

ADDRESSES

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The Medical Profession of Camden
County, New Jersey.

AN ADDRESS

Delivered before the Camden County Medical Society,

—BY—

EDMUND L. B. GODFREY, A. M., M. D.,
"

At its Fiftieth Anniversary,

TEMPLE THEATRE, CAMDEN, N. J.,

February 11th, 1896.

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ADDRESS.

THE MEDICAL PROFESSION OF CAMDEN COUNTY,
NEW JERSEY.*

BY EDMUND L. B. GODFREY, A. M., M. D.,
OF CAMDEN, N. J.

MR. PRESIDENT, LADIES AND GENTLEMEN: We are assembled to-day to celebrate the Fiftieth Anniversary of the Camden County Medical Society. Custom has happily designated this occasion as a golden one; and, in this era of change and vicissitude, fortunate, indeed, is that association which is permitted to celebrate its golden anniversary. Yet, in truth,

"The horologe of Time,
Strikes the half century with a solemn chime,
And summons us together once again,
The joy of meeting not unmixed with pain."

Of the little band who, fifty years ago, first met in the village of Haddonfield and, afterwards, at the old hotel of Israel English at Cooper and Front Streets, Camden, to organize the "District Medical Society for the County of Camden, in the State of New Jersey," as

* The chief facts in this address are taken from the author's "History of the Medical Profession of Camden County, New Jersey," published by F. A. Davis Publishing Co., Philadelphia, January, 1896.

the record quaintly states, not one is present. Doctors Thornton, Risley, Taylor, Cooper, Hendry and Mulford, the pioneers in county medical organization, and the champions of medical progress—alas!

"They are no longer here; they are all gone
Into the land of shadows."

One link alone remains between these early meetings and ourselves, in the person of Dr. Daniel M. Stout, who enjoys the double honor of being the first member admitted by election to the District Society, and the senior member on its fiftieth anniversary. The task of historian, assigned to me on this auspicious occasion, is one that, at best, can be but imperfectly fulfilled by mortal pen.

"The fifty years since first we met,
Seem to me fifty folios bound and set
By Time, the great transcriber, on his shelves,
Wherein are written the histories of ourselves.

What tragedies, what comedies are there:
What joy and grief, what rapture and despair!
Whose hand shall dare to open and explore
These volumes, closed and clasped forevermore?"

My task, however, is to briefly trace the main incidents in the history of the medical profession of Camden County, and to recite the honorable relations which the profession, and especially this Society, sustains to the affairs of the city, county and State, and to the medical world at large. To properly estimate these relations, it is necessary to turn back and consider briefly the forerunners of the present members of the profession, and the circumstances under which they practiced in the district now known as Camden County.

West Jersey had a distinctive settlement. The era of its development was the era of politico-religious ferment in England, which preceded the restoration of the House of Stuart, and witnesses the triumphs of Oliver Cromwell. It was the time when Republican was pitted against Royalist, Puritan against Cavalier, and Protestant against Catholic. In this historic conflict, when all men claimed to be theologians, there arose a new religious sect, under the leadership of George Fox, who promulgated the doctrine of Divine guidance by the Inner Light, and preached "freedom of conscience, purity of life, and the equality of man." Religious persecution drove these peaceful

Friends to America. In the closing half of the seventeenth century they settled in West Jersey,* and established a form of government which, in point of religious and political freedom, surpassed any of that period, save, perhaps, that of the colony of Roger Williams, in Rhode Island. In comparison with the Puritans of New England, the Knickerbockers of New York, the Catholics of Maryland, the Cavaliers of Virginia, the Huguenots of the Carolinas, and the Creoles of Louisiana, their system of government stands unexcelled and their private life unsurpassed. From this migration of Friends, in 1675, dates the civilization of West Jersey. Physicians of prominence came with them, whose deeds of benevolence illuminate, with all the splendor of the "Golden Rule," those pioneer days of struggle, for life or death, with untamed Nature. Chief among the medical men of that period, history points with conscious pride to the eminent physician, Dr. Daniel Wills, whose blood flows in the veins of one of our members whose presence graces this anniversary to-day.

As the civilization of West Jersey developed, the independence of the people increased with the freedom of pioneer life. This people flourished under the influence of American liberty, and when the star of the Revolution arose, resplendent with the fire of patriotism, none contributed more loyal support to the infant government, both in the councils of the nation and in the battalions of the army, than the medical profession of West Jersey.

Following the Revolution, the Medical Society of New Jersey was incorporated, and Old Gloucester County, of which Camden County was then a part, furnished two charter members, in the persons of Dr. Benjamin Tallman, of Haddonfield, and Dr. James Stratton, of Swedesboro. In 1816, district, or county, medical societies were established, and when, in 1844, Camden County† was set apart from Old Gloucester, the profession of the new county embraced the opportunity to organize this Society, whose golden anniversary we meet to celebrate to-day. Scarcely can the outlines of the great work of fifty years be traced in the brief period which your patience permits me to

* Salem, Burlington and Newton were the original settlements of the Friends of West Jersey. Fenwick founded Salem in 1675; Burlington was settled in 1677, and Newton in 1682.

† Camden County was set apart from Old Gloucester County, by legislative enactment, March 13, 1844.

occupy. Your attention is only called, therefore, to the profession in its relations,

1. To medical societies.
2. To medical and charitable institutions.
3. To the public in times of devastating epidemics.
4. To State legislation.
5. To military affairs.
6. To political affairs.
7. To literature and education.

I.—THE RELATION OF THE PROFESSION TO MEDICAL SOCIETIES.

The relationship that the medical profession of Camden County sustains to medical societies—international, national, state and county—is unexcelled by that of any county in the State. The progressive spirit that has kept our Society in close touch with modern scientific methods and insisted upon a firm stand for the dignity and high ideals of professional life, has led to this close relationship. Some of the men who helped to gain this honorable reputation for our Society have passed away, but more remain to join with us in this felicitous commemoration.

Dr. James M. Ridge served as a member of the Fifth International Medical Congress in 1876; Doctors H. Genet Taylor, James M. Ridge, John W. Donges, Onan B. Gross, Alexander McAlister and others, were members of the Ninth International Congress, in 1887, and this Society and the Medical Department of the National Guard of this State, were represented in the Pan-American Medical Congress of 1884, by the appointment of one of your members as a delegate.

The American Medical Association,* whose organization has broadened the foundations and secured the autonomy of the medical profession of the United States, was born in the year following the formation of our County Society, and Doctors Richard M. Cooper and Othniel H. Taylor stood among the sponsors at its christening. Our Society has witnessed, with increasing interest, its growth from infancy to maturity, and Doctors Othniel H. Taylor, Richard M. Cooper, John W. Snowden, Thomas F. Cullen, John V. Schenck, Charles D. Hendry, H. Genet Taylor, James M. Ridge, D. Parish Pancoast, Isaac

* The American Medical Association was organized in Philadelphia in 1847, upon a call issued for a meeting of delegates from medical societies and colleges throughout the United States by the New York State Medical Society.

B. Mulford, Dowling Benjamin, Onan B. Gross, William A. Davis, Alexander McAlister, Howard F. Palm, John F. Leavitt and others, have been enrolled as permanent members and have contributed materially to its success.

In the Medical Society of New Jersey,* the profession of this county has exerted a weighty influence in scientific discussion; in shaping medical legislation and in defining the medical policy of the State. In recognition of this service, Doctors Othniel H. Taylor, Richard M. Cooper, Thomas F. Cullen, John V. Schenck, John W. Snowden and H. Genet Taylor have received the honor of its presidency; Doctors Isaac S. Mulford, Bowman Hendry, 2d, Richard M. Cooper, Ellis P. Townsend and William H. Iszard have served as members of its Standing Committee; Doctors Thomas F. Cullen, John V. Schenck, H. Genet Taylor, John R. Stevenson, Dowling Benjamin and others, of this body have been appointed Essayists, and the office of Corresponding Secretary is now held by a member of this Society.

In the New Jersey Sanitary Association,† the representatives from this county have proved foremost in their efforts to advance sanitary science. Two members of this Society have served as President, one of whom was Dr. Dowling Benjamin. Dr. Daniel Strock has served as Secretary and Chairman of the Executive Council, and Doctors William A. Davis, Henry E. Branin, Orange W. Braymer, William Shafer, Benjamin S. Lewis, William H. Iszard, James A. Walmsley and others are active members.

In the New Jersey Historical Society,‡ Dr. John R. Stevenson and Dr. H. Genet Taylor are enrolled as members. The Military Order of Surgeons of New Jersey,§ was conceived and carried to successful fruition by a medical officer of the National Guard of this city, who subsequently became President of the Order, and Assistant Surgeon-General of the State. Dr. Daniel Strock is now serving as Secretary, and Doctors H. Genet Taylor, Orange W. Braymer and Wilson Gill Bailey are prominent members.

* The Medical Society of New Jersey was organized July 23, 1766, at New Brunswick, as a voluntary association, and was incorporated June 2, 1790.

† The New Jersey Sanitary Association was organized at Newark, N. J., October 13, 1875.

‡ The New Jersey Historical Society was organized at Trenton, N. J., January 13, 1845.

§ The Military Order of Surgeons of New Jersey was organized May 12, 1882

The profession of Camden County has equally distinguished itself in its own home and is a living refutation of the ancient proverb, that "A prophet is not without honor, save in his own country."

The origin and steady growth of the Camden District Medical Society* is owing to the energy and devotion of Doctors O. H. Taylor, R. M. Cooper, C. D. Hendry, I. S. Mulford, J. P. Thornton and J. S. Risley, who effected an organization whose broad foundations will not only uphold the growth of another fifty years, but whose record sparkles with all the brilliancy of modern medical science and surgical art. This Society has watched over and preserved the public health; it has advanced the methods of medical practice; it has elevated the standard of medical education; it has strengthened the reputation of the county in knowledge, character and public spirit, and it has contributed in innumerable ways to the common good.

It exhibits a generous hospitality to the young physician and the "stranger within its gates," by inviting them to its meetings to share both its "feasts of reason," and its more material social banquets. So important to our Society did the "Nestor of our Profession," Dr. Cooper, deem these hospitable, social occasions, that he bequeathed to the Society a legacy of \$3,000, for their maintenance. Not less important to its success has been its close affiliation with the State Medical Society and the American Medical Association. Twice has the State Society accepted the invitation of our County Society to meet in Camden; the first meeting occurring during the vice-presidency of Dr. Othniel A. Taylor, in 1849, and the second in 1864, when Dr. Cooper paid the expenses of the entire entertainment.

Time fails me to enumerate the scientific papers and the reports of skillful surgery of its members, and the many instances in which they have distinguished themselves by their progressive spirit and high standard; but the fact that its ranks have furnished the State Medical Society with six presidents, six essayists, five members of the Stand-

* The District Medical Society of the County of Camden was organized at Haddonfield, New Jersey, August 14, 1846, under a warrant from the New Jersey Medical Society, dated May 12, 1846, and issued to the following licensed physicians and surgeons: Jacob P. Thornton, Richard M. Cooper, James S. Risley, Charles D. Hendry, Othniel H. Taylor and Isaac S. Mulford. The following officers were elected at the above meeting: President, James S. Risley, M. D.; Vice-President, Othniel H. Taylor, M. D.; Secretary, Richard M. Cooper, M. D.; Treasurer, Jacob P. Thornton, M. D.

ing Committee and one secretary, speaks volumes for the estimation in which our Society is held throughout the State. Not a little of its high character is due to Dr. H. Genet Taylor, who served as its Secretary for a quarter of a century, and whose resignation was made the occasion for the presentation of a silver service.

The Camden City Medical Society* may well be called the younger sister of the County Society. Between the two organizations there has, necessarily, existed an intimate relation, due to the fact that a majority of the profession belonging to the County Society have been also members of the City Society. Nevertheless, it fills a distinct sphere of usefulness. The growth of the profession in Camden; the interval between the meetings of the County Society; the need of a closer intercourse between the medical fraternity,—all demanded a City Society. It was organized by Doctors Othniel H. Taylor, Lorenzo F. Fisler, Richard M. Cooper, Sylvester Birdsell, Thomas F. Cullen and John V. Schenck, in June, 1853. This Society has enriched the common fund of medical knowledge by its monthly meetings, strengthened the character of the profession by mutual contact, and built up the public health of the city, for which latter purpose it has, on more than one occasion, received plenary powers from City Council, to execute any sanitary measure it deemed needful for the public good. Doctors Richard M. Cooper and Isaac B. Mulford donated to the City Society their valuable medical libraries, by will, and these collections, together with the portraits of Doctors Fisler, Taylor, Cullen, Coates and Robinson, adorn the handsome rooms of the Society, in the building of the Camden City Dispensary.

The Cooper Medical Club,† an organization named in honor of Dr.

* The Camden City Medical Society was organized in the city of Camden, June 2, 1853, by the following physicians: Lorenzo F. Fisler, Isaac S. Mulford, Othniel H. Taylor, Richard M. Cooper, Thomas F. Cullen, John V. Schenck and Sylvester Birdsell.

† The Cooper Medical Club was organized January 13, 1894. The following gentlemen comprise the membership: Doctors H. Genet Taylor, Alexander M. Mecray, William A. Davis, Dowling Benjamin, Onan B. Gross, Daniel Strock, Joseph H. Wills, George Taylor Robinson, D. Parish Pancoast, John F. Walsh, Harry Jarrett, E. A. Y. Schellenger, Frederick W. Marcy, Joseph L. Nicholson, Paul M. Mecray, Orange W. Braymer, Joseph S. Baer and E. L. B. Godfrey, of Camden; B. W. Macfarland, of Bordentown; J. Howard Frick, of Pleasantville; S. F. Ashcraft, of Mullica Hill; William Martin, of Bristol, Pa.; G. Hudson McCuen, of Philadelphia; J. D. Farrar, of Baltimore, and J. R. Noel, of Chicago.

