal, and Governor Rodman M. Price of Vernon — the very area in Sussex County where the itch was prevalent — reported in 1856 that the citizens of the state were enjoying unprecedented good health. In the same decade, a statistic-minded member of the Society, reporting on the high standard of health in New Jersey, put the death rate at 1.32 per cent — with only 6,467 deaths in the year in a population of 489,333.<sup>5</sup>

### **“Mad dog” terrified a village**

Hydrophobia and tetanus were other diseases occurring with some frequency. There were no cures for either, and the affected patients usually died. One might confuse the symptoms of the two the first time, Dr. William Pierson acknowledged, but once having attended a case of hydrophobia, the memory of it would remain vivid forever, he said.

In the age before rabies inoculations, it was not uncommon to hear the cry of “Mad dog!” echoing up and down the village streets as mothers hustled children into houses, barred doors, and waited for someone with a gun to end the danger.

Dr. Pierson's own introduction to hydrophobia, which he related as part of the Standing Committee report, involved three children, aged eleven, seven, and one. Their puppy was struck by a carriage and as they dressed his fractured leg, he nipped the eleven-year-old and the baby. The mother bound up the baby's bleeding wrist with salt pork. This one escaped the disease. But the eleven-year-old became ill with hydrophobia five weeks later. In another five weeks, the seven-year-old, who had shown no evidence of bites, developed the same symptoms.

Both children had the singularly "wild" appearance that characterizes the disease, although typically, they remained rational most of the time. They could eat food, but liquids caused a peculiar spasmodic action of the throat. Dr. Pierson described it as "not so much a physical difficulty as a shuddering horror and repulsive turning away with a convulsive spasmodic action at the root of the tongue when water approached the mouth." The same effect occurred even at mention of fluids, or when a current of air struck the face of the patient. The older child lived about forty-eight hours; the younger one, thirty-six hours, and each died with yellow mucous tinged with red foaming from his mouth.

Dr. Pierson's third case was a laborer in the neighborhood who had been bitten by the same dog that had infected the children's puppy. The man's symptoms were similar; he lived three days after onset of the disease. A second laborer, bitten by the same dog, escaped hydrophobia.

Speculating on a possible inoculation which might be effective against hydrophobia, Dr. Pierson concluded that only a thorough and immediate excision with the knife would work.

In Europe in the spring of 1885, an Alsatian boy, Joseph Meister, was viciously bitten by a rabid dog. Louis Pasteur had not yet tried his immunizing vaccine on a human, but when he saw bites in fourteen different places on the lad, he knew he would not otherwise survive. Pasteur tried his new prophylaxis, and it worked. Hydrophobia did not develop.

News of this success spread so rapidly that within six months, four children from Newark became the first Americans to be successfully treated with the Pasteur vaccine. The parents of the four youngsters risked the long incubation period against the three-to-five-week ocean voyage and sent their children to Pasteur in Paris to be treated. Newark playmates who were also bitten but who remained at home died of hydrophobia. The following year, a virus vaccine was sent to America.<sup>6</sup> It performed so successfully that by the mid-twentieth century, anti-rabies shots for dogs were a matter of course, and hydrophobia was extremely rare.

### **Cause and effect**

In the mid-nineteenth century, major medical mysteries were only beginning to be resolved by such renowned men as Louis Pasteur and Robert Koch. New Jersey physicians in their own professional practice were making observations and asking other Society members to help them unravel the reason for an unexpected reaction or the effectiveness of a new treatment. In a report for the Standing Committee, for instance, Dr. Absalom Woodruff of Morris County explained that in typhoid, warm applications to the feet were made of boiled roots, such as potatoes or poke-root, because these held heat the longest. The patient was kept under a light cover and sometimes sponged with tepid water. If his skin was very hot and dry, cold water was used. The swelling of the tonsils and throat was relieved by a poultice of saleratus (baking soda) water, strong beer and bread.

