

A HISTORY OF MEDICINE IN THE EARLY YEARS

by EDWARD EHLERT

MEDICAL PROGRESS IN WISCONSIN UP TO 1900

So much is taken for granted these days. We are an affluent society. Progress in the last decades has been so rapid that some feel that there can no longer be anything new. And yet there are new discoveries and developments almost every day, with some of them bordering on the fantastic and the sensational. Medicine is not the least of the sciences in which great progress has been made, and this is made all the more apparent as we look back into the history of medicine over the last 300 years.

Although Wisconsin in the 17th and 18th centuries was populated chiefly by Indians, the history of medicine was little different here than elsewhere in the country. These were the centuries of pain, helplessness and early death. Death stalked every disease. Advanced surgery was unknown. So were effective drugs.

Unknown in these centuries was knowledge relating to ailments of the heart, lungs, kidney, gall bladder, appendix, intestines and other parts of the organism known as the body. Any time an infection settled in one of these parts it was an hour of crisis for that person, and the poison from the infection likely would affect the body as a whole. This condition relating to man's plight was world wide.

It was in 1634 that Jean Nicolet, the Frenchman, came to Wisconsin. Only six years before physiology, as a subject, was introduced to the world by an English physician named William Harvey. He announced a theory as to the flow of blood through the body. But it took 200 or more years for some of these "discoveries" to become known in the frontier area of what was called the territory of Wisconsin. Helpless men and women with a burning stomach, choking respiratory disorders, a cough or pain in almost any organ or area, quickly became invalids. Life for them would end as soon as poisoned blood stilled the heart. Gangrene was a common disease which affected many. This was the fate of white

man and Indian alike in the early years of the 19th century.

Indians Look To Nature For Relief Of Pain

The Indians looked to nature to give them plants and herbs which had pain relieving properties. Some of the spring flowers were used for medicinal purposes, as well as for beauty and for food. Pussy willow roots were believed to be a cure for colic and other stomach ailments. However they believed that only the roots of trees that had galls on them would effect a cure.

The Indian believed that intense pain was caused by an evil spirit. To get rid of the pain, the evil spirit had to be frightened. During this procedure there was much shrieking and wailing. Witchcraft of various and sundry kinds was used. But in spite of all this, ruptures were still ruptures when it was all over, and the gall stones were as troublesome as ever.

In their quest for plants that relieved pain, Indian and white men alike learned something about the medicinal properties in plants. It was the beginning of the use of drugs to alleviate illness. Roots from water lilies, for example, were used as poultices for cuts and bruises. The root of the blood root (a common Manitowoc county spring flower) was chewed as a relief for indigestion. The leaves of the mullein, a furry-leaved biennial, were smoked and dried, preparatory for use in respiratory disorders. The perennial plant known as yarrow was gathered in the fall of the year, dried, and cooked into a kind of "tea", which was good for the relief of coughs and colds in the winter. The inner bark of the slippery elm tree was used to draw pus from a wound. A bitter calcium made from the jack-in-the-pulpit was used to cure sore eyes. The leaves from skunk cabbage were used as poultices. The bark of the prickly ash was used to relieve toothache.

Of course, quackery flourished in times like these. Unscrupulous men made claims of cures for various and sundry ailments. To get relief from pain men paid handsome sums for the most absurd of "cures." The

substance of many fake cures was little more than water, alcohol, and perhaps an herb of some kind which was used for flavoring. There were water and steam cures, and there were patent medicines. In this age there were no government controls. Impure drugs were not confiscated and destroyed, nor were drugs inspected and analyzed.

Among the "best seller's" of the early 1900's was a book entitled, "Home Treatment of Diseases and Ailments of People." The symptoms of every known disease in that age are described and also the recommended treatment of these diseases. Reference is made to the patent medicines of that day, as well as to the home remedies that might be used. It seems that in the age when money was scarce people tried the home remedies which they knew first before they called the doctor. The doctor really was a last resort for relief of pain and illness.

Illustrative of the kind of home remedies that are described in these books is a "home remedy for colic." It is "soot tea." - "pour hot water upon a little soot from the chimney and have the child drink it. It seems to absorb all the gas."

The Discoveries of Louis Pasteur and Joseph Lister

It was in 1857 that "the greatest discovery in world history" (according to a writer of that time) was given to the world by Louis Pasteur of France. He discovered the so-called germ theory of disease. He said that disease germs were either air or water borne, and when these invaded the body, it caused illness. Because of this discovery life in general and the cure of illnesses was to undergo a vast change.

This discovery was followed up in England by Joseph Lister's work in antiseptic surgery. Soon after followed the use of anaesthesia in surgery. The methods of administration of an anaesthetic were crude in those days, and often overdosage was a reality with its attendant damage to patient's heart and liver.

The pioneer doctor found much of his practice involving the setting of fractured

bones. Amputations were common, and these were done without benefit of antiseptic or anaesthetic. The result often was infection and a very painful death.

Another of the discoveries that had tremendous impact on the practice of medicine and surgery was the X-ray. It proved a great boon in the diagnosis of disease, and, following diagnosis, the proper treatment of the disease. Of great importance was the discovery of many potent drugs as aids in the treatment of disease. Most spectacular of these drugs was penicillin, the sulfa drugs, the antibiotics, vaccines and myriads of others.

Contagious Diseases

Contagious diseases were scourges of the community. Tuberculosis was a disease which claimed the lives of many. The Indians of this county feared it. In fact, they were so afraid of the disease that one need only mention the name and they would walk away, for fear that they would contract the disease on the spot. Even measles was feared, for the complications resulting from the disease were fearful and often of lasting duration.

Other Developments

Obviously there were other developments in the late decades of the 19th century that might be mentioned in a report of progress in medicine, but space limitations do not permit a more comprehensive discussion. Two developments from another direction, however, must not be omitted. One was the organization of the doctors of the state into a Wisconsin Medical Society.

The Wisconsin Medical Society

The organization named came into being in 1847. Doctors needed to communicate and to share experiences. They needed to hear about research that was taking place in medicine. A society of medical practitioners was the medium which brought these objectives into reality.

Manitowoc county doctors early were active in the state Medical Society, and Dr. J. F. Pritchard, a Manitowoc resident, was president of the Wisconsin Medical Society for a few years around the beginning of this century. Epidemics were common in those years, and alert doctors often chanced to find the causes of illness which helped all the doctors of the state as they communicated their findings. For example, a doctor in Ashland, Wisconsin, discovered that typhoid fever was caused by polluted water. All of the people of the state then benefited from his discoveries and his experiences. The Society was very active in the campaign for the proper labeling of drugs. Those that

were poisonous were to be labelled as such. Lye was one of the substances that was labeled as poisonous.

