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Part 1.—Original Communications.

CHAPTER I.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1783.—By N. S. DAVIS, M.D., Prof. of Physiology and Pathology in Rush Medical College.

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The origin of the institutions of this, unlike those of most other countries, is involved in no obscurity; and is to be traced to no remote chivalric or feudal age. On the contrary, they have all had their birth since the middle of the seventeenth century; and been exposed to the full gaze of an enlightened world.

This, together with the fact, that they have not only had their beginning, but their maturity, thus far, among the most enterprising people, and under the influence of the most liberal government on earth, renders every thing connected with their history, doubly interesting and important, as affording the fairest illustrations of human progress, and consequently the most valuable lessons of human experience.

The Medical Profession in the United States, and, indeed, throughout the civilized world, constitutes an important part
Vol. III. No. 1.—1.

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of society ; for while on the one hand, its ranks can boast, not only, of names of the highest eminence in every department of science and literature, but can also claim to be equal with the foremost in every enterprise for extending human knowledge, and ameliorating human suffering ; its free access to the homes and firesides of all classes, gives it a moral and social influence of the most potent character. And in no part of the world is this influence more extensively or happily felt, than in this country, where the absence of all hereditary distinctions and privileged orders, leaves learning and virtue free to assume their own native eminence.

As far as can now be ascertained, but very few regularly educated physicians embarked with the first colonists that planted themselves in the wilderness of America. We are told by Dr. S. W. Williams, of Deerfield, that Dr. Samuel Fuller, a regularly educated physician and highly esteemed man, accompanied the first emigrants who landed at Plymouth in 1620. He was a faithful and devoted practitioner, and died of an infectious fever at Plymouth in 1632. The name of Dr. Russell is also mentioned as a companion of Captain Smith, in his survey of Chesapeake Bay in an open boat, in 1608. But the fact that Smith was obliged to return to Europe the very next year, to procure surgical aid, on account of an injury to his hand, "there being none to be had in the colony," shows that Dr. Russell's stay was short, or else he was not a man skilled in his profession. These are the only names that we can find mentioned among the first settlers, either at Jamestown, Plymouth, or New-York. The fact that there were either very few physicians among the early colonists, or that they were poorly prepared to discharge their responsible duties, is further corroborated by the almost total neglect of those sanitary regulations so necessary to preserve their health, and the consequent great mortality that took place in all the colonies during the first few years. A surgeon is mentioned as on board one of the ships sent to aid

Capt. Mason in his expedition against the Pequot Indians in 1637, but whether he belonged to the colony, or the ship merely, is not known. In 1649 we find a law passed by the Massachusetts Colony, forbidding "Chirurgeons, Midwives, Physicians, or others, to exercise, or put forth any act contrary to the known rules of art, in each mystery and occupation, to exercise any force or violence or cruelty, upon or toward the body of any, whether young or old (not even in the most desperate cases) without the advice and consent of such as are skillful in the same art, (if any such may be had,) or at least, of the wisest and gravest there present, and consent of the patient or patients, if they be *mentis compotes*, much less contrary to such advice and consent, &c." This provision is sufficiently indicative of the condition of the profession, at this early period, in the New-England States.

Indeed, with the exception of the two Governors Winthrop, one of Massachusetts and the other of Connecticut, and a few of the clergy, we find no names of even respectable attainments in the profession, during the first half century after the commencement of our colonial existence.—The younger Winthrop, not only practised medicine extensively, but was also a member of the Royal Society of London, to which he made several respectable communications. And even so late as 1753, we are told by the Independent Reflector, a paper then published in the city of New-York, "that it (the city of N. Y. then containing about 10,000 inhabitants) could boast of more than *forty* gentlemen of the faculty, the greatest part of whom were mere pretenders to a profession of which they were entirely ignorant; and convincing proofs, of their incapacity were exemplified in their iniquitous practices. The advertisements they published proved them ignorant of the very names of their drugs" &c., &c. Dr. Nicholas Romaine, in his annual address before the New-York State Medical Society, (in 1811) speaking of this early period, says: "It would be *painful* to intrude on your notice, the

humble condition of medicine which seems to have existed for more than a century after the first settlement of this State.— It could only consist of a statement of the *arts* and *intrigues*, by which the practitioners of physic succeeded in advancing their *private interests* and professional emoluments.” The reasons for such a state of things, at this period, are obvious,—there being no medical schools in the colonies, or any institutions for the instruction of medical students, the only sources of supply consisted in emigrations from the mother country, or in the sending of native young men to the hospitals and colleges of Europe.

The Circumstances of the country during the whole of the first century were such, that no man already established in practice on the other side of the Atlantic, would think of leaving it for the hardships, the poverty, and wilds of America; while the absence of all those Medical Societies and Institutions, which constitute so powerful an object to the aspiring ambition of the thoroughly educated student, equally prevented this class from resorting hither. Hence, as a general rule, only those physicians who had failed to obtain a practice at home, or were too conscious of their own unfitness to make the attempt, emigrated to America. On the other hand, the great expense attending the education of young men belonging to the colonies, in the Medical Institutions of Europe, operated as an equal barrier to this source. Thus it was, that while persecution filled the clerical ranks of the colonies with men of the deepest piety, and the most varied learning, and the patronage of the crown induced, a full supply of legal talent, the profession of medicine sunk to a comparatively low state.

In New-England, the greater number of those who practiced medicine were priests, whose medical knowledge was chiefly derived from the writings of Hippocrates, Galen, Aretæus, &c., which they had read during their collegiate education in Europe. Some of the non-conformist clergy,

however, who were persecuted or silenced in the Old World, went through with a regular course of medical studies before leaving home, and afterwards became exceedingly useful, both as physicians and preachers, among the colonists here. Of this number, were Drs. Giles Firmer and John Fisk; the first arrived in New-England 1633, and the last in 1637. Both lived to an advanced age, and were highly respected. Dr. Thomas Thatcher, also came about the same time; and his pamphlet entitled "A Guide in Small-Pox and Measles," published in 1677, is said to be the first medical publication in America. About the middle of the seventeenth century, Drs. Bellingham and Henry Saltonstall, after receiving a general education at Harvard College, went to England, where they completed a full course of medical studies, received the degree of M.D., and returned to practice their profession in the Massachusetts Colony. These were the first young men of whom we can get any account, who left the colonies to obtain a regular medical education in the mother country, for the purpose of practicing here.

But during the latter part of the first half of the eighteenth century, a new era began to dawn on the medical profession in America. It was during this period that we find several young men of the highest order of native talent, after receiving a thorough course of instruction in the medical institutions of Great Britain and the Continent, returning to practice their profession in the New World. Among these we find the names of Dr. Zabdiel Boylston and Dr. James Lloyd of Massachusetts; Lieut. Gov. Colden and Dr. James Ogden of New-York; Drs. John Morgan, William Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas of Virginia, and Dr. Lining, of South Carolina—names, that will ever remain as ornaments to the medical profession in America.

During this period, other circumstances also occurred which aided very much the advancement of the profession.—Wars between England and France, were carried on, with

only short intervals of peace, during the greater part of the eighteenth century. And so early as 1690, hostilities commenced between New-York and New-England on the side of England, and the French settlements in New-Brunswick and Canada. From this time to the final subjugation of the French colonies in 1763, many expeditions were sent from England to aid the colonists, and each was accompanied by a well appointed Medical Staff. These being almost constantly in the colonies, with the military hospitals which necessarily accompanied the movements of regular armies, supplied the place, in some degree, of medical schools, and doubtless excited the ambition of many of the young men, who, during the latter part of this period, spent some time in Europe and returned to become the founders of Medical Science in America. What Dr. Nicholas Romaine says of the influence of these, on the medical profession of New-York, is equally true of New-England, Pennsylvania, and Virginia. In his annual address to the Medical Society of the State of New-York in 1811, to which we have already alluded, Dr. Romaine says: "The war which effected the conquest of Canada, was, perhaps, the first circumstance which materially improved the condition of medicine in this State, (New-York). The English army employed for that purpose, left Europe accompanied by a highly respectable Medical Staff, most of whom landed in the city of New-York, and continued some years in the neighboring territories, affording to many young Americans opportunities of attending the military hospitals, and receiving such professional instruction as gave them afterward consideration with the public. The physicians and surgeons of the Anglo-American army, gained the confidence of the public, by their superior deportment and professional information. The military establishment in this State, after the Canadian war, required medical and surgical attendants; so that the people had the benefit of their advice.

In this manner a new order of medical men was introduced into the community."

It was doubtless owing to the increased attention to medical science and practice, produced by these causes, that led the colony of New York to make the first effectual attempt to regulate the education and practice of the profession by legal enactment. We have already quoted from the *Independent Reflector* of 1753, a paper which not only exposed the ignorance and pretensions of the profession, but appealed with boldness and energy to the people for a remedy. And some of the arguments presented, would afford useful lessons for many legislators of the present day.

It was not until 1760 that the General Assembly of New-York ordained that, "no person whatsoever should practice as Physician or Surgeon, in the city of New-York, before he shall have been examined in physic and surgery, and approved of and admitted by one of His Majesty's Council, the Judges of the Supreme Court, the King's Attorney General, and the Mayor of the city of New-York for the time being, or by any three or more of them, taking to their assistance for such examination, such proper person or persons as they in their discretion shall see fit."

Such candidates as were approved received certificates, conferring the right to practice physic or surgery, or both, throughout the whole province; and a penalty of five pounds was prescribed for all violations of this law. Its restrictive operation, however, was confined exclusively to the city and county of New-York; and with the exception of a similar enactment in the colony of New-Jersey in the year 1772, it was the only attempt to regulate the qualifications and practice of physicians, by any of the colonial governments, previous to the Revolutionary War.

But the causes to which we have alluded, had already introduced into the profession many young men, possessed not only of sound learning, but also, of a laudable ambition for the

honor and advancement of their favorite calling. Among these none were more zealous in the cause of medical education than Drs. John Morgan, and William Shippen, Jr., of Philadelphia, and Drs. Samuel Bard, Peter Middleton, and John Jones, of New-York. Although many private and temporary hospitals had been established in the several colonies, for the accommodation of seamen, and the reception of patients for inoculation, the first permanent institution of the kind was established in Philadelphia in 1752, and was aided by a grant of 2,000*l.* from the Colonial Assembly. Its establishment was owing to the suggestions and exertions of Dr. Thomas Bond, who became its superintendent, and we believe, the first regular *Clinical Lecturer on Medicine in America*. In 1762 Dr. Wm. Shippen returned from his studies in Europe, to settle in his native city, Philadelphia, and the same year commenced a course of Lectures on Anatomy, to a class of twelve students. He continued the same course during the two following years, and in 1765 was joined by John Morgan, M.D., who had just returned from an honorable completion of his medical studies in the schools of Edinburgh. Dr. Morgan soon delivered a public discourse on "the Institution of Medical Schools in America," before the Trustees of the University that had been established in Philadelphia, and proposed a plan for teaching the various branches of Medical Science. His views were warmly seconded by the Board of Trustees, who soon after appointed Dr. Morgan Professor of Theory and Practice of Medicine, and Dr. Shippen Professor of Anatomy and Surgery. The remaining chairs were not filled until 1768, when Dr. Adam Kuhn, was chosen Professor of Botany and *Materia Medica*; and in the following year Dr. Benjamin Rush returned from Edinburgh, and was appointed to the Chair of Chemistry. Thus organized, the first Medical School in America continued its annual courses of instruction to an increasing number of students until 1777, when it was suspended by the Revolutionary War. To give a still better

idea of the objects and Regulations of this school, and the liberal views of its founders, we will quote the following rules in regard to studies and qualifications from a printed circular, addressed by Dr. John Morgan to the inhabitants of the West Indies in 1772, viz :

For a Bachelor's Degree in Physic.

"I. It is required that such students as have not taken a degree in Arts, shall, before admission to a degree in Physic, satisfy the Trustees and Professors of the College, concerning their knowledge of the *Latin* tongue, and in such branches of *Mathematics*, Natural and Experimental *Philosophy*, as shall be judged requisite to a *Medical Education*.

"II. Each student shall take at least one course in *Anatomy*, *Materia Medica*, *Chemistry*, the *Theory* and *Practice* of *Physic* and *Clinical Lectures*, and shall attend the practice of the *Pennsylvania Hospital* for one year; and then may be admitted to a public examination for a *Bachelor's Degree* in Physic, provided that on previous private examination by the *Medical Trustees* and *Professors* and such other Trustees and Professors as choose to attend, such student shall be judged fit to undergo a public examination.

"III. It is further required that each student, previous to obtaining a Bachelor's Degree, shall have served a sufficient apprenticeship to some respectable Practitioner in Physic, and be able to make it appear that he has a general knowledge in *Pharmacy*."

For a Doctor's Degree in Physic.

"I. It is required that at least three years shall intervene from the time of taking the Bachelor's Degree, and that the candidate be full *twenty-four* years of age, and that he write and defend publicly in college, a *Latin Thesis* or dissertation on some disease, or other useful Medical topic, which shall also be printed at his own expense.

