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A medical education in Kansas, in 1850, was largely the result of study under another practicing physician, namely the preceptor. As the increasing need for formal college education became recognized, medical colleges began to spring up on the prairie. Most were short-lived, but by 1889, Kansas had two strong medical colleges, one at Kansas State University and the other at Kansas medical College of Topeka.

Kansas offered fertile soil for the growth of three major nineteenth-century medical sects, the Thomsonians, Homoeopaths, and Eclectics. Homoeopathy founded in 1870, by S. C. F. Hahnemann, was based on the theory that certain diseases could be cured by giving very small doses of drugs which in a healthy person and in very large doses produced symptoms similar to those of the disease. It was Hahnemann who gave regular physicians the title allopath. Considered the opposite of homoeopathy, allopathy meant the treatment of disease by remedies that produce effects different from or opposite to those produced by the

disease. Wooster Beach, also critical of the heroic therapeutics of the regulars, formed the eclectic practice of medicine in the 1820's.

Because of his acceptance of the botanical practice of Thomsonians, Indian doctors, and other sources, he called his practice eclectic.

Taken as a whole, these three sects supplied approximately 30 percent of the practicing physicians in the state. In certain rural areas, the majority of the physicians were classified as "irregulars."

Eclectics, largest of the three, and homoeopaths had strong medical associations which frequently came into violent conflict with the regular school of medicine. It was one of these conflicts that forced the repeal of the 1879 act to regulate the practice of medicine in the state. Realizing that there was no effective legislation to regulate medical practice, attempts were made towards reconciliation. Superficial shows of comradery hid an undercrust of prejudice and suspicion. The need for regulatory legislation was apparent to all. In the drafting of such legislation, no one seemed to be able to agree on the details. Yearly proposals were made to the legislature, but a combination of Populist opposition and sectarian disagreements doomed each to failure. It was 1901 before Kansas gained effective legislation.

The use of proprietary therapeutics grew steadily throughout the late nineteenth century. Although the advertising was misleading and ingredients often dangerous, their use continued. Kansas firms, such as W. W. Gavitt Medical Company joined the bandwagon and made a good deal of money for their effort. Again, regulation would have to wait for the twentieth century.

The nineteenth century was a period of rapid growth and change in the area of therapeutics. Instead of simply a cathartic and emetic,

the physician found his bag full of a vast array of narcotics, analgesics, and antipyretics. The same year Roentgen published his report on x-radiation, Kansas physicians were adopting its use in a wide variety of applications.

MEDICINE IN KANSAS 1850 - 1900

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L.J.

PREFACE

Medical care in the world has gone through many stages in its long history since Hippocrates and Galen. Generally, however, there is little of what we would call progress until the nineteenth century. To mention a few advances: 1819, saw the invention of the stethoscope by Laennec, the isolation of quinine from cinchona by French chemists in 1822, the flowering of bacteriology and antisepsis by Louis Pasteur and Sir Joseph Lister, the discovery of the tubercle bacillus by Koch, and the clinical thermometer. The list goes on and on, but the growth of this scientific revolution also caused problems for the nineteenth century physician.

The age-old teachings of Galen were the most widely believed. His humoral theory postulated that sickness was the result of an imbalance of the four basic humors, and that the aim of medical treatment was the restoration of proper balance. With the turn of the nineteenth century, another Greek concept was revived, namely that illness was primarily a general state of the nervous and vascular systems (solidism), and that therapy should be devoted to either quieting tension in these parts or to stimulating them when they exhibited lack of tone. Benjamin Rush, in particular, carried this theory to extremes. As Richard Shryock states in his Medicine in America, "Rush's popularity as a writer and teacher spread the blight of heroic practice across the United States for half a century." Whatever philosophy you adopted, the cures were

the same, namely the multi-pronged attack of emetics, cathartics, blood-letting, blistering, and laudable pus. Certainly, the cure often did kill.

The scientific revolution raised serious doubts about the use of the mercurials and tartar emetic. Research continued to the extent that it became an end in itself. It seemed that medicine spent its time on identification of diseases rather than their cure. The old medicine was destroyed, but nothing seemed ready to replace it. A spirit of medical nihilism pervaded many medical centers. Common people did not want speculative theories, they wanted results.

Medical practice in Kansas offered results. Scientific medicine, old therapeutics, and new therapeutics were combined. The doctors of the Lyon County Medical Association admitted in a discussion on June 3, 1890, that there were no new medicines and that the old ones still had value. At the same time they were adopting antiseptic technology and discussing its many forms. A synthesis was in process. Medical therapeutics to them was not a question of nihilism. The frontier would not allow it.

Physicians were up against many diseases of which they still had little real information. Scientific medicine was still in its infancy. The ignorance on the part of the populace about rudimentary theories of hygiene and a reluctance to believe in such things as "Germs" often compounded the physician's problems.

The great profusion of medical sects, such as the eclectics, homoeopaths, and botanico-medicals, occurred from 1850 to 1900. Their growth was largely the result of the revulsion on the part of many physicians toward the use of heroic therapeutics by the aforementioned "regular physicians." Of these sects the homeopathy was the largest.

Founded in 1790 by Dr. S. C. F. Hahnemann, it was based on the theory that certain diseases could be cured by giving small doses of drugs which in a healthy person and in very large doses would produce symptoms similar to those of the disease. The Eclectic School of Medicine was founded in the 1820's by Dr. Wooster Beach. Also critical of the prevalent heroic therapy, Beach turned his attention to Thomsonians, Indian doctors, herb doctors and others for ideas in medical practice. Because of this acceptance of ideas from all these sources, his practice was called eclectic. Many of the sectarians had medical degrees from regular schools in the early years. As the sects grew, so did their own medical colleges. Most practitioners were not quacks, but simply physicians following a different set of therapeutics. In an age when little of medicine was "scientific," they often experienced better results than the regular school. This study will look at the differing philosophies, the growth of the sects, and their relationships with fellow practitioners. There are two spellings of homoeopathy/homeopathy. This thesis uses the spelling pertinent to the source, and in general description the spelling is homoeopathy, the one preferred by homoeopaths during the period under discussion.

The last one-half of the nineteenth century was also rampant with medical quackery and patent medicine nostrums. People either afraid of calling a physician, unable to afford one, or clutching at straws, readily believed the advertising campaigns and made the cure-all business a profitable one. Protective legislation would not be easily enacted. We will look at these struggles and their ultimate success or failure.

Kansas has been shaped by the problems and sufferings of its pioneers. Attempts to cope with them and maintain physical health are worthy of investigation.

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CHAPTER I

MEDICAL EDUCATION

Most early nineteenth-century physicians received what medical education they had from a preceptor. This preceptor was an established physician in the community, who had at least a few medical texts, some equipment, and a sufficiently large practice allowing some clinical training. The course of apprenticeship was divided into two main parts. The first involved "Reading Medicine," which meant reading all the textual material the preceptor happened to have on hand. The specific titles varied, but they usually covered the areas of anatomy, chemistry, botany, physiology, pharmacy, obstetrics, and materia medica. The preceptor would give frequent tests of the apprentice's ability and progress at memorization. The student would then move on to accompanying the preceptor on his visits to patients and would aid in performing minor surgery, dressing of wounds, opening abscesses, and compounding of prescriptions. When this clinical part of his education was complete, the preceptor would give a certificate to the apprentice attesting his qualification to practice medicine. The qualities of the new physician, hence, depended on the qualities of his preceptor with the latter himself usually having little formal background in the basic medical sciences.¹

¹William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins University Press, 1972), pp. 58-86.

One old preceptor explained that he had done the best he could by making his books available and teaching what he knew, but he stated, "There are two things about this that trouble me. One is, that I am sure that half of what I taught you is wrong. This troubles me, but the other troubles me more. That is, I am not sure what half it was."²

The preceptor system was widely used on the Kansas frontier. In 1901, Cloud County, Kansas, still had thirty-three physicians with no college education.³ By the middle 1870s, however, the system usually operated in conjunction with a formal medical college. George Gray matriculated in the College of Physicians and Surgeons in 1876, and at the same time entered the office of E. W. Schauffler as an apprentice. While completing his education at the Kansas City college, Gray made drug preparations at Dr. Eaton's Drug Store. With this extra income he was able to finish a three-year course in 1879.⁴ Originally, the college was supposed to complement the preceptorial training and preceptors were often given teaching credentials at certain colleges, so that they would channel their students to that college. As colleges themselves gained in strength and as the importance of a college degree as a qualification for practice grew, the preceptor lost a valuable source of free help. A negative aspect to this trend was that the meagre amount of clinical training that the student obtained became even smaller.

²Harold S. Diehl, "Medical Schools and Medical Education Over the Past Century," Minnesota Medicine 36 (April 1953): 332.

³Janet Emery, "One Hundred Years of Medicine in Cloud County 1868-1968," Concordia, 1968, p. 2. (Mimeographed)

⁴George M. Gray, Fifty Years in Practice of Medicine (Kansas City: Wyandotte County Medical Society, 1932), p. 2.

Operating expenses of proprietary schools, and many state schools, were met with student fees. Two systems were developed. A student would pay a small matriculation fee of three to five dollars, which was used for upkeep on the physical plant, and then he would proceed to buy tickets from each faculty member whose classes he wished to take. The faculty member used these ticket fees as his salary. At the end of the course of study, an examination was given, and if a majority of the examining committee found the student qualified, and if a graduation fee was paid, a degree was awarded. A second system was also in vogue, in which all the fees were paid in a lump sum. Operating expenses were first removed and the remainder was divided among the faculty according to their amount of teaching and reputation. As operating expenses were fixed, it followed that a greater number of students made it more profitable for the faculty.⁵

As the trend continued, degrees became increasingly easy to come by, if one had the money to enroll. The number of colleges also increased, and, in order to get students, something of a price war developed. In a valedictory address before the Kansas State Medical Society in 1869, John Parsons, decried the quality of medical education and stated, "when some colleges require so little intelligence and so homoeopathic a dose of filthy lucre for a diploma, is it any wonder that the public put the whole profession under ban; that isms flourish, or that a State Legislature has thrown cold swill on a 'bill to prevent quackery'."⁶

⁵Rothstein, American Physicians, pp. 94-95.

⁶John Parsons, "Valedictory Address of the President," Leavenworth Medical Herald 3 (September 1869): 161-62.

The diploma mill was the inevitable result. For a price, a diploma would be supplied in any specialty which the purchaser might desire. We read a letter from just such a consumer:

Lindsey, Ks. June 6th

Dr. Wm. Paine,

Dear Sir A friend of mine one who has practiced medicine for several years and is at present having a very large practice in this town and adjoining country but who has never graduated wishes a diploma. I promised to get him one if you will make it out in the name of Philadelphia University of Medicine and date it back 3 or 4 years for Dr. J.B. Curtis and remit the same by mail to him at this place I will send you \$25 on the receipt of same.