Most spectacular of the Society's campaigns was the one having to do with the control and spread of tuberculosis. It was recognized that the disease could be contracted from a person who had the disease. (Even the Indians suspected this). It was realized that germs might be spread by means of the sputum of persons having the disease. Thus signs like "Spitting on sidewalks prohibited" were common. Restaurants and hotels were required to observe standards of cleanliness in dish washing, with scalding hot water the chief ingredient as well as certain disinfecting solutions.

The Society further established the fact that tuberculosis was spread by milk from cows which had the disease. Pasteurization of milk then was not common practice. Thus the Society campaigned for the testing of all dairy cows for tuberculosis, with the infected animals to be slaughtered. Laws were enacted by the legislature which prohibited farmers from selling milk and milk products unless they could show that their dairy herd was free from animals having tuberculosis or suspected of having that disease. This was followed by a campaign to rid dairy herds of Bang's disease or one known as Brucellosis. This disease in cattle caused undulant fever in humans. It was a disease that caused swelling and inflammation of the joints, and often caused high fever. It was transmitted to humans through milk.

Doctors Campaign for a State Board of Health

The doctors of the state early began to campaign for a State Board of Health. However, the legislators were not easily persuaded, for they were interested in keeping taxes low. It was not until 1876 that a legislature finally consented to setting up such a board.

The State Board of Health concerned itself at once with the collection of data relating to disease, especially those of the contagious variety. They set up rules and regulations relating to quarantine, and the fumigation of homes following quarantine. They collected vital statistics, and generally were the enforcement agency of laws relating to health. Every town, village and city in Wisconsin was required to have a "health officer" whose duty it was to enforce the regulations relating to quarantine, and to report data to the State Board of Health. There is no doubt that this board has had a vital role in the improvement of health in Wisconsin.

Measures to Control Quackery, etc.

From 1840 to the 1890's there were

persons who practiced medicine in Wisconsin who had very little training or even none at all. Diploma mills were common, and for price a person might secure a diploma which permitted him to practice medicine without having had any training at all, or any instruction in anatomy, physiology, and the diagnosis and treatment of disease. The Medical Society campaigned that there be an end to such practitioners, and urged that standards for licensing of those who would engage in the practice of medicine be set up.

The need for a medical school was also apparent. It was in response to this need that the School of Medicine was founded at the University of Wisconsin. A hospital was established in connection with this school. Soon after, a medical school was established at Marquette University in Milwaukee. There is no doubt that these schools have had a profound effect on all of Wisconsin in the improvement of health.

Up to 1897 any one could practice medicine in Wisconsin, the only restriction imposed being that non-graduates from medical colleges could not assume the title of "Doctor" nor collect fees in court. The law of 1897 provided for a state board of medical examiners, and required all who would practice medicine and perform surgery in Wisconsin to first procure a certificate of qualification. The law affected only those persons who would begin the practice of medicine after that date, and did not affect those who already were practicing medicine. Since that time, however, more stringent laws have been enacted from time to time which protect the public from medical quacks and from impostors in the practice of medicine.

All of these developments and improvements have given to mankind a better life, more free from pain, and with an increase in life expectancy from about 30 years to 70 years. And the end is not yet, for today many are joining with doctors and surgeons in the battle against disease. Each week and year there are new discoveries of the causes of disease and new methods are found in the treatment of illness, so that there is a breakthrough in combating even such scourges as cancer and heart disease. Even old age with attendant problems should become a more pleasant experience as a result of the work of many who join in the conquest of disease. Together they will join in giving to mankind a hope for a better tomorrow.

Reference:

Harris, Walter, *The Study of Medicine in Wisconsin*, Guynes Printing Co., El Paso, Texas, 1958, 142 pp. (This book in Manitowoc Public Library)

A BRIEF ACCOUNT RELATING TO THE PRACTICE OF MEDICINE IN MANITOWOC COUNTY

The first doctor to practice medicine in Manitowoc county was Dr. Abram W. Preston. He was a graduate of a school in the east. He arrived in 1847, when the white population of the county was about thirteen hundred. Dr. Preston was a man of more than average professional ability, and in addition he was much respected in the community. In fact, in 1849 the Whig party elected him to be the Register of Deeds. He was the only physician who held an office of any kind during the next fifty years, for it was felt that "the functions and duties of a physician and office seeking are incompatible." Dr. Preston was a candidate for Member of Assembly and later for the State Senate, but in both cases he was defeated.

The Cholera Epidemic

Earlier we mentioned that contagious diseases were scourges of early Manitowoc. Cholera is a disease of the digestive tract and usually is spread by improper treatment of waste materials. There were two epidemics of cholera of serious proportions. The first began in 1850. It seems to have originated among the Indians who held a pow-wow at Two Rivers. The next day six Indians died. Six more succumbed in the next twenty four hours. Within a week, out of the three hundred people living in Two Rivers, fifty contracted the disease and died. The disease spread to Manitowoc where twenty-two settlers died.

In the fall of 1854 the second invasion occurred, with the disease introduced this time by some Norwegian immigrants. It was particularly severe in the German settlement south of the Manitowoc river in Manitowoc. Many were the graves that were dug at Evergreen cemetery during the time of this epidemic. Incidentally, Evergreen cemetery was opened up in 1852. Among the victims of cholera in 1854 were County Judge Ezekiel Ricker, John Plumb, District Attorney James L. Kyle, and Rev. George Thompson, the Episcopalian rector.

Another doctor who came to the county was Dr. Henry E. Zielly. In Falge's History of Manitowoc county we find this paragraph about him, "He was a graduate of Geneva Medical College in the class of 1849. His visits were made on the back of an Indian pony, often when the trails were impassable on foot at the munificent rate of 50 cents per visit, or more if he could get it, and usually paid in the form of horse feed, bacon, salt, flour, lumber, shingles, or other staple commodity, for money was scarce in those good old days. As settlers increased, more rude roads were opened and improved, and

the luxury of the old-fashioned buckboard was indulged in. A man who owned a vehicle of that kind was then envied like the possessor of an up-to-date auto is now." Dr. Zielly left the county after about ten years being afflicted with what was called "gold fever." (Gold had been discovered at Pike's Peak in Colorado a year or so earlier.)

Another of the early arrivals was Dr. Franz Simon. He began his practice in Two Rivers, but not long after located in Manitowoc. In the intervening years he too had become afflicted with "gold fever;" however, he soon realized that there was more gold in Manitowoc county than there was at Pike's Peak. He then settled down and practiced medicine until 1905, having the longest continuous practice of any doctor in the period from 1850 to 1905. He is described as "a man with great natural ability and a dashing manner." He had a large and successful practice.

In 1857 came Dr. D. J. Easton. He had been a tailor at Saratoga Springs in New York state, and although without any medical training came to Manitowoc to practice medicine. He, in time, became one of the best known and prominent of local practitioners. At that time there was little in the way of professional ethics, and to entice people into his office he advertised freely. If one would examine a newspaper of that period, his picture would appear with his ad. He would advertise medical lectures which he gave often. One of the topics about which he lectured was "diphtheria." The papers reported that his lectures were very scholarly, and that his audience was profoundly impressed with his skill and learning.