Smallpox was a continuing and needless menace. Dr. Thomas Ryerson of Sussex was one of many to rail against it. By 1854, the Medical Society took up his demand that the legislature enforce compulsory vaccination. Dr. Ryerson thought it should be the duty of the tax assessor to note opposite

each name whether every head of the household and the members of his family were protected by vaccination. Dr. Franklin Gauntt of Burlington suggested that in the absence of private resources, the poor should be vaccinated at state expense.

From its first appearance in the United States in 1832, cholera was attributed to Irish and Canadian immigrants. It occurred yearly, seeming to follow the waterways. It brought some 200 cases to Paterson alone in 1850. Of these victims, about half died. Newark had more than one hundred who died of cholera in the same year, and Camden had 119 cases, half of them fatal. For a while, it was believed that cholera could be caught only from a dead body, so no particular care was taken to keep the healthy from the sick in the family. Those living in crowded dwellings were most often stricken.

Dr. Isaac S. Mulford, reporting from Camden in 1855, thought cholera might have its origin in the air. He noticed that humidity seemed to invite it and that inhabitants of low, damp places near water courses were more prone to attack. In Cedarville, Cumberland County, for example, cases were most numerous and severe near a pond where there was a great deal of decaying vegetable matter.

Small, foul, ill-ventilated apartments were thought to draw the malady. Dr. Mulford came close to the answer by noticing that in some instances water of bad quality seemed to be an important factor. Dr. D. B. Trimble of Burlington confirmed this, saying that in his community, where almost an entire family was swept away by cholera, it was found that there was a communication between the cesspool and the well.

Chloroform was frequently used in cholera treatment, both as a fluid and as a vapor inhalant. One physician, sharing his experience with his colleagues of the Society related, "the patient was screaming loudly, throwing himself about from side to side of the bed, though three or four stout men were trying to hold and to rub him. I poured chloroform on a napkin and held it to his nose, but it was some time before it had any effect. Then quite suddenly he threw himself back, looked up wildly and whispered, 'What is the matter?' From that time, his paroxysms of cramps became less frequent and severe, his skin warmer and pulse fuller. . . . The chloroform was used whenever there was a return of the cramps . . . finally, improvement began in other respects and complete recovery followed." <sup>7</sup>

### **Dr. Wickes appears**

Stephen Wickes was born on Long Island in 1813 and received his medical degree from the University of Pennsylvania in 1834. He practiced first in Troy, N. Y., where he was named a trustee of Rensselaer Polytechnic Institute. He was forty when he moved to Orange and joined the Essex County Medical Society in 1853.

Midway in the decade, the name of Dr. Stephen Wickes began to appear among those present at state Medical Society meetings. Soon he was helping to gather information for the Standing Committee and doing it so competently that older members began to wonder if it was necessary to have a different chairman of the Standing Committee each year. They knew a good and willing man when they saw one, and from 1856 until he became

president of the Society in 1883, Dr. Wickes served as chairman, uninteruptedly noting and reporting the health of the citizens of New Jersey.

Dr. Wickes probably did more to record the early history of The Medical Society of New Jersey than any other individual. It was through his efforts that the first one hundred years of Society minutes were transcribed from nearly illegible longhand, edited, and printed. With that accomplished, he supplemented the *Transactions* with his own book of historic events and personages entitled *History of Medicine in New Jersey and of Its Medical Men, from the Settlement of the Province to A.D. 1800*.

Dr. Wickes was described as dignified, courtly, and somewhat aloof. He wore a swallow-tailed coat and carried a gold-headed cane. His long white beard was immaculate, though he was an inveterate tobacco chewer. A neighbor of his for nearly thirty years had never seen him in shirtsleeves, even in his own house or pruning the fruit trees in his garden.