I am yours truly,

O. E. Martin

P.S. The name in full is James B. Curtis.⁷

Attempts were made at rectifying the situation. The American Medical Association in 1869 set a minimum for college fees at \$120, but it only happened after much debate and questioning of the propriety of doing so. This \$120 was to cover a single course of regular lectures and only those colleges adhering to the rule were allowed into membership.⁸ It did little real good however, as delegates from medical colleges were no longer permitted into membership at all after the passage of the 1874 amendment to the AMA constitution.⁹

Regular colleges tried to form voluntary associations to raise the standard of education but their efforts met little success.

⁷"Diploma Seeking," Leavenworth Medical Herald 6 (July 1872): 13.

⁸"Proceedings of the American Medical Association at its Session in New Orleans, May 5, 6, & 7," Leavenworth Medical Herald 3 (June 1869): 14.

⁹Rothstein, American Physicians, p. 284.

Competition was so strong in the medical education field that colleges were afraid to raise graduation requirements for fear of losing their students to colleges with lower ones. The 1870 convention of delegates from medical colleges met in Cincinnati and produced a circular letter to be sent around the country enlisting support in raising student requirements. If agreed to, it would have raised entrance requirements, required four full years of study, including three regular annual courses (six months each) of medical college instruction, and would be taught by no less than nine professors. (See copy of letter in appendix I) It was sent to colleges but got no support and the movement failed.¹⁰

Delegates from medical colleges met in 1859, 1867, and 1870, in an attempt to draw medical colleges together. At the 1870 meeting in Washington, D.C., they proposed an Association of Medical Colleges, but were unable to garner any support and adjourned.¹¹

The Kansas State Medical Society reviewed the whole matter in 1872, and discussed what they believed to be the major issues. As they saw it, the greatest evil was the type of school that granted diplomas after one course of study, provided students could show proof of having studied under some reputable practitioner for three years or who had been in practice for three years. The Kansas society felt that the federal government should establish a medical bureau in Washington, which would supervise medical education in the United States. The AMA itself could act as this bureau, or it could appoint some other group. This bureau would have the power to limit the number of colleges, indicate their

¹⁰"Medical College Convention," Leavenworth Medical Herald 4 (July 1870): 52-54.

¹¹A. M. Wilder, "Medical Reform and the Suppression of Quackery," Leavenworth Medical Herald and Journal of Pharmacy 5 (May 1872): 585.

location, select the professors, and appoint a board of examiners before which all candidates for a degree would come for their final examination. Colleges would be endowed by government and private charities and professors would have a fixed salary. This advocacy of federal control of all medical colleges made little headway. Neither did the proposed adoption of the so-called New York Resolutions, which would have required the Board of Censors of the State Medical Society to certify all prospective medical students as to their educational qualifications before entrance into a medical college. The resolutions after debate failed by a decided majority.¹²

The American Medical College Association, founded in 1876, attained part of their goal of bettering medical education standards. They required members, in 1880, to have a three-year graded course divided into six-month terms. Initial reaction was fairly good, but by 1882, it had to suspend operation because of lack of compliance. It was not until 1889 that Association operations began anew. It was this association that Kansas Medical College of Topeka joined in 1891.¹³

Kansas was not lacking in medical schools. As early as 1859, a medical faculty was appointed by the trustees of Lawrence University, but no such school was forthcoming. With the passage of years, Leavenworth and Topeka hoped for the site of the medical school foreseen in the legislative act of 1864 organizing the University of Kansas. Leavenworth was turned down as the site, and therefore, did everything possible to oppose locating the school at Lawrence. Victory of the Anti-Lawrence forces seemed assured when Dr. Logan of Leavenworth was appointed to the

¹²Ibid., pp. 585-90.

¹³Rothstein, American Physicians, p. 286.

Board of Regents.¹⁴ Logan was not without prestige, serving as one of the editors of the Leavenworth Medical Herald, which had the support of the Kansas State Medical Society. In a letter to Judge J. A. Halderman dated January 21, 1870 he writes:

I had hoped to see you while here in relation to the matter of establishing the Medical and Law Dept's State University at Lawrence. I understand Lawrence has a scheme on foot to issue \$100,000 of city bonds for University purposes, which bonds are to be endorsed by the state. There can be no doubt the state would have them to pay. Out of the proceeds of the bonds, it is intended to erect a Law and Medical Department. As to the law branch, you know more than I can tell you, but it would be a great outrage to locate the Medical Department in a little town like Lawrence--with no hospital facilities for teaching, either present or prospective. Neither any facilities for dissection etc. That dept can only succeed in Leavenworth, and it will be robbing the medical profession of its heritage and the people of their money, to plant a little fourth rate medical school in a little fourth rate, yankee town.

I have recently learned that Dr. Weaver and the other members of our school board, have fixed up a trade with the harpies who fatten off the University, whereby the Medical and Law Dept's are to be given to Lawrence, in consideration of the latter's influence in establishing a normal school in Leav., which in my judgement is only another move to supply more places and furnish more money to those who are evidently making a good thing out of our school interests. Seven and a half mills tax, is almost one half the entire tax of the city of Cincinnati for the year just closed.¹⁵

It was all to no avail, as Lawrence did get a one-year preparatory course in medicine in 1879. Courses in chemistry, anatomy, physiology, biology and materia medica were taught under the professors of chemistry and natural history.¹⁶

¹⁴Thomas N. Bonner, The Kansas Doctor: A Century of Pioneering (Lawrence: University Press of Kansas, 1959), pp. 100-1.

¹⁵C. A. Logan to J. A. Halderman, January 21, 1870, Halderman Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

¹⁶Bonner, Kansas Doctor, p. 101.

By 1888 pressure had mounted for a full course. At their regular convention in May of that year, the Kansas State Medical Society debated the issue. Chancellor Lippencott had sent a questionnaire to physicians in Kansas trying to ascertain the desirability of establishing a medical college, whether the time was right for such an enterprise, whether it should be controlled by the University Regents, the number of facilities thought necessary, the desirability of postponing the issue and simply strengthening the present program, the general education requirements, and the fees required. The consensus in the replies was that the time had not yet come to expand the course and that to start with inadequate equipment and facilities would bring on failure. (See appendixes II and III) It was decided that when a college was established, it should be independent of tuition for support, so that the number of students would not be a major concern. The existing course would have a year added to it and the entrance standards would be raised to a minimum of two years of college.¹⁷ It was not until 1889 that the School of Medicine was finally organized on a two-year basis. In the meantime, enrollment had steadily declined and transfers to other colleges became increasingly more difficult.¹⁸

For awhile, it seemed that a full medical college might be a reality in 1894. Dr. Simeon Bell of Rosedale offered the University land and money totaling \$75,000, providing that at least clinical teaching be carried on in a hospital to be built in Rosedale. Opposition mounted, especially in Topeka, where it was felt that Rosedale would be too far east and hence the college would be controlled by Kansas City specialists.

¹⁷"The Doctors," Topeka Daily Capital, May 4, 1888, p. 4.

¹⁸Bonner, Kansas Doctor, p. 103.

Once again the grand ideas disintegrated, and it was not until 1905 that a four-year course was put into operation. In so doing, the University of Kansas Medical School absorbed three proprietary schools: The College of Physicians and Surgeons, Kansas City Medical College, and Kansas City College of Medicine and Surgery.¹⁹

The Kansas Medical College of Topeka filed its articles of association and incorporation with the Secretary of State on July 31, 1889. They listed John Martin as president, Thomas A. Osborn as vice president, M. B. Ward as secretary, and J. S. Collins as treasurer. The capital stock was listed at \$100,000.²⁰

The winter of 1889-90 was a busy one for the faculty of the new college. Their first goal was to gain teaching experience for themselves before the start of the term. To accomplish this, a training class was set up in April of 1890 in which the faculty met nightly and lectured on his chosen subject for his colleagues. A dissecting class was also organized on the upper floor of a building on West 5th. Everything progressed well and the Announcement for the first term was sent out in June of 1890.²¹

The first college building was located at 415 Jackson Street in Topeka, and the college opened formally on September 16, 1890. This building quickly became too small and part of the work was moved across the street. In 1891, the college was moved to a still larger building

¹⁹Ibid.

²⁰Hazel Bruce and Preston O. Hale, "Kansas Medical College 1890-1913," Bulletin of the Shawnee County Historical Society, no. 40 (December 1963): 54.

²¹"The Medical College," Washburn College Bulletin 13 (June 1913): 77.

at 615 Jackson. With increasing enrollments, in 1894, it was again moved to the old Higginbotham Mansion at 12th and Tyler. Here it remained until the merger with Washburn College when it was moved to 521 Quincy.²²

The first session saw twenty-two students matriculate. The second session, opening September 15, 1891, had thirty-three students, six of whom were women. At the end of the year the first graduation exercises were held for the first two graduates: Jacob L. Owen and John L. Gilbert. The enrollment gradually increased to a peak of 104 in 1901. By that time, Kansas Medical College had graduated 135 students.²³

The college helped form the Association of American Medical Colleges in 1891, and was one of the leaders in its three-year curriculum. As noted earlier, this was often considered more of a negative aspect than a positive one in the rush to obtain students. In an 1893 editorial, the Kansas Medical Journal commends the college, but mentions that requirements caused a few students to pass by the school in favor of one that was a little easier. The Journal noted as proof of the college's competency, the character and thoroughness of its graduates and advised all physicians to recommend the school to their students.²⁴

Even with professional plugs, the road was not an easy one for Kansas Medical College. In his address at the sixth annual commencement in 1896, J. G. Wood admonished the students to try a little harder:

Your alma mater does not rank high on the roll of fame. Graduates of the older more famous institutions will deride you and the groundlings on the curb will echo the scandal.

²²Introduction of E. E. McVey, "Records of Washburn College 1881-1926," Microfilm Box 307, Manuscript Department, Kansas State Historical Society, Topeka, Kansas, pp. 3-4.

²³Ibid., p. 4.

²⁴"Editorial," Kansas Medical Journal 5 (October 1893): 299.