Richard M. Cooper, and exclusively composed of those physicians who have served, or are now serving, as members of the Cooper Hospital Attending Staff and as Resident Physicians, includes a number of the prominent practitioners of the county, and, though but three years old, has acquired a distinctive position in the community and among the profession.

II.—THE RELATION OF THE PROFESSION TO MEDICAL AND CHARITABLE INSTITUTIONS.

The great charities of the world usually owe their success, and their ability to benefit the public, largely to the direct efforts of the medical profession. This statement applies with particular force to Camden. The Cooper Hospital and the Camden City Dispensary were both established through the direct intervention of physicians, and the various charitable institutions of the city are all, more or less, indebted to the profession for valuable services.

However much in medicine the doctors disagree,
They all unite with one accord in deeds of charity.

The Cooper Hospital* was founded through the benevolence, wisdom and forethought of Dr. Richard M. Cooper; it has been enriched by the munificent gifts of the Cooper family, and it bears their honored family name. Although Dr. Cooper died without leaving any specific bequest for hospital purposes, yet his appreciation of the need of a hospital for Camden was so frequently expressed to his family, that his twin brother, William D. Cooper, appointed a Board of Trustees, among whom was Dr. Thomas F. Cullen, to devise a plan for such an institution. An act of incorporation was secured in 1875, after which the Cooper family, with a generosity rarely paralleled, donated the ground upon which the hospital now stands, together with such liberal bequests as to provide, not only for the erection of the building, but also for its future maintenance, without expense to the city. The hospital was fully equipped and opened to the public in 1887, and an Attending Staff was appointed.

Standing in the centre of our city, which it adorns with its spacious lawns and crowns with its imposing architecture, it throws the broad

* The Cooper Hospital was incorporated March 24, 1875, and opened to the public August 11, 1887.

mantle of its protecting charity over the poor and needy, and welcomes yearly to the shelter of its wards and to the skillful ministrations of its staff, more than twelve thousand of the sick and suffering. Of the original staff, Doctors. D. Parish Pancoast, J. Francis Walsh and Joseph H. Wills have resigned, and Dr. George Taylor Robinson has died. The Attending Staff now consists of the following: physicians, Doctors Genet Taylor, Alexander M. Mecray, William A. Davis and E. L. B. Godfrey; surgeons, Doctors Onan B. Gross, Daniel Strock, Joseph L. Nicholson and Orange W. Braymer; gynecologists, Doctors Dowling Benjamin and Joseph S. Baer; obstetrician, Dr. Dowling Benjamin; ophthalmologist, Dr. William R. Powell; pathologist, Dr. Paul M. Mecray. Dr. H. Genet Taylor is also a member of the Board of Trustees. Doctors Harry Jarrett, Frederick W. Marcy, E. A. Y. Schel-lenger, J. K. F. Stites, J. Howard Frick, Rowland I. Haines and Paul M. Mecray have served as resident physicians.

The opening of the Cooper Hospital marked an era in the medical history of Camden County. Previous to 1887, the majority of cases of major surgery were sent to Philadelphia for operative treatment, but after the establishment of the Cooper Hospital, its wards were daily filled, and its staff was confronted with the gravest medical and surgical problems of the day, which have been solved with almost unvarying success. The surgical death-rate of the Cooper Hospital is far below that of the majority of hospitals in large cities, and the percentage of cures, in fever cases, is unsurpassed by any hospital in America. Every facility for practicing the latest treatment in aseptic and antiseptic medicine, surgery and gynecology, has been afforded the staff by the Board of Trustees, whose published reports reflect the highest honor upon the efficiency of the institution, and whose management illuminates, with its wise benevolence and unstinted charity, the dark depths of suffering among the poor of our city.

Following the close of the Civil War, the surplus funds of the North Ward Bounty Association* were devoted to the founding of a dispensary, through the efforts of Colonel Thomas McKeen and Mr. Samuel B. Garrison. Such an institution had long been a favorite project of the profession of Camden, and the opportunity offered was quickly utilized.

* The North Ward Bounty Association was organized in Camden, December 9, 1864, to provide substitutes for those unable, or unwilling, to enter the United States Army.

In 1866 the Camden City Dispensary* was instituted and incorporated in 1867, with the following members: Doctors Othniel H. Taylor, Isaac S. Mulford, Richard M. Cooper, Lorenzo F. Fisler, Thomas F. Cullen, John V. Schenck, William S. Bishop, Alexander Marcy, Bowman Hendry, 2d, James M. Ridge, H. Genet Taylor and John R. Stevenson. Dr. Othniel H. Taylor was elected President; Dr. Lorenzo F. Fisler, Vice-President; Dr. John R. Stevenson, Secretary, and Dr. Richard M. Cooper, Treasurer. For twenty-nine years the Dispensary has afforded inestimable relief to thousands of the suffering poor of Camden. It is impossible to give the long list of physicians who have served upon its Board of Managers, its Attending Staff and as district physicians and internes. Especial mention should be made, however, of the long and valuable service of President Maurice Browning, who has occupied the chair since 1887; of Dr. H. Genet Taylor, who has filled the office of Secretary since 1875, and of the late Othniel G. Taylor, who was pharmacist of the Dispensary from its organization until 1886, a period of twenty-one years. City Council has made annual appropriations to the Dispensary for the relief of the indigent sick, since 1869, and the institution has received legacies from Dr. Richard M. Cooper and several members of the Cooper family. Doctors Thomas F. Cullen and Alexander Marcy have served as Presidents, and Dr. Cooper was Secretary from 1868 to 1875.

With the Camden Home for Friendless Children,† the West Jersey Orphanage,‡ and the Camden Day Nursery,§ the physicians of the county have been prominently connected. Doctors H. Genet Taylor,

*The following physicians and surgeons comprise the Consulting and Attending Staff of the dispensary for 1896: Consulting Staff, physicians, H. Genet Taylor, A. M. Mecray, W. A. Davis, J. M. Ridge and E. L. B. Godfrey; surgeons, O. B. Gross, J. H. Wills, Daniel Strock, O. W. Braymer and W. R. Powell. Attending Staff, physicians, J. G. Doron, M. M. Osmun, W. W. Kain and M. K. Mines; surgeons, J. F. Stock, E. D. Phelan, F. L. Horning and P. M. Mecray; gynecologists, B. S. Lewis, G. E. Kirk, L. B. Hirst and Amy Ames; oculists and aurists, Robert Casperson, F. N. Robinson and E. A. Y. Schellenger; dermatologist, etc., W. E. Miller, F. N. Robinson and R. I. Haines; pathologist, W. S. Bray; district physicians, W. H. Pratt and W. E. Miller; microscopist, W. S. Bray, and pharmacist, T. J. W. Phillips.

† The Camden Home for Friendless Children was incorporated April 6, 1865.

‡ The West Jersey Orphanage was chartered in 1874, and opened for the reception of colored children, February, 1875.

§ The Camden Day Nursery Association was organized April 14, 1890.

William R. Powell, George Taylor Robinson, Alexander McAlister, Orange W. Braymer, E. A. Y. Schellenger, John G. Doron, William H. Pratt and Joseph L. Nicholson have given their services to the Children's Home; Doctors Isaac B. Mulford, Sophia Presley and Alexander McAlister have performed valuable services for the Orphanage, and Dr. Dowling Benjamin for the Camden Day Nursery.

III.—THE RELATION OF THE PROFESSION TO THE PUBLIC IN TIMES OF DEVASTATING EPIDEMICS.

It is said that the darkest cloud has always a silver lining, and through the murky mists of noisome pestilence there often shines, with radiant glow, the noble self-sacrifice, fearless courage and tireless devotion of heroic doctors and undaunted nurses. Six times have the heavy shadows of epidemic fevers hung heavy over our devoted county, and on each occasion, the brave devotion to duty of our professional brethren has stayed the hand of the avenging angel and withheld from greedy Death the greater portion of his intended victims.

Previous to the erection of Camden County, Dr. Othniel H. Taylor, then a resident of Philadelphia, rendered such effective service to the government of that city, in the cholera epidemic of 1832, that he was rewarded with a service of silver for "intrepid and distinguished service." In the cholera epidemics of 1832, 1849 and 1854, the medical profession of Camden County won golden opinions from both city officials and the people, but it remained for the cholera epidemic of 1866 to obtain for our profession the confidence of the municipal government of Camden to such an extent that the City Medical Society was given plenary powers over sanitary matters within the city, and was "authorized to execute any measure deemed needful to resist an invasion of cholera." Dr. John R. Stevenson served as chairman of the committee to execute this measure, and so effective was the service rendered that but thirty-nine cases of the malady occurred in Camden, when it was disastrously present in other parts of the State.

In 1871, an epidemic of small-pox occurred in Camden, in which there were more than one thousand cases. The sanitary committee of City Council took charge of the epidemic; erected a small-pox hospital and placed it under the supervision of Dr. Randal W. Morgan, who did more than any one to subdue the epidemic, and received the grateful praise of both the profession and the people of

the county. In 1880, small-pox again broke out in Camden and assumed the character of a general epidemic, in which six hundred and eighty-eight cases were reported. During the year 1880, and up to July, 1881, one hundred and forty-four deaths from small-pox in Camden were recorded in the office of the State Board of Health. Vaccination and quarantine were tardily enforced; our municipal authorities seemed unable to recognize the importance of the epidemic and permitted five months to pass before erecting a temporary hospital. The epidemic began in February and the hospital was erected in July, after repeated requests from the physicians. In this epidemic, Doctors Clarence M. Schellenger and John W. Donges did noble work. Dr. Schellenger took charge of the hospital, under the supervision of the sanitary committee of City Council, and Dr. Donges at this supervised the transportation of subjects to the hospital. Dr. Donges, time, was a member of City Council, and so highly were his services appreciated, that Council, in April, 1881, passed and ordered engrossed, resolutions reciting their appreciation of his services and their heartfelt thanks "for his indefatigable, self-sacrificing and successful efforts to obliterate the loathsome disease that infested our city."

During this year, also, the most extensive epidemic of typhus fever that Camden county has ever known, broke out at the Almshouse, at Blackwood, where one hundred and three of the inmates were stricken, a condition largely due to the over-crowded buildings and imperfect system of ventilation. Doctors Joseph W. McCullough and Henry E. Branin were the physicians in charge. Breathing out a contagion of deadly virulence, this epidemic stalked forth, at noon-time and midnight, and smothered in its murderous embrace, not only three-score, unremembered paupers, but also the steward, the matron and several assistants, and, most calamitous of all, the gallant physician, Dr. McCullough. Entering upon this battle with disease, with a courage that knew no danger and with a skill that feared no defeat, just as he was about to drive back the invader and grasp the laurels of victory, this brave physician, Dr. McCullough,

"The young and strong, who cherished
Noble longings for the strife,
By the roadside fell and perished,
Weary with the march of life."

The vacancy caused by the death of Dr. McCullough was filled by Dr. Joseph E. Hurff, who, with Dr. Henry E. Branin, carried the issue to triumphant victory. In recognition of the distinguished services of

these gentlemen, the Camden County Medical Society, in 1884, passed resolutions "expressive of their bravery, skill and devotion to duty, during the deadly epidemic."

Let me pause here a moment. It may be difficult for some to understand the courage, the devotion and the self-sacrifice involved in facing the dangers of these epidemics. To attend typhus fever continually means death in the majority of instances, and death in its most unrelenting form. You stand in admiration of the soldier who, in the midst of battle,

"Seeks the bubble reputation at the cannon's mouth."

You look with wonder upon the sailor who, in storm and battle,

"Sings of the dangers of the sea."

You hang with ecstasy upon the lips of the statesman who speaks with golden tongue,

"The applause of listening Senates to command!"

You appreciate the efforts made to perpetuate the memory of soldier, sailor and statesman in enduring brass or monumental marble, but the man who, in the silent watches of the night, amid the noiseless yet deadly contagion of pestilence, went from cot to cot, from ward to ward, with "an eye keen as an eagle's, a heart bold as a lion's, and a hand gentle as a woman's," unmarked by the heedless multitude, though tenderly watched by omniscient God—what have you done to honor him? The dead are past our help and past our praise. Nothing that we can do will add to their glory or detract from their fame. But the medical profession owe it to themselves, the Board of Freeholders owe it to justice, the people of Camden County owe it to humanity, to erect a tablet at the almshouse to perpetuate the heroic services of Dr. Joseph W. McCullough in this devastating epidemic.

In 1895, an epidemic of diphtheria arose at the West Jersey Orphanage and infected nineteen of the inmates. Dr. Alexander McAlister, the physician in charge, alive to the importance of the occasion and familiar with the discoveries of modern medical science, promptly employed the famous antitoxin treatment. The results were extraordinarily successful, a cure having been effected in every case in which the antitoxin was administered.

IV.—THE RELATION OF THE PROFESSION TO STATE LEGISLATION.

In matters of medical legislation within the State, the profession of this county has taken an active interest. In 1849, Dr. Othniel H.