"During the many years that Dr. Wickes served as chairman of the Standing Committee," a colleague wrote, "he distinguished himself by carefully digesting material for the press and exercising the delicate function of editorship by which essays, sometimes crude, redundant, and rhetorically incorrect, were brought into conformity with the requirements of good taste and made to assume a finish and grace that might well be a grateful surprise to their authors."<sup>8</sup>

### **Mercer County Medical Society**

In 1838, Mercer County had been formed from parts of Hunterdon, Middlesex, Burlington and Somerset. A number of members and six presidents of the state Society had been drawn from this area while it was still part of one of the other counties.

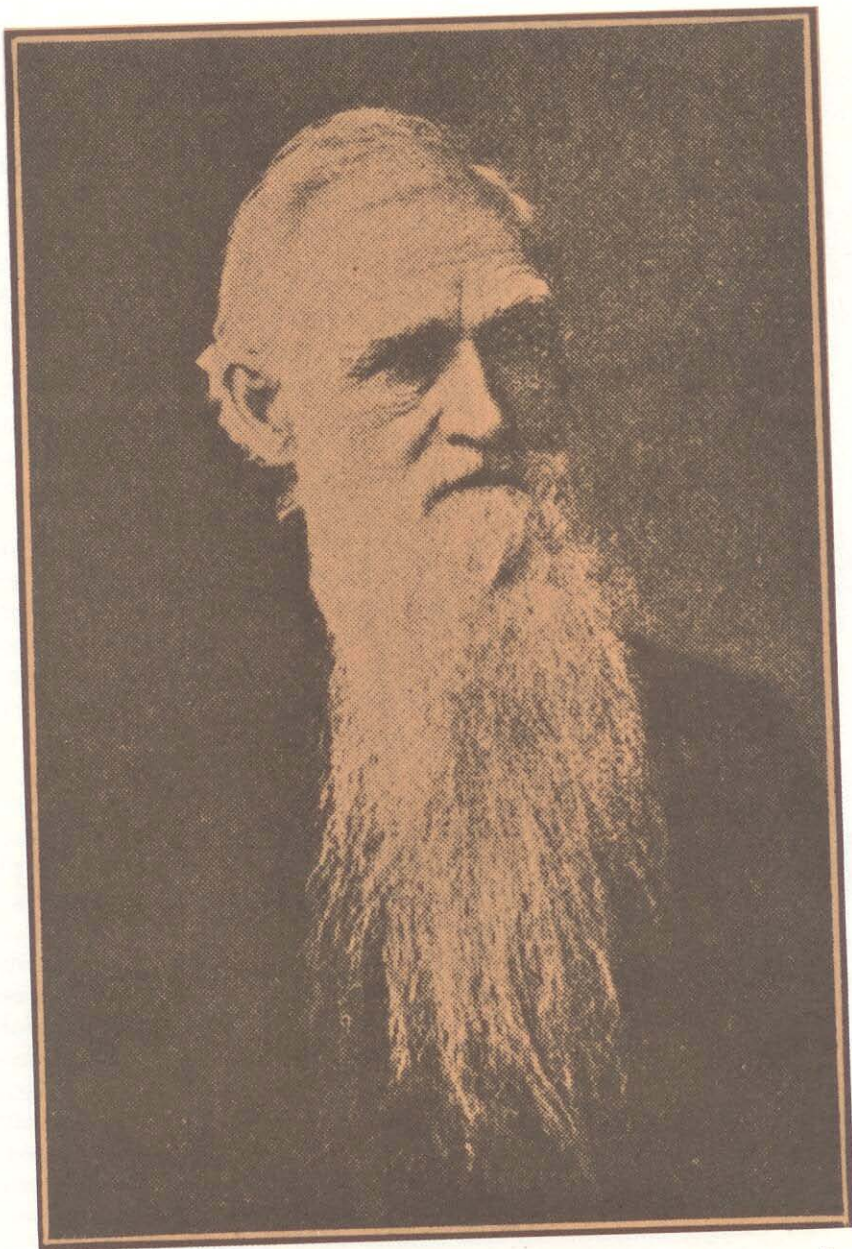
Ten years later, it seemed appropriate to establish a district society in the new county. The physicians commissioned to carry out the project were: Drs. John H. Phillips, Henry P. Welling, James B. Coleman, John McKelway and Francis A. Ewing. The organization meeting was held on May 23, 1848, in Kay's United States Hotel in Trenton, on the site that is now occupied by the Trent Theatre. Drs. George R. Robbins of Hamilton Square and John L. Taylor of Trenton were immediately admitted to membership, and Dr. Robbins was elected treasurer. Six months later, when the state Society met — by coincidence in the same United States Hotel — the Mercer County constitution and bylaws were accepted and the Mercer delegates seated. They were: Drs. McKelway, Coleman, Welling and Robbins.