Soberness, candor, strict attention . . . will make the fact that you graduated at the Kansas Medical College will not lessen the esteem and confidence in which you will be held by a large and constantly increasing clientage.²⁵

It was not low standards but the rise of ever more increasing scientific medicine and its increasing costs that caused the eventual closing of the college after the turn of the century. Total receipts in 1901 were only \$4,200 and expenditures stood at \$4,000. A privately endowed college could no longer pay for the necessary equipment and expanding curriculum.²⁶

The entrance requirements of the Kansas Medical College included a creditable certificate of good moral standing, and a diploma from a recognized literary and scientific college or high school. Lacking the latter, an examination in mathematics, English composition and elementary physics or natural philosophy would be given.²⁷ One of the requirements, which all members of the Association of Medical Colleges had to adopt, was that all students must be able to translate easy Latin prose. Because of the difficulty in complying with this rule, the college hired a teacher that would give free instruction in Latin.²⁸ In general, the entrance requirements differed little from any other good medical college of the 1890s.

²⁵J. G. Wood, "Sixth Annual Commencement of Kansas Medical College Address," Kansas Medical Journal 8 (April 1896): 210.

²⁶John E. Minney and R. S. Magee, "Kansas Medical College," Thirteenth Biennial Report of the Department of Public Instruction, State of Kansas, for the Years Ending June 30, 1901, and June 30, 1902 (1902): 83.

²⁷Kansas Medical College, First Annual Announcement of the Kansas Medical College of Topeka, Kansas, Session of 1890-91 (Topeka: n.p., 1890), p. 7.

²⁸Editorial, "The Kansas Medical College," Kansas Medical Journal 5 (October 1893): 301.

Lectures were scheduled from 8:00 A.M. to 9:30 P.M., the evening usually taken up with dissection. (For first session schedule see Appendix IV) The First Annual Announcement stated, "dissecting material can be had to supply every demand. During the past session was demonstrated the fact that there is no want for clinical material."²⁹ All medical colleges had the problem of securing such material. Topeka seems to have solved its problem. Often grave robbing was resorted to in order to obtain such material.

The college building contained a free dispensary for medical clinical training and visits were also allowed to witness operations at Christ Hospital. By 1899, the Salvation Army Hospital was open to the students, as was the Topeka Insane Asylum.³⁰

Further requirements specified 80 percent attendance at lectures would be necessary for credit, as would a score of at least fifty on each classes' final examination. An average score of seventy was also required for graduation. Failing to get either of the two would cause the student to retake the course and make up the deficiency, or take a supplemental examination given by a faculty member or a committee. The deficient grades were usually made up in the next session as few of the students taking the supplemental examination passed it.³¹ If the grade requirements were met and the student was twenty-one years of age, able

²⁹Kansas Medical College, Second Annual Announcement of the Kansas Medical College of Topeka, Kansas, Session of 1891-1892 (Topeka: n.p., 1894), p. 7.

³⁰Ibid.

³¹"Faculty Record of the Kansas Medical College," Microfilm Box 307, Manuscript Department, Kansas State Historical Society, Topeka, Kansas, pp. 141-42.

to produce satisfactory evidence of being of good moral character, attended three complete lectures and at least one at Kansas Medical College, dissected during two courses, and had made one complete dissection of the human body, he could become a Doctor of Medicine.³²

Kansas has had its share of paper and short-run medical colleges. On March 2, 1872, the chartering of Kansas Medical College at Topeka was announced. Possessing a name very similar to the one for the college founded in 1899 and just described, coursework at the earlier college was supposed to start in October 1872. It was to be a regular college and had some of the most influential physicians in Topeka listed on its faculty. S. E. Sheldon held the chair of Professor of Principles and Practice of Medicine, Erastus Tefft was Professor of Principles and Practice of Surgery, Frank M. Stringfield as Professor of Descriptive and Surgical Anatomy, D. W. Stormont as Professor of Obstetrics and Diseases of Women and Children, Jo. E. Harvey was Professor of Physiology and Microscopy, and August Vesper held the chair of Professor of Materia Medica and Therapeutics. The Topeka Commonwealth noted, "from the high character and well known ability of the gentlemen composing the faculty, we have no doubt of the success of the college."³³

With such laudatory newspaper support one would predict a bright future for the college. Such was not the case, however, for in May of 1872 the Commonwealth again carried an article noting that two physicians connected with the college were proposed for expulsion from the

³²Kansas Medical College, First Announcement, p. 7.

³³"Kansas Medical College," Topeka Daily Commonwealth, March 2, 1872, in Shawnee County Clippings, vol. 1-2, p. 103, located at Kansas State Historical Society.

ansas Medical Association, "for having associated themselves with a disreputable practitioner, and for being connected with a bogus medical college."³⁴ The newspaper restated its support for the college and noted the high caliber of the medical faculty, who "stand above the beach of this low born malice which is assailing them from the played out and old foggy set of so-called 'doctors' (heaven save the mark) who, failing to obtain positions in the college for themselves, endeavor to take their revenge in scurrilous abuse."³⁵

There was a little more to the charge than the Commonwealth believed. It was the Leavenworth Medical Herald that had attacked the college, and especially one John Homer, to whom it referred to as "A Peripatetic Quack."³⁶ The Commonwealth turned its guns on the Herald and a Dr. Neeley, who had preferred the charges against John Homer. Homer was represented as a graduate of Harvard Medical School and a member of the Massachusetts Medical Association. If the word disreputable was to be used, the Commonwealth felt that it should be used in reference to Dr. Neeley and the "obscure pamphlet" that carried the original story.³⁷

John Homer was given the title of Professor of the Principles and Practice of Surgery, Operations and Clinical Surgery. In printing one of the doctor's handbills, the Leavenworth Medical Herald hoped to show that

³⁴"An Obscure Pamphlet," Topeka Daily Commonwealth, May 19, 1872, in Shawnee County Clippings, vol. 1-2, p. 126, located at Kansas State Historical Society.

³⁵Ibid.

³⁶"A Peripatetic Quack," Leavenworth Medical Herald 6 (October 1872): 51.

³⁷"An Obscure Pamphlet," Topeka Commonwealth, p. 126.

is was a title that Homer did not deserve. Among the items in this handbill are references to his German Stereoptician [sic] for projection of minute parts of the body and anthropological examinations of strangers to the audience. These examinations could be made without the application of the hands to any part of the body. In so doing it could be proved that the mental and physical power of the human organism could be determined accurately by any close casual observer. He was to be consulted on all diseases of the body, but his specialty was the chronic ones. Taken together, this was simply too much advertising for the medical ethics of the period to bear.³⁸

In no references was the Leavenworth Medical Herald complimentary towards the college. It noted its acquisition of the first annual announcement of the institution and the professional card accompanying it which stated, "Investigate before you condemn." The Herald investigated and found not enough college to condemn. The Topeka Medical College with:

. . . a fine college building, a hospital and dispensary for the poor exist only in the announcement. They will undoubtedly be well ventilated, as they are purely airy structures. We would suggest that the "Lying-In Department, attached to the Dispensary" should be termed the Lying-Out Department. . . . It seemed to us that the Topeka college sadly lacks several very essential requisites, among which may be mentioned a commodious building, hospital advantages, a good faculty, and a respectable number of students.³⁹

Little more is known of the Topeka Medical College, also referred to as Kansas Medical College and Topeka College of Physicians and Surgeons. Doctors Lewis and Rodgers were removed from the Kansas State

³⁸"A Peripatetic Quack," Medical Herald, pp. 51-52.

³⁹"Topeka Medical College," Leavenworth Medical Herald 6 (July 1872): 11.

ical Society in April of 1873. The charges were related to their association with Homer, and giving influence to a college for the purpose of self advertising.⁴⁰

In the fall of 1873, a medical college was organized in Independence, Kansas, and operated through the winter. It had a faculty of eight including D. J. Fugate, J. Moon, B. F. Masterman, John Grass and C. S. Moore. To obtain a degree one had to go through two courses of lectures.⁴¹ Students, however, did not flock to the college and the Independence Kansan somewhat sarcastically stated, "of the latter who attended its lectures and graduated with honors one was a woman and the other a pill doctor."⁴²

The Leavenworth Medical Herald by no means came to the support of the struggling college. The journal would have liked to have called the concern, "mere fudge and moonshine," but were afraid that it was more serious than that. After attacking the college faculty by intimating the M.D. in their title meant "Mere Device," they went into debunking of the city of Independence itself. Independence, according to the Herald, was famous for the Honorable A. M. York, who had involved himself with some shady dealings of S. C. Pomeroy in the Kansas legislature, and for being in the vicinity of the former residence of the Bender family. The surrounding country, being mostly prairie, was felt to provide more than enough room for expansion of the college and "as one finger per year will

⁴⁰"Proceedings of the Kansas Medical Society," Leavenworth Medical Herald 6 (May 1873): 150.

⁴¹Woman's Kansas Day Club, "Pioneer Medicine in Kansas," n.p., 1956 (Typewritten).

⁴²W. H. Watkins, "Independence," The Independence Kansan, January 2, 1878, p. 2.

about all the anatomical material required by this institution, the
 er graveyard will furnish an abundant supply for a number of
 rs."⁴³

With a lack of support and lack of student enrollment the Kansas
 Medical College of Independence, closed its doors. Having been in opera-
 on for nearly two years, it is believed by many to have been the first
 Medical college in Kansas. It is the first to have mentioned graduating
 y students.

The Eclectics in Kansas wanted a medical college of their own.
 With the coming of the National Eclectic Medical Association convention
 on June 20, 1883, the locals felt the time was right to charter one.
 Encouragement to do so had already come from a Dr. Howe of Cincinnati,
 and the annual meeting of the Kansas Eclectic Medical Association in
 February of 1882, had placed Drs. Munk, Pattee, and Willhard on a com-
 mittee to look into the matter.⁴⁴

On May 3, 1883, some eclectic physicians met at the Windsor
 parlors in Topeka, to organize the institution. The originators of the
 attempt were Drs. Munk, Mulvane, and Marlin of Topeka; J. N. Welch of
 LaCynge; N. Simmons of Lawrence; T. A. Wright of Americus and O. C. Knight
 of Atchison.⁴⁵ A charter was drawn up and the capital stock set at

⁴³"The Kansas Medical College," Leavenworth Medical Herald 7
 (December 1873): 83-84.

⁴⁴"The Eclectics," Topeka Daily Capital, February 16, 1882, in
Kansas Medical Societies Clippings Part 2, vol. 1, p. 18, located at
 Kansas State Historical Society.

⁴⁵"Medical College," Topeka Daily Capital, May 3, 1883, in
Shawnee County Clippings, vol. 33, p. 174, located at Kansas State
 Historical Society.