Taylor delivered an address before the State Medical Society, urging the adoption of still higher ideals in its censorship over applicants for admittance to the profession. This address became historic in the annals of medical legislation in New Jersey, and excited the most vigorous opposition from medical colleges of New York and Philadelphia, which, however, secured, in 1854, a legislative Act admitting their graduates to medical practice within this State without examination and license from the State Medical Society. A special meeting of the State Society was called, chiefly at the request of this Society, to adopt measures asking the Legislature for a repeal of the law in the interest of higher medical education. In this meeting, Dr. Othniel H. Taylor, as a Fellow, and Dr. Richard M. Cooper, as a member of the Standing Committee, took leading parts. The request was denied by the Legislature. In 1866, the State Society was reorganized, its examining privileges surrendered and a new charter was secured. Dr. Cooper served on the Committee on Reorganization. From 1854 to 1880, no restrictive measures existed in this State over medical practice, but in the latter year illegal medical practice was made a misdemeanor. It remained for the establishment of the State Board of Medical Examiners, in 1890, in the institution of which Doctors Dowling Benjamin and Onan B. Gross took an active part, and of which a member of this Society is now Secretary, to clear New Jersey of charlatans and quacks.*

* In 1772 the Medical Society of New Jersey secured a colonial enactment, providing for the licensing of physicians by Justices of the Supreme Court, of the Colony of New Jersey, after an examination by a Board of Physicians selected by the Court. This was the first medical law enacted within the Colony of New Jersey. In 1783, this law was re-enacted by the State of New Jersey, and, in 1790, the Medical Society of New Jersey was incorporated. In 1816, the Society was re-incorporated, and provision was made for District Societies and for the nomination of censors in District Societies; for the examination of applicants for medical license, and the granting of their license by the President of the State Society. In 1818, the censors were made the appointees of the State Society. In 1830, the former method of appointing censors was adopted. In 1844 four censors were appointed for each District Society, for the examination of medical candidates. In 1866, the State Society was reorganized, and the censors abolished, because of the liberality of the medical enactments of 1851 and 1854. From 1866 to 1880, there were no legal restrictions governing medical practice in New Jersey. In 1880, registration of diplomas was required in the office of the County Clerks, who, in 1883, were required to make annual returns of such to the State Board of Health. In 1890, the State Board of Medical Examiners was established.

V.—THE RELATION OF THE PROFESSION TO MILITARY AFFAIRS.

During the Civil War, the medical profession of Camden County rendered the Government efficient service, both in the battalions of the Army and in the squadrons of the Navy. In this great conflict, through which the sovereignty of the National Government became a settled fact, New Jersey was not only the first State to place a brigade of troops at the disposal of President Lincoln, but also contributed more than any other State, at that time, (1861), and in that particular, to the support of the Federal cause. The first gun of the Confederacy was fired at Fort Sumter, April 12, 1861. The first call of the President upon the loyal States for troops was made on April 15, and scarcely had its echo died away ere the trained battalions of the New Jersey Brigade were organized,* and marshalled at Washington, under the panoply of "grim-visaged war," where, by the majesty of their presence, they drove back the traitors to "the Old Virginia shore." The Army of the Potomac was organized under command of General Scott; entered Virginia May 24; engaged the Confederates at Bull Run, June 1, and met with almost ruinous defeat. In this engagement, the New Jersey Brigade was held as a reserve. The Fourth Regiment was commanded by our distinguished townsman, Colonel Matthew Miller, on whose staff Dr. Elijah B. Woolston, our *confrère*, served as major and surgeon. During the enlistment of the brigade, Dr. Woolston acquired the martial spirit that subsequently led to his appointment on the staff of the United States Military Hospital, at Beverly.†

Following the battle of Bull Run, the giant monster of Rebellion stretched forth its sanguinary arms to embrace the whole country. The Government became appalled at the magnitude of its task, and requisition after requisition for troops was made by the President upon the loyal States. Filled with a patriotism that drew its inspiration from the historic fields of Princeton, Trenton and Monmouth, New Jersey responded with alacrity to the Federal demand, and began the organization of the First and Second Brigades, whose prowess has made our State forever famous. The rapid growth of the Rebellion demanded a stronger and firmer hand to direct the Federal forces and

* The New Jersey Brigade was organized April 27, and reported for duty, under General Runyon, at Washington, May 6, 1861.

† The United States Military Hospital at Beverly was established June 29, 1864, with 2,560 beds, and maintained until August, 1865.

General Scott, the aged chieftain of the Mexican War, was succeeded in the command of the Army of the Potomac by General George B. McClellan. The army was reorganized; brigades were combined into divisions and divisions into corps, and, in March, 1862, the march to Richmond began by way of the Peninsula between the York and James Rivers. The Peninsular campaign surpassed, in its hardships and severity, any that had preceded it upon this continent. Who can recite the terrors of the march from Yorktown to Malvern Hill, or tell the story of those seven days of continuous battle? History applauds the discipline and bravery of the legions of McClellan; yet, marvellous to relate, this army fled in dismay before the enemy, when in sight of the domes of the Confederate Capitol. Partly because of this unfortunate issue, and also from a desire to protect the Federal Capitol, President Lincoln recalled the army of McClellan to the vicinity of Washington, and the Peninsular campaign, so auspiciously begun in April, ended in failure in July.

In this campaign the surgeons from Camden County rendered important service. In the First Brigade, Fourth Regiment, Dr. Bowman Hendry, 3d, served as first lieutenant and assistant surgeon. In the Second Brigade, Eighth Regiment, Dr. Alexander J. McKelway served as major and surgeon, and Dr. H. Genet Taylor as first lieutenant and assistant surgeon, and in the Fifth Regiment, Dr. O. S. Belden served as first lieutenant and assistant surgeon. In addition to these, Dr. Joseph W. McCullough, of the First Regiment, Delaware Volunteers; Dr. James A. Armstrong, Seventy-third Regiment, Pennsylvania Volunteers, and Dr. D. H. Bartine, One Hundred and Fourteenth Regiment, Pennsylvania Volunteers, served as first lieutenants and assistant surgeons in their respective regiments, and Dr. Peter V. Schenck served as first lieutenant and assistant surgeon in the regular army, and during the war was brevetted captain, and also major, for faithful and meritorious services on the field.

During the occupancy of the Peninsula by the Army of the Potomac, the forces in front of Washington were commanded by General John Pope, who, after the evacuation of the Peninsula, was re-enforced by the divisions of McClellan. Pope at once began an aggressive campaign, with "headquarters in the saddle," and sustained such repeated defeats at Bristow Station, Bull Run and Chantilly, that he withdrew his forces within intrenchments in the vicinity of Alexandria. In this campaign of General Pope, Major Alexander J. McKel-

way, Lieutenants H. Genet Taylor, Bowman Hendry, 3d, O. S. Belden, James A. Armstrong, D. H. Bartine, Joseph W. McCullough, and Lieutenant Bowman Hendry, 2d, of the Sixth Regiment, Second Brigade, rendered distinguished service. Dr. D. Parish Pancoast served, at this time, as a contract surgeon at Fortress Monroe.

The defeat of General Pope led to the consolidation of the Armies of the Potomac and of Virginia, and General McClellan was placed in supreme command. Notwithstanding this, General Robert E. Lee, the Confederate chieftain, flushed with his repeated victories, boldly invaded Maryland in September, and, on the 17th, met defeat at Antietam. In this battle, the Camden County surgeons previously named participated with their regiments, excepting Lieutenant H. Genet Taylor who, at this time, was a prisoner within the Confederate lines, having volunteered to remain with the Union wounded at Chantilly. Failing to press his advantage by permitting Lee to escape into Virginia, McClellan was, in consequence, superseded by General A. E. Burnside.

The campaign of Burnside also proved one of failure and disaster. Advancing against the Confederates in October, he met them in battle at Fredericksburg, December 11 and 12, and sustained defeat with terrific loss. In this engagement, Major Alexander J. McKelway, Major James A. Armstrong, promoted in the previous October, Lieutenants H. Genet Taylor, Bowman Hendry, 2d, Bowman Hendry, 3d, D. H. Bartine and Lieutenant Thomas G. Rowand, assistant surgeon Twenty-fourth Regiment, N. J. V., participated. Dr. John W. Donges, who served as a private in the Pennsylvania Volunteers, was wounded at the battle of Fredericksburg and incapacitated for further action. After this battle, Lieutenant Taylor was detailed by General Hooker as surgeon-in-charge of the Artillery Brigade, Third Corps.

The failure of Burnside led to the placing of General Joe Hooker in command of the army, January 28, 1863, who crossed the Rapidan in April; engaged the Confederates at Chancellorsville on the 30th, and was driven back with great loss. The flank movement of General Stonewall Jackson in this engagement renders it one of the most conspicuous in the war. The Camden County surgeons who have been mentioned, again participated in the din of battle and afterwards, Lieutenant Rowand was detailed for duty at the Second Corps Hospital, Potomac Creek, where he remained until mustered out of service in June.

Flushed with his victories at Fredericksburg and Chancellorville, Lee invaded Pennsylvania and met with defeat at Gettysburg, July 1st to 4th, by General George G. Meade, who had succeeded Hooker in command on the very eve of battle. This battle was the high water mark of the Rebellion and, following the retreat of Lee, there were no extensive engagements until General Grant took command in the following year. At Gettysburg, and in the minor engagements after it, the Camden County surgeons, whose names have brought such honor to our profession, were in action. The closing conflict of the war was inaugurated on March 2, 1864, when General Grant was appointed Commander-in-chief of all the Union armies. On May 3, the march to Richmond was begun and there followed the battles of the Wilderness, Spottsylvania, Cold Harbor and Petersburg, which stand unparalleled in history for martial daring, and finally, the surrender of the Confederacy at Appomattox, April 9, 1865. Only three of the Camden County surgeons participated in the Grant campaign, viz.: Lieutenants Bowman Hendry, 2d, Bowman Hendry, 3d, and Lieutenant Duncan W. Blake, of the Fourth Regiment, First Brigade, N. J. V., who was commissioned first lieutenant and assistant surgeon in the spring of 1865. Lieutenant Blake was present at the surrender of Lee at Appomattox and witnessed the downfall of the Confederacy, after which he took part in the grand review of the Army of the Potomac before the President, at Washington, which was the closing act in the drama of the Rebellion.

In the United States Navy, Camden County was represented by four medical officers who served with distinction during the Civil War: Dr. William S. Bishop, passed assistant surgeon; Dr. Richard C. Dean, assistant surgeon, who was recently retired as a medical director; Doctors Charles W. Sartori, assistant surgeon, and Henry Ackley, assistant surgeon, rendered important and distinguished services. During the Civil War, a number of our surgeons served as medical cadets, among whom were Doctors Alexander M. Mecray, H. A. M. Smith, John R. Haney and William H. Iszard, while Dr. John R. Stevenson served as first lieutenant and assistant surgeon to the commission appointed under the Conscription Act.

Previous to the Civil War, the militia of New Jersey consisted of four divisions, each under the command of a major-general. At this period, Dr. Elijah B. Woolston served as a division surgeon and was one of the first to offer his services in the call for troops by the

Government, in the dark days of 1861. Following the war, the militia of the State was organized (1869) into the present National Guard, whose efficiency is a subject of just pride to the State. In this reorganization, Dr. H. Genet Taylor was commissioned major and surgeon of the Fifth Battalion, on the staff of Major E. J. Jackson, and, in 1870, when the battalion was organized into the Sixth Regiment, under the command of Colonel James M. Scovel, Major Taylor was re-commissioned surgeon and Dr. J. Orlando White was commissioned first lieutenant and assistant surgeon. The Sixth Regiment has served as a school for military and professional instruction to a number of surgeons of this county. Six surgeons have served upon the staff of its commanding officers; three are now serving and two have been warranted as hospital stewards. Of the eleven surgeons who have been connected with the regiment, one has been promoted to the rank of assistant surgeon-general of the State with the rank of colonel; Major Isaac B. Mulford and Lieutenant George Taylor Robinson have died; Major H. Genet Taylor and Lieutenants J. Orlando White and Dowling Benjamin have resigned, and Sergeant Levi B. Hirst has been honorably discharged after ten years of service as hospital steward. Of the present staff, Major Daniel Strock holds the position of major and surgeon; Lieutenants Orange W. Braymer and Wilson Gill Bailey, of first lieutenants and assistant surgeons, and Eugene E. De Grofft, of hospital steward.*

Following the close of the war, none contributed more to keep alive the memories of the strife, or the principles for which they contended, than the medical officers of the army. It was a surgeon who conceived and put into execution the principles of the Grand Army of the Republic; it was a surgeon who instituted the Order of the Loyal Legion; it was a surgeon, the late Lieutenant G. S. F. Pfeiffer, of this city, who organized the Sons of Veterans. Majors H. Genet Taylor and D. H. Bartine are members of the Order of the Loyal Legion; Majors James A. Armstrong and H. Genet Taylor, Lieutenants D. W. Blake and John R. Stevenson are enrolled in the Grand Army of the Republic; Doctors J. H. Haley and Eugene E. De Grofft belong to the Sons of Veterans; H. Genet Taylor and

* Since the above was written, Dr. Joel W. Fithian has been commissioned first lieutenant and assistant-surgeon of Gatling Gun Co. B., N. G., N. J., on the staff of Captain John R. Jones.

Dowling Benjamin, to the Sons of the Revolution, and H. Genet Taylor, Daniel Strock, Orange W. Braymer, Wilson Gill Bailey and E. L. B. Godfrey, to the Order of the Military Surgeons of New Jersey.

VI.—THE RELATION OF THE PROFESSION TO POLITICAL AFFAIRS.

In the broad domain of politics, municipal, county, state and national, the physicians of Camden County have taken an active and influential part, and their activity has redounded both to the glory of the State and to the welfare of mankind. Deeply interested in municipal government and possessed of a wide personal popularity, Dr. Lorenzo F. Fisler was first honored with the mayoralty of Camden in 1840, and rendered such efficient service to the city that he was nominated for the same office twelve times, seven of which he was elected, his competitor in 1851 being Dr. Othniel H. Taylor. Dr. Fisler was the first physician elected a member of City Council, in which body he has been ably succeeded by Doctors Charles W. Sartori, Philip W. Beale, William S. Jones, Benjamin S. Lewis and John W. Donges, the last named having served as president.