A breath of heather and a skirl of bagpipes seemed to stir whenever Mercer's first president, Dr. McKelway, rose to speak in his soft burr. Born in Scotland, he had graduated in medicine from the University of Glasgow before coming to America.

Dr. Ewing, who was elected vice president, Dr. John H. Phillips, the new secretary, and Dr. Welling, the delegate, enjoyed the same schooling. All three of them were graduates of Princeton and the University of Pennsylvania.

Dr. Ewing (son of Chief Justice Charles Ewing) was a scholarly man and devoted his life to the education of youth and to literary and scientific





Dr. Stephen Wickes (1813-1889) of Orange, N. J., was Chairman of the Standing Committee of The Medical Society of New Jersey from 1856 until he became president of the Society in 1883. Through his efforts, the minutes of the organization from 1766 to 1859 were transcribed, edited and printed.

pursuits. For some years he served as principal of Trenton Academy. He enjoyed good music and was an accomplished organist.

Dr. Phillips, a resident of Pennington, was elected president of the state body in 1851. Similarly honored was another delegate, Dr. Coleman, who was born in Trenton and began his medical studies with the renowned Dr. Nicholas Belleville. Dr. Coleman was graduated from Yale Medical School in 1831 and became a noted surgeon. In 1855, he was elected to head the state Society.

The Mercer Society members took a lively interest in the first State Mental Hospital, which opened its doors on the outskirts of Trenton in 1848, the same year the local society was founded. Dr. Phillips worked with members of the original committee in 1854, urging the enlargement of the asylum and seeking assurance that its board of managers would include representatives of the medical profession.

The Mercer group did not neglect the physically ill. By 1855, they recommended establishment of a municipal hospital. Dr. David Warman was one of the leaders in this movement and was still pressing for such a facility in 1870, when a group of German Catholics in Trenton proposed to erect a house of mercy, which later became St. Francis Hospital.

In 1854, the Mercer society found that a member, Dr. James McClintock, had conducted himself in a manner unbecoming one of the medical profession. It was charged that he had acted as an agent in the publishing and vending "of what are usually denominated secret medicines." He also may have represented himself as related to the Dr. James McClintock who was then dean of the faculty of the Philadelphia College of Medicine and a sometime visitor to the New Jersey Society meetings. The parent Society was asked to revoke the Mercer County man's license. When the Standing Committee had made its investigation, it recommended the revocation. The state Society voted unanimously to sustain the charges, revoke McClintock's license and strike his name from the list of those entitled to practice medicine in New Jersey.

At the same time, another Mercer County medical man proved himself so dedicated to the profession that he established a commercial enterprise for the support of his family so that he could do more charity work for the poor. He was Dr. Charles Skelton of Trenton. He was born in neighboring Pennsylvania in 1806. His father's death introduced the boy to poverty and imposed upon him the hardest kind of physical labor, farming and quarrying. In time, Charles became an apprentice shoemaker in Trenton. But this was only a means to his ultimate goal — a degree in medicine.

He worked to finance his schooling and was finally graduated from Jefferson Medical College in Philadelphia at the age of thirty. Dr. Skelton began to practice in a district of that city so poor that in eighteen months he had received only 25 cents in cash. He decided to move to Trenton and open a ladies' shoe store so that he could support his family while he continued to attend the poor. This plan worked satisfactorily.