100, divided into ten dollar shares. The firm of Mulvane & Munk were to purchase \$10,000 worth; Doctors S. E. Martin, E. A. Tuttle, W. H. Wright, O. C. Knight, J. M. Welch and N. Simmons \$5,000. The rest was to be sold to various other investors.⁴⁶

At the Fifteenth Annual Meeting in February of 1883, the desire was still strong to get a college started. Some members felt that it would be better to have a medical department in the State University as they would then get a share of state patronage, but the consensus was that that would work no better in Kansas than it had in any other state in which it had been tried.⁴⁷ An attempt was evidently made to include it in the university, however, as the eclectics were told in May 1898, that the university had decided to take no action in the matter. There already was a regular and homoeopathic department, and to add another would cause undue strife.⁴⁸ At the June 1883 meeting of the National Association, in Topeka, the issue surfaced again but no action was taken.⁴⁹

The college never materialized. The eclectics felt the isolation of their Kansas practice. Their dream of a college would help keep the

⁴⁶"The Kansas Medical College," Topeka Daily Capital, May 4, 1883, in Shawnee County Clippings, vol. 33, p. 178, located at Kansas State Historical Society.

⁴⁷Kansas Eclectic Medical Association, "Minutes of the Fifteenth Annual Meeting," Transactions of the Fifteenth Annual Meeting of the Kansas Eclectic Medical Association, Held at Topeka, Kansas, February 6, and 7, 1883 (Topeka: Daily Capital Publishing Company, 1883), pp. 19-20.

⁴⁸Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898 (Topeka: The Mail Printing House, 1898), p. 84.

⁴⁹"Pills and Powders," Topeka Daily Commonwealth, June 22, 1883, in Kansas Historical Societies Clippings Part 2, vol. 1, p. 90, located at Kansas State Historical Society.

students in the West, help those students with limited means get a medical education, and most importantly, help maintain eclecticism in the state. An off-shoot hopefully would bring the building of more eclectic supply houses in the area so that Kansas physicians would not have to keep such large personal collections of drugs.⁵⁰

In 1889, Andrew Fabrique and the Pathological Society organized the Wichita Medical College and were granted a state charter to function as a part of Garfield University, more recently Friends University. The college was approved by the AMA and students attended two terms of four months each. With a faculty of eighteen, a wide range of courses were offered and lectures given six days a week. There is no record of the cost or number of students in attendance, but when the college closed in 1890, no diplomas had been awarded.⁵¹

The faculty consisted of some of the best men in Kansas medicine, the best known being Andrew Fabrique. The college had gotten verbal support from the Kansas Medical Journal, but the lack of students and their money forced the closing.⁵²

The Kansas City Medical College always had a good reputation in medical circles. By 1893, with the push on for more students, the college sent out a circular letter to prospective students explaining their curriculum. In a poor choice of words, they closed their letter with

⁵⁰N. Simmons, "President's Address," Transactions of the Fifteenth Annual Meeting of the Kansas Eclectic Medical Association, Held at Topeka, Kansas, February 6, and 7, 1883 (Topeka: Daily Capital Publishing House, 1898), pp. 25-26.

⁵¹Howard C. Clark, A History of the Sedgwick County Medical Society (n.p., 1951), p. 31.

⁵²"Wichita Medical College," Kansas Medical Journal 1 (August 1889): 132-33.

requirements for admission are not more exacting than those with which
 for many students in the last eight years have found it easy to comply,
 and that we fully appreciate that many applicants are not fresh from
 school."⁵³ The Kansas Medical Journal acquired one of these letters and
 wrote a stinging editorial against the letter and the college for sending
 it. The Journal felt it was unprofessional in the least to advertise the
 admissions as "easy" and stated, "unless the school sending out such a
 circular retracts or in some way sets itself right before the public and
 particularly the medical profession, it will soon be relegated to hades
 or be translated."⁵⁴

A faculty member of the college, Emory Lanphear, came to the
 defense. According to Lanphear's explanation, the college was only
 trying to counter stories that were being circulated that compliance with
 the college entrance requirements was overly difficult. The college was
 a member of the American College Association and followed its rules and
 regulations. He admitted that the wording was not good, but continued on
 in his statement to question the motives of the Journal in making such a
 big thing out of it. Lanphear felt that the Journal had unquestionably
 accepted an explanation, as to the meaning of the letter, from incompetent
 former professors who had been thrown out of the college.⁵⁵

In a reply to this, the Journal accepted Lanphear's excuse for the
 wording of the letter, but believed that a reputable school had no business

⁵³Editorial, "Hades," Kansas Medical Journal 5 (October 1893):
 301-2.

⁵⁴Ibid., p. 302.

⁵⁵Emory Lanphear, "The Kansas Medical Journal and the Kansas
 Medical College," Western Medical Journal 5 (January 1894): 25.

...ing out questionable material. The authors had not found the college ... when they attended classes, and found the letter to bring shame and ... grace on the college alumni. As to the charge of taking up the cause ... incompetence, it flatly denied the charge and suggested that Lanphear ... making a fool out of himself.⁵⁶

The Kansas City Medical College continued to operate in spite of ... all the arguments. It was later merged with Kansas University in 1905.

Leavenworth Medical College was proposed in 1860. It was to be ... built under the auspices of Baker University, but it never materialized.⁵⁷

The American School of Magnetic Healing was chartered in ... September of 1899, and was to be set up in Emporia. Its stated purpose ... was to "establish, support, and maintain an institute and infirmary at or ... near the city of Emporia, Lyon County, Kansas, where the science of mag- ... netic healing shall be taught and practiced, and acquire, now and maintain ... such real and personal property as shall be deemed expedient and advisable ... ther to and therein."⁵⁸ The capital stock was set at \$1,000 and the share- ... holders were to be M. M. Pendroy, Mrs. M. M. Pendroy, and C. E. McCrery of ... Emporia, C. E. Fauble of Topeka, and J. M. McCrery of Illinois.⁵⁹

Available information suggests that the school was never set up.

The Parsons School of Suggestive Therapeutics is another example ... of the ease in which medical degrees could be obtained. In two weeks one

⁵⁶"David Confesseth His Sins," Kansas Medical Journal 6 (January 1894): 49-50.

⁵⁷Bonner, Kansas Doctor, p. 106.

⁵⁸Kansas Secretary of State, Corporation Records, vol. 58, p. 156, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁵⁹Ibid.

ould become a Doctor of Suggestive Therapeutics (D.S.T.). Suggestive Therapeutics involved the psychological treatment of diseases and the induction of anaesthesia by hypnosis for surgical operations. All diseases possible of a cure were treated, but special attention was to be given to chronic, functional and nervous diseases. The two instructors, John Tinder and W. E. Harlow, were graduates of the St. Louis School of Suggestive Therapeutics.⁶⁰

Dr. John Tinder was a member of the Southeast Kansas Medical Association and was highly regarded in the area as a regular physician. His school, however, was enough to get him removed from that association. Tinder was not given a trial even though the society constitution grants him one. Any defense that he cared to make had to come publicly. In a defense in the Western Medical Journal, he decryed the allopathic pre-occupation with destroying everything that smacked of being the least bit irregular. He considered the allopaths monopolistic in wanting control of the legislature, Board of Health, and the suffering of humanity. The American people, he felt, should have the right to employ anyone they pleased. A diploma meant nothing when they could be obtained simply by filling a time requirement at a medical college. If being called a quack was the price for practicing his new branch of medicine, then he was ready to pay it. As far as can be determined, Tinder never recanted or rejoined the regular profession.⁶¹

⁶⁰"The Parsons School of Suggestive Therapeutics," Western Medical Journal 11 (September 1899): 333-34.

⁶¹John W. Tinder, "An Answer," Western Medical Journal 11 (December 1899): 468-75.

Kansas medical education lacked neither excitement nor controversy. None of the schools mentioned, ever graduated large numbers of students in the nineteenth century. To obtain the best education, students crossed the whole country, west to European schools.

CHAPTER II

HOMOEOPATHY

Homoeopathy was the discovery of Samuel Christian Friedrich Hahnemann, a German physician with a formal medical education. Hahnemann did not practice medicine on a regular basis; rather, he traveled about Europe engaging in various activities. Early in his career, Hahnemann attacked the prevalent therapeutics of the age, such as the bloodletting, blistering, cathartics, and emetics. In order to increase his understanding of drugs and their actions, he began his own experiments in 1790. In his first experiment, he took four drachms of chinchona bark twice a day for several days. He developed all of the ordinary symptoms of intermittent fever. Upon ceasing to take any medicine, he quickly became well. In using the widely accepted view that the totality of the symptoms constitutes the disease, Hahnemann reasoned that because the chinchona had given him all of the symptoms of intermittent fever, it had given him the disease. With his acceptance of another widely held theory, that all the physician had to do to cure a disease was to remove the totality of the symptoms, he logically reached a conclusion that what causes an illness in a healthy person will cure the same illness in a sick person. He called this "law," "Simila Similibus Curantur," or "like is cured by like," and the system based on that law, homoeopathy. Regular physicians were to be called allopathic as their system of "Contraria Contrariis," was made up

remedies whose action was opposite to the symptoms caused by the
disease.¹

Physicians administered a large number of different drugs on
healthy people and had these people record their symptoms. The recorded
symptoms were then compiled into books called "provings" which homoeopathic
physicians were to consult in prescribing remedies. Drugs could be proven
in three basic ways, accidental poisonings, healthy people taking drugs
and recording symptoms, and verification of provings at bedside. The
second method was much preferred.

Provings in the early years were done by Hahnemann and his
friends, who became known as the "Provers Union." As the years passed,
many provers entered the field with often conflicting results. Literally
everything that happened to a person after taking a drug, was believed to
be due to the action of the drug alone. The effects of a single dose of a
drug was expected to last from ten to 100 days. In recording all of the
minute symptoms one felt or saw in so long a period of time, the imagina-
tion could easily run wild.²

In prescribing for patients, physicians also were cautioned to
deal directly with perceived phenomena rather than with mental abstractions.
The usual clinical concepts of disease syndromes were useful only for the
purpose of theoretical classification. Symptoms were all important,
"since the totality of the symptom is the outwardly reflected picture of

¹William G. Rothstein, American Physicians in the Nineteenth
Century: From Sects to Science (Baltimore: John Hopkins University
Press, 1972), pp. 151-54.

²Henry W. Roby, The Treatment of Disease from the Homoeopathic
Standpoint (Topeka: Capital City Printing Company, 1886), p. 19.

nal essence of the disease, it must be the principal or sole remedy by which the disease can be made known what remedy it requires." A very careful case history was taken for each patient and the job of prescribing the remedy was not an easy one for a homoeopathic physician.³

Hahnemann believed that all drugs were poisons if taken to excess. His theory of the "dual action of drugs," led to his acceptance of very small doses of medicine, often known as infinitesimals. Small doses were used to produce less aggravation than the large doses, and the divisions and dilutions made it easier for the absorption process to operate. As it was thought that all the operations of nature were carried on by microscopic and infinitesimal movements, the more microscopic the remedy, the more attuned it was to nature.⁴

Hahnemann sensed that there was some strong inherited disease force in the majority of humans which first made them susceptible to acute diseases, and secondly was the cause of all chronic disease. This disease force was the psora or itch. According to Hahnemann, it had controlled and modified diseases for many centuries. Seven-eighths of all chronic maladies resulted from the suppression of the psora, which acted as a substitute for the internal disease. The remaining one-eighth of chronic maladies were due to syphilis and syphilis or complications of both. It has taken different forms throughout history. The first form of the psora was leprosy, but by the middle ages, it had evolved into malignant erysipelas or what was known as St. Anthony's Fire. Its third form, at

³Edward Whitmont, "Calcarea and Magnesia: A Comparison," Journal of the American Institute of Homoeopathy 48 (June 1955): 170.