The other practicing physicians in the community were not, however, and they suspected that he was a "fake."

Another of the early practitioners was Mrs. Agnes Clason, who settled down in the town of Cato in 1853. She was a "doctor-woman," the last of that species in the 19th century. She is described as follows in Falge's History of Manitowoc County, "a tall spare woman of indomitable pluck and perseverance and possessed of considerable business ability. She raised a large family of children. From a handy woman at nursing, she gradually took up "doctoring" for a living and succeeded in working up a respectable and paying practice, and was looked up to with considerable respect. She and her buckboard were a familiar sight and in daily evidence at that time in the central part of the county."

The Manitowoc County Medical Society was organized October 21, 1882. Meetings were held once each year for a time. Then for a while the Society ceased to exist. It was in 1898 that it was reorganized and all of the physicians of the county, except one, then became members of the Society. One of the early accomplishments of the Society was to prevail upon the newspapers to refrain from publishing the names of physicians in connection with operations or cases of sickness. The newspapers generally respected the wishes of the Society.

Editor's Note: A much more comprehensive treatment of this topic can be found in Falge's History of Manitowoc County, Vol. 1, chapter 13, pages 193-208.

SEVENTY YEARS IN THE PRACTICE OF MEDICINE

by

DR. F. W. HAMMOND

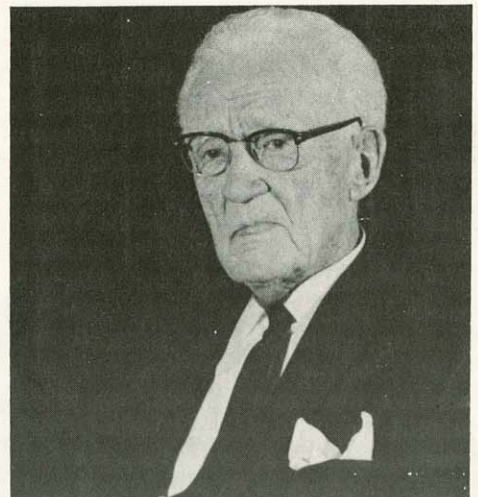
Manitowoc, Wisconsin

I was born on a farm four miles from the village of Cato, in Manitowoc County, Wisconsin, on March 17, 1873, being the youngest child in a family of six children, two boys and four girls. My brother, Frank, was the oldest child in the family. My father was Preston Hammond who died when I was four years old. My mother was Ann Jane Smythe.

My childhood was spent in much the same manner as any child in a pioneer settler's home. I attended the rural school near Cato, and upon graduation from the eighth grade I attended the First Ward High School in Manitowoc, a school of which Prof. Hewitt was then the head master.

A License to Teach is Granted

When I was sixteen years of age I decided



Doctor F. W. Hammond

to write the teacher's examination. Prof. John Nagel, then the County Superintendent of Schools, granted a license to teach to me when I passed the examination. I was given a contract to teach at Tisch Mills, the salary being thirty dollars a month for nine months. This was perhaps the highest salary paid by any school district in that period. Most school terms were for eight months, so besides the high salary there was an extra month of school, which put this district almost in a class by itself. Of the money that I received for teaching I was able to save one hundred dollars. This money was deposited in a bank. However, the bank failed, so my entire savings of the first year of teaching were lost. I taught three more years during which time I saved \$150.

I Enter the Milwaukee Medical College

After four years of teaching school I decided that I would enter the Milwaukee Medical College. My mother did not look with favor on this decision on my part for she would have preferred that I remain home on the farm to help in the operation of the homestead. Furthermore, she felt that she was unable to help me financially in my pursuit of further education, and with only \$150 in savings she was sure that I would not be able to complete the three-year course in medicine. However, I resolved that I would enroll, and attend as long as the \$150 would permit me. I felt that somehow even that problem might be resolved in due time. I might mention that it was my brother-in-law who, in my hour of need, came to rescue me from my financial dilemma. He loaned me \$450 which was adequate to complete the three years of college training.

At Milwaukee I roomed and boarded in a home for \$8.00 a month. The food was poor, and the room in which I studied was unheated. The fact that I spent so much of my time in a cold unheated room contributed to my later illness.

The Milwaukee Medical College curriculum was much like that of any other college of the day. I feel that I received an adequate foundation in such areas as anatomy, physiology, pathology, bacteriology and chemistry. The method of instruction was by means of lectures. However, no practical experience in diagnosis was given and there was no clinical training given in hospitals. Following three years of this kind of instruction I was ready to begin my practice of medicine.

A License to Practice Medicine Required

It was only the year before that the Wisconsin legislature had enacted legislation by which a medical board of examiners had been set up. This board then gave oral and

written examinations to all applicants. The purpose of this legislation, of course, was to protect the public from quacks and persons who practiced medicine without benefit of any prior education or training. Of course, it was not difficult to pass the examination after having spent three years in a medical school, for the law was not passed to keep graduates of legitimate medical schools out of the profession.

I Begin My Practice at Wyocena, Wisconsin

The little village of Wyocena seemed to be a good place in which to begin the practice of medicine. This village was located about ten miles from Portage and about thirty-two miles north of Madison, which at that time was the location of the nearest hospital. I arrived at Wyocena the day after graduating from the Milwaukee Medical School, without a friend or acquaintance in the village. Dr. Lawn, the resident physician for many years, had retired two weeks earlier on account of ill health.

When I stepped off the train I asked a young man standing on the platform if he could direct me to the hotel. His answer was, "There isn't any hotel, but I will take you to my boarding place." Mrs. Gilson, a kind old lady, agreed to give me board and room until I could make other arrangements.

Wyocena was founded in the year 1845. It was settled by people who were primarily of English descent. Most of them came from the New England states: New York, Pennsylvania and Ohio. There were two churches, Baptist and Congregational; an elementary school of two rooms; a town hall; and the Columbia County Mental Hospital. The stores bought butter, eggs and other farm produce, and gave in exchange dry goods, groceries, hardware, etc. They also sold the so-called "patent medicines," which were said to be "tonics for tired people." Many of them contained about 20% alcohol together with other ingredients. Among those sold were soothing syrups and castoria for irritable babies. These owed their sedative effect on opium derivatives. Cough medicine also contained some form of opium. Some people found that cough medicine also promoted sleep.

Wyocena had no electric lights or telephone service. About four years after I located at Wyocena a power plant was constructed that furnished electricity for the village. Shortly after that a farmers' telephone company was organized. A line was built which extended several miles south and west of the village. When my phone would ring I could hear receivers coming down all along the line. Evidently the patrons were curious to know the most recent neighbor who had become ill.

As I look back on my career as a medical practitioner I can say that the seventy years began when medicine was emerging out of the age of darkness and entering into the age of enlightenment, with the light growing ever brighter with each passing year.