“II. The above scheme of a *Medical Education*, is upon as extensive and liberal a plan, as in any of the most respectable European Seminaries, and the utmost care is taken to render the Degrees *real marks of honor*, the marks of only distinguished learning and abilities. A good *medical education* is here looked upon as not the least useful part of Science. As it is both a noble and extensive branch of learning of itself, and of the utmost importance to the health and welfare of society, ‘there cannot therefore be too much encouragement given to a full and regular attainment of it.’ ’Tis, on this account, one *great object* in the Philadelphia Collegé, and intended to put the practice of physic in America in general, upon a respectable and beneficial footing.”—[See “The Address and Representation of Dr. John Morgan of the College of Philadelphia, in behalf of the Seminary, dated 1772,”]

Such were the views and objects of the founders of the first Hospital and College, in America. The rules quoted were adopted by the College on the 12th May, 1767, and continued in full force until the operations of the College were suspended by the occupation of Philadelphia by the British in 1777. During this period the Degree of Bachelor of Physic was conferred on about thirty young men, and a reasonable degree of prosperity seems to have attended the College. But while these things were being done in Philadelphia, the Profession in New-York were not idle. The zealous efforts of Drs. Bard, Middleton, and others, aided doubtless by a spirit of rivalry with Philadelphia, effected the organization of the Society of the New-York Hospital, and procured for it a charter from the Colonial Government in 1777. The first building was destroyed by fire in 1772 which, together with the occupation of New-York by the British army, prevented the completion of another, until 1791. when the first patients were received. Their efforts to establish a Medical College in connection with King’s College, which had been established in the city several years previous, was, however, attended with better

success. A full Medical Faculty was organized in 1768, composed of Samuel Clossy, M.D., Prof. of Anatomy, John Jones, M.D., Prof., of Surgery, Peter Middleton, M.D., Prof. of Physiology and Pathology, James Smith, M.D., Prof. of Chemistry and Materia Medica, John V. B. Tennent, M.D., Prof. Midwifery, and Samuel Bard, M.D., Prof. of Theory and Practice of Physic. The first courses of lectures were given in the winter of 1768-9, at the close of which, the degree of *Bachelor* in Medicine was conferred upon Samuel Kissam and Robert Tucker; and in the year following, the same gentlemen, received the higher degree of *Doctor* in Physic. These are stated by Dr. Beck, in his "History of American Medicine before the Revolution," to be the *first* Medical Degrees conferred by the schools in America.* But this is probably a mistake, as we find in a historical sketch of the College in Philadelphia, published in 1836, the names of ten students who received the degree of *Bachelor* of Physic, at the Commencement in that College, in June 1768; and a number of others were annually thereafter, honored with the same degree, until the operations of the School were suspended by the vicissitudes of war. During this period very few seem to have applied for the higher degree of *Doctor* in Medicine, either in Philadelphia or New-York. We have no means of ascertaining what rules were adopted for the government of the college in New-York; or what were the requisites for the graduation of medical students. It is certain, however, that the prosperity of the school was not proportioned to the known respectability and learning of the Professors.

Thus, we are told by Dr. N. Romaine, that in 1774, six years after its first organization, only "about 25 persons attended the Anatomical Lectures, some of whom were students from the West Indies." This want of prosperity has been attributed to the conduct of the governors of the College, but with what justice, we are entirely unable to judge. The

*See Transactions of the Medical Society of the State of New-York.—Vol. 5, pp. 141.

medical books then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead, and Huxham; the Physiology of Haller; the Anatomy of Cowper, Cheselden, and Munro; the Surgery of Sharp, Le Dran, and Pott; the Midwifery of Hunter and Smellie; and the Materia Medica of Lewis. But though the works then in general use were all of European production, yet medical literature had by no means been neglected by the profession in America; as the following list will show, viz:

"A Brief Guide in Small-Pox and Measles;" by Thomas Thatcher, of Massachusetts, published 1677. "Some Account of the New Method of Receiving the Small-Pox by Engrafting or Inoculation;" defending the practice, by Benj. Colman, of Boston, published in 1721. "An Account of the Climate and Diseases of New-York;" by Cadwallader Colden, of New-York, published in 1720. "An Historical Account of the Small-Pox Inoculation in New-England;" by Dr. Zabdiel Boylston, of Boston, published in 1727. "On the Method of Practice in Small-Pox in 1730;" by Nathaniel Williams, of Massachusetts. "A Treatise on Pharmacy in 1732;" by William Howard, of Mass. An Essay on Fevers, by Dr. John Walton, of Boston, in 1732. "The Practical History of a New Epidemical Eruptive Miliary Fever, with an Angina Ulcusculosa, which prevailed in New-England in 1735-6;" by Dr. William Douglass, of Mass., published in 1736. "An Essay on the Polygala Seneka;" by Dr. John Tennent, of New-York, published 1736. "An Essay on Illiac Passion;" by Dr. Thomas Cadwallader, published 1740. "An Essay on the Causes of the Different Colors of People in Different Climates," and "Letters on the Yellow Fever of Virginia;" by Dr. John Mitchell, of Virginia, published 1743. "The Flora Virginia;" by Dr. John Clayton, of Virginia, published 1743. "A very valuable account of Statistical Experiments concerning Excretions of the Human Body;" by Dr. John Lining, of South-Carolina, published in 1743. About the same time Dr.

Cadwallader Colden, of New-York, published "Observations on the Fever which prevailed in the City of New-York in 1741 and '42;" also, "On the Virtues of Great Water Dock;" and a "Sore Throat Distemper which prevailed Epidemically in this country in 1735." "A description of American Yellow Fever," was published by Dr. John Lining in 1753; and a paper on "Opisthotonos and Tetanus;" by Dr. Lionel Chalmers, of South-Carolina, published in 1754. "An Essay on the Use of Bark in Scrofulous Cases," was published by Dr. Thomas Bond of Philadelphia in 1759; also, an Inaugural Dissertation, entitled "Tentamen Medicum de Puris Confectione, Edinburgh, 1763," by Dr. John Morgan. Dr. Shippen's Inaugural Thesis, entitled "De Placentæ Cum Utero Nexu," was published in 1760; and during the same year, Dr. John Bard, of New-York, published a case of "Extra Uterine Fœtus," and an "Essay on the Nature and Cause of the Malignant Pleurisy," which prevailed on Long Island in the winter of 1749. In 1771, Dr. Samuel Kissam published his Inaugural Dissertation on the "Anthelmintic Virtue of the Phaseolus Zuratensis Siliqua Hirsuta, or Cowhage." A valuable work on the "Treatment of Wounds and Fractures," was published by Dr. John Jones, in 1776. And the same year Dr. Lionel Chalmers published his able work on the "Weather and Diseases of South Carolina." "An Essay on Fevers," had been published by the same author in 1768.

Many of these productions are characterized by a variety of learning, an accuracy of observation, and an originality of thought, which do credit to any age or country. Thus, Dr. Lining's "Description of American Yellow Fever," stands to the present day, unrivalled for its accuracy and minuteness of description; and Dr. Douglass, in his "History of the New Epidemical Fever" of 1735-6, not only gives the best account of that fatal disease, but also enjoys the honor of first suggesting the use of Calomel as a remedy. Dr. Clayton's "Flora Virginia" attracted so much attention that it was re-

published at Leyden, 1762; and very few papers exhibit a greater degree of Philosophical acumen and learning than Dr. Mitchell's on the "Causes of the Different Colors of Different People." The Work of Dr. Chalmers on the Climate and Diseases of South-Carolina, in two volumes, is particularly worthy of attention, as well as that of the same character concerning New-York, by Dr. Colden. And the credit of originality, in promulgating the true doctrine in regard to the formation of *Pus*, though usually ascribed to Dr. John Hunter, undoubtedly belongs to Dr. John Morgan, who, in his inaugural thesis, maintained with great ability the doctrine that *Pus is a Secretion*. This is fully and honorably acknowledged by Dr. James Curry, lecturer at Guy's Hospital, so early as 1817.

Nor is this the only instance of fair claim to originality, which has been appropriated elsewhere. The use of Mercury, in the treatment of Inflammatory diseases and Eruptive Fevers had its origin with Dr. Douglass, of Boston, in 1736.—The preparation used was Calomel. But to Dr. Jas. Ogden, of Long Island, are the profession indebted for pointing out more systematically the indications for its use and the manner of using it. He used it extensively, and with the happiest effects, in the *Agina Maligna* of 1749; and its use was rapidly extended to the treatment of nearly all the *Phlegmasia*.—Again, to Dr. Richard Bayley, are we indebted, for first pointing out the true inflammatory nature of the *Cynanche Trachealis*, or Croup, and the great utility of Blood-letting and Antimony in its treatment. Yet all of these have been often set forth, as originating on the other side of the Atlantic.

Dr. James Lloyd, of Mass., and Dr. Wm. Shippen, of Philad. were the first regular and successful practitioners of Midwifery in this country. The one settled in Boston in 1754, and the other in Philadelphia in 1756; and to their skill, boldness, and decision of character, are we indebted for the rescue of that most delicate and important branch of practice, from the hands of ignorant and credulous females.

Although a consideration of Medical Practice, does not come strictly within the scope of our present work; yet an occasional glance at this, and the character of diseases prevalent at different periods of time will be both interesting and profitable. Indeed, a carefully written history of diseases, their variations of type and severity, in connection with the prevalent modes of medical practice, and the ever varying customs of society, would be of great value to the profession. It would explain the origin of many theories and systems in medicine, and reconcile much that now seems discordant and contradictory in our medical literature.

Thus says Dr. Rush:—"The success of nature in curing the simple diseases of Saxony laid the foundation for the *Anima Medica* of Stahl. The endemics of Holland led Dr. Boerhaave to seek for the causes of all diseases in the *fluids*. And the universal prevalence of diseases of the *nerves* in Great Britain, led Cullen to discover their peculiar laws and to found a system upon them—a system, which will probably last till some new diseases are let loose upon the human species, which shall unfold other laws of the animal economy."

During the greater part of the period included in this chapter, the Humoral doctrines of Boerhaave held an unlimited sway over the minds and practice of physicians, both in this country and Europe. Endemic and Epidemic Fevers prevailed frequently, in nearly all the colonies, and sometimes produced great destruction to life. This was the case, to some extent, even among the Indians, before white settlements were formed. Thus, we are told by Dermer, Mather, and Gookin, that in 1618-19, a pestilential fever prevailed among the Indians in New-England, with such severity that whole tribes were nearly destroyed, and in some places, in 1620, their dead bodies were found unburied, putrefying in the sun. The first colony of Pilgrims that landed at Plymouth in 1620, suffered dreadfully from sickness during the few following years. And in 1632-33-38, a pestilence re-

sembling the Yellow Fever, prevailed extensively in the New-England settlements, which, with the Small-Pox, cut off many of the inhabitants. Dr. Rush tells us that between the years 1760 and 1766, Intermitting, Bilious, and Yellow Fevers were common in Philadelphia and its environs; that Influenza was epidemic in 1761, and the Malignant Sore Throat in 1763. He also states that deaths were "common between the 50th and 60th years of life, from gout, apoplexy, palsy, obstructed livers, and dropsies."

This last paragraph is worthy of a moments consideration. Why were these diseases so frequent and fatal, when thirty years after the same author tells us they were comparatively rare in the same city? A very satisfactory answer to this question will be found in the habits of the citizens at the two periods referred to. Alluding to these habits during the period intervening between the years 1760 and 1766, Dr. Rush says, "the diet of the inhabitants of Philadelphia, during those years, consisted chiefly of animal food. It was eaten, in some families, three times, and in all, twice a day. A hot supper was a general meal. To two and often three meals of animal food in a day, many persons added what was then called 'a relish,' about an hour before dinner. It consisted of a slice of ham, a piece of salted fish, and now and then a beef-steak, accompanied with large draughts of punch or toddy. Tea was taken in the interval between dinner and supper. In many companies, a glass of wine and bitters was taken a few minutes before dinner, in order to increase the appetite. The drinks with dinner and supper, were punch and table beer. Besides feeding thus plentifully in their families, many of the most respectable citizens belonged to clubs, which met in the city in the winter, and in its vicinity under sheds, or the shades of trees, in the summer, once and twice a week, and in one instance every night.

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CHAPTER 1.—CONTINUED.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1783.—By N. S. DAVIS, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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They were drawn together by suppers in winter, and dinners in summer. Their food was simple and taken chiefly in a solid form. The liquors used with it were Punch, London Porter, and sound old Madeira Wine.

From this general use of distilled and fermented liquors, drunkenness was a common vice in all the different ranks of society."* Who can feel surprised, that in the midst of a people indulging in such habits, death from "Gout, Apoplexy, Palsy, obstructed livers, and Dropsies," should be remarkably frequent?

The same writer tells us that, one club, "consisting of about a dozen of the first gentlemen in the city, all paid, for their intemperance, the forfeit of their lives; and most of them with some one, or more of the diseases that have been mentioned."

*See Rush on the state of Medicine, between 1760, 1766 and 1800.