A more permanent and far-reaching influence has been exercised by the profession in the organization and the development of the public school system. Believing that the education of the youth of our city and county, at the public expense, would afford a broad and firm foundation upon which the magnificent superstructure of equality of rights and liberty of thought and action could be reared, the profession early laid the corner-stone of the temple of knowledge, and how firm its foundation and how imposing its structure, let a grateful public tell. Previous to 1842, the public schools of New Jersey were supported by an apportionment of the State funds among the different counties. In that year, an Act of Legislature was secured, chiefly through the instrumentality of Dr. Isaac S. Mulford, providing and authorizing the inhabitants of townships to raise money, by direct taxation, in addition to the State apportionment, for public school purposes. This was practically the beginning of the public school system in this State. Great indeed have been the results of this enactment! The numerous and substantial public school buildings you behold to-day in every hamlet and city of the State, over whose walls floats the graceful and imperishable emblem of American liberty, and the modern methods of teaching which have enabled our boys and girls to take the front rank in the struggle of life, unmistakably attest

the wisdom of this act. In 1843, the public school system was inaugurated in the township of Camden, largely through the influence of Dr. Isaac S. Mulford, and a Board of School Trustees was organized, of which he became President in 1845. In 1852, also through his endeavors, the School Board of Camden was made a separate factor in the city government, the wisdom of which action no one can question. The efforts of Dr. Mulford did not pass unnoticed by his fellow-citizens; he was not only honored by an appointment on the State Board of Education, but his memory has been perpetuated in the name of the "Isaac S. Mulford Grammar School." In 1852, the Board of Education of the city of Camden was organized, in which Doctors Charles W. Sartori, Maximilian West, Henry H. Davis, John R. Haney and Dowling Benjamin have rendered efficient service, while Doctors Thomas G. Rowand, Sylvester Birdsall and James M. Ridge have been called to preside over its deliberations, and Dr. Alexander M. Mecray to superintend its teaching force.

With equal earnestness, the profession of Camden County have toiled unceasingly for the public good in matters pertaining to the public health. The establishment of a State Board of Health was urgently demanded by the great progress of sanitary science and the necessity for diffusing sanitary information among the general public. On May 22, 1877, a State Board was instituted, and Governor Bedle appointed Dr. James M. Ridge one of its members. The Board immediately took a wide interest in the sanitation of the State; began a campaign of education among physicians, sanitarians and the public at large, and enlisted the interest of all allied callings in its efforts. It has succeeded in remodeling the sanitary laws of New Jersey; in establishing local boards of health in every section of the State, and in elevating the standards of public safety in health matters. In 1880, it rendered important service to Camden County during the epidemic of typhus fever at the Almshouse, and the small-pox epidemic in Camden. In consequence of this service, most of the townships in this county organized local boards of health, in 1882, but Camden remained independent until 1886, notwithstanding the repeated requests of the County and City Medical Societies for the organization of a city board of health, under the State laws. This indifference in Camden to sanitary matters led to the appointment of Dr. Onan B. Gross, by the State Board of Health, as Sanitary Inspector, in 1884, and his report was so overwhelmingly in favor of organization under

the State laws, that the Sanitary Committee of City Council made a report to the State Board of the condition of Camden that year. In 1885, a joint meeting was held between the Sanitary Committee of Council and a committee from the City Medical Society, which resulted in the organization of a Board of Health, in 1886, under the State laws of 1880. This board has greatly improved the sanitary arrangements of Camden and has contributed, in a high degree, to the public weal. Doctors John W. Donges, Benjamin S. Lewis, William Shafer and Sylvan G. Bushey have been, or are now, active in its membership, while Doctors James A. Walmsley, Duncan W. Blake and John K. Bennett, in the board of Gloucester City; John R. Stevenson and William B. Jennings, in the Haddonfield board; D. H. Bartine and John W. Marcy, in the Merchantville board, and Joseph H. Hurff, Philip W. Beale, William S. Long and William B. Jennings, in various township boards, have rendered efficient service.

In 1890, the lax medical laws of New Jersey were repealed and, on May 22, a new law was enacted, providing for a State Board of Medical Examiners, to examine and license all physicians desiring to practice in the State, who had not registered previous to the passage of the law. This Board has done more to build up the standard of the medical profession in the State than any other influence, until to-day, New Jersey stands unsurpassed among the States in medical education. Camden County is represented on this Board in the person of its Secretary.

In the local political interests of Camden County, our profession has been well represented. For ten years following the organization of the county, the office of Coroner was held by laymen. The fact then became recognized that physicians alone should fill this public office, because of the medical knowledge required to determine the cause of death, as well as the knowledge required to determine the force of relating evidence. In 1854, Dr. Thomas G. Rowand was elected Coroner of the county, and since then Doctors Duncan W. Blake, James A. Armstrong, William H. Iszard, Philip W. Beale, Edwin Tomlinson, Henry H. Davis, George W. Henry, James G. Stanton, Edwin R. Smiley and Ahab H. Lippincott, have graced the position with becoming dignity.

In 1860, when the evolution of politics gave a triumphant force to the Republican party, (in the exposition of whose principles Dr. Sylvester Birdsell was one of the pioneers in this county), Dr. Birdsell

presided at the first county convention of that party, at Haddonfield, and heralded with conscious pride its ratification of the platform to the national leaders of the party.

In 1876, the "Act Respecting County Physicians" was passed, which gave county physicians precedence and authority over coroners and justices of the peace, in the investigation of casual, accidental or violent deaths. This position was first held by Dr. Randal W. Morgan, and has since been ably filled by Doctors William H. Ireland, Onan B. Gross, William H. Iszard and William S. Jones, the present incumbent. With the Almshouse and Asylum, Doctors Joseph W. McCullough, Henry E. Branin and Joseph E. Hurff have long been connected, and their invaluable services to the county have been previously related.

In the political affairs of the State, Dr. Isaac S. Mulford took part as a member of the State Board of Education; Dr. Richard M. Cooper, as a member of the State Sanitary Commission of 1866 and the Public Health Commission of 1874; Dr. James M. Ridge, as a member of the State Board of Health; Dr. George W. Henry and Dr. William H. Iszard, as members of the Legislature, and Dr. E. L. B. Godfrey, as a member of the State Board of Medical Examiners.

In national politics, the profession of Camden County, in 1852, furnished a candidate for Vice-President of the United States. Because of the influx of emigrants in 1837, Dr. Reynell Coates helped to form the Native-American Party which advocated the rights and privileges of Americans as opposed to those foreigners, and demanded a residence of twenty-one years in this country as a qualification for naturalization. In 1845, this party held its first national convention, and Dr. Coates wrote its platform.* In the national campaign of 1852, when slavery and Americanism, Whigs and Democrats, wrestled for national supremacy, and four great political parties marshalled their forces to secure the Presidency, Dr. Coates became a candidate for Vice-President of the United States, with Daniel Webster as President, on the Native-American ticket. During the campaign, Daniel Webster died and the party, therefore, did not carry a single State. The contest was, however, one of great excitement, owing to the importance of the issues involved. Pierce and King, the Democratic candidates, were elected and, under

* "Origin and Progress of the American Party in Politics," by J. H. Lee.

the overshadowing interest of slavery, the Free-Soil party passed out of existence, the Native-Americans degenerated into a secret political organization called the Know-Nothings, and the Whigs were incorporated in the new Republican party which, in the next national campaign, proved the chief rival of Democracy. Since that time, but one of the members of our profession has essayed the honors of national politics, viz.: Dr. William T. Collins, who became a presidential elector on the ticket supporting the greatest military chieftain of modern times, Ulysses S. Grant.

VII.—THE RELATION OF THE PROFESSION TO LITERATURE AND EDUCATION.

In the department of literature, there are members of our profession in this county who have attained distinction and even national renown. Their productions are naturally divided into technical and general. Under the term technical, may be classed the papers, essays and addresses of a professional nature, and, in this direction, Doctors Othniel H. Taylor, Richard M. Cooper, Thomas F. Cullen, John V. Schenck, John W. Snowden and H. Genet Taylor have delivered addresses as Presidents of the State Medical Society; Doctors Dowling Benjamin, Daniel Strock, Orange W. Braymer and E. L. B. Godfrey, as members of the New Jersey Sanitary Association, and Doctors Thomas F. Cullen, John V. Schenck, John R. Stevenson, H. Genet Taylor, Dowling Benjamin and E. L. B. Godfrey, as regularly appointed essayists of the State Medical Society, while Doctors James M. Ridge, Alexander Marcy, Alexander M. Mecray, Henry E. Branin, Onan B. Gross, Alexander McAlister, Charles H. Shivers, William S. Long and others have contributed papers to the Transactions of that august body. In the medical periodicals of the day, Doctors John R. Stevenson, Onan B. Gross, Dowling Benjamin, Daniel Strock, Joseph H. Wills, John F. Walsh, William S. Jones, Orange W. Braymer, Alexander McAlister, Joseph S. Baer and others have contributed articles, while in the County and City Medical Societies such frequent opportunities are afforded for the exercise and development of literary and oratorical gifts, that the majority of the members have made use of them with highly creditable results.

In general literature, the medical profession of the county has attained distinction in the fields of history, poetry, fiction, politics, science and the drama. In 1848, Dr. Isaac S. Mulford published a

"History of New Jersey," in a volume of five hundred pages, which is the most important and comprehensive work that has, as yet, emanated from the pen of a Camden County physician. The work represents extensive research and a wide fund of information. It is an accepted authority in State history and stands as a monument to the high literary talent and varied abilities of the author. In addition to this, Dr. Mulford wrote an elaborate treatise on "Forensic Medicine in New Jersey."

In 1858, that brilliant and versatile genius, Dr. Lorenzo F. Fisler, found time between his arduous duties as a physician, politician, preacher and lecturer, to write a "History of Camden." This work was published in pamphlet form and contains much valuable information regarding the early period of our city, which the writer, from his unusual advantages in the public service, had an opportunity of acquiring. The lectures of Dr. Fisler were highly popular, and evinced considerable literary training and historical knowledge. The best known of his lectures were those on "Queen Victoria" and "Witchcraft."

In addition to numerous professional speeches and medical papers, Dr. Othniel H. Taylor, whose ready and versatile pen was constantly employed in behalf of his profession, wrote a treatise on "The Topography of Camden County." In 1871, Dr. Richard M. Cooper prepared an interesting history of this Society for its twenty-fifth anniversary, which was read before the Society but was not published. Dr. Thomas F. Cullen, who wielded a trenchant and witty pen, not infrequently guided by keen and delicate satire, essayed the sister arts of music and the drama and contributed original productions to both. Dr. Reynell Coates won the choicest laurels in the field of letters. Around his brow were garlanded the blossoms of both prose and verse, and as a poet and novelist, essayist and scientist, he won the favor of the Nation in the brilliant productions of his fertile and prolific brain.

Nor are all the distinguished literati of the profession numbered among those who have crossed the boundary of life and entered the Elysian fields. The Muse of History has still her worshippers in the present generation of Camden County physicians, and foremost among these is Dr. John R. Stevenson, whose "History of Medicine and Medical Men in Camden County," published as a chapter in Prowell's History of Camden County, has received the highest encomiums

for its evident research and valuable information. Dr. H. Genet Taylor has written a history of the Camden City Dispensary which recites in a graphic manner the circumstances connected with the founding of that institution, in 1865, until the dedication of the present building, in 1892. Nor should the eminent achievements of our honorary members be omitted. Dr. Joseph F. Garrison obtained the highest honors of the Church, and Dr. Charles G. Garrison has won the highest honors of the State. In the realm of health and beauty, Dr. Dowling Benjamin has written a forcible treatise on "What is Beautiful in Style and its Relation to Health." The recent issue of the "The History of the Medical Profession of Camden County, New Jersey," may also be accredited to a member of this Society. This history is published in a bound volume of three hundred and eleven pages. It reviews the colonization of West Jersey, the medical and sanitary history of New Jersey, and considers the medical profession of Camden County in its professional, social, political, military, educational and literary relations to the public. To the same author may also be ascribed "The Discovery of Vaccination by Edward Jenner," "The American Physician in Literature," "The History of Sanitation in New Jersey," "The History of Nursing," and other publications.

In matters of education, the medical profession of Camden County, independently of its work in connection with the public schools, has rendered important service. Dr. Reynell Coates held a professorship in Allegheny College; Dr. Thomas G. Rowand, in the Penn Medical University of Philadelphia; Doctors Dowling Benjamin and E. L. B. Godfrey held lectureships in the Medico-Chirurgical College of Philadelphia; Doctors H. Genet Taylor, A. M. Mecray, William A. Davis, Dowling Benjamin, Onan B. Gross, Daniel Strock, Joseph H. Wills, George Taylor Robinson, William R. Powell, Joseph L. Nicholson, Orange W. Braymer and E. L. B. Godfrey, in the New Jersey Training School for Nurses; Doctors Henry E. Branin, John G. Doron, E. A. Y. Schellenger, Joseph S. Baer, William H. Pratt, William W. Kain, Paul M. Mecray, Alexander McAlister, Eugene E. DeGrofft, Levi B. Hirst, Walter S. Bray and William S. Jones are now, or have been, connected with its teaching force.*

* Since writing the above, Dr. William S. Jones has been appointed assistant Professor of Laryngology at Jefferson Medical College, Philadelphia.

The organization of the New Jersey Training School for Nurses,* in 1889, has not only strengthened the profession of the county, but has extended the bounds of maternal knowledge, and revolutionized the methods of nursing in West Jersey. The old monthly nurse has been relegated to oblivious shades, and in her place the trained nurse has arisen, who is not only instilled with the principles of loyalty to the doctor and fidelity to the patient, but is familiar with the art of observing and recording symptoms and the principles of aseptic nursing.