Dr. Skelton was elected to the school committee in 1842. There were then no free public schools, and this man, whose own education had been achieved with such hardship, determined to make the process easier for others. He promoted the free public school system in the state, and became Trenton's first school superintendent under the new free public school law. He left a sizable bequest to the Trenton Free Library in a book fund that perpetuates his name. The section of Trenton in which he lived now has a Skelton branch library and school.

Dr. Skelton's concern for the poor, and particularly for their children, continued, and as a state legislator and later a United States Congressman, he worked for reform measures to limit the hours of employment of young children, and to obtain other statutory protection for them.

In addition to service in education, New Jersey has produced physicians who have gained distinction in other fields. The state's diverse physiography has attracted several to mineralogy, geology, and archeology. The work of Trenton physician-archeologist Dr. Charles Conrad Abbott (1843-1919) created world-wide notice.

His life-long interest in archeology and natural sciences was fostered by an uncle who was a professor of botany and mineralogy at the University of Pennsylvania. After receiving his medical degree from that institution in 1865, Dr. Abbott returned to the home farm — now known as Broad Street Park or John A. Roebling Park — in Trenton. He devoted much of his time to excavating artifacts from his land, and writing numerous books on his discoveries, the climate, and the natural wild life of the area between Trenton and Bordentown.

A crude stone implement which he unearthed indicated to him the presence of a Paleolithic culture, closely related to the European Stone Age. A few years later, Ernest Volk, an independent archeologist who extended Dr. Abbott's excavations, discovered a human thigh bone seven feet below the surface on the Abbott farm. This find seemed to lend further credence and support to Dr. Abbott's theory of the existence of a prehistoric "Trenton Man." Although Dr. Abbott's claim for the archeological age of the "Trenton Man" was intermittently challenged for over half a century, he never doubted he had uncovered the remains of Paleolithic Man in America.

The controversy over the cultural age of the "Trenton Man" continued until 1936. Then Dr. Dorothy Cross, an archeologist and authority on Indian lore, re-examined the Abbott farm site. From artifacts then uncovered, she concluded that the site had been inhabited by a later race classified in the Paleo-Indian culture as hunters who lived over the eastern United States after the glacier had receded. Dr. Cross maintained that the first group of people lived in the Trenton area during the Archaic period, 3,000 B.C. to 100 A.D. This is now regarded as the correct theory.

Many other Mercer County physicians made noteworthy contributions to their profession and their communities. Among the most faithful in service to the Mercer County Medical Society was Dr. A. Dunbar Hutchinson, who became a member in 1900 and served as secretary for thirty years, during which period he developed and maintained the Mercer Society's historical records.<sup>9</sup>

### **Hudson County Medical Society**

When a portion of Bergen County was excised to form Hudson County in 1840, the Bergen County Medical Society already had been in and out of existence at least twice. It was in a three-year period of inactivity when the Hudson County Medical Society was established in 1851.

Physicians in the Bergen-Hudson area more than a century ago must have found it confusing to determine which county society should have their allegiance, since the few practitioners there ranged widely in order to cover the scattered Dutch farm lands, the villages, and the waterfronts where impoverished Irish immigrants were clustered in crowded huts and flats.

But the medical men were less concerned with county boundaries than with having an active society in which colleagues could join in the effort

to fight the seasonal epidemics which attacked the settlers as regularly as spring flowers followed the snow.

Hudson County's request for a charter was granted during the eighty-fifth annual meeting of The Medical Society of New Jersey, at New Brunswick on May 13, 1851.

The Hudson group organized in the following October, and when the state Society met again in January, 1852, Drs. John M. Cornelison and Charles Cook were present as delegates from the Hudson County society. Dr. Cornelison was immediately named to the nominating committee of the state Society and was also appointed a Hudson County censor, along with Drs. Cook, J. E. Culver and Victor Magrave.