These few facts are introduced here, for the purpose of showing how poorly we are qualified to judge of the propriety of any system of practice, at a given period of time, without an intimate acquaintance with the condition and customs of the people at the same period. We have already said that practitioners during most of our colonial period, were much controlled in practice by the doctrines of Boerhaave; but during the latter part of the time, these began rapidly to yield to the advancing school of Cullen. There were not wanting, however, many bold and independent practitioners, who did not hesitate to throw off the shackles of prevailing systems, and adapt their treatment to the prevailing type or character of disease, or introduce new remedies, as the preceding facts abundantly show. Of these, none were more deserving of notice than Drs. Boylston, Colden, Ogden, Bayley, Morgan, and Bond. So rapid was the decline of the Boerhaavian influence that before the close of the Revolutionary war, we find blood-letting, Purges, Vomits, Bark, Opium, and Mercury, all used with more or less freedom throughout the profession. The last named remedy was extensively and very successfully used by some physicians, in preparing the system for the small-pox, both in the natural way, and after inoculation.— This practice was commenced as early as 1745, by Drs. Thomas of Va., and Munson of Long Island. And by it, we are told, they reduced the number of deaths after inoculation from 1 in 100, to 1 in 800 or 1000. Dr. Zabdiel Boylston of Boston, first introduced the practice of inoculation for the Small Pox, into the country by inoculating his own son, thirteen years of age, and two colored servants. This was on the 27th of June 1721, only two months after the inoculation of the daughter of the celebrated Lady Wortley Montague, the first that was practiced in England, and certainly before any knowledge of the latter case could have reached Boston. Dr. Boylston was induced to commence the practice by Rev. Dr. Cotton Mather, who had read an account of the inoculation

in Turkey, published in the transactions of the Royal Society of London. His three first experiments proving successful, and the Small Pox raging fearfully in the city of Boston, Dr. Boylston, inoculated during that year 247, of all ages and both sexes, and 39 were inoculated by other physicians; making a total of 286, of whom only six died. While of 5,759 who were attacked with it in the natural way, during the same period, 844 died. It is not strange that when this practice was first introduced, it should have met with most violent opposition, requiring no small degree of firmness and perseverance on the part of those who had undertaken it, to stem the torrent of popular indignation which was much exasperated by the conduct of a portion of the Profession, at the head of whom, was Dr. Wm. Douglass, a man of much ability and strong prejudices. Indeed, the history of our Profession, brings to light no controversy of a more exciting and violent character, than that which arose, both in the colonies and the mother country, from the introduction of this practice. And none better illustrates the power of truth, to triumph over error, even when entrenched behind the strongest bulwarks of human prejudice and passion. For the success of Dr. Boylston, rapidly won to the cause intelligent members of the profession, and in a short time, the practice was extended through all the Colonies. And as we have already stated, such was the success attending a proper preparation of the system for the reception of the disease, that, instead of losing six out of two hundred and eighty-six, as shown during the first year of its introduction, in less than twenty years after, the average mortality of those inoculated did not exceed one in eight hundred. Notwithstanding, the popular prejudice which was excited against Dr. Boylston, was for a time strong and highly embittered, yet he lived to receive ample compensation in the good opinion of his fellow men, both at home and abroad. He afterwards visited England, and besides receiving the most gratifying marks of attention, he had the honor of being the first

physician in the Colonies, who was made a member of the Royal Society of London. We are told by Dr. J. W. Francis, in his Anniversary Discourse before the New York Academy of Medicine, that Dr. Beekman Van Beuren, who succeeded his father, John Van Beuren, as physician to the Alms House in the City of New York, "was the first physician who introduced the practice of inoculation for the Small Pox in our public institutions." The first *Post Mortem* examination that took place in America, of which we have any record, was made in 1691, by Dr. Johannes Kerfbyl, assisted by five other physicians of the city of New York. The body examined was that of Governor Sloughter, who had died suddenly under suspicious circumstances. It was not until 1750, nearly sixty years after, that the first human body was dissected, for the purpose of imparting Medical instruction in the Colonies. This was done by the learned Drs. John Bard, and Peter Middleton. The study of Botany also received attention from some of the earliest and most learned physicians of the Colonies.— Among these, Drs. Cadwallader Colden of New York, and John Bartram of Pennsylvania stood pre-eminent. The first named of these eminent men, taught the Linnæan system or classification of plants, on the banks of the Hudson, several years before it was recognized in England. Colden doubtless derived his knowledge from the traveller Kalm, who was a pupil of Linnæus, and so highly was he esteemed by the Botanists of the old world, that one of the most beautiful plants of the tetrandrous class was named *Coldenia*, in honor of his memory. John Bartram, though living at a little later period of our history, enjoyed a still more extensive reputation in this department of science, and probably, was favored with a more extensive correspondence with the scientific men of Europe than any of his cotemporaries. He was the first Anglo-American who attempted to establish a Botanic Garden in this country. This Garden was located on the Schuylkill, about three miles from Philadelphia, and contained about five

acres, well covered with a great variety "of new, beautiful and useful trees, shrubs, and herbaceous plants."

We are told that his garden attracted the attention, and induced the visits of many learned men; and Bartram himself, continued to travel extensively through the country, and make collections in the various departments of natural science, until he was over 70 years of age.

Dr. John Clayton, who came from England to Virginia in 1705, has already been referred to as the author of the *Flora Virginica*, published in 1743; and Dr. Alexander Garden of South Carolina, was no less distinguished both as a naturalist and physician. He kept up a correspondence with Linnæus in Latin, by whom he was held in high estimation. The beautiful flowering shrub called Gardenia, was so named in honor of Dr. Garden. The practice of sending native young men from the colonies to be educated in the Medical Schools of Europe, was more prevalent in the Southern than the Eastern colonies. So early as 1734, William Bull, a native Carolinian, received the degree of M. D. at Leyden. John Moultrie graduated at Edinburgh, in 1749, and published his Thesis, "de Febre Flava;" and we are told by Dr. Ramsey, that ten other natives of that colony obtained the same honor between 1768 and 1778. In the middle and southern States, there was much less disposition to merge the duties of Physician and Priest in the same hands, than in New England. Indeed, they seem to have been much better supplied at an early period, with well educated Physicians from England and Scotland, than the more northern colonies; and in the same proportion did the profession enjoy a higher reputation, both at home and abroad.

East New Jersey appears to be entitled to the credit of making the first attempt, to improve the condition of the profession by means of social organization. So early as 1766, a numerous meeting of physicians was held at New Brunswick, and a constitution and By-laws adopted for a permanent or-

ganization. Delegates were present from all parts of the State, and the objects as set forth in the Preamble to the Constitution were, "*Mutual Improvement, the advancement of the Profession, the promotion of the public good, and the cultivation of harmony and friendship among their brethren.*" These were objects worthy the attention of enlightened minds; and they seem to have been strictly adhered to, and successfully carried out; the society meeting regularly twice in each year, until interrupted in 1775, when not a few of its members, left the social circle and the bed side, to bind up the wounds of bleeding freemen, or with them, share the deadly strife in freedom's cause. The second important movement in this direction, was in the colony of Massachusetts, a little before the close of the war. In 1781 the Massachusetts Medical Society was incorporated, embracing about thirty members, with the venerable Edward Holyoke, as its President. Among the original members, we find the names of John Warren, Aaron Dexter, Joseph Fisk, Edward A. Holyoke, and James Lloyd.

During the same year, Dr. John Warren, who was then Surgeon of a Military hospital in Boston, commenced a course of anatomical lectures, which were the first, of which we have any account in New England. They were continued several years, and attended by many of the students of Harvard University, until a Medical Faculty was organized in connection with that institution.

Such is a brief view of Medical institutions and Practice, during the colonial period of our history. And if we consider the condition of the American colonies, the many dependences on the mother country, on the one hand, and the almost constant aggressions of the French and Indians, on the other, the scattered state of the population &c., we doubt whether any profession, under similar circumstances, ever progressed with greater rapidity than the medical profession of the colonies, during the 25 years succeeding the

middle of the eighteenth century. Still Quackery in all its forms and guises, was every where flourishing; and the profession itself destitute of that internal organization, or associated effort at improvement, which is so necessary to high respectability and permanent prosperity. Even the prohibitory laws of 1760, in New York. and of 1772, in New Jersey, seem to have had very little influence in accomplishing the object for which they were designed, viz: the elevation of the profession, and the suppression of irregular practice. But the time of their continuance before the commencement of the war of 1775, which for a period of eight years, effectually diverted the attention of all classes from all other subjects, was too short to allow any inference of value, to be drawn in regard to their success or failure. Notwithstanding the adverse circumstances in which the country was placed, and the admitted degradation of a great proportion of the medical practice of those times, still, we cannot but admire the liberal views, the close and patient observation, and the bold cast of originality, exhibited by those whose education had fitted them for the high responsibilities of their calling. And equally must we admire the broad and liberal basis, on which they planted their infant institutions in Philadelphia and New York; requiring as they did, a preliminary education and a curriculum of Medical studies, superior to that of any medical institution now existing in our boasted Republic. If any doubt this, let them compare the regulations of the Philadelphia Medical College of 1768, as already quoted, with those of any of our existing institutions.

CHAPTER II.

FROM 1783 TO 1806.

During that great Revolutionary struggle, which terminated in the establishment of the Independence of the American Colonies, but little time or means was afforded for the culti-

vation of any science or profession, save that of arms and the arts of war. And perhaps no class were more faithful or vigilant in their country's cause, than the practitioners of Medicine. They not only followed the Military Camp, sharing its privations and toils as Surgeons, but no small number exchanged the Lancet for the Sword, and the Esculapean wig for the cap of the Military chief. And long will the pages of American history glow with the names of Warren, Mercer, Rush &c., the two former of whom, sealed their devotion to the cause, with their lives. During the war, both New York and Philadelphia fell into the hands of the British, and the operations of the Medical schools, like all other institutions in those places, were suspended until their evacuation. Even the Medical Society of New Jersey, as already stated, was compelled to suspend its functions during the hostile incursions of the proud invader. But while these ordinary means of facilitating Medical education were suspended, another school of quite a different character was opened for the training of our profession. We have alluded in a previous chapter to the benefits derived by the profession of the colonies, from the Medical corps attached to the English armies, sent against the French colonies in the war which terminated in 1763; but the war for Independence afforded another and severer school than the one which had preceeded. For in the former, the colonial profession held the position of pupils and assistants, while in the latter, they were left entirely to their own resources, in a direct contest against their former guides and masters. It was during this trying period, when the profession was compelled to act independently, and often without even a proper supply of drugs, that, animated and encouraged by the noble spirit of a Rush, it rose equal to every emergency, and acquired that self-reliance which enabled it, at the close of the eventful struggle, to set about resuscitating its infant institutions, with a zeal that could not fail of success. Hence, no sooner was Philadelphia evacuated by the British

army in 1778, than we find the functions of the College and Hospital resumed by the same teachers, and under the same regulations, as before. The number of students in attendance during the winter and spring of 1779, was not less than sixty, although no graduates are reported for that year. Indeed, the number of graduates during the whole of the period under consideration, amounting to near a quarter of a century, scarcely averaged ten annually. This was neither owing to the small number of students in attendance on the Lectures, or to the difficulties in the way of graduation, but to the much less relative importance which was at this period attached to the Degree. The Degree, either of Bachelor of Medicine, or Doctor, conveyed, at that time, no special privileges in regard to practice; and hence was regarded, like all other literary degrees, as a mere honorary title.

Therefore, we find Students resorting to the Medical College, not so much for the title it was authorized to bestow, as for the real Medical knowledge it was capable of dispensing. In 1779, the Pennsylvania Legislature abrogated the charter of the College, and founded another, called the University of Pennsylvania, endowing it liberally with funds derived from the confiscated estates of the royalists of that commonwealth, and providing for a Medical department in place of that in connection with the one whose organization had been dissolved.

This, however, produced but little other effect on the Medical College than a change of name; for the same professors were in reality continued until 1789, when the Legislature, acknowledging the injustice of their predecessors in abrogating the former charter, restored it again, with all the powers and privileges belonging thereto, but at the same time permitting the University to remain unaltered. This act brought into existence two Colleges, each possessed of the privilege of having a Medical department annexed, and neither willing to forego that privilege in favor of the other.