And now, Mr. President, I close this brief review of the Medical Profession of Camden County. Standing, Sir, upon the threshold of another cycle of years, and looking back upon the record of our noble profession, we behold it in the similitude of a majestic temple, resplendent with the gems of modern science and emblazoned with the glory of love for mankind. Sir, from the time of the discovery of anæsthetics, in the year of the organization of this Society, down to the introduction of aseptic and anti-septic remedies and the more recent animal products, there is no remedy, no agent, or no appliance that has proved of value in alleviating the physical ills of mankind,

*The Board of Managers, Faculty and Instructors in the New Jersey Training School for Nurses, consist of the following gentlemen: Board of Managers—President, H. Genet Taylor, A. M., M. D.; Vice-President, Alexander M. Mecray, M. D.; Secretary, Daniel Strock, M. D.; Treasurer, William A. Davis, M. D. Members—H. Genet Taylor, A. M., M. D., Alexander M. Mecray, M. D., E. L. B. Godfrey, A. M., M. D., Dowling Benjamin, M. D., William A. Davis, M. D., Onan B. Gross, M. D., Daniel Strock, M. D., Joseph H. Wills, A. M., M. D., Hon. Henry B. Wilson, Rev. Albert G. Lawson, D. D., General William J. Sewell, Peter Van Voorhees, Esq., Rudolphus Bingham, Esq., Joseph L. Nicholson, M. D., and William R. Powell, M. D. Faculty—E. L. B. Godfrey, A. M., M. D., Lecturer on Medical Nursing; William A. Davis, M. D., Clinical Lecturer on Gynecological Nursing; Dowling Benjamin, M. D., Lecturer on Obstetrical Nursing; Onan B. Gross, M. D., Lecturer on Anatomy; Daniel Strock, M. D., Lecturer on Dietetics; Joseph H. Wills, A. M., M. D., Lecturer on Hygiene and Massage; Joseph L. Nicholson, M. D., Lecturer on Surgical Nursing; William R. Powell, M. D., Lecturer on General Nursing and Nursing in Special Diseases of Children and the Eye; Orange W. Braymer, A. M., M. D., Ph. D., Lecturer on Physiology. Instructors—Henry E. Branin, M. D., Instructor in Nervous Diseases; John G. Doron, A. B., M. D., Instructor in Medical Nursing. Quiz Instructors—Edward A. Y. Schellenger, M. D., William W. Kain, M. D., William H. Pratt, M. D., Levi B. Hirst, M. D.; Paul M. Mecray, M. D., Instructor in Surgical Nursing.

that has not been speedily adopted by the medical profession of Camden County. Broad, indeed, has been the foundation of this temple, laid by the pioneers who have passed beyond the Great Divide! Firm, indeed, has been the superstructure reared by those whose sun has crossed the meridian and is beginning to fade imperceptibly into the lingering glow of the sunset of life! It is for us who are now laboring in the noontide hours, to enlarge its foundations and to heighten its walls, and it remains for you, young gentlemen, whose morning of professional life is roseate with the glow of the sunrise, to forsake all minor issues and to devote your lives and energies to embellishing this temple with the unfolding truths of advancing science.

Stand fast, then, by the profession whose watchword is progress; whose aim is the amelioration of human ills. Upon both the family and State it showers its choicest blessings. Not only in time of peace has it extended the period of human existence, but amid the desolation of war and the devastation of pestilence, it bears aloft the only standard, and unfurls the only flag—the Red Cross of the Geneva Convention—under whose ample folds the civilized nations of the earth can meet in amicable agreement.

Behind you, members of the Camden County Medical Society, stand the names of our illustrious dead and their great achievements. Before you are “the beckoning splendors of the bright, illimitable to-morrow,” with its possibilities of scientific growth and professional triumph. Electricity opens to you, through the discovery of Roentgen, a boundless field for surgical victories; serum-therapy presents unlimited possibilities of medical conquest.

“Men, my brothers, be ye workers, ever reaping something new;
That which you have done, but earnest of the things which you shall do.

Not in vain, the distance beacons. Forward, forward let us range,
Let the great world spin forever down the ringing grooves of change.”

TYPHOID FEVER;

ITS RELATION TO

WATER SUPPLIES,

. WITH .

OBSERVATIONS CONCERNING ITS TREATMENT.

BY

E. L. B. GODFREY, A.M., M.D.,

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CAMDEN, N. J.

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1900.

ADDRESS OF THE THIRD VICE-PRESIDENT. TYPHOID
FEVER; ITS RELATION TO WATER SUPPLIES,
WITH OBSERVATIONS CONCERNING ITS
TREATMENT.

BY E. L. B. GODFREY, A.M., M.D., CAMDEN, N. J.

Typhoid fever is probably coeval with civilization, and is identified with the medical history of every country and of every clime.

There are four epochs in its history, which distinctly mark the gradual evolution of its cause, its nature and its medicinal and preventive treatment.

The first epoch occurred in 1813, when Bretonneau, of France, pointed out its enteric character; the second epoch, in 1829, when Louis, the great Frenchman, gave the fever the name it bears; the third epoch, in 1836, when Gerhard, the illustrious American, established the symptomatic and morbid differences between it and typhus fever; and the fourth epoch, in 1880, when Eberth, the distinguished German, crowned the glory of his career in the discovery of the bacillus that acts as its exciting cause.

The first, the second and the third epochs do not especially concern us; but the fourth epoch has so revolutionized all former ideas concerning the cause of the fever; its relation to public water supplies and its medicinal and preventive treatment, that I venture to bring these three factors to your attention, realizing, at the same time, that nothing new can be said on so old a subject.

I.—THE CAUSE OF TYPHOID FEVER.

The discovery by Eberth, in 1880, of a bacillus, or micro-organism, as the causative agent of, and a constant factor in, typhoid fever, marked an era in the progress of medicine. With the development of the science of bacteriology and pathology, the relation that the Eberth bacillus sustains to the cause and course of typhoid fever has been so clearly demonstrated that practical and intelligent means can now be employed to combat its activities within the intestinal tract, and its

toxic products after absorption into the circulation. Special consideration, however, cannot be given to the bacillus in the brief time allowed, further than relates, in a practical way, to the management of the fever.

It is known that the bacillus of typhoid fever is a constant factor in the course of the fever, and is now ascribed as its exciting cause; that the bacillus fulfills the law of Koch, in that it develops inside of the body, and grows outside of the body in a specific manner, under varying thermal conditions. Entering the system through the stomach in food or drink, it grows and multiplies within the intestines and, by its activities and increase, it causes lesions in the glands of Peyer, with diarrhoea and tympanites, and produces various poisons known as "ptomaines, toxalbumin or typho-toxin," about which little is known, but which are absorbed into the circulation and create the condition of progressive toxæmia or septicæmia. The infection becomes general, and is attended with the phenomena of low blood pressure, enfeebled nerve-centres, and degeneration and wasting of the tissues of the body, so characteristic of the fever. The bacillus passes from the system in the dejecta and the urine, from which the fever is disseminated; grows and multiplies outside of the body, in water or cultivated soil, and retains a remarkable vitality under varying conditions of heat and cold. It is readily conveyed from place to place in milk, food, dust and water, the latter forming the chief vehicle of conveyance, and thereby becoming the subject of State and municipal inquiry.

II.—RELATION OF TYPHOID FEVER TO PUBLIC WATER SUPPLIES.

Typhoid fever is now regarded as a water-borne disease, and is the most common of all. Water is the main channel, both of its conveyance and its propagation. Its prevalence and high death-rate in cities is acknowledged to be due to the dissemination of the bacillus in water supplies, though it is admittedly propagated in other ways than by infected water, especially in cultivated soil.

Because of the liability of inhabited water-sheds, streams, springs and reservoirs to infection from the typhoid bacillus, and the consequent ingestion and dissemination of the bacillus among consumers, it is incumbent upon municipalities to protect water supplies from typhoid infection, or to secure water for domestic purposes from uncontaminated sources. The epidemic of typhoid fever at Plymouth, Pa., in 1885, which has become historic, proves this need, especially,

when taken in connection with other epidemics. The protection of public water supplies by municipalities is a *sine qua non* of public health, and the absence of typhoid fever in a community is said to be the best test of the purity of its water supply. Any data, therefore, that tend to the elucidation of this subject, are of value, and I venture to present a few facts and statistics concerning typhoid fever in Camden, in relation to the past and present water supply of that city.

Prior to April 10, 1899, the city of Camden was supplied with water from the Delaware river, which receives the drainage from Philadelphia, Camden and various towns located upon its banks. The prevalence of typhoid fever in Philadelphia and Camden, led to the belief that the Delaware and its tributary, the Schuylkill, were contaminated with sewage and infected with the typhoid bacillus. This belief, coupled with the discoloration and muddy appearance of the Delaware water, led to the sinking of artesian wells along the Delaware, about five miles north of Camden, as a source of supply for that city. The artesian system was completed and put in operation on April 10, 1899. Since that time, Camden has been supplied with pure artesian water at the rate of thirteen and one-half to fifteen millions of gallons every twenty-four hours, or about 200 gallons per capita per day, which is about 125 gallons per capita in excess of the amount furnished in a number of our chief cities. The result of this has been a marked diminution in the number of typhoid fever cases in the city, and the belief that the Delaware river water was the chief source of infection has been fully substantiated.

The following statistics, collated from the records of the Camden City Board of Health, show the percentage of decrease since the abandonment of the Delaware as a source of water supply and the adoption of the artesian system, and indicate with great force how luxuriantly the bacillus of Eberth may thrive in a public water supply.

These statistics cover two periods.

I.—A period of five years from April 10, 1895 to April 10, 1899, during which the Delaware river water was the source of supply.

II.—A period of one year from April 10, 1899, to April 10, 1900, when artesian water was used.

These periods are contrasted in the number of cases, number of deaths, and percentage of decrease in the number of cases. The second period is compared with each year of the first period, separately and collectively, and each year is reckoned from April 10, as follows:

FIRST PERIOD :

YEAR.	CASES.	DEATHS.	DEATH-RATE.
1894-5.....	362	44	12.1
1895-6.....	265	24	9.0
1896-7.....	279	26	9.3
1897-8.....	192	17	8.8
1898-9.....	323	32	9.9

SECOND PERIOD :

1899-1900.....	60	12	20.0
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In comparing the number of cases in the second period with the number of those in the first period, per year, the following percentage of decrease of cases will be found in the second period :

FIRST PERIOD.	SECOND PERIOD.	PERCENTAGE OF DECREASE.
1894-5. 362 cases.....	1899-1900. 60 cases.....	83.5
1895-6. 265 "	" "	77.4
1896-7. 279 "	" "	78.5
1897-8. 192 "	" "	68.8
1898-9. 323 "	" "	81.5

The average number of cases per year, for the first period of five years, 1894 to 1899, was 284.2.

In comparing this yearly average with the number of cases in the second period, sixty, the percentage of decrease in the second period is found to be 78.9. The number of cases of typhoid fever in Camden has been reduced by 78.9 per cent. since the introduction of artesian water about one year ago.

The above figures prove to a certainty that, not only is the Delaware river a typhoid-infected stream, but that it has been the chief source of this infection for Camden in the past.

Many thousands of Camden people find daily employment in Philadelphia, where typhoid generally prevails, and drink the Schuylkill water, which is admittedly infected. Could this source of infection for Camden be eliminated, the percentage of decrease would be still greater in favor of the artesian supply.

III.—THE TREATMENT OF TYPHOID FEVER.

Time will not permit the consideration of the treatment of typhoid

fever in detail. Attention, therefore, is only invited to a brief review of the following methods of medication, viz. :

- (a) Antiseptic treatment, or intestinal antiseptis.
- (b) Hydro-therapeutic treatment, or reduction of temperature by the Brand method.
- (c) Dietetic treatment, and re-enforcement of the nerve-centres.
- (d) Preventive treatment.

(A) ANTISEPTIC TREATMENT.

Intestinal antiseptis, as a form of treatment in typhoid fever, is now discredited by many distinguished authorities. Only the enthusiasts it is claimed, believe the treatment affords specific results. With respectful deference to all concerned, it can, however, properly be said to occupy a safe and middle ground between those who highly extol its merits, and those who believe that typhoid fever is not to be treated with drugs.

This treatment is not claimed to be germicidal, but so improves the condition of the alimentary tract, that the bacilli are rendered less active; their elimination in the dejecta is promoted; the development of their ptomaines is retarded, and the degree of toxic absorption into the circulatory system is curtailed.

There are two classes of patients to whom remedies administered with this view, will early prove effective; those possessing an individual predisposition to the fever, and those who have recently become residents of a section in which the water supply is infected with the typhoid bacillus. Individual predisposition to typhoid fever is denied by some authorities; but the family physician of long experience will recall numerous instances of individual and family predisposition to the fever, while the infection of new-comers in a typhoid district is a matter of common observation.

In these two classes of patients, remedies that will both cleanse and disinfect the intestinal tract will prove of the highest value if administered at an early stage of the disease. If the fever is detected during its prodromal stage, which frequently extends over a period of two weeks during which malaise with a fœtid diarrhœa is its chief indication, and antiseptic remedies are persistently administered to the extent of modifying the diarrhœa, the tympanites, and the fœtor of the dejections, the fever will be materially diminished in its intensity and curtailed in its duration, proportionately to the degree that septic infection is prevented.

There are two essentials that make the antiseptic treatment of typhoid fever successful. The first is an early recognition of the fever; the second, the administration of antiseptics to the extent of overcoming foetid dejections and diarrhoea before the bacilli have implanted themselves in the patches of Peyer, causing lesions of the glands, absorption of ptomaines, and progressive septicæmia.