⁴Roby, Treatment of Disease, pp. 24-28.

end of the fifteenth century, was an ordinary eruption of the itch. Psora was the direct result of Original Sin, and the physical manifestation of a spiritual hurt. The psoric principle marked man's general aptitude to evil. With a corresponding purification of man's spiritual nature, this "psoric miasm" could be removed. All of these chronic diseases could be cured in the space of one or two years, provided that they had not previously been mismanaged by allopathic treatment to the extent of having become incurable.⁵

Acute diseases were considered violent and sudden invasions of the organism by the forces of evil. These invasions could never take place without man having first admitted the psoric principles entry. Disease itself was believed to be spiritual, hence it required a spiritual remedy. It was strongly believed that a spiritual disease could produce material changes in the body. Without help, the vital powers of the body were helpless. Homoeopathic medicines contained the spiritual element that could come to the aid of the vital powers. This spiritual element could only be set free by a process of trituration and succussion. In trituration, one would add two drops of a drug to ninety-eight drops of alcohol, or other medium such as milk sugar. One then succussed, or struck the vial containing the mixture against a leather pad a number of times. This was the first development of power. Two drops of this mixture were then added to ninety-eight more drops of alcohol and succussed to obtain the second development, and so on.

Hahnemann seemed to favor the thirtieth development of power, or, as he called it, "the potentized decillionth dilution." The milk sugar or

⁵"Hahnemann on Chronic Disease," New York Journal of Medicine 6 (January 1846): 101-5.

chol acted only as a temporary home for the spiritual element, which
 has no real affinity towards them and from which it would willingly
 escape as soon as it was placed in an environment homogeneous with its own
 nature. Trituration and succussion are necessary to set this dynamic
 agent free and the "rapidity of action," and "expansiveness" will increase
 proportionately to the extent the two are carried on. A cure is not
 effected by the medicinal substance but by the spiritual agent which is
 contained in the medicinal substance. The disease leaves due to the
 irresistible attractive power of the medicinal substance and restoration
 of the vital powers. It leaves of its own accord because the human organ-
 ism is not its natural order of existence, the medicinal substance is.
 The disease is not destroyed, but developed to its ultimate type.⁶

A firmly established fact to nineteenth-century homoeopaths was
 that individuals inherited qualities of bodily structures and functions
 from their forebears. The qualities could also be acquired from judicious
 or injudicious living. In many cases, these qualities, or constitutions,
 were the breeding grounds of acute disease. Different diseases grew upon
 different constitutions. Observation taught homoeopaths that a certain
 class of people suffer from a certain kind of disease under the influence
 of a certain kind of weather, while another class remained quite well.
 Dr. F. Klemp, in his investigations, discovered some of the polarizations
 of the human system, and offered them as an explanation for the weather's
 affect on the human system. Klemp found that blood and muscles in quiet
 condition were electro negative, while all surfaces in contact with air
 were electro positive. All areas of the nervous system, as well as bones

⁶ Ibid., pp. 105-6.

is electro positive. In its normal state, the air was found to be positive and the earth electro negative. In every human body, according to the theory, there is a longitudinal "electricaxis" from head to feet. Vitality of the body could be increased by a moderate state of positive electricity in the air or a high or normal state of magnetism of the earth. It was beneficial to have a mild state of evaporation present, moderately cold temperatures, mild atmospheric pressure, winds from the north, northeast, or north, and sunshine. On the other hand, vitality could also be decreased by an electro negative condition of the air, a low state of magnetism of the earth, condition of diminished evaporation, increasing heat or cold of low degrees, very high or low air pressure, winds from the south, west or southwest, and lack of sunshine. Cited as many examples of weather's importance in disease was malignant catarrh. This very serious form of catarrh was brought on when negative electricity predominated and positive electricity of high tension suddenly increased or when both positive and negative electricity in high tension suddenly made changes. It was also felt that the process was aided by "feeble oscillations of the magnetism of the earth," when evaporation was retarded and the air was full of fog, and when winds were changeable from south to west to north and east.⁷

Age also played a role in predisposition to certain diseases. Conditions that may have caused a sore throat in youth might cause bowel affections, liver problems, spleen or kidney damage, etc., in old age. Patients could be treated and cured, but they were only safe until the

⁷Homoeopathic Medical Society, Condensed History of the Homoeopathic Medical Society and Proceedings of the Fifteenth Annual Meeting in Emporia, May 2-3, 1883 (Topeka: Kansas Publishing House, 1884), pp. 38-40.

appearance of the external influences. It stood to reason, then, the homoeopaths should turn their efforts towards the reconstruction and repair of an ill-ordered constitution, as it was the real seat of the disease. Long-term, required treatment was to be carried on while the person was apparently healthy. Dr. Klemp felt that the best treatment for all acute disease was, "nothing more than the repair of an additional impaired condition of the system and the treatment given while the individual is usually esteemed well, as the principal treatment because it saves him from the predisposition to sickness."⁸

The reproductive organs were felt to be the seats of hereditary diseases. Because these organs received material from the blood for reproduction and for nutriment, it became evident to homoeopaths that the makeup and quality of this blood warranted investigation. Accepting the theory that like causes produce like effects, it was thought that like food with like juices and glandular secretions combined making like blood cells. All individuals eating the same food can only have different blood when their gastric juices and glandular secretions differ. In order then to purify this blood, it became necessary to purify the secretions, and in order to do this it is necessary to supply the glands with good food and material for reconstruction. As previously noted, this process could take upwards of two years, and even then there was no absolute guarantee of cure if the disease had been mismanaged by allopathic treatment prior to the homoeopathic treatment. The charge could easily be made that homoeopaths simply allowed nature to cure.⁹

⁸"The Medical Men," Topeka Daily Commonwealth, May 8, 1884, in Homeopathic Medical Society Clippings, pp. 54-55, located at Kansas State Historical Society.

⁹Ibid., p. 55.

The major controversy existing within the homoeopathic sect throughout its life was the high vs. low dosage battle. As early as the Homoeopathic Examiner carried an article which stated that infinitesimals were overused by homoeopaths.¹⁰ Many homoeopaths chafed at the ribbing of allopaths, that their small doses were useless in the cure of disease. Dr. W. L. Schenck of Topeka, an allopath, felt that homoeopathic doses were valuable, "We must get enough medicine in foods we eat, air we breathe and water we drink, to prevent any disease or cure it."¹¹ High dilutionists on the other hand, found a friend in the advancing science of microscopy and bacteriology. The myriad of discoveries made possible by the microscope proved to the homoeopaths that many things can exist and have a significant influence on the body and will not be seen by the naked eye.¹² There were homoeopaths, however, who felt that drugs should be given in larger doses, just as long as they caused no harm to the body. These low-dilutionist factions were villified as detractors from Hahnemann and the enemies of pure homoeopathy. Allopaths even questioned the morality of low dilutionists calling themselves homoeopathic, if they did not believe in everything Hahnemann taught. W. L. Schenck, in questioning the honesty of homoeopaths wrote, "there may be honest homoeopaths, but it would seem that the mind that can believe the vagaries of Hahnemann is fit for an insane asylum. The man

¹⁰John F. Gray, "Duty of Physicians of Either School to Study Both Systems," Homoeopathic Examiner 1 (1840): 39.

¹¹W. L. Schenck, "Quacks and Quackery," Kansas Medical Journal 4 (October 1892): 738.

¹²"The Homoeopathic Banquet," Topeka Daily Commonwealth, May 6, 1881, in Homeopathic Medical Society Clippings, p. 27, located at Kansas State Historical Society.

practices or pretends to practice them without believing . . . is
 a quality of the grossest form of quackery."¹³

On the national level, the debate over dosage caused a separation
 of the high dilutionists from the main body of homoeopaths. In 1880, a
 number of high dilutionists (low dosage) formed the International
 Hahnemannian Association to revive interests in the old teachings. These
 high dilutionists even exceeded Hahnemann's extreme teachings and used as
 small as a one-millionth dilution. The low dilutionists on the other
 hand not only used low dilutions but also often used non-homoeopathic
 drugs. As the controversy continued, some of the low dilutionists even
 attacked Hahnemann himself. The high dilutionists were not large in num-
 ber, and one of the presidents of the International Hahnemannian Associa-
 tion stated in 1896, that there probably were not more than 300 true
 Hahnemannians in the world. By the end of the nineteenth century, practi-
 cally all homoeopaths were using regular as well as homoeopathic drugs.¹⁴

Many homoeopaths tried to mediate in the dispute without much
 luck. Dr. J. J. Eidic, Leavenworth, warned the Kansas Homoeopathic
 Medical Society in 1881, that the controversy over the size of the dose:

Is a subject more likely than almost any other to create dis-
 sension and mar the harmony of our meetings, had better be
 introduced into our deliberations as seldom as possible as this
 must always remain an open question, better leave it to the
 judgement and experience of every scientific physician. It
 really matters not whether we use high or low attenuations.
 If we cure our cases it is all our patients ask and it really
 does not become a gentleman to be dogmatic in regard to any
 case presented and assert that a different attenuation than
 the one used would have resulted in a speedier more satisfactory
 cure.

¹³Schenck, "Quacks and Quackery," p. 738.

¹⁴Rothstein, American Physicians, pp. 239-45.

noted thankfully that the Kansas society had been remarkably free of this schism but admitted that the potential for division was strong. The subject should be the object of prime importance and the physician was expected to cure them in the best way possible. Eidic considered the:

Creed broad enough to embrace that brother whose faith does not extend beyond the third decimal, that recent convert from the ancient school who holds that those expedients of the old practice which have attained a solid basis of empirical certainty as to the good results given and well defined cases of disease ought not to be laid aside, that high-toned brother of unlimited faith in an unattainable potency of the single remedy and single dose as well as that brother who shows his faith by his works, who adapts his remedy to suit the exigencies of the case and whose prescriptions may cover the entire range, from the lowest to the highest in the practice of a week or perhaps of a day.¹⁵

Kansas homoeopaths evidently paid heed to Eidic's warning, for on May 7, 1885, the Topeka Daily Capital carried an article announcing the opening of the seventeenth annual meeting and stating "Topeka homeopaths are divided into two factions and will agree on nothing." Two places had been advertised as the sites for meetings, the Press Club rooms and the Y.M.C.A. hall. One faction (it is not reported which one) gave in to the Y.M.C.A. site.¹⁶ Little other information exists as to the extent of the dosage controversy in Kansas, but as annual meetings were held as late as 1912, it does not seem to have totally disrupted the society.