The result was the organization of two medical faculties during the following year. But experience soon taught them that the patronage was too limited to sustain two institutions, either Literary or Medical; hence they were united in 1792, under the name of the University of Pennsylvania, which has been retained unto the present time. The Medical faculty of the united school, was composed of Dr. William Shippen, Prof. of Anatomy, Surgery, and Midwifery; and Dr. Caspar Wistar, Adjunct; Dr. Adam Kuhn, Prof. of Theory and Practice of Medicine; Dr. Benj. Rush, Prof. of the Institutes of Medicine, and clinical Medicine; Dr. James Hutchinson, Prof. of Chemistry; Dr. Samuel P. Griffiths, Prof. of *Materia Medica*; Dr. Benjamin S. Barton, Prof. of Botany and Natural History. Some important changes were also made, at this time, for the government of the College, and the conferring of Degrees. The Bachelor's degree was wholly abolished, and that of Doctor in Medicine conferred under the following rules, viz:

"1. That the candidate should not be under twenty-one years of age, should have studied Medicine for three years, and for two at least, in connection with the University.— 2. That he should have attended, at least, *one* course of lectures of the several professors, with the exception of the professor of Botany and Natural History, and should also have attended one course of Natural and Experimental Philosophy in the Institution, unless he had received instruction in this branch elsewhere; and 3d, that he should undergo a private examination before the faculty, and if approved by them, should be again privately examined by the Faculty in the presence of as many of the trustees as might choose to attend, and finally, if found to be properly qualified, should offer a thesis, to be printed at his own expense, and defended in public at the Annual Medical Commencement."*

No one can fail to mark the contrast between these requisitions, and those adopted by the first College in 1768. Here

*See "an historical sketch of the University of Pennsylvania," published 1836.

instead of a preliminary education, embracing Mathematics, the Natural Sciences, and some knowledge of the Latin Language, we have a simple requirement in regard to some instruction in "Natural and Experimental Philosophy;" and indeed, the whole requisitions for the Degree of Doctor of Medicine, are much below those previously required for that of Bachelor. And we may here date the commencement of that lowering policy, and that disregard of preliminary education on the part of Medical schools, which has worked great injury to the profession. But why was the original standard departed from, and particularly in the downward direction? Before answering this question, we will turn our attention to the condition of Medicine in the neighboring city of New York.

Soon after the close of the war, attempts were made to revive the Medical department of Kings (now changed to that of Columbia) College. Through some mismanagement the attempt not only failed, but was attended with some circumstances which gave rise to a strong popular outbreak, commonly called the "Doctor's Mob." This arose from a suspicion that some bodies had been stolen from the grave yard for dissection. The mob broke into the dissecting room of the College, and finding several subjects partially dissected they exhibited the fragments to the multitude without, which so increased the excitement, that all law and order were trampled under foot for two or three days. Several medical gentlemen were grossly insulted, and many of the students were confined in prison for personal safety. This unhappy event, not only tended very much to degrade the profession in the public estimation, but also, greatly to retard the progress of the College.

To counteract, as far as possible, the evil influences brought to bear on the profession, and to improve Medical Science, several of the more enlightened young members formed themselves into a private Society. And in 1787 they succeeded in inducing the Magistrates of the City to establish an Apoth-

ecary's shop at the public expense, and freely tendered their professional services for the sick poor. Among the more prominent of these men, were Drs. Wm. Moore, Nicholas Romaine, Benjamin Kissam, Wright Post, and Valentine Seaman. They not only gave gratuitous attendance on the poor, for several years, but connected therewith Lectures on most of the branches of Medicine, thereby constituting the first real Hospital and Dispensary, connected with practical instruction, under the corporation of the City. So great was their success that in 1790, more than fifty students attended their instructions. Encouraged by their success, and failing in the establishment of a College of Physicians and Surgeons for the sole purpose of Medical instruction, another effort was made to revive the medical department of Columbia College. In the fall of 1791, the private association introduced no less than sixty medical students into the College, and thereby induced the Legislature to make a grant of over \$30,000 to the trustees, for the purpose of enabling them to enlarge their buildings &c. In the following year the Medical faculty was re-organized by the appointment of Drs. Baily, Post, Rogers, Hamersly, Nicoll, and Kissam, Professors, and Dr. Bard, Dean of the faculty. Some of these appointments were so unsatisfactory to the students that many of them abandoned the College, and erased their names from its register. Indeed, such were the internal jealousies, and outward prejudices, that the institution, though it maintained an existence until 1810, yet never attained a degree of prosperity equal to the private association to which we have alluded. About this time also, the buildings for the New York Hospital, which had been destroyed by fire previous to the war, were again so far completed as to allow of the admission of patients. Soon after the close of the war, the subject of Medical instruction began to attract attention in the Eastern States. And we have already seen that so early as 1782, some courses of Lectures on the different branches of Medicine were given, in connection with Cam-

bridge University. This was mainly in consequence of several liberal donations, from some wealthy and enlightened friends of the cause. In 1788, a Medical faculty was established in connection with Havard College, headed by Dr. John Warren, with Drs. Waterhouse, and Dexter for associates. This was continued with a reasonable degree of success, and under fair regulations until 1810, when it was removed to Boston, where it soon obtained a much higher degree of prosperity. How much, the almost simultaneous establishment of these several schools, and particularly the school and Hospital in the rival city of New York, influenced the marked lowering down of the requisitions for graduation, to which we have alluded, in the Medical School of Philadelphia, every reader must judge for himself. It was doubtless these things, aided by the prevailing spirit of the times, that led to this sad change of policy.

The Massachusetts Medical Society was established by an act of the Legislature of that State in 1781. The objects set forth in the act of incorporation were, the promotion of Medical science and the regulation of all matters pertaining to the profession. To enable it to accomplish these desirable objects, the society was authorized to appoint a Board of Censors, whose duty it was to examine all candidates for admission into the profession in that State, and grant Licenses to such as were found qualified. This Society, together with that formed soon after in New Haven, and the New Hampshire Society, chartered in 1791, exerted a very salutary influence over the profession throughout the United States. Their powers and duties were modified from time to time, until at length the organization of each became complete, and they had severally adopted fixed regulations for the examination and admission of candidates, and enlightened codes of Medical Ethics, as we shall see in the sequel.

To stimulate into action individual talent, and encourage still further the cultivation of Medical Science, a wealthy and

enlightened citizen of Boston, Ward Nicholas Boylston Esq. established In 1798 a perpetual legacy, yielding \$133 per annum. Thirty-three dollars of this sum was to aid in the establishment of an anatomical Muscum, and the remaining one hundred to be awarded annually, for premiums for Medical Essays under the direction of the Fellows of the Massachusetts Medical Society. The noble intentions of the donor have been faithfully carried out by the Society, who have thereby annually called forth a number of interesting Essays, which now embrace many of the most important topics belonging to Medical Science. The Massachusetts Medical Society, also enjoys the honor of being the first in this country to issue a regular volume of transactions, made up of the most interesting papers read before the Society.

The first number of the transactions was published previous to the year 1800, and contained papers written by Drs. E. A. Holyoke, of Salem. Wm. Baylies, of Dighton; Joseph Orne, of Salem; N. W. Appleton, of Boston; Edward A. Wyer, of Halifax, N. S.; Isaac Rand, of Cambridge; Isaac Rand Jr., of Boston; Joseph Osgood, of Andover; Thomas Welsh, of Boston; and Thomas Kast, of Boston. The most important of these papers, were: "An account of the weather and epidemics of Salem in the county of Essex, for the year 1786; with a bill of mortality for the same year. By Edward A. Holyoke, M. D. written in 1787." "A case of Empyema, successfully treated by an operation, by Isaac Rand in 1783." "Observations on Hydrocephalus Internus, by operation, by Isaac Rand Jr., in 1789;" and "an account of an Aneurism of the thigh perfectly cured by an operation, and the use of the limb preserved, by Thomas Kast, in 1790." The second number of the Society's transactions was not published until 1808. The first Medical Society organized south of New Jersey, was the Philadelphia College of Physicians, which was instituted in 1787, and incorporated by the Legislature of the State in 1789. The Philadelphia Medical Soci-

ety was organized in the same City, in 1789, and was incorporated in 1792. An interesting notice of the history of the last named Society, may be found in the Medical News and Library for January 1843.

It was during the period under consideration, that another powerful means of diffusing Medical knowledge, and promoting the welfare of the profession, was brought into requisition. I allude to the Medical Periodical Press. The first Medical Periodical published in America, was commenced in the city of New York, and was called the Medical Repository. It was commenced by Drs. Samuel L. Mitchell, Edward Miller, and Elihu H. Smith, 1797; and the first named of this eminent trio, continued its principal editor through the whole of the first sixteen volumes. At the end of this time it passed under the editorial care of Dr. James R. Manley, assisted by able associates, who maintained its reputation unabated until the end of the twenty-third volume. The Repository was a good sized quarterly Journal, and its pages were enriched with many of the ablest Medical and scientific productions of the period through which it was published. In 1804, two Medical Journals were started in Philadelphia, one called the Philadelphia Medical Museum, the other, the Philadelphia Medical and Physical Journal.

The first number of the Museum was issued in September, 1804, edited by Dr. John Redman Coxe. The Medical and Physical Journal was commenced in November of the same year, under the editorial management of Benj. Smith Barton. These several Journals soon called into action much talent that had hitherto been dormant, by eliciting essays and communications from many of the most intelligent members of the profession in every part of the country, by publishing the proceedings of Medical Societies at home and abroad, and by affording a free channel for dignified scientific discussions.—They thus became powerful auxiliaries in the great work of Medical education and advancement.

The Medical department of Dartmouth College was organ-

ized in 1797, on much the same plan with the first schools in Philadelphia and New York. During the first nine years after the Medical department was established, Medical honors were conferred on 33 candidates, only one of whom took the higher degree of Doctor of Medicine, all the rest taking the degree of Bachelor. The same course was continued up to 1812, after which, the degree of Doctor, seems to have been the only one conferred by the College. During the period now under consideration, we find very little done by the several State Legislatures, either to promote the education of the profession, or protect the interests of the community against empiricism. The first Legislative act which we find on record, having for its object the regulation of Medical practice, subsequent to the war; was adopted by the Legislature of New York in March 1792. This law required all students who had graduated at some literary College in the United States, to study two years, and those who had not so graduated, to study three years with some reputable practitioner; and then undergo an examination before the Governor, Chancellor, the judges of the Supreme Court, the Attorney General, the Mayor and Recorder of the City of New York, or any two of them. The examining officers were allowed to take to their assistance any three practitioners whom they might choose; and if the candidate was found qualified, he received a License which authorized him to practice Medicine in all its branches. But all persons destitute of such license, were prohibited from collecting pay for their services, except such as were already in practice before the law was enacted. This law was in all respects similar to the Colonial law of 1760; and like it, was limited in its operations to the City and County of New York. The act continued in force five years, when it was repealed or rather superseded by another passed by the Legislature in 1797; which prohibited all persons from practicing Physic or Surgery in that State without a license from one or more of the officers mentioned in the act of 1792, under a penalty of twenty-five dollars for each offence.

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[No. 3.]

Part I.—Original Communications.

CHAPTER II.—CONTINUED.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1850.—By N. S. DAVIS, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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The period of study was extended to four years, with a deduction of one year in favor of those who had graduated at some literary College. Each candidate was also required to furnish the examining officers with a certificate of the time he had studied, verified by the oath of his preceptor; and his license was to be filed in the Clerk's Office of the County where he commenced practice.

Those who had received the Degree of Bachelor or Doctor of Medicine from a Medical College, were permitted to practice on filing a copy of their Diploma in the County Clerk's Office, without any further examination. The great defect in this law, consisted in the fact, that the certificate, setting forth the time of study &c., and verified by the oath of the preceptor, became the only test of qualifications for practice; it being only necessary to exhibit this to the proper officer, and file it in the office of the County Clerk. It, however, remained with but slight amendment until 1806, and its provisions embraced the whole State.

Vol. III.—No. 3.—1.

The Medical Society which had existed in New Jersey since 1766, was regularly incorporated by the Legislature of that State, in 1790, under the name of the "Medical Society of the State of New Jersey." The act of incorporation conferred the power to appoint Censors for the purpose of examining and licensing candidates for permission to practice in that State; also to establish district or county societies, whose delegates were to constitute the Parent or State Society. The term of study required, and all the regulations adopted, were very similar to those prescribed by the law of 1797, in New-York. The Medical Society of South Carolina was incorporated in 1794, but no provision for examining and licensing candidates for admission into the profession, was made until 1817.

In 1799, the "Medical and Chirurgical Faculty of the State of Maryland" was incorporated, with power to elect "by ballot, twelve persons of the greatest medical and chirurgical abilities in the State, who shall be styled the Medical Board of Examiners for the State of Maryland." It was the duty of this Board, "to grant licenses to such medical and chirurgical gentlemen, as they, either upon a full examination, or upon the production of Diplomas from some respectable college, may judge adequate to commence the practice of the medical and chirurgical arts."

Under a supplementary act passed in 1801, the board of examiners required all graduates of medical colleges, as well as others, to apply for and obtain a license before being authorized to practice. The penalty for practicing in violation of the foregoing provisions, was fifty dollars for each offence, to be recovered in the County Court where the offender may reside; and the Judges of those courts were directed to give the several acts relating to medicine and surgery, annually, in charge to their respective Grand Juries.* Every person licensed by the examining board, was, by virtue of such license, constituted a member of the State Society. It is thus

*See Act of Incorporation, Supplementary Acts. &c., 18 mo. Balt., 1822.

seen that Maryland was, not only, among the earliest to enact laws to protect her citizens against the inroads of ignorance and empiricism, but also that her laws relating to this subject, were at once simple and effectual. By the foregoing, it will be seen that six of the original thirteen States had recognized their right and duty to legislate on the subject of medical education and practice during the first twenty years after the Revolutionary war.