The Early Practice of Medicine

The early practice of medicine consisted primarily in the treatment of acute diseases of which we knew very little, or perhaps even nothing at all. Such diseases as scarlet fever, measles, chicken pox, small pox, mumps, diphtheria and typhoid fever all were abundant. When I was called to the bedside of a patient, careful attention was given to the symptoms of the disease. Then I returned to the office to consult the books in my medical library, and a course of treatment was then prescribed. The recognition of acute diseases was built on experience.

The only specific remedies that we had seventy years ago were quinine for malaria and antitoxins for diphtheria. Malaria was supposed to be caused by the inhaling of noxious gases originating from decaying vegetation in low-lying marshy areas. Nothing was known of the female anopheline mosquito which carried the malaria germ. On account of the specific action of quinine in the treatment of malaria it was regarded with great reverence by medical men in that day, and was used in all diseases accompanied by fever.

We had from thirty to forty different drugs in use at that time, none specific remedies, diphtheria antitoxin being the one exception. We had certain drug alternatives which were used when a diagnosis was not possible, hoping that they might have a remedial effect. These drugs were primarily potassium, iodide, arsenic, and mercury in the form of calomel or by inunction.

When I began the practice of medicine blood transfusions were unknown. There was no oxygen to administer to a patient who was afflicted with pneumonia or other diseases of the lungs or heart.

Illustrative of the progress that medicine had up to that time had made is the affliction known as eczema. Twelve different types of eczema were known at that time, with no knowledge of what might be the cause of any of them. It was believed that milk, food and similar irritants might be the cause of the breaking out of the skin rash. In the present age of enlightenment it is usually possible to determine the cause of this affliction which we now call dermatitis.

Diagnosis of the cause of disease was the weak link in the practice of medicine at that time, and to some extent also up to the present.

WHITE BEAVER'S COUGH CREAM.

HEALS DISEASED LUNGS AND CURES COUGHS AND COLDS.

Made only by Dr. FRANK POWELL, Medicine Chief of the
Winnebago Indians, LA CROSSE, WIS. Sold by all Druggists.

This ad was taken from Gerald Carson's book, "One for a Man, Two for a Horse."

Home Medication

When I began the practice of medicine, people usually tried all the home remedies for their ailments before they called the doctor. Some of these home remedies were strange to say the least. For example, as an antidote for rheumatism some men carried a small potato or horse chestnut in their pocket, or wore a ring made of a horseshoe nail.

For sore throat a slice of salt pork applied to the neck and a woolen sock wound around outside of it was a common home remedy. As the itching was terrific, the counter-irritation may have been beneficial. Mustard plasters for congestion of the lungs had the same effect. The beneficial effect of these may have been similar to that of the salt pork; it served as a counter irritant. Turpentine was about the only antiseptic available and was used on all cuts and other open wounds. It smarted but it was effective.

When I was a young boy I remember my mother painting my older sister with tincture of iodine for simple goiter. My sister objected strenuously to this application, because of its appearance. However, the treatment must have been beneficial for neither of my sisters developed a toxic goiter.

Peruna

Peruna, which contains 30% alcohol, was a favorite tonic used by men and women in the early days. It could be obtained in most drug stores and even in grocery stores. A patient of mine told me that he had cured himself of the liquor habit by taking Peruna. He showed me a large box filled with empty Peruna bottles. My answer was, "It would have been cheaper for you to drink 90% proof whiskey rather than 30% Peruna."

Travel in the Early Days

Up until the mid '30's there were no snow

plows or other snow removal equipment to open up snow-filled roads, so travel in winter was slow, difficult and sometimes impossible. Most doctors carried with them in their cutter or sled a snow shovel and a wire cutter to cut the fence wire so one could drive through fields rather than travel on roads so badly drifted that travel was impossible.

In the summer the best time that old Dobbin could make over the sandy roads was about four miles an hour. Although travel was difficult in winter or summer, no calls were ever refused, even though the patient obviously was unable to pay for the services rendered.

Some Experiences in My Early Days of Practice

The second day after opening an office a farmer came and said, "Doc, I have a jumping toothache. I wish that you'd pull the dang thing." Among my other instruments I had four dental forceps and although I never extracted a tooth before, I chose the forceps that seemed most suitable and applied it to the aching tooth. The farmer grabbed my wrist and with his assistance the tooth was successfully extracted. He paid me 25 cents for my services.

The following day a man drove up and asked if I would go out into the country with him to make some life insurance examinations. As I got into the buggy I noticed that he had a bottle of whiskey on the seat beside him. I examined five men that afternoon and after each examination in which the man passed, he would take a drink. As I was making the examination in a couple of instances, the wife and children of the insurance applicant stood around weeping, because "pa was having his life insured." They were sure that he did not have much longer to live. When we arrived back at my office that evening the whiskey

bottle was empty and he seemed quite happy. He handed me fifteen dollars. I later found out that the fee should have been five dollars per examination, but I didn't mind as fifteen dollars was a lot of money for an afternoon's work in those years.

My first means of locomotion in making calls about the village was a bicycle. I hired a team and driver to make calls in the country, but as my fee was fifty cents a mile one way, this became impractical from a monetary standpoint. Later, I bought a horse for fifty dollars and a buggy for twenty-five dollars.

My practice consisted mainly in the treatment of acute diseases such as small pox, lobar and bronchial pneumonia, scarlet fever, measles, and many kinds of accidental injuries. As there were no specialists, except in the larger cities, it was necessary for every country doctor to be a specialist in diseases of children, obstetrics, respiratory and cardiac ailments, nervous diseases, fractures, and other kinds of injuries; in fact, everything pertaining to the practice of medicine.

All surgical procedures were done on the kitchen table in the home of patients, as there were no hospitals available except in the larger cities. In preparing the room for surgery, water was sprinkled on the floor to settle the dust. Rubber gloves were not available so a liberal amount of soap and water was used on the hands of the surgeon and on the site of the operation. All instruments were sterilized in the family wash boiler on the kitchen stove. I have never known of an infection following the "kitchen table operation." People were evidently immune to the germs found in their own homes.

An Experience as a Health Officer

Some years after beginning my practice at Wyocena I was appointed health officer for the community. One of the duties of that officer was to placard homes in which there was a contagious disease, and also to fumigate the house in which two of the children had had scarlet fever. Fumigating was done by hanging all bed linens over a clothes line and spraying them with a volatile liquid called formaldehyde. It probably was not effective in killing germs but it did at least kill the flies and other insects around the house.

The children throughout their period of illness had slept on a feather bed. When I informed the mother that it would be necessary to burn the feather bed she remonstrated vehemently and said, "My grandmother gave that bed to my mother, and when I was married my mother gave it to me." This bed evidently was a family heirloom. However, I persisted and carried the bed into the back yard and burned it. In spite of the

fact that I was exposed to every kind of germ of a contagious disease, I never contracted such a disease.