Educational requirements for homoeopaths were as rigid as those for allopathic physicians. Although there were bogus homoeopathic colleges and diploma mills, as with all major medical sects, twenty good homoeopathic colleges existed by 1898. Of the four largest medical

¹⁵"The Homeopaths in Session," Topeka Daily Capital, May 5, 1881, in Homeopathic Medical Society Clippings, pp. 12-13, located at Kansas State Historical Society.

¹⁶"The Homeopaths," Topeka Daily Capital, May 5, 1881, in Homeopathic Medical Society Clippings, p. 57, located at Kansas State Historical Society.

raries in the United States, three were located in homoeopathic medical schools. Two of the five medical schools with the largest assessed value of buildings and grounds were homoeopathic. Homoeopathic colleges were among the first to adopt a three-year graded course after the Civil War, and the Boston University School of Medicine, a homoeopathic college, was the first to offer a four-year graded course.¹⁷

Homoeopaths were forced into building their own colleges by the regular sect. Homoeopaths were not allowed to graduate from a regular school even if they could fulfill the degree requirements. They were also systematically barred from public hospitals, medical societies, institutions, and blacklisted from consultations. Apprentices of homoeopaths even found it impossible to obtain recognition of their certification of preceptorship at regular medical colleges.¹⁸

Homoeopathy continued to obtain recruits from physicians who formerly practiced allopathy. A prime example in Kansas was Dr. Richard Huson of Lawrence. When twenty years old, he commenced the study of medicine with Dr. Hosea Palmer, an allopathic physician. Two or three years later, he entered Fairfield Medical College in New York, and was granted a diploma by the state medical society of the allopathic school in 1820. For the next twenty-five years he practiced allopathic medicine. In 1845, Huson adopted homoeopathy and continued to practice it until his death in 1881. Huson became the first president of the Homoeopathic Medical Society of the State of Kansas.¹⁹

¹⁷Rothstein, American Physicians, pp. 236-38.

¹⁸Ibid., pp. 232-34.

¹⁹Homoeopathic Medical Society, "Condensed History," pp. 22-23.

Not all practitioners of homoeopathy had a formal medical education. The Leavenworth Medical Herald carried an article in 1872 discussing a Lawrence citizen who was employed for five or six months as bookkeeper for a local homoeopath. At the end of this period, he moved to southern Kansas and developed a flourishing practice of his own as a homoeopathic physician. The Herald reported, "recently he was proposed for membership at a meeting of the State Homoeopathic Medical Society. . . . He was recommended by the Board of Censors and admitted after being in practice for some five to six months."²⁰

Competition for students was every bit as strong in homoeopathic colleges of the late nineteenth century as it was in allopathic schools. Nothing shows this more clearly than the power struggles which occurred at the 1882 convention of the Western Academy of Homoeopathy at Topeka. Members in attendance came from as far away as Minnesota, Texas, Michigan and Ohio. Sixty-three institutions were represented, nine of which were colleges. The Topeka Daily Capital reported that the "Chief expenditure of energy seems to be in what is known as the college contests. . . . Each college clique strives to its utmost to obtain first, the election to the presidency of one of its professors, or, failing in that, one of the graduates who is in full sympathy with the particular college." If one college seemed to be getting ahead of another, the other colleges would combine to defeat the front runner. Compromise usually resulted, but there was "always a high grade of excitement and political inflammation, imitation and sometimes mortification and gangrene in the inter-medical

²⁰A. M. Wilder, "Medical Reform and the Suppression of Quackery," Leavenworth Medical Herald and Journal of Pharmacy 5 (May 1872): 576.

lege contests at these meetings." Dr. Baker of Davenport was chosen president by a majority of one at this particular meeting, giving a "notable rebuke" to Hahnemann College of Chicago. Dr. Crawford of Cincinnati, Dr. Pratt of Chicago, and Dr. Roby of Topeka, were elected vice-presidents, and Drs. Goodman of St. Louis and Willard of Jacksonville, Illinois, became secretaries. Homoeopaths, at least in 1882, were able to distribute the official patronage equitably.²¹

The Kansas Homoeopathic Medical Society held its first meeting on April 14, 1869, in Leavenworth. A Dr. Martin Mayer was the first to move, "that in the opinion of this convention the time has come when the cause of homoeopathy demands that we should organize ourselves into a state society, and that we now proceed to form such an association." In spite of the vote of thirteen yes, thirteen no, and one abstention, Drs. Martin Mayer, Lewis Grasmuck, and J. A. Rubicon were appointed to draw up a constitution and by-laws. It was at this first meeting that Richard Huson was elected president, J. A. Rubicon of Atchison, vice-president, and Martin Mayer of Leavenworth, secretary-treasurer. The charter was presented at the second annual meeting in Lawrence in 1870, and at that time the association claimed thirteen members.²²

The third annual meeting, held at Topeka in 1871, is significant because of the controversy it engendered. Both the president and vice-president were missing from the meeting, as was Secretary Mayer. Mayer had moved to Colorado taking the books of records of previous meetings

²¹"Medical Men in Council," Topeka Daily Capital, June 24, 1882, in Homeopathic Medical Society Clippings, p. 48, located at Kansas State Historical Society.

²²Homoeopathic Medical Society, "Condensed History," pp. 3-4.

treasurer's reports with him. Mayer also had the only copy of the constitution and by-laws of the society. During the course of the meeting, the question came up as to the admittance of a non-graduate into membership, one Dr. A. S. Sorb. Evidence seems to suggest that this was the former Lawrence bookkeeper mentioned in the Leavenworth Medical Herald article. Sorb's candidacy was supported by two members and opposed by two members in the Board of Censors. Without the constitution and by-laws to consult, Sorb was admitted to membership by a majority of one. A clause was inserted in the constitution, however, to prevent such a matter from occurring again, and henceforth allowing only graduates to membership. Another meeting was held February 13, 1872, at Lawrence, in an attempt to get the constitution and by-laws back again and a committee was set up to look further into the matter. If this committee failed in acquiring the originals, a new set was to be drawn up. At the fourth annual meeting at Lawrence in May of 1872, we find that a new constitution had been drafted.²³

The name of the Kansas Homoeopathic Medical Society varied during its early history. At the February 13, 1872, meeting at Leavenworth, a resolution was adopted which required a committee to refund twenty dollars which they had used to engrave on certificates and a seal the name Medicosurgical Society of the State of Kansas.

At the sixth annual meeting at Atchison in 1874, the secretary changed the name to Kansas and Missouri Valley Homoeopathic Medical Society. Missouri physicians were attending the meetings and the change was made to accommodate them. The change only lasted for two years and there is no indication as to why the Missouri physicians stopped attending. Possibly

²³ Ibid., pp. 5-6.

had formed their own society by 1876, as we find a notation referring to the tenth annual meeting, held in May of 1878, which states that it was for the most part a joint meeting with the Missouri Institute of Homoeopathy."²⁴

Papers presented at the annual meetings differed little from any other medical society of the period. A visiting delegate to the twenty-sixth annual meeting, for example, might stop in to hear Dr. E. R. Tuttle's paper on Surgical Dressings, C. F. Menninger on Surgical Materia Medica, A. Yingling on Euthanasia, Miriam Swift on Comparison of Chininum Sulfuricum and Chinchona, or L. Y. Ryder on Puerperal Septicaemia, and many more. There were over thirty-four papers presented at this 1894 convention alone.²⁵

The reasons for the appeal of homoeopathy is not hard to isolate. Even if one admits that the cure of acute disease was beyond the reach of homoeopaths, chronic diseases were not and were more numerous. The majority of chronic diseases were incurable in the nineteenth century and allopathic physicians would agree that the patient was often harmed by attempts at treatment, although life itself was rarely threatened by the disease itself. Homoeopathy offered a safe treatment. It offered the patients care and the medicines that they wanted. With their emphasis on chronic, constitutional and preventative diseases and medicine, homoeopaths could treat the healthy as well as the sick. Regular physicians usually had to

²⁴Ibid., pp. 8-12.

²⁵Homoeopathic Medical Society, Programme of the Twenty-sixth Annual Meeting of the Homoeopathic Medical Society of the State of Kansas, to be held at the Guilford, Seneca, Kansas, Wednesday, Thursday, and Friday, May 2, 3, and 4, 1898 (n.p., 1898), pp. 3-6.

until old age to develop a lucrative practice. Because of fewer
 competitors, homoeopathic physicians could develop a large practice much
 earlier than their allopathic brethren.

Many allopaths shifted their practice to homoeopathy after seeing
 the popularity of the system. When the situation arose requiring the use
 of allopathy, they could easily say they were independents and knowl-
 edgeable of both systems, thus allowing practice of whatever sect of medi-
 cine the patient might desire. More significant, however, was the support
 homoeopathy garnered from the wealthier classes. Homoeopathy was the only
 medical sect to obtain this urban middle and upper class support.
 It could do this for two reasons. First, homoeopathy was very popular
 among European nobility and upper classes, and European tastes were often
 copied by affluent Americans. Second, homoeopaths were better educated
 than any other of the various medical sects. The Boston Medical and
 Surgical Journal, in an anonymous article, put it this way,

It is a "fact" that many of the learned, accomplished, and, what
 is more to the purpose, the wealthy, have an unconquerable aversion
 to taking nauseous and bitter medicines, such as the "regular
 physicians" employ in their pills, powders and potions, while
 such are very willing to place upon the tongue a pellet of sugar
 of milk every day, or smell a phial occasionally, containing these
 precious treasures. Hence a homoeopathist is preferred by such,
 and by this craft has great gains.²⁶

Homoeopaths were quick to refute charges of patronizing "shoddy
 people with means," who had a "lack of proper education and breeding,"
 and "supported by those whose mental deficiency is compensated for by the
 possession of wealth." Allopaths were charged as providing the most
 fertile ground of quackery and empiricism. It was hard to imagine,

²⁶R., "Apology for Becoming a Homoeopathic Doctor," Boston
 Medical and Surgical Journal 30 (1844): 216-18.

and the homoeopaths, that allopaths condemn the homoeopathic law of cure while great masses of allopaths were governed by no law of cure whatever. To show the depravity of allopath, all one had to do was look at their code of ethics condemning patenting or use of patent nostrums and then note that, "Scarcely a patent or quack nostrum exists which can number its regular professional endorsers by the legion." As to the charge that homoeopathic schools were bad, homoeopaths retorted that regular schools were worse.²⁷

Homoeopaths at an Emporia meeting were quick to use Missouri as an example, calling it the most quack-ridden state in the union. Of 3,838 physicians, 3,453 of which were allopathic, only 2,456 had diplomas. It was estimated that Missouri had 269 professional abortionists of the allopathic persuasion, who were able to destroy 3,000 uteri per year. Homoeopaths were prepared to leave it up to the public to decide which system had the most merit.²⁸

Homoeopaths could marshal an impressive array of statistics, if necessary, to support their law of cure. A critical English allopath by the name of Routh, in an attempt to crush homoeopathy, came up with some rather embarrassing statistics. Deaths from inflammation stood at 23 percent for allopaths, but only 5 percent for homoeopaths. Deaths from dysentery, pleurisy, and inflammation of the bowels were 3 percent of all cases treated by homoeopaths, but 22, 13, and 13 percent respectively for allopaths. In the Michigan State Prison study, 1857-62, allopaths had an average 9 percent death rate compared with 4 percent for homoeopathic

²⁷ Homoeopathic Medical Society, "Condensed History," pp. 29-32.