Concerning the general condition of the profession at this time, we have the testimony of some of its most distinguished members, as well as other authority of a reliable character. In the preamble to the law passed by the Legislature of New York, in 1792, it is stated that "many ignorant and unskillful persons presume to practice physic and surgery within the city and county of New York, to the great detriment and hazard of the lives and limbs of the citizens thereof," &c. And the venerable Dr. John Stearns, in speaking of this period, says: "those who witnessed the original and progressive settlement of the northern and western sections of this (New York) State, since the year 1791, will recognize the mania that infatuated the emigrants from the east, and the ambitious projects formed by those who assumed the title of Doctor. Many who had never read a volume in medicine, were suddenly introduced to an extensive practice, and to a reputation of such imposing authority as to control the opinions of their superiors in science, and to prescribe rules of practice for their government. Consultations were generally distinguished for gross controversies at the *bed-side* of the patient, whose health and life were often immolated to the ignorance, prejudices, or discordant theories of the contending physicians. Their skill was generally graduated by their ability to magnify the cures they had made."* Again the same writer, in an Anniversary Address read to the Medical Society of the State of New-York, in 1818, says: "Science was almost exclusively limited to our popu-

*See United States Medical and Surgical Journal, No. 16, page 122.

lous cities. With a few honorable exceptions in each county, the practitioners were ignorant, degraded, and contemptible. Without any system of principles, their practice was desultory and empirical." Although the foregoing extracts were written solely in reference to the profession in the State of New York, yet they will apply with sufficient correctness to all parts of the Union.* As we have seen, only three or four States had attempted to place any positive restrictions on irregular or empirical practice; and not more than 300 students were annually found in attendance on the three or four Medical Colleges that were in active operation during this period. And the whole number of graduates did not average 15 annually. Still this was an important era in the history of American Medicine. It was the period of emancipation, if we may so speak, from obedience to European theories and dependence on European institutions. It was the forming period of a most difficult profession, in a new and widely extended country, and while the great mass were neither learned in science nor skilled in practice, there was to be found in every State a few who had attained prominence in both.

The names of John Warren, Benj. Waterhouse, Richard Bayley, Samuel Bard, Edward Miller, Samuel L. Mitchell, Wright Post, Nicholas Romaine, Peter Middleton, John Jones, Benj. Rush, Benj. S. Barton, William Shippen, W. P. Dewees, John Mitchell, Lionel Chalmers, J. Moultrie, and several others, will ever constitute a bright galaxy on the pages of American medical history. Many of these were not only learned, but they were characterized by a bold free spirit of inquiry, which soon broke through the theoretical dogmas of that day, and did more by their writings to overthrow the

*The following preamble to a law passed in 1736, will show something in regard to the state of medicine in Virginia.

"Whereas, the practice of physic in this colony, is most commonly taken up and followed by surgeons, apothecaries, or such as have only served apprenticeships to those trades, who often prove very unskillful in the art of a physician," &c.—[See Herring's Statutes of Virginia, Vol. 4th.

absurdities of the Boërhaavian school, than any equal number of their contemporaries on the other side of the Atlantic. In regard to the medical theories or opinions that prevailed at the period which closes this chapter, we are told by Dr. Rush that "the system of Boërhaave long ago ceased to regulate the practice of Physic. It was succeeded by the system of Cullen. In the year 1790, Dr. Brown's system of medicine was introduced and taught by Dr. Gibbon. It captivated a few young men for a while, but it soon fell into disrepute." In the year 1790, Dr. Rush promulgated some principles which he regarded as the foundation of a new system in medicine, of which the following is a summary in his own language. "This system rejects the nosological arrangement of diseases, and admits only of a single disease, consisting in different forms of morbid excitement, induced by irritants acting upon previous debility. It rejects, further, an undue reliance upon the powers of nature, and teaches, instantly to wrest the cure of all violent and feeble diseases out of her hands; and lastly it rejects prescriptions for the names of diseases; and by directing their application wholly to their forming and fluctuating states, derives from a few active medicines all the advantages which have been in vain expected from the numerous articles which compose European treatises upon the *materia medica*." But notwithstanding the plausibility of the doctrines promulgated by Dr. Rush, the system of Cullen still held sway in the minds of the majority of practitioners throughout the country. He, however, struck an effectual blow against those cumbersome and arbitrary nosological arrangements which had so long served to mislead and obscure rather than enlighten the professional mind. These doctrines were also chiefly instrumental in causing the general adoption, in this country, of a much more active and depletory, or antiphlogistic, system of treating diseases than had previously prevailed—a system of treatment, indeed, which still retains the confidence of a large

portion of the profession. It is true that his opinions and recommendations in regard to blood-letting, were sometimes extravagant, and on that account, have more recently met with severe censure from the most eminent members of the profession.* But before we indulge in a too sweeping condemnation, and attribute to Dr. Rush the origin of all the evils which have resulted from a too prodigal indulgence in the use of the lancet, we should first inquire into the particular character of the diseases prevalent in the community during the period of his own observations; second, whether that character has since undergone any change; and third, whether the evils alluded to were owing to his erroneous doctrines, or to the application of them, unchanged, by his successors, to diseases essentially modified in their character. If we call to mind the habits of the people of Philadelphia just previous to the Revolutionary war, as already briefly detailed in the preceding chapter, and remember that upon such habits supervened the strong and universal political and warlike excitement of the Revolution itself, accompanied by far greater abstemiousness and physical hardihood, we shall not fail to see a combination of causes well calculated to give a highly stenic or inflammatory character to all such diseases as should prevail at that period. Neither did the influence of these causes cease for several years after the close of the war. But we are not left simply to inferences in regard to the nature of the diseases of that period. Dr. Rush says, in speaking of the diseases of Philadelphia: "Fevers have assumed several new forms since the year 1766. The mild Billious Fever has gradually extended itself over the whole city.—

* * * In the years 1791 and 1792, it assumed an inflammatory appearance, and was accompanied, in many cases, with hepatic affections. It appeared in 1793 as an epidemic, in the form of what is called Yellow Fever, in which form it has appeared, in sporadic cases, or as an epidemic.

*See Beck on Bloodletting, in the Young Subject.

nearly every year since. During the reign of this high grade of Billious Fever, mild Intermittents and Remittents, and the chronic or nervous forms of the summer and autumnal Fever, have nearly disappeared. Inflammations and obstructions of the liver have been more frequent than in former years, and even the Pneumonias, Catarrhs, Intercurrent, and other Fevers of the Winter and Spring months, have all partaken more or less of the inflammatory and malignant nature of the Yellow Fever." Whoever will compare the most accurate accounts which are left on record, of the diseases that prevailed between 1780 and 1806, with the phenomena of diseases prevalent in the same cities at the present time, will certainly find little difficulty in recognizing a marked difference in their character. How much similarity is there between the slow nervous or typhoid Fevers which occur in all our large cities, or the more fully formed Typhus of the emigrants and poorer classes, and the Congestive, Inflammatory, and rapidly progressing Fevers of the period embraced in this chapter of our history? And what right have we to judge of the propriety of active depletion in the latter, by our knowledge of its effects in the former? No more, certainly, to use an apt comparison of Rush, than we have to consult the almanacks of 1803 for the monthly phases of the moon of the present year. The character of diseases, however, not only varies at different periods of time, but in different localities, also.

Thus, I have been intimately acquainted with the practice of a physician, who, during a ten year's residence and extensive practice in a rugged agricultural district, was uniformly in the habit of using the lancet freely in the first stage of all febrile and inflammatory attacks occurring in his district, where the patient had been previously in good health, and with the most decided and uniform success. But does any one imagine that the same results would follow the application of this practice among the delicate and fashionable

classes on the one hand, or the ill-fated and uncared for poor on the other, which together make up so large a share of the population of all our large cities? The truth is that professional men are too apt, though perhaps unconsciously, to think and speak of disease as a positive *entity*—as a something with well defined and uniform characteristics. And hence they are continually prone to condemn their predecessors for using in a given disease whatever their own experience shows to be inapplicable to the disease, called by the same name, as it occurs in their day. A full recognition of the fact that disease is only a morbid condition of previously healthy functions or structures, would show every thinking mind, that the special tone or character of any disease must depend entirely on the tone or character of the previous standard of health and the quality of the exciting causes. Every intelligent physician fully recognizes this principle in its application to different cases of the same disease occurring in his own practice, but often forgets it when comparing his practice with that of his predecessors, or even with that of his cotemporaries of a distant, and, perhaps, essentially different locality. Hence he is apt to condemn others for what is really his own fault, viz: an attempt to apply the practice of another to a disease, merely because it is called by the same name, without reference to the question whether it prevails in a similar locality, among people of the same habits, and arising from causes of the same quality and grade of intensity. If we feel the force of these thoughts, while we remember that Dr. Rush came upon the stage of action at a period when the professional mind had scarcely yet divested itself of the humoral and expectant notions of treatment inculcated by the Bœrhaavian school, and that he lived in the midst of opposition, we shall feel much more disposed to excuse than censure his seeming extravagancies, and to inquire seriously whether we have as rigidly examined the diseases of our day as he did those of his.

The views of Dr. Rush, in reference to bleeding, were

warmly seconded by Drs. Griffiths, Dewees, Physick, &c., while they were strenuously opposed by many others. In 1806, Dr. W. P. Dewees published his elaborate and interesting Inaugural Thesis, "on the means of moderating or relieving pain during the process of Parturition." In this paper, he maintained the doctrine that "*pain* was an accidental or morbid symptom of labor—the result of artificial modes of living and treatment." The remedy which he proposed and successfully practiced through a long series of years, was copious blood-letting. The same doctrines and practices had been ably defended by Dr. Peter Miller, in an inaugural thesis, published in Philadelphia, in 1804; but Miller had himself attended the private lectures of Dr. Dewees, and doubtless derived from him the views set forth in his essay. The views of Dr. Dewees on this subject met the cordial approbation of both Rush and Shippen; the latter of whom is said to have declared that the Thesis of 1806 "marked an *era* in the history of medicine." It is true, that bleeding during parturition had long been practiced in different countries of Europe, and even by the midwives of Genoa; but its advocacy for the *purposes* mentioned in the paper of Dewees, and to the copious extent practiced by him and his followers, was new, and therefore, strictly American in its origin. The reader will not fail to notice, that the doctrine here advocated in reference to the nature of the *pains* of labor, is directly the opposite of that inculcated by a distinguished professor and author in the same city, now occupying the front rank among the obstetricians of the present age.—Neither will he fail to notice that Dewees practiced copious bleeding for the same purpose, and, in many instances, enforced its necessity with the same arguments that are now used by Simpson and others in favor of anesthetic agents.

The following paragraph from Rush's celebrated defence of blood-letting is worthy of notice as showing that the very idea, the practical accomplishment of which constitutes

one of the prominent glories of medicine in our day, was fully present in the minds of such men as Rush and Dewees.

"I have expressed a hope in another place,"* says Dr. Rush, "that a medicine would be discovered that should suspend sensibility altogether, and leave irritability or the powers of motion, unimpaired, and thereby destroy labor pains altogether. I was encouraged to cherish this hope, by having known delivery to take place, in one instance, during a paroxysm of Epilepsy, and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness, nor recollection of pain." Here the drunken woman, doubtless, presented as fair a case of anæsthesia as though she had inhaled ether or chloroform. Dr. Rush even goes further than Dewees, and represents the uterus as in a diseased state during the period of pregnancy and parturition. He says: "In pregnancy, the uterus is always affected with that grade of morbid action which I formerly called *inflammation*. This is evident from its exhibiting all its usual phenomena in other parts of the body." Again, he says:—

"*Parturition* is a higher grade of disease than that which takes place in pregnancy. It consists of convulsive or chronic spasms in the uterus, supervening its inflammation, and is accompanied with chills, heat, a quick, full, tense, or a frequent and depressed pulse, and great pain." And after alluding to one of the most important points discussed in the well known correspondence between Professors Meigs and Simpson, relative to the propriety of obviating the pains of labor by the use of anæsthetic agents, he adds: "I was induced to believe that pain does not accompany child-bearing an immutable decree of Heaven." Hence, he fully accords with Dr. Dewees in recommending free and even copious d-letting to relieve the pains of pregnancy and parturition as it should be contra-indicated by previous inanition causes of languor and enfeebled circulation.

lical Repository, Vol. VI.