This principle of antiseptics, or direct disinfection, when applied to diphtheria will modify that disease; so, also, will it modify typhoid fever when early and systematically applied, but to a lesser extent, because the applications cannot be made so directly. As a matter of fact, it is the early recognition and the prompt treatment of typhoid fever that has caused the fever to run a milder and more subdued type generally throughout the country than was the case before the bacillus of Eberth was recognized as a factor in the disease. Bichloride of mercury, calomel or salol, thermol, chlorine water or salicylate of bismuth, and other antiseptics will prove of therapeutic value when tympanites and foetid dejections are present. In the proportion that the bacilli are rendered less active, will these conditions be overcome and the fever alleviated. Disinfection of the contents of the alimentary canal is the test of the value of antiseptic treatment in typhoid fever.

After the blood has become charged with the toxic and septic products of the intestinal lesions and of the bacilli, their elimination will be promoted by the regular administration of water for the purpose of increasing the blood volume, diluting its toxic elements, and removing them through the kidneys. Water, however, should not be given of a temperature to chill the stomach.

Time will not permit further consideration of the antiseptic treatment, or the allied, symptomatic treatment of special conditions.

(B) HYDRO-THERAPEUTIC TREATMENT.

Persistent high temperature, with marked nervous disturbance and with exhaustion, indicates great danger to life. The partial destruction of the equilibrium between heat generation and heat dissipation; the increased chemical changes within the body; the derangement of the nerve-centres, and the progressive emaciation and loss of vital force, are sequences of progressive septic infection of the blood and nerve-centres induced by the typhoid bacillus. Since the bacillus can neither be destroyed within, nor wholly expelled from the system,

after implantation in the glands of the small intestines, remedial efforts should be directed against the effects of the absorption of its ptomaines. At the present time, this seems to be best accomplished by means of the cold bath instituted by Brand. In hospitals, this method of treatment has supplanted the use of antipyretics, sponging and the local application of guaiacol in the reduction of temperature, and, when used in connection with the administration of intestinal antiseptics, it is the best method of treatment for typhoid fever now in vogue.

A detailed description of the Brand method of treatment, as given at The Cooper Hospital, is as follows:

The bathtub is placed beside the bed, and the patient, while in a recumbent posture, is lifted from the bed into a bath of 70° F., vigorously rubbed, except over the abdomen, cold compresses are laid upon the head, which is frequently sponged, stimulants are administered; and, after about fifteen minutes, he is lifted out of the bath placed in bed, rubbed dry, wrapped in a blanket, and the temperature is taken to note the effect of the bath on the fever. Since the temperature is suddenly reduced by the bath, and frequently below normal, the patient should be closely watched until reaction is assured. The bath is repeated every three hours until the temperature is permanently reduced to 102.5° F., or less. The earlier the baths are given in the course of the fever, the more permanent their effects. Marked cyanosis, with a weak pulse, calls for close attention, if not removal from the bath; but, neither pneumonia nor most complications, except intestinal hemorrhages or marked cyanosis, contraindicate its employment.

The effect of the bath upon the fever is often marvellous, especially when nervous symptoms are pre-eminent. The bath will frequently quiet nervousness, remove delirium and induce sleep, when other measures fail. It not only quickly reduces the temperature to the normal, or below it, but so stimulates the glandular action of the skin, the force of the circulation, the depth of the respirations, and the action of the kidneys, that the toxic and septic products of the blood are eliminated from the system through the increased action of the skin, the increased respirations, and increased urination. When early employed in the fever, not later than the fifth day, the administration of the cold bath will improve all the symptoms, modify the intensity of the fever, curtail its duration and accelerate convalescence, because

of the early and persistent elimination of septic products from the blood through its use. The treatment of typhoid fever by the Brand bath, coupled with the administration of intestinal antiseptics, has removed from the profession the old picture of typhoid fever.

In a series of twenty-two cases treated at The Cooper Hospital, in which the Brand system with antiseptics was employed, and of which all recovered, the average duration per case, in the hospital, was nineteen days less than the average duration for the same number of cases preceding, treated without the bath. This method of treatment has reduced the death-rate in hospitals to about seven per cent., and affords better results than any other system now in use, the death-rate in private practice in the larger cities being about fifteen per cent. During the period from 1887 to 1900, there were 466 cases of typhoid fever treated at The Cooper Hospital, with a death-rate of seven and seven-tenths per cent. During the past year the death-rate from the fever has been two and five-tenths per cent. in that institution.

The number of baths required varies greatly. A single bath is of comparatively slight value; it is the frequent and continued employment of the bath in the early stages of the fever that has so greatly reduced the death-rate. It is not necessary to wait for a diagnosis before beginning the use of the bath.

Dr. James C. Wilson, of Philadelphia, directs his patients to walk from the bed to the bathtub during the course of the fever, and maintains that this exercise tends to overcome the passive congestions and sluggish nutrition incident to continued recumbency.

(C) DIETETIC TREATMENT.

After specific toxæmia has taken place, the system requires dietetic support and re-enforcement of the nerve-centres, regularly administered. The chief consideration in the dietetics of typhoid fever, is a stated administration of the proper quantity of liquid food. The food should be given at regular intervals; the quantity determined by the condition of the stomach and the digestion; the kind, by selecting that which will leave the least residue within the intestines. In the majority of instances, milk is the best form of liquid food. In the early stages of the disease, it should not be administered in large enough quantities to tax the weakened digestion, a sequence of the fever; nor should it be continuously administered in its natural state during the height and the latter part of the fever, if curds are persistently found

in the dejecta. When curds are found, milk should be peptonized or diluted with apollinaris or lime water, or wine whey or mutton broth should be substituted. Rarely are more than three pints required each twenty-four hours during the height of the fever; and milk should not be allowed to stand in the sick room, since it may serve as a medium for the development of bacilli without its appearance being changed. Frequent examinations of the dejecta for curds and fœtor should be regularly made. The former shows enfeebled digestion; the latter, a septic condition of the intestines, two factors in the typhoid state that should not be overlooked.

The re-enforcement of the nerve-centres in typhoid fever may be best accomplished by the use of fresh air, strychnia and stimulants, in addition to dietetic support. Because of prolonged recumbency and enfeebled respiration, the typhoid subject requires at least twenty-five per cent. more fresh air than a healthy adult. Strychnia, as a remedy for re-enforcing nerve-centres when exhaustion is present, as indicated by irregular or enfeebled heart action, muscular twitchings, distended abdomen and cold feet, stands unsurpassed when administered regularly and hypodermatically, and alcoholic stimulants are of equal worth when the first sound of the heart indicates failing circulation.

(D) PROPHYLACTIC TREATMENT.

Every case of typhoid fever, with few exceptions, results from the ingestion of the Eberth bacillus in food or water. Dust, also, may act as an agent for its dissemination. The manner of entrance of the bacillus into the system, and of its exit from the system, point to certain prophylactic measures that should be employed in the management of the fever. Thorough disinfection of the stools, urine and vomited matter, during both the febrile stage and convalescence, is essential to the proper supervision of a typhoid case. The disinfection of the urine is as important as the disinfection of the stools, especially when the urine is albuminous, indicating nephritis. Absolute cleanliness of the patient, the attendants and the bedding and appliances of the sick room, obtained by application of antiseptic solutions, is also essential, the details of which, however, all are familiar with. The necessity for these precautions is admitted, but the thoroughness with which they are carried out frequently marks the difference between success and failure in the treatment of typhoid fever.

If typhoid fever is admitted to be a preventable disease, then failure

to properly employ prophylactic measures in its management throws the responsibility of its prevalence in an endemic or epidemic form upon the attending physician, as well as upon the municipal authorities. The medical profession owes it to the community to exercise the most thorough supervision over the disinfection of the discharges from the typhoid subject, since only by bringing the disinfecting solution in actual contact with the bacilli will it prove effectual. The historic epidemic of typhoid fever at Plymouth, Pa., in 1885, in which, from one case of the fever, twelve hundred persons became infected, is a powerful witness to the need of thoroughness in the employment of disinfecting measures in the management of typhoid fever. Corrosive sublimate (1-500) will prove an effective germicide, and should be left in contact with the dejecta for two hours, and continuously employed for at least ten days after the temperature has returned to the normal.

Relatively considered, the profession shares with the municipality the responsibility for the continuance of typhoid fever in an endemic or epidemic form. Under such circumstances, the condition of the water supply should be made the subject of official inquiry, since water is the element in which the Eberth bacillus best thrives.

The specific form of treatment for typhoid fever, in which immunity is produced, by injecting sterilized cultures of the bacillus as a preventive measure, is now under trial, and gives reasonable assurance of great value. The time may not be far distant when serum-therapy will become the accepted treatment for this disease.

In closing this brief paper on typhoid fever, it is evident that many of its salient points have not been touched upon. There are three important facts, however, to which your attention is again directed.

1. The discovery of the Eberth bacillus has placed typhoid fever among the preventable diseases, and has, therefore, thrown the responsibility for its prevalence upon both the profession and the municipality.

2. The close relation of endemics of the fever to the condition of the water supplies, is clearly and forcibly shown by the statistics presented from the Camden Board of Health.

3. While the present methods of treatment, medicinal, hygienic and sanitary, are more rational and effective than any that have preceded them, in combating intestinal lesions and systemic infection, there is, nevertheless, no drug, remedy or method of treatment known at this time, which will destroy the bacilli within the intestinal tract, or act

as a direct antidote to their poisons or ptomaines within the blood, unless it should prove to be the treatment by injections of sterilized cultures of bacilli, which is still in the experimental stage.

OF THE
MEDICAL PROFESSION OF NEW JERSEY
PAST AND PRESENT.

E. L. B. GODFREY, A. M., M. D.,
h

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THE EDUCATIONAL STANDARDS OF THE MEDICAL PROFESSION OF NEW JERSEY, PAST AND PRESENT.*

BY

BY E. L. B. GODFREY, A. M., M. D.,

CAMDEN, NEW JERSEY.

The history of New Jersey shines resplendent in the glory of great actions and high achievements. Not alone in the arts of war or of peace are these achievements renowned, but also in the domain of science, they glow as beacon lights in American medicine. What the medical profession of New Jersey has accomplished in establishing and maintaining high educational and professional standards, from the first examinations inaugurated in 1772 to the present requirements for examination and license, is the theme to which I beg to call your attention to-night.

In the early period of the Colony of New Jersey, medical practice was without regulation save by the crude laws promulgated by the Duke of York. But, with the advent of the Puritans and the Knickerbockers of East Jersey, under Berkeley and Carteret, and of the Quakers of West Jersey, under Fenwicke and Byllinge, there came physicians whose training in the schools of Europe made them leaders among the early settlers. Their interest in local government and in their profession, especially in the practice of inoculation at this period, materially contributed to their influence.

But comparatively little progress was made in a professional way in the Colony of New Jersey until the close of the French and Indian war in 1763. This war, according to Dr. Toner, gave the native physicians opportunities to note the methods of practice current with English army surgeons stationed at the military hospitals located at Burlington, Trenton, Perth Amboy and New Brunswick. These opportunities stimulated their professional knowledge and pride so that, according to Dr. Wickes, they organized, three years later, in 1766, the Medical Society of New Jersey. In the first year of its existence the Society took up the subject of medical education. It was agreed that "No member should take a student as his apprentice who

*President's Address delivered before the Medical Society of New Jersey, at the Annual Meeting, Asbury Park, New Jersey, June 23d, 1903. Reprinted from the Transactions of the Society.

did not possess a competent knowledge of Latin and some knowledge of Greek, and agree to remain as an apprentice to the master for four years, three of which should be spent with the master and the last in some school of physic." Thus an educational standard was established by this Society one hundred and thirty-six years ago.

Six years later, in 1772, the Society secured a legislative enactment regulating the practice of medicine within the Colony. This provided, in substance, that no person should practice medicine until he had been first examined in physic and surgery by any two Judges of the Supreme Court, assisted by such persons as they saw fit. Thus State medical examinations were legally established in New Jersey one hundred and thirty-one years ago.

By this enactment, the Society became a potential factor in the Colony and, during the War of Independence, its members rendered the greatest service to the State, both in council and in the field, by reason of their high education, professional zeal and exalted patriotism.

At the close of the Revolution and immediately following the institution of the State of New Jersey, this Society, in 1784, procured the re-enactment of the Colonial law requiring State medical examinations. These examinations were conducted through the medium of the Supreme Court, and were requisite for medical practice and for membership in this Society. This method of examination instituted in 1772 was continued until 1816, a period of forty-four years, when the State transferred the examining and licensing power from the Supreme Court to this Society, conferred upon the latter the authority to determine the qualifications of candidates for license, to grant license to practice medicine, and to confer the degree of Doctor of Medicine.

In the light of to-day the granting of such authority to this Society would be regarded as unconstitutional. The State cannot delegate its authority to any organization, since all State officers must be either elected by the people or appointed by the Governor; nor can any Governor be limited in his appointments to any list selected by any specific society, though he should be willing to listen to reasonable recommendations.

The Society at that time (1816) required an apprenticeship of four years, or three years if possessing a liberal education, including attendance upon at least one course of medical lectures, as a requirement for admission to the examination. The examinations were held in *Materia Medica*, Pharmacy, Chemistry, Anatomy, Surgery, Midwifery

and Theory and Practice of Physic. From the first this Society, through its examinations, guarded with jealous care the portals of the profession. In 1849 it endeavored to nationalize its system of licensure, and urged the American Medical Association, organized two years previously, to endorse the separation of the teaching from the licensing powers and the establishment of State examinations for State license. College influence, however, proved too strong, and the resolution was not carried out.