²⁸ Ibid.

ment. More important was a decrease in the cost of hospital stores for homoeopathic treatment of \$1,178, and 13,000 fewer days of labor. A St. Louis study of two hospitals in 1864 found a little over 1 percent mortality in the allopathic one, but only .6 percent for the homoeopathic. One of the New York life insurance companies spent \$10,000 in collecting statistics, after which they began to charge premiums of homoeopaths 12 percent cheaper rates than patients of the allopathic systems. In one of its reports, the company stated "In fourteen years experience, out of nearly \$70,000,000 at risk, the homoeopathic losses have been less than half the non-homoeopathic!"²⁹ (See Appendix for sample insurance company tables.)

The lower homoeopathic doses of medicine were much cheaper than the allopathic doses, and did not seem to have the debilitating effect of the rival school's. Nature could easily start its process of repair without having first to overcome the damage done by overdoses of medicine.

In 1886, the Kansas Surgical Hospital Association, a homoeopathic hospital, published a report of the nature and variety of surgical work done during the prior four years. An incomplete listing of over 4,340 cases were reported. Dr. Henry Roby, surgeon and general manager, stated that in the past year he had "treated 455 surgical cases without any fatal results." Certainly, a report any allopathic hospital would envy.³⁰ (See Appendix XII)

Homoeopaths in Kansas apparently did not find it hard to make a substantial living as suggested in a Topeka Daily Commonwealth article of

²⁹ Roby, Treatment of Disease, pp. 31-33.

³⁰ Ibid., p. 39.

1869. The previously mentioned Dr. Klemp had just received a contract for furnishing medicines and attending to the paupers of Shawnee county and prisoners in the jail. Klemp offered to give aid to any who might need it, who were paupers, from a distance, or who were unable to pay doctor bills. Klemp felt that as he was making good money, he wanted to be more useful to society. He was also quite willing to give all the assistance necessary to any person who would like to use his office and library in the study of homoeopathy.³¹

Granting, then, that homoeopathy was popular, it is necessary to determine just how many set up practice in the state. The Homoeopathic Board of Medical Examiners issued 104 certificates under the 1879 law. Eighty-seven percent of that number were reportedly members of the state society, which was the highest percentage of all medical sects, such as the Kansas Eclectic Medical Association membership with only 48 percent of the total certificates granted, and the regular society boasting only 31 percent as members.³² At the Homoeopathic Medical Societies annual meeting in 1885, it was reported that there were 193 homoeopaths in the state.³³ Various total numbers exist in the reports of the State Board of Health, with the largest number of registered homoeopaths listed at 200 in 1899.³⁴

³¹"Local News," Topeka Daily Commonwealth, August 1, 1869, p. 3.

³²J. A. Munk, "Eclecticism in Kansas," The Kansas Medical Journal 1 (October 1883): 153.

³³"The Homeops," Topeka Daily Capital, May 8, 1885, in Homeopathic Medical Society Clippings, p. 65, located at Kansas State Historical Society.

³⁴Kansas State Board of Health, "Registration of Physicians in Kansas," Fifteenth Annual Report of the State Board of Health of the State of Kansas from January 1, 1893, to December 31, 1893 (Topeka: State Printer, 1900), pp. 121-74.

In looking at the geographical distribution of homoeopaths in Kansas, one can see that they were relatively limited to the eastern one-half of the state. Only slightly more than 12 percent resided in the western one-half of the state. (See Appendix VIII.) One can also discern a higher concentration of homoeopaths in the more urban areas. If one looks again at the twenty largest towns and twenty smaller towns, some interesting statistics appear. Of a total of seventy-seven physicians practicing in the small towns, only 9 percent were homoeopathic; in the twenty largest towns, with a total of 411 physicians, 15 percent were homoeopathic.³⁵

Homoeopathy, then, was the smallest of the three major nineteenth-century medical sects in Kansas. No report places the actual number of practitioners at any one time above two hundred. Evidence also seems to support the thesis presented by various national writers that homoeopathy had its largest support in urban areas.

Change was inevitable for homoeopathy. By 1899, the American Institute of Homoeopathy had redefined a homoeopathic physician as one who added to his knowledge of medicine, a special knowledge of homoeopathic therapeutics. In that same year, the motto was also modified from "Similia Similibus Curantur," to "Similia Similibus Curentur," which was supposedly the spelling that Hahnemann used. The old spelling had been translated as, "like is cured by like," but the new spelling was

³⁵Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health of the State of Kansas from January 1, 1893, to December 31, 1893 (Topeka: Hamilton Printing Company, 1894), pp. 341-93.

translated, "let like be cured by like." No longer a law of nature, homoeopathy was now a method of treating disease.³⁶

Various other reasons for the decline of homoeopathy have been advanced. The homoeopathic physicians with good educations were quite willing to accept new advances in medical science. As the years went by, more of medicine became scientific and the philosophical differences between the sects started to disintegrate. The desire for respect in scientific circles was quite strong for homoeopaths and it was extremely hard for them to scientifically support or expound the old doctrine of infinitesimals. Homoeopathy was also difficult to practice and results came much too slowly for many patients. The long patient history that had to be taken and the search through the mass of provings for a cure just became too much work when the regulars could prescribe with much less effort.³⁷

As late as 1896, C. F. Menninger could write to fellow homoeopath Edward Bumgardner:

Homoeopathy is making steady progress. The conquest is on. If we will but adhere with all energy and steadfastness to homoeopathy, victory will be ours . . . Remember that in homoeopathic mode of cure, there is no compromise, homoeopathy is either dead right or dead wrong. It is everything or nothing . . . Let us stand united for homoeopathy.³⁸

³⁶Rothstein, American Physicians, p. 245.

³⁷Martin Kaufman, Homeopathy in America: The Rise and Fall of a Medical Heresy (Baltimore: Johns Hopkins University Press, 1971), p. 114.

³⁸C. F. Menninger to Edward Bumgardner, February 21, 1896, Bumgardner Collection, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

By 1916 however, the sad announcement was made at the annual meeting that attendance had dropped 42 percent in the past fifteen years.³⁹

Homoeopathy could look back with pride in its accomplishments.

Dr. C. H. D. Johnson, at an annual banquet in 1881, stated what he felt to be the homoeopaths accomplishments and hopes for the future. We might use the following words for an epitaph:

It has reduced the mortality fifty percent in the ordinary diseases and seventy-five percent in the more deadly disease, like cholera and yellow fever. It has driven the allopathic school from the wicked shedding of human blood and the more wicked sacrafice [sic] of human life thereby. It has driven them from salivating their patients with massive doses of mercury and has reduced their deadly doses of forty or more grains of mixed drugs, to the fraction of a grain of the single remedy as now prescribed by some of the more advanced men . . . We are not walking with our faces turned toward the past or worshiping, amid the dust and cobwebs of its centurers [sic] at the shrine of fosilism, [sic] but we are keeping step with the grand achievements of the living present. And looking into the years to come we may adopt the motto:

Not in vain the future beckons,
Forward, forward let us range,
Let the great world spin forever,
Dawn the ringing grove of change.⁴⁰

³⁹"Medical Education in Bad Way-Homeopaths," Topeka Daily Capital, May 4, 1916, in Homeopathic Medical Society Clippings, p. 80, located at Kansas State Historical Society.

⁴⁰"The Homeopathic Banquet," Homeopathic Clippings, p. 28.

CHAPTER III

BOTANNICAL MEDICINE

Humans have treated themselves for centuries with plant medicines. Some type was always available, and, probably more importantly, it was free.

The Thomsonian movement was the first of the organized botanico-medical groups in the United States to challenge orthodox nineteenth-century medical practice. Thomsonianism was the ultimate in democracy as its philosophy taught that there was no need for doctors and that man could treat himself. The movement could well have chosen for its motto the words of its originator, Samuel Thomson, "The study of patients not books, experience not reading." Stemming from the intense individualism and democratic ideals of the early nineteenth century, it gained adherents rapidly. Thomsonianism was distinctly an American phenomenon. One which its founder found much too democratic to control.¹

Early nineteenth-century medical practice was anything but good. It was the age of a general lack of formal medical education, often as short as thirteen weeks, and the high water mark for the depleting system of heroic therapeutics. A short poem, a favorite of Samuel Thomson, put it this way:

¹John Sundwall, "Man and Microbes," Kansas Academy of Science Transactions 28 (1916-1917): 77-104.

Recipe To Cure A Crazy Man

Soon as the man is growing mad
 Send for a doctor, and have him bled;
 Take from his arm two quarts at least,
 Nearly as much as kills a beast.

But if bad symptoms yet remain,
 He must tap another vein;
 Soon as the doctor has him bled
 Then draw a blister on his head.

Next comes, as it is said,
 The blistered skin takes from his head;
 The laud'num gives to ease his pain,
 Till he can visit him again.

The doctor says he's so insane,
 It must be dropsy on the brain
 To lay the heat while yet in bed,
 A cap of ice lies on his head.

And lest the fever should take hold,
 The nitre gives to keep him cold;
 And if distraction should remain,
 He surely must be bled again.

The bowels now have silent grown,
 The Choledocus lost its tone;
 He then, bad humours to expel,
 The jalap gives with calomel.

The physic works, you well must know,
 Till he can neither stand nor go;
 If any heat should still remain,
 The lancet must be used again.

The man begins to pant for breath,
 The doctor says he's struck with death;
 All healing medicine is denied,
 I fear the man is mortified.