Perhaps no one thing has served to render the period now under consideration more conspicuous, than the warm and interesting controversy which was maintained in reference to *contagion*, especially as applied to the origin and spread of Yellow Fever. The repeated visitations of this disease even as far north as New York and Philadelphia, during the last part of the eighteenth and the first few years of the nineteenth century, caused it to be a subject of absorbing interest. And as it was always confined to commercial towns and cities located near the sea, or the islands in the Indies; it was very natural that the earliest observers should attribute it to importation, and regard it, therefore, as a highly contagious disease. The correctness of this view was soon called in question, however; and though supported by such men as Lining, of South-Carolina, Mitchell, of Virginia, and Hosack, of New York, yet it rapidly lost its hold on the professional mind of this country, under the most searching and able opposition of Dr. Rush and a few others. And few questions are considered better settled at the present day than that Yellow Fever is not contagious. Those who desire to examine this interesting subject with care, will do well to consult the early volumes of the New York Medical Repository, the two medical journals then published in Philadelphia, and also the Medical Inquiries and observations of Dr. Rush. Before closing this chapter, we must allude to two important historical mistakes made by eminent medical men abroad. The first is by Dr. John Armstrong, who attributes to Dr. Robert Hamilton the merit of first introducing the use of Mercury as a remedy in inflammatory diseases. The latter gentleman, in his own account of the remedy, says his attention was first called to it by a medical officer of the army, in 1764.—Whereas, we have seen in the preceding chapter, what Dr. J. B. Beck has so fully presented in his little volume on Infant Therapeutics, that Mercury in the form of Calomel was used in a malignant epidemic sore throat by Dr. Douglass, of

Boston, as early as 1736. It was still more extensively used and recommended by Dr. James Ogden, of Long Island, in 1749; and it was very successfully introduced into the practice of the profession in Philadelphia about the same time by Dr. Thomas Bond. And Dr. Rush says, in speaking of the period which intervened between 1760-66, "*Mercury was in general use in the years that have been mentioned,*" We thus see that the practice of which Dr. Armstrong speaks, was already in general use in the American colonies even prior to the time it was first suggested to Dr. Hamilton. The second mistake to which we allude is that of Dr. Stokes, in his valuable treatise on diseases of the chest, where he gives Dr. Cheyne the credit of having first introduced the practice of giving Tartar-Emetic in the Cynanche Trachialis or croup. The first publication on the subject, by Dr. Cheyne, was in 1801. But Dr. Richard Bayley, of New York, had accurately pointed out the great value of this remedy in the same disease, in a letter to Dr. Wm. Hunter, published in New-York city in 1781—just twenty years previous to the publication of Dr. Cheyne. Dr. Bayly is, not only, fully entitled to the credit given by Dr. Stokes to Dr. Cheyne, but it is to him that the profession are also indebted for having first pointed out the true inflammatory nature of the disease here referred to.* It was also during the last part of the eighteenth century that Dr. Thomas Cadwallader, of Phila., first introduced the practice of treating the "dry gripes," or Colica Pictonum and Bilious Colic with *anodynes* until the pains and spasms were allayed, and then moving the bowels only by gentle laxatives. The almost universal custom had been to give the most active and drastic purgatives, which often served only to increase the muscular contraction of the intestines instead of relieving the patient. The treatment practiced by Dr. Cadwallader, was afterwards adopted and highly recommended by Dr. Warren, of London.

The medical writings of this period seem to have been con-

fined almost wholly to the pages of the three medical journals which had been established in New York and Philadelphia, and to here and there a pamphlet or a paper read before some organized society. Indeed, I have not been able to find a single volume on any branch of medical science or practice, published by an American physician during the first twenty years after the close of the Revolutionary war.

And yet, as we have already seen, it was a period in our history, which was graced with some of the noblest and most active minds ever devoted to the cultivation of medical science. But the art of *mere book-making*, which has been brought to such perfection in this our day, was little known to our professional ancestors.

CHAPTER III.

HISTORY OF THE PROGRESS OF MEDICAL EDUCATION FROM 1806 TO 1850.

To those who limit the means of education to the preceptor's office and the college halls, and the period of its acquirement to the season of pupillage (and there are unfortunately many such), much of the matter contained in this work may appear irrelevant or superfluous. But it is unnecessary for us to state that we attach to the word a far more liberal and comprehensive meaning. Whatever increases the enterprize, stimulates the spirit of philosophical investigation, or adds an item to the stock of knowledge possessed by the profession, or whatever elevates it in the great scale of social being, is as truly a part of its education as is the study of its text-books, and the frequenting of its schools. The latter may indeed constitute the foundation, but many other things are required to complete the superstructure of a fair medical education. And among those other things, none are of greater importance than well organized Associations, admitting of frequent communications and free interchange of thought

among their members. Such Associations not only elicit observations, stimulate investigations, and save from oblivion numberless facts, but they counteract the selfish feelings of individuality—they diffuse knowledge—they elevate the social feelings—and they embody and generalize facts that otherwise would remain isolated and useless. In this respect, the commencement of the period embraced in this chapter, forms an important era in the history of the medical profession in this country. For though several medical societies had been duly incorporated, and some of them continued in active operation for a quarter of a century, yet they were almost wholly confined in their influence to a few of the larger cities. Hence, as intimated near the close of the last chapter, the great mass of the profession were alike unsocial and ungoverned by ethical laws, and consequently without harmony of action or true dignity of professional character. This condition of things was fully appreciated by a few enlightened members of the profession in Saratoga County, New York, so early as 1796, during which year several articles on the subject of a local medical Association appeared in the newspapers of that county. These articles we believe were from the pen of Dr. John Stearns, then residing in that section of the State. So much attention was awakened that a County Society was soon after formed, containing twenty-one members; but so discordant were their feelings and modes of thought, that the same year saw both its organization and dissolution. This failure, however, by no means deterred the enlightened advocates of medical organization from further efforts. In Nov., 1805, another meeting of the physicians of Saratoga county was held, and a resolution adopted, inviting their medical brethren in Washington and Montgomery counties to join them in the formation of a Society to be incorporated by the State Legislature. The committee appointed to carry the resolution into effect, consisted of Drs John Stearns, Wm. Patrick, and Grant Powell. The com-

mittee issued a circular to the physicians of Washington and Montgomery, in response to which they sent delegates to the adjourned meeting at Ballston, on the 16th of January, 1806. A memorial to the Legislature, asking for an act of incorporation, was reported at this meeting, adopted, and a committee appointed to carry it into effect. This committee consisted of Dr. John Stearns, of Saratoga, Dr. Alex. Sheldon, of Montgomery, and Dr. Asa Fitch, of Washington. Fortunately the two first members of the committee had been also elected members of the popular branch of the Legislature, and one of them, Dr. Sheldon was elected Speaker of the House.

It will be observed that the memorial contemplated nothing more than the passage of a law in reference to the three counties named, but the enlightened committee to whom it had been committed, in presenting it to the Legislature, took a wider survey of the wants of the profession, and asked for a law applicable to every county in the State. The memorial to the House of Assembly was referred to a committee of five, a majority of whom were medical men; and they consequently soon matured and reported a general act of incorporation, not only applicable to each county in the State, but also providing for a State Society composed of delegates from the several county Associations. But politicians so magnified the dangers to which the State would be exposed from the incorporation of more than forty Associations of physicians within its limits, that despite of the most earnest support of both committees, the rejection of the proposed law by a large majority was considered almost certain. Owing, however, to the very able and eloquent advocacy of the bill at this critical period, by the Hon. Wm. W. Van Ness, it finally received the sanction of the Legislature on the 4th of April, 1806.

This law authorized the legally qualified physicians and surgeons of each county to form themselves into a Society,

named after the county in which it was formed, with power to choose officers, make all needful rules for the government of its members, and appoint a Board of Censors to examine and license all the applicants for admission into the profession in their respective counties. But no one could be admitted to an examination until he had given evidence of having studied three years with some practitioner, and had arrived to the age of twenty-one years. A State Medical Society was also provided for, to be composed of one delegate from from each County Society, and such permanent members as the Society should from time to time elect, not exceeding two in any one year. It was required to meet annually at the capitol in the city of Albany to elect officers and transact such other business as the interests of the profession should require. It was also required to divide the State into four medical districts and appoint a Board of Censors for each, whose duty it was to examine all candidates for license to practise medicine and surgery who should present themselves after having studied the required length of time. The law also forbid any to enter the profession and collect pay for their services without first procuring either a license from a County or State Society, or a diploma from some regularly organized medical college. Candidates who might be rejected by the County Boards had the right to appeal to the Censors of the State Society for another examination ; but not *vice versa*.

Within two years after the passage of this law nearly every county in the State had its regularly organized medical Society, with its Board of Censors and library.

The first meeting of the State Society was held at the capital in Feb., 1807, and completed its organization according to the provisions of the law. Thus two great and all important objects were accomplished viz: a thorough organization of the profession in a manner most favorable to its advancement and elevation, and the provision for having all candidates exam-

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CHAPTER III.—CONTINUED.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1850.—By N. S. DAVIS, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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ined before admission, by practitioners, themselves, without the intervention of any other class. In the following year 1807, an act was passed, making some further provisions for the internal organization of the State Society, and also prescribing a penalty of five dollars per month for practising without being authorized according to the act of the previous year. This penalty, however, was not to apply to persons using for the benefit of the sick any roots or herbs the growth of the United States. In May, 1812, the Legislature increased the foregoing penalty to twenty-five dollars for each offence, and required that all licenses in future should be deposited in the county clerk's office. In 1813, these several acts were revised and consolidated into one statute, and continued without alteration until 1818, when the Legislature passed an act increasing the term of study to four years.—But one year might be deducted, if the student had pursued classical studies that length of time after the age of sixteen years; or had attended a complete course of lectures deliv-

ered by each of the professors, on all the branches of medical science, in the medical colleges of this State or elsewhere.

In the following year another act was passed prohibiting the medical colleges from granting the degree of Doctor of Medicine to any students who had not fully complied with the requisitions of the act of 1818. The next law of importance enacted in this State was that passed by the Legislature in 1827. This leaves the term of study and the conditions for obtaining a license to practice essentially the same as before, but the twelfth section provided that "no person shall receive from the regents of the University a diploma conferring the Degree of Doctor of Medicine unless he shall have pursued the study of medical science for at least three years, after the age of sixteen, with some physician or surgeon duly authorized by law to practice his profession, and shall also have attended two complete courses of all the lectures delivered in an incorporated medical college, and have attended the last of such courses in the college, by which he shall be recommended for his degree." And section 20th declares, that no person under the age of twenty-one years, can be entitled to practice physic and surgery in this State. Another provision of this law required all regularly licensed physicians to file a copy of their license or diploma in the county clerk's office, and become members of the County Society in the county of their residence, before they were entitled to collect pay for their services.

Such are the essential features of the legislative enactments, adopted from time to time for the internal organization and regulation of the medical profession in the State of New York; and though exceedingly defective in many respects, they exerted a decided and beneficial influence over the great mass of the profession. The frequent contact with each other, and the mutual interchange of sentiments, which took place in the County Societies, soon led the practitioners to a



more thorough knowledge of each other, and, consequently, to the adoption of by-laws and rules of ethics for their mutual government. This again led to a far more dignified and honorable intercourse with each other in private practice. The meetings of these Societies were occupied in the reading of essays, the relation of cases, and the discussion of topics connected with medical practice, and generally with the diseases of their own counties; and not few of the papers read at their meetings would do credit to any learned body. The Presidents of the Societies were also generally required to deliver an address at each anniversary meeting. Some of these were published either in pamphlet form or in the medical journals—some found their way into the transactions of the State Society, and all were not only interesting, but well calculated to excite a spirit of investigation, and divert the attention of practitioners from the petty jealousies of private competition to the study of medicine as a science.

In the early part of this period, the number of medical colleges in the Union were but few, and the degrees conferred by them much less sought after than at present; and hence many of the candidates for admission into the ranks of the profession were examined and licensed by the County Societies, and the fees derived from the granting of such licenses were in most cases devoted to the purchase of books to constitute a county library. By this means, the latest and best medical works were constantly being brought within the reach of every practitioner; and hence these libraries became powerful auxiliaries in the general diffusion of medical knowledge. The same ends were still farther promoted by the action of the State Society, which was organized February 3d, 1807. Thus we find the Society at its first meeting directing each member "to present a geological and topographical description of the county in which he might practice, and

*For a brief history of this Society, including the names of its officers from year to year, see the "U. S. Medical and Surgical Journal, vol. ii.; and also the published transactions.

also a history of such diseases as might prevail in his particular place of residence, etc." Accordingly, in the following year, we find reports in compliance with this direction, from no less than seven members, viz:—Dr. Alex. Sheldon, of Montgomery; Dr. David R. Arnell, of Orange; Dr. Wm. Wheeler, of Dutchess; Dr. John Stearns, of Saratoga; Dr. Hugh Henderson, of Jefferson; Dr. Horatio Powell, of Clinton, and Dr. Lyman Cook, of Westchester. At this second annual meeting (Feb., 1808), the Society presented to the profession still stronger inducements to engage in medical investigations, by offering three premiums, viz.:—a medal of the value of fifty dollars for the "best dissertation on the topography, geology, and mineralogy of any county in the State, together with the prevalent diseases in said county." Another of the value of twenty-five dollars for the second best dissertation on the same subject; and a third premium, consisting of a medal of the value of twenty-five dollars, for "the best dissertation on the causes, and best method of preventing and curing the typhus mitior, or low bilious fever, which prevailed in different counties of the State."

These offers called out several well written essays, and the first premium on the topography, etc., was awarded to Dr. John Stearns, of Saratoga county. The efforts to improve medical science, and elevate the character of the profession, thus early and actively commenced, have been continued with unremitting zeal by this Society until the present time. But though the influence of the State and County Societies has been highly beneficial to the profession, yet that influence has been in some measure counteracted by defects in the laws, and other circumstances, over which they had no control. Thus, while the law of 1812 increased the penalty for practicing without a license or diploma to twenty-five dollars for each offense, it was rendered almost entirely void in practice, by the proviso, "that it should not be so construed as to prevent any person from prescribing for the benefit of the sick,

any roots, barks, or herbs, the growth and produce of the U.S."