The Society believed in the establishment of a legal standard of medical education. In order to still further advance that of New Jersey, the Society, in 1851, endeavored to secure from the Legislature a supplement to the Medical Act, embracing still higher ideals. Among other provisions, it included a four years course of medical study from applicants without a diploma in the Arts, as a basis for its examination and license. This movement caused much excitement among the medical colleges of adjacent States. They raised the cry that the censorship of the Medical Society of New Jersey was inimical to public and professional interests. The College of Physicians and Surgeons of New York, the University of New York, the University of Pennsylvania, Jefferson Medical College, and Pennsylvania College joined interests in opposing this measure. They secured an amendment to the supplement compelling the Society to grant a State license to their graduates upon the presentation of their diplomas with fees and testimonials as to character.

For the first time in its history, the Legislature thwarted the interests of the Medical Society of New Jersey.

The execution of this law became at once a source of embarrassment to the Society because of its limitations and the favoritism shown to the colleges named. The act not only practically abrogated the examining authority of the Society, but placed a premium upon graduation from these colleges and exacted the penalty of examination from the graduates of all other medical schools. As a result, a feeling of dissatisfaction pervaded the profession. To meet this, the Society adopted conciliatory measures by admitting graduates of any regular medical school to practice in this State without examination. But this concession failed to stem the tide of opposition to the examinations of the Society from the graduates from other schools and systems of medicine. This enactment was so manifestly unjust that the graduates of other medical colleges secured from the Legislature,

in 1854, the enactment of a law granting to all physicians holding diplomas from any medical college in any State of the United States, after three years of study with a lawful practitioner, including two full courses of lectures of not less than twelve weeks each, to practice in this State upon depositing an English translation of their diploma with the Clerk of the County in which they resided.

In this struggle between the Society and the colleges, from 1851 to 1854, the Society was clearly beaten. The examining and licensing power of the State, first exercised through the Supreme Court from 1772 to 1816, a period of 44 years, and through this Society from 1816 to 1854, a period of 38 years, making a total of 82 years, was completely abrogated, so that the Society, at its centennial anniversary, 1866, surrendered its examining and licensing privileges and rights to the State, after holding them for fifty years.

This was the darkest hour in the educational history of the medical profession of New Jersey. The profession was practically overwhelmed by these enactments. The standards were not only lowered, but the portals of the State were thrown wide open to every kind and grade of physician, from any and every State, even from the bogus medical colleges which began to flourish at this time. The profession was despoiled of much of its former dignity; quacks and pretenders abounded everywhere throughout the State and plied their vocation unmolested. There were no laws governing the practice of medicine in New Jersey, except the recording of a copy of a diploma with a County Clerk, and this was indifferently enforced because Clerks were unable to distinguish between genuine and fraudulent diplomas. This condition of affairs extended until 1880, a period of 26 years, when, owing to the public scandal caused by the bogus medical colleges and exposed by the lay press, chiefly by the *Philadelphia Record*, the filing of a fraudulent diploma was made a misdemeanor.

During this period of twenty-six years, private medical schools, without endowment and proprietary in character, sprang up with mushroom-like growth in nearly every city in the adjacent States. Their reputation and success rested largely upon the number of students they could graduate in two courses of lectures of sixteen to twenty-four weeks each, each course a repetition of the other. In none of these colleges was an entrance examination required. But the low grade of requirements, supplemented by a still lower grade of teaching, was not sufficiently low to accommodate many desirous

of practicing medicine; consequently bogus medical colleges flourished luxuriantly in New Jersey as well as in adjoining States. Physicians multiplied so rapidly that a medical diploma had but little significance and was no evidence, *per se*, of a reasonable medical knowledge. In fact, hundreds of persons practiced medicine in New Jersey who had never graduated from a medical school.

The act of 1880, and its supplements, proved a failure, and medical practice in this State remained practically without restriction from 1854 to 1890, a period of thirty-six years.

During this period, the brilliant researches of Lister, Pasteur, Koch and others, with the practical experiences afforded by the Civil and Franco-Prussian Wars, revolutionized medical practice and gave new conceptions of the cause, nature and treatment of disease and injuries. Public and professional sentiment became aroused to the low educational status of medical colleges, a large percentage of which were unable to give a proper course of instruction for want of endowment. The demand for State regulation of the practice of medicine became imperative; not alone to protect the people, but also to advance the cause of medical education and sanitary science. The discussion of the subject was general. The controversy developed that no government, neither the United States nor foreign powers, granted the right to practice medicine on a medical diploma issued by a private teaching institution, except our State governments. The United States, like the foreign powers, refused to accept a medical diploma as a test of qualification, and exacted examination from all applicants for admission to the medical corps of its Army and Navy. Various States took up the problem to discover a solution. The conclusion was reached that, in view of the authority exercised by physicians over the health of its citizens, a State should not accept, without examination by its own officers, a diploma from a college outside of its jurisdiction, especially from private medical institutions, owned and controlled by their faculties. Investigation showed that a large percentage of medical diplomas represented more of a commercial than a professional value. It, therefore, became necessary for States to exercise their inherent right to regulate medical practice by mandatory enactment and to dictate the qualifications required for medical license. The need for this action was the greater because there was no fixed or accepted standard of medical education in the colleges.

In accordance with the spirit of the times, the State of New Jersey established, in 1890, a minimum standard of medical qualifications and appointed direct representatives to examine and license, in the name of the State, all persons hereafter commencing the practice of medicine within its borders. Unlike the delegated authority exercised by the Supreme Court and by this Society, these appointments were direct and for the exclusive purpose of ascertaining and certifying to the fitness of applicants for a State license. These representatives were appointed as State officers, for State duties, and were directly responsible to the State for their actions.

At this time the short period of study required to obtain a medical diploma did not warrant the establishment of very high academic and medical standards, while the long period of unregulated medical practice would have made it difficult to enforce them. Three classes of licentiates were provided for by the statute of 1890. Graduates in practice for more than five years were examined in seven branches of medicine; graduates of less than five years' experience were examined in fourteen branches, and undergraduates were given a partial examination, to be completed after graduation. No fixed period of academic and medical study was at first required by the statute; after January, 1892, three years of medical study was required from the second and third classes, with evidence of some preliminary education.

The Act of 1890 was not satisfactory in its scope or its requirements, and was revised in 1894.

The Act of 1894 required a competent, common school education and four years of medical study, including three courses of lectures in different calendar years, prior to receiving the degree of Doctor of Medicine, with testimonials as to character, as conditions of admission to the examination. The examination embraces fourteen subjects in nine sections, ten questions to each section, and a general average of 75 per cent. to obtain a State license.

This act marked a great advance in the medical standards of New Jersey and has served a grand purpose. It has been extensively copied by other States. When enacted, it was abreast of the times; but the progress of medical science in the last decade demands still higher academic and medical education. It became necessary to revise the law to keep in touch with the examining requirements of other States. This revision would have been made earlier had it not been

for the difficulty in establishing a satisfactory public school law, which was necessary to fix the limit of academic requirements.

The Act of 1894 was amended on April 8th, of this year (1903), after conference with the Governor, the medical representatives of the State, and consultation with a number of the leading physicians of the State. Its provisions go into effect July 4th.

The academic requirements are raised by the amendment from "a competent, common school education" to a diploma issued after four years of study in a normal, manual training or high school of the first grade in this State, or in a legally constituted academy, seminary or institute of equal grade, or a student's certificate of examination for admission to the freshman class of a reputable literary college, or an academic education considered and accepted by the State Superintendent of Public Instruction as fully equivalent. These requirements are now demanded by the best colleges.

By this means the State secures a fair amount of academic education in its licentiates, while debarring none from its examinations by reason of limited educational opportunities. The public high schools are free to all, and if unable to attend these institutions, the candidate may go before the State Superintendent of Public Instruction, or the State or County Boards of Examiners for Teachers, and demonstrate by examination his fitness to be admitted to the medical examinations. The rich and the poor stand on an equal footing. It is the quality of the education and not the place or circumstances under which it is obtained, that is requisite. Aristocracy in medicine is neither established nor encouraged by this law.

The minimum medical requirements for a State license are four full school years of medical study, of at least nine months each, including four courses of lectures of at least seven months each, in four different calendar years, in a legally incorporated American or foreign medical college, prior to receiving the degree of Doctor of Medicine. This is the basis of graduation in the best medical colleges, and places New Jersey on a par with the adjoining States. The State has thus made steady progress in raising the requirements for its license since its examinations were established in 1890. No State examination preliminary to the study of medicine is required, because New Jersey has no medical colleges.

The examinations for medical license are conducted strictly within the provisions of the statute. It has been found that written exami-

nations are the best available test. The State only demands that a candidate meet its minimum requirements, which indicate the possession of a reasonable medical knowledge. Candidates are known by number only to the examiners. The rules are such that fraud, impersonation or favoritism are practically impossible. After the examination, the entire record of each candidate, embracing his credentials, examination papers, averages attained, etc., is filed in the State Library for public inspection and as *prima facie* evidence of all facts therein contained.

The new law makes concessions to veteran doctors. Five years of reputable and continuous practice may be accepted for admission to the examination in lieu of one course of lectures, in the case of graduates prior to 1903; and ten years of practice for two courses of lectures in the case of graduates prior to 1894, provided that the exemption be stated in the State certificate. These provisions are but just to those members of the profession whose practical experience is entitled to recognition and more than offsets the technical glibness of the tyro fresh from the arms of his Alma Mater.

The need of State supervision over the admission of medical practitioners to the rights, privileges and immunities that the State grants to the profession is now admitted. Every State and Territory in the Union demands from each beginning practitioner a State medical license based upon examination, or a diploma from a recognized college, except Alaska, where a license fee of \$50 per year is required from itinerant physicians. Even Hawaii, Porto Rico and the Philippines require examination and licensure.

By virtue of this supervision, the State guarantees to its citizens that its medical licentiates possess at least a reasonable knowledge of medical science. Wherever the standard of requirements and of the examinations has been scrupulously maintained, and all candidates for license placed upon the same footing, no matter from what college they were graduated, there State supervision has been a potential factor for the public good. It has extended the curriculum of medical study and promoted the cause of medical education more than any other factor. It has forced colleges to adopt as least the minimum requirements of the States. It has uplifted the *morale* of the profession and driven unlawful practitioners from the State in great numbers.

The best medical colleges advocate State supervision and high

standards for license because they alone can furnish the facilities necessary to obtain the required knowledge, and the laboratory method of teaching which is now demanded by the progress in medical science. State supervision will reduce the poorly-equipped and unendowed colleges to the minimum, if it does not ultimately compel them to yield their charters. Private medical schools must go to the wall. These schools served their purpose and were useful when the country was sparsely settled and medical science was comparatively simple. Now they are unable to meet the demands of modern educational methods. When it is remembered that there are 156 medical colleges in this country, with about 27,500 matriculants, graduating over 5,000 students annually; that about 63 per cent. are private corporations owned and governed by their faculties, essentially private institutions, without endowment or the facilities for giving a first-class medical education, and lax in enforcing the entrance examination, the need of State supervision over medical education and practice becomes apparent. Repeal the enactments of central jurisdiction over medical practice, and the requirements for the title of Doctor of Medicine would go back to a two-years' course as before. There is no other way of compelling an unendowed college to require four years of study except by the State making it a condition of admission to its examinations. Much has been accomplished in this direction, but much still remains to be done.

The State of New Jersey, through its medical representatives, exacts compliance with the high standards of the laws from all applicants for its medical license. No diploma has been recognized from any medical college of lower standard than the statute requires. Medical diplomas are not a certain indication of a reasonable medical knowledge, nor is the entrance examination agreed upon by the Association of American Medical Colleges adhered to by all schools. A large number of candidates have been refused admission to the State examinations because unable to meet the requirements of the statute.

The charters of two medical colleges in this State have been revoked, and the establishment of a third, advertised to grant a diploma on a two-years' course of study, was recently defeated in the Senate after it had passed the Assembly. Hundreds of charlatans and pretenders have been driven from the State, and there is less fraudulent practice in New Jersey to-day than at any time in its history. The practice of osteopathy has been shown to be in violation of the statute by a

recent judicial decision. The Court held that no one should be permitted to administer and prescribe, as a practice, for the curing of disease, unless with the permission of the State, and that the State was to be the sole judge of any and all systems and of the fitness of the person to administer to the sick; that no one has a right to practice any system whatever, medical or religious, such as the laying-on-of-hands, without a State license. This decision applies to Christian Scientists, whose belief that disease has no existence but is a sin to be healed by prayer, is a menace to public safety.

An especially gratifying feature of the operation of the statute is the progressive improvement in the personnel of candidates for a State license. A few years ago, about 5 per cent. of all candidates held degrees in the arts or sciences, including pharmacy. Last year, 21 per cent. held academic or scientific degrees. Step by step the present medical statute has built up the educational standards of the profession of New Jersey and has done more to dignify and ennoble it than any legislative enactment since the institution of State examinations, 131 years ago, except the incorporation of this venerable Society in 1790.

The history of State examinations in New Jersey from 1772 to 1854, a period of 82 years of high standards and professional worth; the absence of examinations from 1854 to 1890, a period of 36 years of unrestricted medical practice without State standards; the resumption of State examinations in 1890, followed by steady improvement in both the State standards and the personnel of the profession—these facts of history show the acknowledged need, the great advantages and the unlimited possibilities of a system of medical licensure controlled and operated by the State alone.

The value of a New Jersey certificate of license may be estimated when it is stated that, during the past year, only 82 per cent. of the graduates, representing about 40 different medical colleges, proved themselves capable of obtaining it. The number of licentiates during the past year added about 6 per cent. to the number of physicians already in practice in this State, the proportion of doctors in New Jersey now being about 1 to 600 of the population. The demand of both the profession and the public is not for more, but for better educated physicians.