There were thirty-seven men present when the Hudson Society was organized. By 1874, it had sixty members, but internal dissensions in the next five years caused it to lose more than thirty of them. After a period of relative inactivity, it revived and grew steadily in size and organizational effectiveness.

Dr. Cornelison, one of the first Hudson County delegates, had helped in an abortive attempt to reactivate the Bergen County society in 1836. A graduate of Union College, he studied under the famed Dr. Valentine Mott and was graduated from the College of Physicians and Surgeons in New York.

In 1832, when he was only thirty, he was elected to the New Jersey Assembly and later served for sixteen years as a lay judge of the Court of Errors and Appeals. At the time of his death in 1875, he was president of the Board of Regents of the Hudson County Hospital.

Four descendants of Dr. Josiah Hornblower, a prominent figure in the Bergen Society, were practitioners in Hudson. They were Josiah, Jr., William T., N. Josiah and Theodore R. Hornblower — all members of the Hudson society.

One of the incorporators of the Hudson County Medical Society was Dr. Theodore R. Varick, a man of original and forceful character who had established his practice in Jersey City in 1846. He was elected president of the parent Society in 1864, and five years later was appointed Surgeon General of New Jersey, a position he held for many years.

As medical-surgical director of St. Francis Hospital in Jersey City, Dr. Varick exercised a strong influence on the operating practices of his day, declaring that in surgery there should be a "conservative spirit . . . the aim not to see who can most rapidly and elegantly amputate, but who is most successful in avoiding operation." When the parent Society met in his home city in 1869, Dr. Varick asked permission to present a patient upon whom he had recently performed a resection of the greater portion of the clavicle — an uncommon accomplishment for that time.

Dr. Beriah A. Watson, a prolific writer, was a slightly younger colleague and surgeon at St. Francis during Dr. Varick's administration. The two men were almost diametrical opposites. Dr. Watson embraced new ideas with alacrity and was the first in Hudson County to adopt Lister's theories of antisepsis.

His writings on tetanus and spinal trauma were based on personal research. Drawing on his long and active service in the Civil War, and later

in civilian life, he wrote a book entitled *Amputations and Their Complications*.<sup>10</sup>

### **Widows' Fund**

About this time, doctors in every district were exhibiting a renewed interest in organized medicine, and a freshened consciousness of obligation to one another, too. One evidence was the establishment of a fund to help physicians' families when the head of the household was incapacitated or died indigent.

In 1849, a lengthy resolution was proposed for the creation of a benevolent fund. Dr. Quinton Gibbon of Salem, chairman of the committee on procedures, noted that nearly one-fourth of the Society's physicians, on demise, left their families destitute.

The annual payment from each member was set at \$5. The committee found it would be necessary to have legislative approval and recommended that a supplement to the Act of Incorporation be prepared at once.

For a number of years, relatively few members participated, and the fund was used chiefly to provide immediate cash for a family upon the death of the fund member. Some twenty-five years later, Drs. Charles J. Kipp and Edward J. Ill of Essex brought a vitality to the project which enlarged the membership and put the fund on a firm business basis.

Finances had often posed a problem for the state Society itself. The Society balance was \$3.74 when Dr. Henry R. Baldwin of Middlesex took over the treasurer's post. It was within months of the 1866 centennial observance, which somehow had to be planned and financed. By 1868, this financial wizard reported bills paid and \$412.40 on hand; a year later, he had \$825.74! When he resigned as treasurer in 1874 to become Society vice president, Dr. Baldwin could point to \$1,000 invested and \$316.06 in cash. From his example, succeeding treasurers continued to manage Society funds efficiently, anticipating future needs and accumulating reserves to meet them.

### **War threats**

In the late 1850's, as the result of dissensions bred of the coming war, county societies were finding it difficult to continue. Politically sensitive members often were too outspoken or too quick to take offense. There was to be a period of inactivity as members left home to join the strife. The Medical Society of New Jersey was approaching its one hundredth birthday, but before it could be celebrated there was a Civil War to be fought.