Although the design of this provision was, undoubtedly, simply to shield nurses in their common practice of using simple domestic teas or infusions, in cases of sickness not considered sufficiently severe to require a physician, yet in practice it was made to cover every species of empiricism, it being only necessary to plead the use of indigenous remedies. Hence, although the statutes of New York have contained, apparently, strict prohibitory or protective laws in regard to medical practice for more than thirty years, those laws have been practically inoperative from their own defects, and cannot, therefore, be considered any practical test of the practical bility or impracticability of suppressing quackery by penal enactments. Another important defect in the laws regulating the education of the profession consisted in the entire omission of any standard of preliminary education as a requisite, before commencing the study of medicine. This defect not only existed in the laws regulating the profession, but equally so in the rules adopted by medical societies and colleges for granting the diploma ; hence we have been, and still are, annually witnessing the ridiculous spectacle of young men, possessing the high and dignified title of Doctor of Medicine, conferred by institutions called colleges and universities, who are destitute of even a competent knowledge of English grammar. These facts sufficiently explain why, notwithstanding the existence of a good internal organization, and the united efforts of State and County Societies during a period of forty years, every species of quackery still abounds in this State—they show, too, that the repeal of that part of the law prescribing a penalty of twenty-five dollars for practicing without a license or diploma, and also, that which renders the unlicensed incompetent to enforce payment for their services, which took place in 1844, was rather the repeal of an obsolete form than the removal of an operative law.

The medical laws of New Jersey were so amended in

1816 as to prohibit all unlicensed persons, who were not already engaged in practice, from entering on those duties in that State, under a penalty of twenty-five dollars for each offense. Such persons were also disqualified from collecting any compensation for medical services. But, instead of containing the neutralizing proviso which we have noticed in the laws of New York, it declared that, "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 their deceptions, and imposing on the ignorance and credulity of their fellow-citizens." Some unimportant alterations in the medical laws of this State were made by the Legislature in the years 1818, '23, '25, '30, '38; but the main features still remain in full force. And though the penal provisions against unlicensed practitioners are very seldom enforced; yet the influence of their State, and District or County Societies, has been most salutary in promoting friendly intercourse, stimulating investigation, and elevating the professional character. State and district medical Societies were organized at an early period in all the New England States. We have, in a previous chapter, mentioned the origin of those in Massachusetts, Connecticut, and New Hampshire. The Maine Medical Society was incorporated in 1821, and that of Rhode Island, in 1812. The regulations adopted in all these States were very similar. They all required the establishment of State or District Boards of Censors, for examining and licensing candidates to practice; also some degree of preliminary education, a term of medical study not less than three years, and the attainment of the age of 21 years. In Massachusetts, Rhode Island, and New Hampshire, the Boards of Censors were unconnected with the medical colleges of those States; and the laws required all persons intending to commence practice, whether educated in those States or already licensed by the

institutions of other States, to apply to some one of the Boards of Censors for a license before they were authorized to enforce payment for their services. In Connecticut and Maine, but one Board of Censors was established in each State, which was authorized to examine all candidates, whether for a license or the higher degree of M. D. These Boards are composed, in the one State of the Medical Faculty of Yale College, associated with an equal number of Censors appointed by the President and fellows of the Connecticut Medical Society, the President of the Society always being one of the number: and in the other, of the Medical Faculty of Bowdoin College, and an equal number of Censors chosen by the Maine Medical Society.

In January, 1822, the Medical Society of the State of Delaware was authorized, by an act of the Legislature, to appoint a Medical Board of Examiners, consisting of fifteen members, whose term of office was to continue five years; and who were directed to examine and license all candidates for admission into the profession in that State. The requisites for admission to an examination by such Board were, three year's study with some respectable practitioner, the attendance on one full course of lectures in some medical college, and the attainment of twenty-one years of age. But graduates of respectable medical colleges were licensed on the exhibition of their diplomas, without an examination. The same penalties were enacted against unlicensed practitioners as in the State of Maryland. The Medical Society of the District of Columbia was incorporated by an act of Congress in 1819, with power to appoint a Board of Examiners, composed of five practitioners, whose duties and privileges were the same as those appointed by the Delaware Medical Society. And the same penalty was enacted against unlicensed and irregular practitioners. The States of S. Carolina, Georgia, Alabama, Mississippi, and Louisiana have all had laws of a similar character, for the regulation of medical education and practice.

In 1817, the Legislature of South Carolina enacted a law establishing two medical boards of examiners, one in Charleston and the other in Columbia. They were required to examine all applicants for permission to practice in that State, except such as had received a diploma from some medical college, and grant licenses to those they deemed qualified. And every one practicing without such license was liable to be indicted and fined in a sum not exceeding five hundred dollars, and imprisoned a term not exceeding two months. These regulations continued in force until 1838, when all restrictions and penalties were abolished by an act of the State Legislature. The act by which a fine of five hundred dollars was imposed on all who should practice physic in Georgia without a license from the board of physicians, was passed by the State Legislature in 1826, and continued in force until 1835, when it was repealed. In 1839, the examining board of physicians was re-organized, and again invested with power to examine applicants and grant licenses ; but with the following proviso, which nullifies the whole act, viz.: "Provided nothing in the said revised act be so construed as to operate against the Thompsonian or Botanic practice, or any other practitioner of medicine in this State." It should also be mentioned that the Thompsonians have had for several years a regularly incorporated college in that State, with all the usual collegiate powers; but at present its existence appears to be merely nominal.

In Alabama, an act was passed in December, 1823, requiring the establishment of five boards of medical examiners in the State, each consisting of three members, elected by a joint vote of both houses of the State Legislature. Their powers and duties in regard to examining and licensing candidates were the same as those existing in South Carolina. The penalty for practicing without such license or a diploma from some medical college, was a sum not exceeding five hundred dollars for each offense. But the examining boards were all

abolished some eight or ten years since, which operated as a repeal of all law on the subject.

The medical laws of the state of Mississippi are coeval with the existence of the State itself. They provided for the establishment of three boards of examiners, appointed by the State Legislature. These boards were required to examine all candidates for permission to practice medicine and surgery in their respective districts, whether graduates of a medical college or not, and grant licenses to such as they found qualified. By an act passed in 1827, all licenses were required to be filed in the clerk's office of the county where the holder of said license should commence practice, within six months from the time of said commencement. All attempts to practice without procuring a license from one of the examining boards, and having it duly recorded in the clerk's office, was punishable by a fine not exceeding five hundred dollars, and imprisonment not exceeding six months. It was further made the duty of the county clerk to present a complete list of all licenses recorded in his office to the grand jury of each county court; and such grand jury were required to present to the court all such persons as, from their own knowledge, or from information given by others, were practicing physic or surgery without a license. In 1829, another act was passed by the Legislature, authorizing the establishment of a "Medical Society of the State of Mississippi." These laws were very complete, and effectually accomplished the object for which they were designed. But when the State Constitution was revised in 1834, the several boards of examiners were omitted, which operated as a repeal of all restraints on the practice of medicine in that State; and though the State Medical Society has maintained its organization, yet, since the year 1834, there have been no legal provisions for discouraging quackery in any of its forms. The first laws relating to the practice of physic and surgery in Louisiana were passed in 1808. They were revised and amended in 1816-17-20.

In the latter year, two medical boards were established, one for each supreme judicial district in the State. These boards were composed of six members each, appointed by the governor, with the advice and consent of the Senate, with one apothecary attached to the board in the first district. These boards were to examine all applicants for license to practice in their respective districts, and license such as were found qualified; but such as had graduated at a respectable medical college were permitted to obtain a license on exhibiting their diploma, without an examination. The apothecary attached to the board in the first district, was to examine and license apothecaries, who were under the same regulations as practicing physicians. The penalties prescribed for violating the laws of this State, by practicing without a license, were a fine of one hundred dollars for the first offense; and for the second, a fine not exceeding two hundred dollars, and imprisonment not more than one year. The attorney-general was required to prosecute for all violations of the laws. The licenses were required to be filed in the parish or county-clerk's office, the same as in Mississippi. A State Medical Society was incorporated in Tennessee, in 1830, with a board of censors authorized to examine and license all persons who may present themselves for examination, touching their skill in the practice of medicine and surgery. No term of study, or other preliminary condition, is required of the applicant, except that he be twenty-one years of age, and of good moral character; and no penalties are provided against practicing without a license.

The Legislatures of Ohio, Indiana, and Michigan, have all passed laws incorporating State and County or District Medical Societies, with power to appoint censors, and license candidates to practice much the same as in New York. These laws also laid some moderate restrictions on unlicensed and irregular practitioners; but, as in most of the older states, all these restrictions have been repealed within the last ten years,

leaving the regularly organized societies to maintain the honor of the profession, and protect the interest of the community as best they could.

From the hasty glance we have now taken of medical legislation throughout the Union, it will be observed that during the first quarter of the nineteenth century, the legislatures of all the older states, except Pennsylvania, Virginia and North Carolina, enacted laws for the avowed purpose of protecting the citizens against the impositions of ignorance and empiricism, and of promoting medical science. That these were the real motives for enacting laws on this subject, and especially the first one named, that of protecting the citizens against imposition, is abundantly shown by the preambles and titles attached to the several acts themselves.

The idea of protecting the profession, or investing it with special privileges, seems to have been the discovery of a later period, as we shall see in the sequel. Again, the business of examining and licensing candidates for admission into the ranks of the profession, was not only uniformly committed to medical men, but, with very few exceptions, those men were also selected by the profession, or rather by regularly organized medical societies. Another important fact is, that during this period, medical societies were regularly organized in almost every state in the Union; hence the same effects that we have ascribed to the medical organization of New York, was felt to a greater or less extent throughout the whole Union. The intercourse between medical men was everywhere more dignified, medical intelligence was more rapidly and generally diffused, the importance of a good knowledge of anatomy, physiology, and chemistry, became better appreciated, and in the same proportion, medical colleges were more generally patronized, and medical literature cultivated.

Such were the legitimate and highly beneficial influences exerted by medical associations throughout the country. The number of graduates from medical colleges during the earlier

part of this period was comparatively small, and in some of the states even those were obliged to procure licenses before entering into practice—far the larger share of those who entered the regular profession being examined and licensed by the boards of censors, appointed by state or district Medical Societies—a considerable fund was thus derived, which, in most instances, was appropriated, as in New York, to the support of the several societies, and the promotion of their legitimate objects;—holding thus, as it were, the keys of the profession, and aided, to some extent, by the funds derived from licenses, the medical organization of the several states and districts was actively and vigorously sustained.

The organization of Medical Societies throughout the Union also brought into beneficial action another powerful stimulant to human enterprise—viz., ambition. Every society, whether county, district, or state, must have its official stations, its posts of honor; and hence, every right-minded member of these societies would be so influenced in his conduct as to gain the esteem and confidence of his professional brethren, without which he could not hope to be honored by them. But while the internal organization of the profession was thus rapidly improving its character and influence, other agencies were brought into operation, some of which exerted a widely different effect, both on the profession and the community.

At the commencement of the period now under consideration, only about five hundred students were in attendance on the lectures in the four or five medical colleges then existing in the Union, and the whole number of graduates for the year 1807 did not exceed fifty. No sooner, however, did the study of anatomy, physiology, chemistry, etc., become better appreciated through the influences already detailed, than the students attending the colleges began rapidly to increase, and the number of colleges increased also. The small degree of prosperity which attended the Medical Department of Columbia College, led many members of the profession to use their influ-

ence to establish another college in that city. Accordingly the regents of the University of New York granted a charter for a new college in 1807, called the "College of Physicians and Surgeons of New York." This school was placed under the direction of a board of trustees, consisting of the whole medical society of the city and county of New York, and the degree of M. D. was conferred by the regents of the University of the State, on the recommendation of the trustees and faculty of the college. The first course of lectures was given in the winter of 1807-8, to a class of fifty-three students, and was continued regularly thereafter until the present time.

In 1810, the Medical Department of Columbia College was finally discontinued, leaving the College of Physicians and Surgeons the only one in the State, with a class of students numbering eighty-two. But instead of that rapid prosperity which the friends of the institution, and the regents of the University now anticipated, the very numerous board of trustees, being mostly medical practitioners in the immediate vicinity of the college, soon became distracted by opposing councils, and jealousies between them and the members of the faculty, which caused much difficulty, and greatly retarded both the prosperity of the college, and the progress of medicine, in that city.

The Medical Department of the University of Maryland, in Baltimore, was incorporated by the Legislature of that State in 1807, and was soon supplied with an able faculty, and has continued to enjoy a fair share of public confidence and prosperity until the present time.

In 1810, a medical department was attached to Yale College, at New Haven, but the first course of lectures was not delivered until the winter of 1813-14, since which time they have been regularly continued, the class usually numbering between fifty and one hundred, and the number of graduates from three to twenty-nine annually,

The next medical institution established in the country was

at Fairfield, Herkimer County, New York, in 1812, called the "College of Physicians and Surgeons of the Western District." It was chartered by the regents of the State, with the same powers and duties as the College of Physicians and Surgeons of the city of New York. The degrees were conferred by the regents on the recommendation of the faculty and trustees of the college. The first course of lectures was given in the winter of 1813--14, to a class of thirty-three students. The course of this institution was marked by a uniform degree of prosperity until 1834, when the class numbered two hundred and seventeen. From this period it began gradually to decline, owing to the influence of neighboring schools, and in 1840 the whole faculty resigned their places, and no successors were appointed.