Of the total number of physicians in New Jersey, about 69 per cent. hold the certificate of State license. A quack may flourish a diploma,

but it is impossible for him to get the certificate of New Jersey under the present statute and the accessory rules and regulations. Fraudulent impersonation, also, is practically impossible.

Because of these facts, the certificate of medical license issued by New Jersey confers an added dignity on those members of the profession who have received it and renders them eligible at this time for license in perhaps more States than that of any other State of the Union.

The present medical statute has been sustained by several Courts of Common Pleas, Supreme Court Justices and the Court of Errors and Appeals. The enforcement of the penalties of the statute rests wholly with the prosecuting authorities of each county. The co-operation of this Society and the District Societies with the Prosecutors, through committees formed for that purpose, with whom the representatives of the State would willingly work, would greatly aid in the enforcement of the statute. To make the law more effective, it is the purpose of the State to secure legislation making the display of a sign, circular or advertisement, or any other device to advertise as a practitioner of medicine, or of any of its branches, without license, in itself a misdemeanor, punishable by fine or imprisonment. When this is done, the protection of the citizens of New Jersey against medical pretenders will be complete.

The perplexing question, gentlemen, in the maintenance of the educational standards of this State, is the endorsement of licenses issued after examination by other States. This perplexity arises from four causes. The unsettled state of medical education throughout the country; the wide variation in the curricula of the 156 medical colleges, in respect to their entrance examinations, methods of teaching and requirements for graduation; the differences in State laws regulating medical practice, arising from the varying needs of different States according to their public school standards and extent of population; the diversity of opinion in the profession itself as to what should be required to obtain the title of Doctor of Medicine and State authority to practice, contribute complications to the solution of the question on a common and equitable basis.

For the past thirteen years the National Confederation of State Medical Examining and Licensing Boards has considered the question of reciprocal endorsement without reaching a solution. For the past three years the Confederation of Examining and Licensing Medical Boards of the Middle West has been wrestling with the subject, and,

in April last, proposed a double standard for endorsement—one upon a State certificate of examination and license; the other, upon a diploma from a recognized college. This is the method that wrecked the examinations of this Society in 1851. How utterly it compromised the Society in the favoritism shown to certain colleges; how thoroughly it failed to accomplish the end in view, the history of this Society attests. Such will be the result of any system that fails to exact from all candidates for license the same minimum qualifications or accepts the diploma of any college in lieu of a State examination.

What, then, can be done to harmonize conflicting opinions on the question of State standards without undue severity on the one hand or undue laxity on the other?

Let us consider the subject from various view points. Shall every applicant for license undergo an examination in this State after passing an equal examination in another State having equal standards of requirements?

Take a hypothetical case. Assume the case of a physician, graduate of a reputable medical college, licensed after a State examination equal in grade and kind to that of New Jersey; who has practiced five, ten or more years; who desires to remove to this State because of health, family or professional reasons; who can meet every requirement of the law, moral, educational and examining—shall the experience of such an applicant be wholly discounted and he be compelled to submit to a repetition of an examination in the same elementary branches in which he was previously examined and passed when he first obtained his State license? Is there any physician of five or more years' practice here present who would approve of this course in his own case? Probably not one.

Such an examination seems uncalled for. It is a hardship. It reduces the best men to the level of the lowest. It is unnecessary because professional efficiency has been once proven by a co-equal State. It is contrary to the spirit of the profession, because it discounts experience and places the distinguished practitioner on the same footing as the beginner.

Should it be said that all lawyers beginning the practice of law in New Jersey are compelled to pass a State examination for license, except when in consultation with the attorney of record in a given case, let it be remembered that, in law, statutes and court procedures differ in different States, while, in medicine, the principles and practice are the same in all the States.

If, then, a repetition of a State examination, or a re-examination in essentially the same branches, upon removing from one State to another, is a hardship to the profession, what then is the best, the broadest system of interstate endorsement of State medical license?

There are two systems in vogue. The first restricts by statute the endorsement of licentiates to those States which reciprocate by granting equal rights in return. The second is also statutory, but leaves endorsement optional with the licensing authorities, provided the standard of requirements of reciprocating States are substantially the same.

Let us consider the first system, viz., endorsement restricted by statute to those States alone which reciprocate. What is the object of such restriction? It is to compel reciprocation from States to whom endorsement is given, on the ground that endorsement cannot be justly given when not granted in return. Will it accomplish this? No! No State can be compelled to reciprocate by any process of law or retaliation. The theory of compulsory reciprocity may seem to some, at first sight, just to the profession and good State policy. Experience, however, proves it to be unjust to the profession and a bad State policy. It is not a success, and has proved a stumbling block to the extension of interstate endorsement.

Of the 54 States and Territories of the Union, as far as can be ascertained, only 5 have compulsory reciprocity embodied in their statutes; while in the remaining 49 endorsement is optional with the licensing authorities or not provided for by statute.

What reasons, it may be asked, can be adduced to prove its injustice to the profession and its detriment to the State?

1. It makes a State medical certificate paramount to a diploma from the highest medical colleges and to the qualifications of the most distinguished practitioners in the question of endorsement; whereas, such certificates should be regarded as only co-equal with the several conditions of endorsement, in justice to the profession and the colleges.
2. The system is mandatory and places an embargo on applicants of professional merit from States that cannot reciprocate by reason of higher requirements. This may be illustrated by the recent refusal of a certain State to accept the New Jersey certificate because New Jersey could not reciprocate an account of its *higher* standards—an injustice at once manifest.
3. Its application is limited, because State medical laws are not uniform, and the limitation

will continue for years on account of differences in population and in the grade of public schools in the different States. 4. Its tenure, also, is uncertain. The changes continually being made in State laws to keep in touch with the progress of medicine will cause constant interruption of endorsement and consequent confusion and hardship to the profession. 5. It is contrary to the formulated ethics of the profession, because it is a revival of the "*lex talionis*" of the ancient codes.

As a State policy, compulsory endorsement of those States only which reciprocate, if engrafted in the statute, would prove detrimental to the profession of New Jersey. Such reciprocity could not be entered into with New York or Pennsylvania, or other adjoining States, as has been suggested, because the statutes of these States do not recognize such a provision. Were such a system of reciprocity adopted, it would involve endorsing all the licentiates of reciprocating States, the good with the bad. It would mean, therefore, endorsement on the omnibus plan, since all the licentiates of a State stand on an equal footing.

What would be the result? The numerical ratio of the profession of New York to that of New Jersey, on the basis of the census of 1900, is about 6 to 1; that of Pennsylvania to New Jersey, about 4 to 1; that of New York and Pennsylvania combined is approximately 10 to 1. New Jersey, therefore, is not the equal of the adjoining States either in population or number of physicians, and an exchange of medical licenses on the basis of equal rights and privileges in return would, in view of the great disparity as to numbers, prove detrimental to the profession of this State. Nor is this all. The influx of physicians for summer practice along the coast, in the mountains, by the lakes and at the suburban resorts, makes that system of endorsement still more detrimental.

Reciprocity, therefore, restricted by statute or by voluntary agreement, which endorses the licentiates of those States only which reciprocate, and on their State certificate alone, in the relative proportion existing between this and the two great adjoining States, with the inducements for summer practice found here, would literally engulf the profession of New Jersey. This is not a theory, but a fact. New Jersey cannot afford endorsement on this plan. The profession of New Jersey needs protection from itinerant summer practitioners, whose methods are not always ethical. The State authorities have

checked this influx by refusing to recognize the certificate of any State as the sole requirement for endorsement, but demand that the holder shall meet the same requirements as applicants for examination.

As a State policy, therefore, compulsory reciprocity is plainly objectionable. Like a two-edged sword, it would cut both ways. It is not needed in New Jersey for the protection of medical colleges, since there are none in the State; neither has it been adopted by the adjoining States. It would stand in the way of medical progress, since its adoption would exclude endorsement of all States having higher requirements. Instead, therefore, of compelling reciprocity, it would check the extension of interstate indorsement, to the disadvantage of the profession.

Let us now consider the second system, which permits indorsement by statute, but leaves its application optional with the licensing authorities. This is a step in advance over indorsement restricted by statute to reciprocating States, because it admits of a wider application through the discretion permitting the licensing authorities in selecting States to be endorsed. Where this system is in operation, it is carried out by a voluntary agreement between the reciprocating States to endorse each others' licentiates. This method is open to most of the objections which apply to compulsory reciprocity, and has been found impracticable in its execution.

This impracticability is due to four causes, viz., the difference in State laws and in their interpretation; the difference in the standards of requirements for State license; the difference in the status of medical colleges, and the different opinions as to the eligibility of candidates rejected by one State for the examinations of another.

When differences arise between State authorities over any or all of these causes, how can they be adjudicated? By law? No! There is no law, national, inter-state or State, to adjudicate these differences or to enforce any agreement which may exist. Such agreements, therefore, based upon voluntary action, may be broken at pleasure and without redress, to the discomfiture of the profession.

This is the experience of the licensing authorities of this and other States. In the absence of uniformity of college and State requirements, there is, therefore, at this time, no basis for common and united action which can be applied to any considerable number of States; nor can there be, until the laws of the States become uniform.

It has been suggested that a national enactment would solve these

difficulties and provide for inter-state endorsement on a common basis. This, however, is practically impossible. The National Government has no jurisdiction within any State in respect to the police control of its citizens, under which department State examination and license fall. Before a national enactment can be obtained there must be secured an amendment to the Constitution of the United States involving a surrender of State sovereignty on the one hand and a centralization of authority on the other. It is not probable that such an amendment would be ratified by three-fourths of the States, with the surrender of the control of the medical practitioners within their jurisdiction. A voluntary National Examining Board has been proposed, but such a board would have no legal standing and would be wholly without official recognition.

In the absence of any national or interstate enactment, reciprocity, whether compulsory or voluntary, is impracticable, except to a limited extent, until there is uniformity among the States in respect to laws, requirements and grade of State examination. Each State must regulate medical practice within its own borders. Especially must New Jersey do this, whose high standard of requirements must be maintained; who has no jurisdiction over any medical college; whose population already carries its full quota of the profession, and whose territory is invaded annually by large numbers of physicians for the purpose of summer practice.

With the necessity of State examinations and license admitted, how can New Jersey maintain her educational standards and protect both the public and the profession while endorsing medical licentiates of other States? It is admittedly not good State policy to exclude the citizen of another State who can conform, in all respects, to the requirements of this State; on what terms, therefore, shall they be admitted? The problem has been solved by the licensing authorities of this State, after a wide experience, and has been carried into successful execution. What, then, is the solution? Simply to demand and enforce the same requirements for license by endorsement as for license by our own examination. *New Jersey does not accept the license of any State, as a sufficient ground for endorsement.* A State license is accepted as only one condition of endorsement, and only for the examination it represents. Just as from applicants for examination, so from applicants for endorsement, the same minimum standards of academic education, medical training, moral character

and examining requirements are exacted. In addition to this, the New Jersey certificate of either examination or endorsement cannot be obtained except upon the recommendation of a registered physician of this State. It is not alone the State, but also the individual, that is endorsed. The refusal, therefore, of a State to grant endorsement in return does not afford a legal or valid reason for rejecting an applicant who can meet every requirement of the law.

The individual merit and professional qualifications of each applicant stand foremost in the question of endorsement for a license of another State. These must be supplemented by a State examination in substantially the same medical branches and conducted under essentially the same rules and regulations as required by New Jersey, before any State license can be endorsed. If any candidate cannot meet the academic, moral, medical and examining requirements for a New Jersey license, this State is under no compulsion, statutory or voluntary, to endorse him, no matter what State license he may hold; if he can meet the requirements, he may be endorsed on the certificate of any State whose standard of requirements is substantially the same as that of this State, when supplemented by a recommendation from the profession of New Jersey.

This, gentlemen, is believed to be the best, and perhaps the only method by which the high educational standards of New Jersey can be maintained and the profession fairly and justly dealt with. By this method New Jersey is the sole judge of the qualifications of its medical licentiates. This is the intent of our law. Only the best practitioners are endorsed. The record of each candidate as well as his State license is the subject of specific inquiry, and itinerant physicians of doubtful standing are quickly discovered and easily excluded.

This system, too, is in the interest of higher education. It permits the selection of applicants from any State in the Union, whose moral character and college training meet the requirements of our law and whose State examination is substantially the same as that of New Jersey.

This system admits of National application of the principles of endorsement, because each State is the judge of the qualifications of applicants for license, whether examined or endorsed. It is the only system so far devised that will admit of National application. Up to the present time it has made the certificate of New Jersey acceptable

to more States than that of any State in the Union. When the new law goes into effect, July 4, it will not be possible to continue the endorsement of a number of States now endorsed, because of our higher standard of requirements; but other States of equal requirements will take their place, and the new standards are so high that the profession of this State will be eligible for endorsement throughout the country, if the qualifications of the applicant are the basis of consideration.

In conclusion, gentlemen, permit me to express my appreciation of the high honor you have conferred upon me in electing me President of the oldest, the grandest and the most influential State medical organization in America.

In looking backward, we behold the birth of this Society nearly a score of years before our nation was established and our State was founded; we look with conscious pride upon History unfolding from her ample pages the names of illustrious members, renowned in science, literature, politics and arms, and we witness with satisfaction the re-establishment of legally regulated professional standards in the interest of the profession.

In looking around us, we behold this Society larger in membership, more potent in influence, and with a better understanding of its relations to the State, than ever before.

In peering into the future, we behold this Society going forth with a firmer purpose to grasp the secrets of advancing science, to extend the period of human life, and to join with the State in maintaining the highest educational standards that the progress of medicine warrants and the welfare of the people demands.