The only surgeon in a radius of twenty miles of Wyocena was Dr. Meacher of Portage. All of his surgery was "kitchen table surgery." Owing to the time consumed in every operation, the doctor was not always able to respond promptly to every call for his services. During the eighth year of my practice I had two young girls, about eighteen years of age, who died because of the development of peritonitis following an attack of appendicitis. Although Dr. Meacher had been called immediately, he did not arrive in time to perform the surgery to save the patients. Because of these developments, I resolved that I would take a course in surgery and henceforth perform my own surgery.

In 1907 my family (wife and young son) moved to Chicago where I spent several months at the Chicago Post Graduate School of Surgery. I also attended clinics given by the most famous surgeons of Chicago, the Ochner Brothers at Augustana Hospital, Dr. Murphy at St. Mary's, Dr. Senn, the Andrews Brothers, and Dr. Morgan's clinic. Incidentally, all of these famous surgeons were natives of Wisconsin. After finishing my course I returned to Wyocena, and henceforth was a physician and surgeon. Nature was kind to me, and after that I lost only one case of appendicitis.

In spite of the fact that the men who were demonstrating surgical treatment of illness were among the most famous in their day, some of the things that were done would not be regarded as acceptable practice today. For example, I witnessed an operation at St. Luke's Hospital in Chicago. As the surgeon made an abdominal incision, pus flowed out of the wound. He ordered a nurse to bring in a large funnel and the small end was introduced through the wound into the abdominal cavity. Ten gallons of sterile water was poured into the funnel and this soon overflowed and out onto the floor. Everyone in the operating room had wet feet from the germ laden water. This may have accounted for some of the clean surgical cases becoming infected when other operations were conducted in the same operating room following an infected case.

At another time, a surgeon who was a pioneer in devising new surgical procedures performed an operation to correct a fracture of the neck of the femur. The patient was placed on the operating table and anesthetized. A clothes line was attached to the ankle of the fractured limb. The line was run through a pulley attached to the wall of the operating room. A student pulled on the clothes line while others held the patient on

the operating table. When the surgeon felt that the leg was sufficiently extended he used a five inch carpenter's nail and with a mallet drove it through the skin into the head of the bone. Presumably the nail went through the fractured neck. As X-rays were not then available, all of this was done without benefit of its use. About one-half inch of the nail protruded outside the skin so that a claw hammer could later be used for its extraction. I never learned what the ultimate result of this operation was.

The same surgeon also devised what was known in medical circles as "the Murphy button." This was used in the anastomosis of the two sections of the small intestines. I have since wondered how this button could get through the ileo-caecal valve into the large bowel.

At another time, this surgeon injected a 10% solution of formaldehyde into the pleural cavity of a patient who had empyema. He said the formaldehyde would destroy the germs and the pus would be absorbed. Two days later I saw Dr. Senn operate on a similar case. He said the accepted treatment of empyema was resection of a rib and introduction of a tube into the wound for drainage. Even in those days doctors did not always agree on the type of treatment to be used in a similar case.

That New Disease — Appendicitis

At this point I shall digress and return to an incident that occurred while I was a student in Medical School in 1896. I became ill with an abdominal pain of great intensity. Dr. Marennes was called, and he said, "You have that new disease." I asked, "What is it, doctor?" He said, "Appendicitis." It was a disease that was new to the medical profession at that time, but, in reality, it was as old as mankind. Dr. Marennes suggested that ice packs be placed on the abdomen in the area of greatest intensity of pain, and in two or three days the pain subsided. The following year I had another attack. This time the attending physician suggested that hot poultices be applied. It was ten days before the attack subsided.

Six weeks after my second attack I finished my examination, and entered the hospital for an internal operation. Probably due to adhesions the surgeon removed only part of the appendix. Five years later I had another attack of appendicitis with the formation of abscesses and I went by train to Milwaukee. Dr. Witte operated and put in a tube for drainage. I suffered two subsequent attacks of appendicitis in August 1915 and October 1915. I have had no recurrence of the ailment since.

During the early years of this century there was a good deal of controversy among

physicians and surgeons as to the proper treatment of appendicitis. Surgeons believed that the appendix should be removed as soon as diagnosis was made. Physicians advocated what they called the "expectant treatment," that is, waiting until they found out what the result would be. What that meant was that they waited to see whether the patient would recover or die. It is evident that the surgeons won this argument.

The Use of Pain as a Stimulant

Another of my experiences during the years of practice at Wyocena was one involving two young boys. They had bought lemon and vanilla essence and had drunk it. They were found unconscious in a vacant house and were near death. When brought to me I found their heart action and respiration bad. As oxygen was not known I decided on using pain to stimulate the heart and respiration. I turned the boys over so they were lying on their stomach. Then I used the slat of a bed, and hit them forcefully on the posterior area below the bottom end of the spinal column. The pain caused them to kick, wake up, and turn over. Pain was the stimulant that induced heart action. Today we would use oxygen to stimulate heart action, and to prevent impending respiratory failure. In the absence of oxygen the stimulating effects of pain had effective results.

Another patient had lobar pneumonia in the left lung. He had had tuberculosis many years before, and had recovered. However, the disease had affected the upper lobe of the right lung. Scar tissue had taken the place of lung tissue. The lobar pneumonia ended in a crisis in seven to nine days during which the patient had a temperature of 104 degrees. At the point of crisis the temperature dropped to 96 degrees. This is when the patient usually died. At the time of crisis I decided to use pain as a stimulant. A shingle was used to strike the patient forcibly on the soles of his feet. The pain stimulated heart action and respiration, and the patient recovered.

The Source of a Contagious Disease is Traced

While in Wyocena I was called to see a patient who lived several miles from the village. The patient was suffering from an infection of the salivary glands, commonly called the mumps. There had not been any disease of that nature in the area for several years. She had not been away from home. She told me that her sister living in Illinois had written to her about two weeks previously. The sister had the mumps as the letter was written. Evidently she had coughed while writing and some of the germ infected droplets of saliva were deposited on the paper. This apparently was the source of the germ which infected this patient.

Some Obstetrical Experiences

One spring day a minister friend and I were trout fishing. Shortly after arriving at the trout stream a message came that the Jimmy Rowe's wanted me to come as quickly as possible for the wife had gone into labor. I traveled as fast as the horse would take me. I had on a pair of hip boots that I was wearing in the trout stream, and could not remove them for I had no other article of apparel to substitute. However, I had taken my obstetrical case with me, so on arrival I donned a long white gown and attended the delivery of the mother. I believe that it was the first time that a mother was delivered of a child by a doctor who was wearing hip boots.