Two new colleges were established in 1818, one at Castleton, Vermont, called the "Vermont Academy of Medicine," and the other at Lexington, Kentucky, called the "Medical School of Transylvania University." The degrees of Castleton Medical College were conferred by Middlebury College until 1828, since which time they have been conferred by the college under its independent charter. The number of students in attendance have varied from twenty-four, in 1818, to one hundred and thirty, in 1836, and the number of graduates averaged about twenty-five annually. Since 1835, two courses of lectures have been given annually; one in the spring and another in the fall. The Transylvania Medical School rapidly attained a high degree of prosperity, the number of students averaging over two hundred annually, and the graduates varying from seven, in 1820, to eighty-three, in 1835.

The Medical College of Ohio was incorporated in 1819, located at Cincinnati, and has continued with a fair share of prosperity until the present time.

In the following year, the Medical School of Maine was established at Brunswick, in connection with Bowdoin College. The first course of lectures was delivered in 1821, to a class

of twenty-one students, while in 1836 the number had increased to one hundred, and the number of graduates to twenty-seven. The medical school attached to Brown University, at Providence, Rhode Island, was established in 1821, but was discontinued after a few years. In the year following, the Medical School of the University of Vermont was commenced at Burlington, but was also discontinued previous to 1840. The Berkshire Medical School was established at Pittsfield, Massachusetts, in 1823, and has continued its annual courses of lectures to classes varying from seventy-three to one hundred and seventeen, until the present time.

The next medical college established in the country was at Charleston, South Carolina, in 1824, called the "Medical College of South Carolina." This school appears to have been under the control of the Medical Society of the State, and enjoyed a fair share of public patronage until dissensions arose between the faculty and the governing body, which caused the former to resign their places in 1832. Their places were immediately filled, and the annual courses of instruction continued, but to a greatly reduced class for several years. In the meantime, the professors who had resigned obtained from the State Legislature, in 1833, a charter for another school in the same city, called the "Medical College of the State of South Carolina." The first class attending the new college in the winter of 1833-4, numbered one hundred and three, and the school seems to have sustained a fair degree of prosperity up to the present period. During the year 1824, another school of medicine was also established in Philadelphia, called the "Jefferson Medical College." But the first course of lectures was given in the winter of 1825-6, to a class of one hundred and ten students. It has since acquired a degree of popularity, second only to that of the University of Pennsylvania, so long established in the same city.

In 1825, two other colleges were established, viz.—the Medical School of Columbian College, in the District of Columbia,

and the Medical School of the University of Virginia, at Charlottesville. The organization of this latter school is somewhat peculiar. Its periods of instruction continue through ten months of each year, and all the branches are taught by three professors, in much the same manner as other sciences are taught in collegiate institutions. The number of medical students in attendance, in 1835-6, was sixty-three. The Washington Medical College was established at Baltimore, Maryland, in 1827, its degrees being conferred by Washington College, in Pennsylvania until 1833, when it obtained a regular charter from the Legislature of Maryland. In 1834, the number of graduates was only ten, and in 1838-9, the whole number of students was fifty-three.

The next medical institution was the "Medical College of Georgia," located at Augusta, and incorporated in 1830. The first course of lectures, however, was not given until the winter of 1832-3, when twenty-seven students were in attendance.

In 1834, the Willoughby University, at Willoughby, Ohio, was incorporated, and supplied with a medical faculty, who gave their first course of lectures in the winter of 1835-6 to a class of twenty-three students. It enjoyed a moderate degree of prosperity until the year 1847, when the medical department was transferred to Columbus, and re-organized under the name of the "Starling Medical College," in honor of Lyne Starling, who made the very liberal donation of thirty thousand dollars for the benefit of the institution, and five thousand dollars more for the establishment of an hospital.

During the year 1835, no less than four medical schools were added to the number already established in the Union, viz.—the Medical College of Louisiana, at New Orleans; the Medical Institution of Geneva College, at Geneva, New York; the Medical Department of Cincinnati College, at Cincinnati, Ohio; and the Vermont Medical School at Woodstock, Vermont. The Louisville Medical Institute, at Louisville, Ken-

tucky, and the Medical Faculty of the University of the City of New York, were established in 1837, and the Medical Department of Hampden Sidney College, at Richmond, Virginia, in 1838. In the following year, still two more were added, viz.—the Albany Medical College at Albany, New York, and the Medical Department of Pennsylvania College, at Philadelphia.

During the period intervening between 1840 and the present time (1850), no less than thirteen new medical colleges have been established, viz.—two at St. Louis, Missouri, called the University of Missouri, and the St. Louis University; one at Chicago, Illinois, called the Rush Medical College; one at Cleveland, Ohio, called the Western Reserve College; one in Indiana, called the Indiana Medical College, located at La Porte; two in Philadelphia, called the Philadelphia College of Medicine, and the Franklin Medical College; one at Buffalo, New York, called the Medical Department of the University of Buffalo; one at Memphis, Tennessee, called the Memphis Medical College; one at Evansville, and another at Indianapolis, in Indiana; one at Davenport, Iowa, called the College of Physicians and Surgeons of the Upper Mississippi; and one in Michigan, located at Ann Arbor, being a department of the University of that State.

Of the forty-three medical colleges which have thus been organized, we believe that seven have been wholly discontinued, while others have merely changed their names or localities, leaving thirty-six now in active operation in the United States. Of these, seven are in the eastern or New England States, nine in the middle, seven in the southern, and thirteen in the western. It will be noticed that only six medical colleges were organized prior to 1810, five between 1810 and 1820, eight between 1820 and 1830, eleven between 1830 and 1840, and thirteen between 1840 and 1850. The number of students in attendance on the several colleges, at each period

of ten years, may be stated as follows, together with the number of graduates, viz.:

WHOLE NUMBER OF STUDENTS.				GRADUATES.			
In 1810	-	-	650	In 1810	-	-	100
" 1820	-	-	964	" 1820	-	-	181
" 1830	-	-	2125	" 1830	-	-	597
" 1840	-	-	2800	" 1840	-	-	775
" 1850	-	-	4500	" 1850	-	-	1300

These numbers are not claimed as entirely accurate, owing to the difficulty of obtaining complete and reliable information on the subject; but they are sufficiently so for all the purposes of comparison. They illustrate very clearly what we have already stated when detailing the organization of medical societies, viz., that the medical colleges were patronized just in proportion as the importance of the fundamental branches of medical science became better and more universally appreciated, through the medium of such societies. Thus, during the ten years following 1820, a period when the medical societies of most of the states were in their most active and influential state, the number of students attending the medical schools were more than doubled, and the number of graduates increased threefold. It is a fact also worthy of notice, that the number of graduates has been constantly increasing faster than the whole number of students. Thus, in 1810, the ratio of graduates to the whole number of students attending the schools, was 1 to 6, 5; in 1820, 1 to 5, 3; in 1830, 1 to 3, 5; in 1840, 1 to 3, 6; in 1850, 1 to 3, 4.

But this exceedingly rapid increase in the number of students who resort to the medical colleges, and the number taking degrees, by no means indicate an equally rapid increase in the whole number of those pursuing the study of medicine. For, it must be remembered, that medical examiners had been appointed in a large majority of the states in connection with their social organization; and, during the first quarter of the present century, a much larger number of students were probably examined and admitted by these numerous boards of examiners than by the colleges. But a large majority of the

states having made the college diploma a legal admission into the profession, with all its rights and privileges, it soon became the paramount object of the student's pursuit. This, together with the absence of all preliminary requisites in regard to general education, and the many facilities afforded by the rapid multiplication, and consequent competition of the colleges with each other, caused the licenses from local examining boards to be comparatively neglected. Thus, in 1820, only thirty-eight students received the degree of M. D. from the medical colleges of the State of New York, while three times that number were examined and licensed by the censors of the state and county societies. In 1830, the graduates from the medical colleges of the same state numbered fifty-six, those licensed by the censors of the state society, seventeen, and probably one hundred more by the numerous county boards. While, in 1846, the whole number of graduates in the state was two hundred and forty-six, the number licensed by the censors of the state society was only three, and those reported by the county societies, five. Although it is quite probable that a few were licensed by the county societies who were not reported to the state society, yet the whole number for two or three years previous had not averaged ten annually. The effects of this rapid change were twofold, The local societies being gradually deprived of the funds derived from granting licenses, soon found their libraries neglected, and their regular meetings diminishing both in interest and in the numbers in attendance. This gave rise to a general feeling of indifference on the part of the profession, during the prevalence of which many local societies ceased to maintain an active existence; and whatever laws for restraining quackery had been enacted by the legislatures of the several states, were, with very few exceptions, repealed. While, on the other hand, the great increase of patronage bestowed on the medical schools, literally begot a mania for college making. And this mania was rendered still more intense by the regu-

lations almost universally adopte as requisites both for graduation and license. These gave no credit for any courses of instruction, however extensive and complete, except such as should be delivered in a regularly-established college. Hence, every professional man who became ambitious of distinction as a teacher, sought a professorship in some college as the only position in which that ambition could be gratified. And as there are always more such men than there are places for them to fill, the constant and inevitable tendency is to the creation of more places. If the State Legislature, to whom application is made for an act of incorporation, happens to be so stupid as not to perceive the necessity of establishing a new school, a bargain is soon struck with some literary college, already possessing the right to confer degrees, to furnish the necessary diplomas, and straightway a new medical college, with all the usual honors and privileges, springs into existence. To so great an extent has this spirit been carried, that scarcely a single year has passed since 1830, without witnessing the birth of one or more of these institutions. If the standard of preliminary education had been elevated, and the requisites for graduation increased in proportion to the multiplication of schools, no evils would have resulted to the profession or the community; but, there being practically no standard of preliminary education, and the professors, with only two or three exceptions, being the sole judges of the student's qualifications, the addition of every new college only served to increase the competition, and add to the facilities for obtaining diplomas. Indeed, to such an extent has this spirit and practice been carried, that any young man can obtain the once high and honorable title of M. D. for a less expenditure of time and labor than it takes to obtain the primary literary title of A. B.

It is true that the professors in many of the colleges would gladly have stayed this tendency of things; but it was not in their power. Hence, with only two or three recent exceptions,

eight months' attendance on a medical college—three years' study, including the eight months—twenty-one years of age—and a thesis on some medical subject, constitute, practically, all the qualifications required of the candidate for medical honors, previous to his examination.

If we contrast these with the qualifications required in other countries, or with those originally required by the founders of the old school in Philadelphia, we shall cease to be surprised either at the crowded state of the profession, or at the heterogeneous mixture of all grades, characters, and degrees of attainment which it presents. The impossibility of any faculty of five or six professors doing anything like justice to the whole field of medical science in the short space of four months to say nothing of the perfect absurdity of attempting to crowd any amount of material so vast and varied on the mind of the student in so short a space of time, early attracted the attention of many enlightened members of the profession, among whom were some of the ablest professors connected with our schools. Hence, attempts were made from time to time to extend the courses of college instruction, and elevate the standard of medical attainments; but so rapid was the increase of new schools, and so active the rivalry, that every attempt to produce concert of action among the schools of even a limited number of states proved abortive. We believe the earliest of these efforts were made by the colleges of New England, some of whom, in good faith, carried into practice an agreement to extend their courses of instruction; but others, wholly neglecting the movement, soon induced all to return to the former limits.

In 1835, the faculty connected with the Medical College of Georgia called the attention of their professional brethren to the same subject; and, both by correspondence and through the columns of the *Southern Medical and Surgical Journal*, urged the propriety of a national convention of delegates from all the colleges, not only to agree upon a longer term of instruc-

tion, but also upon a higher standard of medical education. These efforts were favorably responded to by a large proportion of the colleges then existing, but the time and place for holding the convention was left to the medical faculty of the University of Pennsylvania, who, by declining to
[See page 501.]

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ARTICLE I.

Electro Galvanism.—A paper read before the Æsculapean Society, by THOS. D. WASHBURN, M.D., of Grayville, Ill., ordered to be published by the Society.

Among the many innovations which have quietly forced themselves into the confidence of the profession, I know of no one presenting stronger claims to our consideration than that of Galvanism, or Electro-Magnetism.

1st, From its *efficacy* as a medical agent.

2d, Because it reaches a variety of cases hitherto almost irremediable, and many of the most painful nature to the patients, and harrassing to the medical attendant.

3d, Because of its eligibility of application.

It is some half century since Galvanism was first discovered; its application to medicine is of much more recent date. About twenty-five years since, it began to attract general attention, and numerous experiments began to be instituted and new features, laws, and phenomena, have continued to be developed up to the present time.

It will hardly be worth while now to trace the many and various experiments by which it has arisen from a strange mystery to a beautiful science; our object is to show its influence on the vital system, and its value as a therapeutic agent.

“The galvanic current when brought to act upon the living body is capable of producing three orders of effects.