One winter night Jimmy O'Grady called to say that his wife was about to have a baby. I hurried over as fast as I could, but when I drove up to the house, Mr. O'Grady greeted me with, "You are too late, Doc. We have a little girl." As I examined the mother and child, I realized that both needed care, and advised the father to go to a neighbor and ask the wife to return with him to perform the work of a nurse. While he was on his mission another child was born, a boy. I placed the boy where the girl had been when he left. When he returned I asked him to look at the baby again, and asked, "Did you say that you had a girl?" He said, "Yes." I said, "Look at it again." Then he said in an astonished tone, "It's a boy. How could I make such a mistake? I was sure that it was a girl." Then he sat down in a corner of the room and muttered to himself, "How could I make a mistake like that;" In order to preserve his sanity I had him look at the baby again. This time it was the girl. Then I told him that his wife had given birth to twins, a boy and a girl.

A Doctor Friend Relates a Story

Shortly after locating at Wyocena I met a doctor friend who had located in a small village in Manitowoc county where they had never had a resident physician before. After sitting in his office for two or three weeks waiting for patients, a man came in to say, "Doc, my mother-in-law is dying. Do you want to see her before she dies or afterward?" This man evidently felt that when people became ill, they either recovered or died, and that there wasn't much that could be done about either circumstance. Whether an illness was treated or not mattered little... whatever will be, will be, he must have felt. Seems like years later someone with this kind of philosophy wrote a popular song with that title.

My First Automobile

It was in 1908 that I bought my first automobile, a Reo roadster. It was a sixteen horsepower vehicle. It had no top, no running board, no windshield and no doors. Its top speed was fifteen miles per hour, which was a considerable improvement over horses which could travel at about four miles per hour. However, horses still needed to be kept for it was still about twenty years away from the time when there was snow removal in the winter season.

I Discontinue My Practice at Wyocena

When I discontinued my practice at Wyocena I had two objectives in mind. First, I wanted to attend a three month clinic at John Hopkins in Baltimore. Second, I wanted to begin to practice medicine in Manitowoc. I had visited in the community frequently, and noticed that the people were thrifty. Many owned their own homes, and apparently had been awakened from a long sleep by the European war drums. There wasn't a house available for sale or for rent in the city. Finally, a widow who had just lost her husband agreed to rent me her home on North Ninth street. She then moved in with her relatives. The rental price was twenty dollars a month for an eight room house.

I Begin My Practice in Manitowoc

I began my practice of medicine in Manitowoc on May 10, 1914, a practice which continued for the next forty-five years. Although I have been in retirement for some years, I have never lost my interest in medicine and the ways of treating the ailments of people.

Doctors of Manitowoc in the Early Years

The following are the names of the resident physicians in Manitowoc in 1914: Doctors Pritchard, Kemper, Falge, Gleason, Meany, Thurtell, Luhmann, Shimek, Shaw, Staehle, Barnstein, Donohue, Jacobs and Arthur Teitgen. Doctors Donohue and Shaw were surgeons as well as physicians.

At Two Rivers were Doctors Christensen, Gates, Currens and Kozelka. There were about forty physicians in Manitowoc County at that time. All of these have since passed away.

Treat the Cause - Not the Symptoms

Dr. Merenas, a member of the staff of the Milwaukee Medical School, was a person whose counsel and advice has meant much to me all through my life as a practicing physician. He said, "Before treating a patient try to find out the cause of his illness. If you remove the cause, the patient may recover without need of any treatment." In other words, don't treat symptoms. Treat

the cause. It is my opinion that this counsel is as appropriate and pertinent today as it was when it was given more than seventy years ago.

Some of the causes of illness are easily recognized. A person who is overweight has gotten that way largely because of over-eating. Other recognizable causes are alcoholism, excessive cigarette smoking, etc. The chief hidden villains that are not as easily recognized are environmental circumstances, toxic goiters, focal infections and syphilis.

Toxic Goiter

As glaciers washed iodine out of the soil, Wisconsin is in what is known as the "goiter belt." The same thing happened to the fluorides. In the past many toxic goiters required surgery. However, the use of surgery for a toxic goiter has become less frequent because of the use of sodium iodide in the drinking water. About a year ago, the people of Manitowoc voted to include fluorides in their drinking water to prevent the decay of children's teeth. This is an evidence of the treatment of a cause rather than of a symptom.

Toxic goiters cause a variety of symptoms, e.g. loss of weight, extreme nervousness, rapid heart, tremor, hypertension, and sometimes insanity. The basal metabolism test was used to determine the toxicity of the goiter.

A woman was being treated for heart disease. When it was discovered that she had a toxic goiter, the goiter was removed, her heart returned to normal and her health was restored.

Another woman was examined by two physicians and was committed to an asylum as insane. After examining the patient at the asylum, I decided that she had a toxic goiter. The husband gave consent to the performance of an operation. In six weeks following the removal of the goiter, the woman was returned to her home mentally normal. This is another example of treating the cause of an illness, not the symptom.

Focal Infections

Crowned infected teeth are the causative factor in many diseases. I recall in my practice a man of sixty years who was anemic. He had lost much weight and was so weak that he could hardly walk to my office. He had about a dozen gold crowns on infected teeth. The teeth were extracted and he returned to good health. This man died about a year ago, at the age of one hundred years. Had the cause of his earlier illness not been discovered, it is likely that he would have had a much shorter life span.

A woman came to my office complaining of pain in her tibia. This is the large bone of the leg below the knee which supports the

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weight of the body. This woman had two gold crowns. The teeth were extracted, but it was too late to effect a cure. She had developed osteomyelitis. About two thirds of the bone had to be removed; the periosteum remaining formed a thin ribbon of bone making it possible for her to walk again with a cane.

In 1918 my nephew was about to be operated on for a kidney stone. He asked me to come to Pittsburg to examine him. As I was interested in focal infections, I agreed to make the trip. I suspected that a focal infection might be a causative factor in his illness. Upon examination it was discovered that he had several teeth that had gold crowns. After X-rays were taken by his dentist, we found that he had apical abscesses on all of his crowned teeth. The infected teeth were extracted, and the operation for removal of the kidney stones postponed for two weeks. The kidney stone was then removed, and he has not had a recurrence of the illness since.

At this point it may be well to digress to illustrate how new methods of treatment are developed. In August 1918 I spent a month at the Mayo Clinic watching Dr. Judd operate on toxic goiters. The laboratory at the hospital at that time had been experimenting on dogs to determine the result of focal infection. They drilled into the cavity of a dog's tooth, and introduced strep germs which were sealed in. A few weeks later the dog developed a stone in the kidney as was shown by the X-ray. This illustrates how experimentation on animals helps in the treatment of ailments of human beings.

Syphilis

The mention of syphilis has long been kept under wraps by physicians since the sensitivities of so many would be offended by the mere mention of the word. Syphilis may be transmitted through the blood of the mother to her unborn babies. The mother may have inherited the disease from her mother. However, she would not transmit the disease to anyone but to her unborn children. I recall a case where a woman contracted syphilis from her husband. She told me that her husband had died of tuberculosis (evidently a mistaken diagnosis). Her daughters and their children all had positive Wassermans; three generations and that may not have been the last.

Syphilis, inherited or acquired, may attack any organ of the body, nerves, brain, etc. It was my custom in cases where I was unable to determine the cause of chronic illness, or to make a diagnosis, to take a Wasserman test. It was a surprise to me to find so many who had a positive 4+ Wasserman. Just a few examples: A case of apoplexy in

which the patient had a 4+ Wasserman. A case of infection of the hand following an injury in which there was no response to treatment. Blood tests indicated the presence of syphilis. A case of a fractured hip that would not heal. Contusions of the shin that would not respond to treatment. All of these cases had as their basic cause the presence of the germ of syphilis in the body.

A gastritis patient had lost forty-five pounds in several weeks. In another case neuritis in the arm had set in. A 4+ Wasserman indicated that syphilis was causing the symptoms which were noted. The accepted treatment of syphilis was neo salvarsan, an arsenic preparation. This was injected intravenously. In present day medicine penicillin is used, especially in cases of acute syphilis. The use of neo salvarsan was effective in clearing up the symptoms, but was not without some element of danger. I recall one case in which a patient developed a severe dermatitis and lost most of his finger nails and toe nails, but his shin cleared up. He had no other bad effects from the arsenic contained in the neo salvarsan.

Hay Fever

Hay fever was once called "rose cold." This name was given to it for it seemed that the "cold" came after people had sniffed the fragrance of a rose. Sniffing seemed to have developed from this action. Later it was felt that since the sniffing did not begin until hays and grasses were pollinated, that this was the cause (therefore the name "hay fever.") However, it was discovered that of all the plants producing pollen, the greatest offender was the rag weed. As this plant grows almost everywhere and thrives in climates that range from the tropics to the arctic, the affliction known as "hay fever" affects millions. Since pollination occurs in great abundance about August 15 until the time of the first killing frost, people suffer from this malady at that season of the year. Peculiarly, not all people contract hay fever, only those are afflicted who are allergic to its irritating effect.

Hives or Urticaria

This is due to a food allergy. A patient once came to my office with a swollen throat; he could hardly breathe. He had been advised years before not to eat sardines. He did not heed the advice and it was almost fatal to him.

Headache and Its Treatment

Headache usually accompanies a fever from any cause. Some of the other causes of headache are: Rhinitis ("itis" means inflammation of), Sinusitis, brain tumor, defective vision, migraine, hypertension, indigestion, constipation, lack of sleep, alco-

holism, meningitis, poorly ventilated living and sleeping rooms, and many other causes. Most of the people of the civilized world take aspirin for a headache without consulting a physician. (Americans use 21½ tons of aspirin a day or nearly 8,000 tons a year.) It is up to the physician to find the cause of a headache and then treat the cause. Taking an aspirin is treating the symptom.

A Woman is Afflicted with Addison's Disease

Shortly after locating in Manitowoc I was called to the bedside of a woman who had Addison's disease. Her skin was of a bronze color, and it was apparent that the disease was in its advanced stages. The husband asked how long she still had to live. I told him "About two months."

After three months I was called to the home again, and found this woman perfectly well. The skin had returned to a normal color, and she was up and about the house. I examined her and found that she was three months pregnant. She remained perfectly well until her confinement in the hospital. She gave birth to a normal child. About ten minutes after the birth a nurse came to report the baby bleeding badly from the nose and mouth. "I think the baby is dying," said the nurse. It was impossible to count the pulse of the baby as it was so rapid. The baby lived, but the mother died two weeks later. She just faded away.

At that time nothing was known about a capsule of the suprarenal gland which is a gland of internal secretion. Neither was anything known about hormones or the drug cortisone. When these became known it became clear to me as to why the disease with which this woman was afflicted was arrested during her pregnancy. Apparently the baby's cortex of the suprarenal gland was supplying the mother with the hormone that she needed. When she received no more hormone she died. The bleeding suffered by the baby was due to the overactivity of the gland that was supplying both mother and child. Cortisone was later discovered as one of the necessary glands of internal secretion. The patient having Addison's disease can now be kept alive by being given cortisone.

A Mistaken Diagnosis

When I was about eight years old I came home from a baseball game with a terrific case of dermatitis on my face and neck. My mother was frightened, and sent for the doctor. He said that it was erysipelas and to put on hot dressings. As doctors were supposed to know everything, she followed instructions implicitly. The treatment almost killed me. I became delirious and the itching and swelling increased. My mother removed the hot application, went out into the front yard, gathered some plantain leaves, put

them between two clean pieces of cloth, and pounded the leaves to a pulp. She applied the pulp directly to my tortured skin. The relief was almost instantaneous. It was the chlorophyl of the leaf that was the effective medication. It has recently been discovered that chlorophyl is a valuable remedy in the treatment of dermatitis. The correct diagnosis of my affliction was poison ivy dermatitis.

Prescriptions in the Earlier Days

Charles Groffman, a druggist who was located on South 8th Street in Manitowoc, across from the Manitowoc Savings Bank building, was a pharmacist in the years when I began my practice in Manitowoc. He once showed me some of the prescriptions written by doctors of that period. Each prescription contained from six to eight different drugs in solution. They were called "shot gun" prescriptions. The doctors were sometimes a little uncertain about the particular ailment that they were treating, and hoped that by including a number of different drugs in the prescription at least one of them might "hit the target." With the present equipment for finding the cause of an illness, such as X-rays, blood and virus examinations, (chemical and microscopic), stethoscopic examinations, etc. the modern physician uses a "one shot" treatment which is administered with a hypodermic syringe which hits the target with a specific remedy. For example, when penicillin was discovered, such diseases as pneumonia, erysipelas, septicemia, puerperal fever are no longer as serious as they once were. In this age of asepsis, a disease like puerperal fever almost never occurs. With the administration of penicillin a patient is cured of his ailment almost overnight. How different from fifty or sixty years ago when a patient developed pneumonia, had temperatures of 104 for seven to nine days, which ended in a crisis with a sudden drop in temperature and then usually death. This was in an age when the use of oxygen was unknown. It was in such cases that the conscientious doctor prayed for divine help and guidance.

Now, in addition to specific remedies to cure an illness after it develops, the physician administers prophylactics (a preventive treatment) to school children in the form of serum given by a hypodermic needle or in the form of a tablet as in the case of polio. Due to prophylactic treatment of children in school, contagious diseases have become a rarity.

Self-diagnosis with Treatment by Means of "Borrowed" Prescriptions

Seventy-five years ago a druggist in Manitowoc was called "Doc" by his friends and

Rheumatic and Neuralgic Paste.

MANUFACTURED BY

W. R. SMART & SONS,

Dodgeville, Iowa County, Wis.

Price, 50 Cents. By Mail 60 Cents.



This Paste is made from the Oil of Angle Worm, Cayenne Pepper, Frogs and Gum Camphor, and will take pain away like a charm. It will cure Toothache, Nervous Headache, Neuralgia, Pains in the Back, Chilblains, etc., by rubbing it in. Can not be equaled for Catarrh.

Sent by Mail for \$4.00 per dozen.

Agents' Circulars Free. Male and Female Agents Wanted.

This ad was taken from Gerald Carson's book, "One for a Man, Two for a Horse."

acquaintances. One of his friends would stop at his drug store and say, "Doc, I'm having a bilious attack. Give me something for my liver." The druggist would select something from his prescription files written by one of the Manitowoc physicians, supposedly good for liver troubles, assemble the ingredients, and hand the bottle of medicine to the patient. Presently another friend would come in and say, "Doc, I'm having backache. Give me something for my kidneys." The same act as before would be repeated by the druggist. The next friend of the druggist, finding that he needed a lift, might select a bottle of Hostetters Stomach Bitters. This contained a high percentage of alcohol with a bitter drug, probably gentian or hydrastis. This was supposed to be a tonic and an aid to digestion. These people were making their own diagnosis and were avoiding the payment of 50 cents of \$1.00 charged by a physician for an examination.

A classmate of mine, Dr. Lyon Campbell, received an appointment by a mining company in northern Wisconsin. All physician's services and drugs were given free to members of the mine working force and their families. The doctor noticed that a cough medicine called "Syrup of White Pine" was in great demand. He could not understand the reason for the popularity of this product. The mystery was solved one morning when he stopped at a miner's home while breakfast was being eaten. He discovered that they were using Syrup of White Pine on their pancakes. It was an embarrassing moment for both miner and physician.

The Influenza Epidemic of 1918-1919

The influenza epidemic of 1918-1919 occurred before the advent of modern medication. It was a black page in the book of medical history. Many of the victims died due to a rapidly spreading kind of pneumonia. Oxygen was not in use at that time, and as penicillin and other antibiotics had not been

discovered there was not much that could be done for a patient except bed rest and good nursing. The difficulty was a shortage of nurses with none to care for the sick. Those seen by the physician in time were saved, but many of those who remained up and about for two or three days, usually the young and the strong, died. There were some cases of meningitis (called sleeping sickness). These cases usually lingered for days. Drug treatment for influenza was useless. I had eight young people in the hospital at the same time, all under the same treatment. Four recovered and four died. One who recovered gave premature birth to twins. On some days, I saw over seventy patients. In order to remain alive, I usually disconnected my telephone at eleven o'clock p.m. We were so helpless. It was a heart-breaking time for physicians.

Medicine and Surgery

Although there were from thirty to forty drugs in use in treating the sick seventy years ago, I am in doubt whether the patient recovered because of the treatment. Surgery, on account of its quick results, was the king until specific remedies like penicillin and other antibiotics gave such spectacular results in the cure of acute diseases. Then antibiotics, given primarily to children as a preventative of acute contagious disease came into use. There was an old saying, "An ounce of prevention is worth a pound of cure."

It is now evident that specific drugs and antibiotics save more lives than surgery. In order to regain leadership, heart transplants have become epidemic throughout the world. Dr. Barnard of South Africa did the first heart transplant in January 1968.

Quacks I Have Known

A woman came into my office. I noticed that she had a scar on her nose. I asked her if the scar was due to an accident of some kind. She said a "doctor" had told her it

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was a cancer of some kind, and that he had removed it by application of a plaster. She said that he had removed thirty-four different cancers from her body. The plaster which the "doctor" had applied likely contained arsenic.

A patient with diabetes went to see a "doctor" in Chicago who advertised a sure cure for diabetes. She came home with a gallon jug of medicine. I sent a sample of the medicine to Madison for analysis. The laboratory reported that the main ingredient was vinegar.

A quack came to Manitowoc and promised a medical cure for gall stones without need of surgery. He gave his patient a pint of olive oil to be taken in one dose. The peristaltic action of the bowel rolls the olive oil and the bowel contents into pellets about the size of small marbles. A patient brought a quart jar filled with the evidence to my office. She evidently did not know the capacity of the gall bladder.

My wife and I attended one of Amy McPherson's meetings in Los Angeles. There was a large crowd and a brass band. Amy could cure anything, mainly the imaginary troubles of neurasthenia. She was a superb actress and so eloquent a speaker that some of her audience were moved to tears. There was a clothes line hung above the aisles. Before closing the meeting she requested the audience to hang their contributions on this clothes line.

A friend took me to another healer. There were twenty-five or thirty people sitting in his office and on the lawn drinking supposedly radium-charged water through a straw. It was a cure for anything that ailed them.

Los Angeles is a haven for quacks. A large sign on the front of a house said in large print, "Come in and have your soul analyzed."

An Embarrassing Incident

I attended a surgeons' convention in Chicago many years ago. The convention was sponsored by the C. and N.W. railroad and was held at the Palmer House. I asked directions of the hotel clerk as to how to get to the convention hall. He directed me to the third floor. As I stepped off the elevator I noticed that there were several distinguished looking men standing around. I presumed that they were surgeons. As they entered the convention hall, I followed them, and took a seat well down in front so that I wouldn't miss anything. When the speaker went to the rostrum he announced that the subject of his speech would be "The Modern Way of Preparing a Cadaver for Burial." I asked the man sitting next to me, "What kind of convention is this?" He said, "This

is an undertaker's convention." I made myself as small as I could and left the hall. The surgeons' convention was three doors farther down the corridor.

Honors Conferred

In 1948 the Manitowoc County Medical Society honored me with a special meeting in recognition of fifty years of the practice of medicine. In the same year the Manitowoc Lions club awarded its Distinguished Service award to me in recognition of the fact that I had given my life in the treatment of disease and the alleviation of pain and suffering in countless cases.

Again in 1968, after seventy years as a physician I was again honored by the Manitowoc County Medical Society. The president-elect of the State Medical Society was present as a guest at this meeting.

A Concluding Statement

As I look back on my seventy years as a practicing physician and surgeon I see an era of great progress in the treatment of diseases and illnesses of people. The extent of that progress is reflected in the mortality statistics which show an increase in the life span of people all the way from forty years or so to about seventy years. Life has become more enjoyable with fewer days of illness and with

less of pain and other discomforts of illness and disease. And as there is realization that with each passing month and year even more discoveries are being made to improve on the treatment of the physical disabilities of people, it seems like a young doctor beginning the practice of medicine should look forward to his career with eager anticipation and with a feeling of excitement. Surely it would seem that he has abundant opportunity to be a blessing to many.

My own advice to a young doctor starting on his professional career is, "Get your head out of the clouds, plant your feet firmly on the ground, add a large portion of common sense to what medical knowledge you may have acquired, and you'll be a successful physician; one whom people whose lives you touch will respect and reverence."

The preparation of this monograph has been a wonderful help to my spiritual life. After retirement from the practice of medicine and with the gradual loss of vision due to my advanced age, which made it impossible for me to read, I began to wonder about the futility of an idle life. Since I have undertaken to review my seventy years in the practice of medicine, the weeds of frustration have gradually been replaced by the flower of contentment.

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