What sickness, sorrow pain, and wo,
 The human race do undergo,
 By learned quacks who sickness make,
 I fear, for filthy lucre's sake.²

²Alex Berman, "The Thomsonian Movement and its Relation to American Pharmacy and Medicine," Bulletin of the History of Medicine 25 (September-October 1951): 411.

Samuel Thomson died in 1843, and his movement, already wracked with dissension, soon followed. A short study of his system is necessary in order to understand Thomsonianism's influence on late nineteenth-century medical legislation, the mental attitude of the general populace towards the various sects, and Neo-Thomsonianism.

Samuel Thomson spent his early years as a farmer. After successfully treating his neighbors with his herbal mixtures, however, he convinced himself that he had a special gift for medicine. As he was not really any good at farming anyway, he abandoned it, and started formulating his new theory of disease.

What Samuel Thomson came up with was a modified version of Galen's humoral pathology. All bodies are formed of the four elements: earth, air, fire, and water. Earth and water are solids. Air and fire (heat) are the cause of life and motion. Cold, or the lessening of heat, is the cause of all disease, hence a balanced temperature of the four elements will result in perfect health. All the practitioner must do is remove the obstruction brought on by cold to restore the equal distribution of the heat and recover the derangement of the vital organs.³

In order to remove this obstruction, increase internal heat, restore digestive powers and produce a natural perspiration, Thomson adopted the plant lobelia as a universal. Lobelia, a strong natural emetic, became a hallmark of the system. In a few years, he supplemented this universal with capsicum, bay berry and about sixty-five more.

³T. Hersey, "Lecture: On the Thomsonian System of Medical Practice," The Thomsonian Recorder 3 (November 1834): 39.

Through the use of this course of drugs, steambaths, medicated enemas and emetics, the Thomsonians became known as, "Steam or Puke Doctors."⁴

The Thomsonians, as well as their Neo-Thomsonian successors, rejected vegetable as well as mineral poisons. Prescriptions were designated by a number: lobelia inflata was number one, capsicum was number two, and so on. (See Appendix V.) All the prescriber had to do was to tell his subject to "take number one followed by three and four." If that did not work, a five or six might be added.⁵

Thomson had his system patented in 1813, and sold the patent rights to any one who wished to have the knowledge. By 1839, he claimed to have sold 100,000 such rights. Agents traveled the country selling the rights, bulk medicines, literature, and setting up infirmaries. If either the agents or the individual used his new knowledge in an unauthorized manner, the privileges could be revoked. Thomson frequently had to enter into such litigation, but because of the lucrative nature of the market and large number of unauthorized dealers and practitioners, it became futile.⁶

It was Thomson's belief that the only knowledge worth having was useful knowledge. General knowledge of a few things was useful because it enlarged human thought and divested man of false confidence. Beyond that, the really useful knowledge was within reach of all common minds. For this reason, Thomson distrusted innovations and educated people. He

⁴Berman, "Thomsonian Movement," p. 413.

⁵Wilson G. Smillie, "An Early Prepayment Plan for Medical Care," Journal of the History of Medicine 6 (April 1951): 255.

⁶Berman, "Thomsonian Movement," pp. 416-17.

ould have nothing to do with proposals to set up Thomsonian schools. His goal of botanic societies across the country, with friends treating friends, precluded giving his full sanction for Thomsonian infirmaries. His anti-intellectual and democratic philosophy adapted well to the Kansas frontier. All men had the right to control their own destiny and that included their right to choose their own doctor.⁷

Thomsonianism by 1840, beginning as a social-medical movement, had been transformed into a botanic cult striving for survival in scientific respectability. They never succeeded in becoming much more than pseudo-scientific. The crusading zeal from the earlier years was gone, as was the main base from which Thomson had gained most of his strength, namely the ordinary "rights" holder.⁸

Horton Howard defected from Thomson in 1832, and set up his dissident "Improved Botanic." With Howard's death in 1833, the threat had been removed, only to be revived again six years later by Alva Curtis when he formed the Improved Thomsonian Society. In 1852, at Baltimore, a national convention organized the Reformed Medical Association of the United States and put forth the major philosophy of the new practice. The three following resolutions passed at that meeting summarize the fundamental principles of the new organization:

Resolved, that the fundamental principles of true medical science are not pathological but physiological.

Resolved, that disease is not vital action deranged, or obstructed, increased or diminished, but any condition of the organ in which they are unable to perform their natural functions: a condition that permanently deranges,

⁷Hersey, "Lecture," p. 35.

⁸Alex Berman, "Neo-Thomsonianism in the United States," Journal of the History of Medicine 11 (April 1956): 133.

obstructs or diminished vital action, and in this sense is a unit.

Resolved, that irritation, fever, inflammation-terms used to signify increased, deranged, obstructed or accumulated vital action in the nervous or vascular systems, are not disease, but physiological symptoms of disease; and are not to be directly subdued, but always to be aided in their ultimate design and intention in removing obstructions and restoring the nervous and circulatory equilibrium.

The Association ceased to exist after 1852, until it was revived again in 1883 as the American Association of Physio-Medical Physicians and Surgeons.⁹

Curtis had adopted the name of "Independent Thomsonians" for the group in 1838. As the society grew, "Botanico-Medical" seemed to be the most widely used title. By 1851, however, Curtis was advocating the use of "Physio-Medical" in preference to "Eclectic, Botanic, Thomsonian, or Physio-Pathic." The Baltimore convention voted to adopt the title "Medical Reform." As the years passed, Physio-Medical became almost universal.¹⁰

Neo-Thomsonian pharmacy, in later years, was more or less an appendage of the eclectic pharmacy. The physio-medicalists adopted most of the concentrated eclectic remedies, although the quality was sometimes questioned. Many medicines were also adopted that the forefathers felt to be harmful. Not always happy about the situation, physio-medicalists accepted the necessity of using it to stay in business in a highly competitive age. Thomsonian therapeutics had always preached general remedies, or remedies suited to cure any symptom or disease, while the eclectic medicines were "specific" remedies, or a specific medicine for a specific

⁹Ibid., pp. 134-35; 152.

¹⁰Ibid., p. 138.

disease. It took physio-medicalists until 1869 to fully accept quinine, a remedy that no self respecting nineteenth-century practitioner would be without.¹¹

There was some outright fraternization with eclectics, both favoring the use of botanics, but for the most part, both sides were wary. The physio-medicals saw the eclectic as unpredictable, as well he might, for the eclectic organizations eventually absorbed many of the Neo-Thomsonian societies. The reason lay not in any underhanded maneuvering on behalf of the eclectics, but in the fact that they had gained the lead in the striving for scientific respectability. With their inability to grasp the implications of bacteriology and immunology, etc., and lack of a decent education, Neo-Thomsonianism was doomed. One need not read all the works by botanics during the growth years to discover that their grand objective of investigating curative and indigenous plants was impossible without any scientific training in that area. Physio-medicalists, botanics, physio-pathics, and to a large extent eclectics, were not botanists, but simply herb doctors.¹²

Characterized as the "greatest quack that America ever produced," Thomson was largely responsible for the early legislation requiring practitioners to possess a state license, acquired after passing certain examinations for competence.¹³ When this legislation against the sect failed in its attempt to quash the movement, it was generally repealed.

¹¹Ibid., pp. 147-49.

¹²Alex Berman, "A Striving for Scientific Respectability: Some American Botanics and the Nineteenth Century Plant Materia Medica," Bulletin of the History of Medicine 30 (1956): 19.

¹³Smillie, "Early Prepayment Plan," p. 257.

The American people slowly internalized the social movement, with its individualistic and democratic philosophy towards medicine. It would be a long time before anyone could tell the American public who and who not to seek out for a cure.

In determining the number of botanic and physio-medical practitioners in Kansas, one encounters the lack of any good systematic registration of physicians. With the passage of legislation setting up the State Board of Health, in 1885, the registration duties were given to that organization. The problem was that the Board of Health had no real power to enforce the legislation and therefore a complete registration was impossible. With the information at hand, however, we can determine that physio-medical, physio-pathic, botanic and herbalist practitioners were operating in Kansas.

In 1893 compiled registration listed twelve physio-medicalists, one physio-pathic, one botanic and one herbalist practicing in Kansas out of a total registration of 2,060. The average number of years in practice for each was 22.2 with one practicing as long as 52 years. There were two husband-and-wife teams in practice, one located at Hiawatha and the other at Fawn. The registration shows no specific geographic distribution, although only one was found in the western half of the state. (See Appendix VI.)

The choice of medical college was Physio-Medical Institute of Cincinnati (4); Physio Medical College of Cincinnati (2); Curtis Institute of Marion, Indiana (1); Physio-Medical College of Marion, Indiana (2); Physio-Medical College of Chicago (1); Thomsonian Medical School (1);

rtis Medical College of Cincinnati (1). No college was listed for the remaining three.¹⁴

Physio-medical colleges were not very numerous in the United States, as only eight were chartered prior to 1861. The few chartered in the post-Civil War period never graduated many students. The Physio-Medical College of Ohio at Cincinnati was originally the Literary and Botanic-Medical Institute of Ohio. Chartered in 1839, and located at Columbus, the college moved to Cincinnati in 1841. After various name changes, the Physio-Medical College closed in 1880. Another Cincinnati college was the Physio-Medical Institute. Established in 1859 as a rival to the above-mentioned college, it closed its doors in 1885. The College of Medicine and Surgery was organized in 1885 as the Chicago Physio-Medical Institute. This Chicago Institute was one of the three colleges to last into the twentieth century. Three of the Kansas physio-medicalists listed Marion, Indiana colleges as their alma mater. No information has been found dealing with the Marion, Indiana colleges, although there was a Physio-Medical College of Indiana located at Independence. The Kansans may possibly have graduated from this college, or the Marion school may have been extremely small and may have thus received little recognition.¹⁵

¹⁴Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health of the State of Kansas From January 1, 1893 to December 31, 1893 (Topeka: Hamilton Printing Company, 1894), pp. 341-93.

¹⁵Berman, "Neo-Thomsonianism," pp. 140-42.

The 1900 registration of physicians lists eleven physio-medicalists still in practice in Kansas.¹⁶ Evidence seems to support the contention that there were many more botanic practitioners than that number in the state. Only the practitioners with college diplomas often bothered to register their names with the State Board of Health. Many of the old botanic practitioners had little or no formal education and were wary of government registration of their names for any reason. References continue to surface concerning botanics whose names fail to appear on the registration lists. One such example is William J. McMillan, whom the Board of Health characterized as "A professional woods colt a come-by-chance doctor who without alma mater, practices in violation of the laws of the state. . . ." McMillan explains his practice this way:

Suppose that every man of genius required a diploma before he would be permitted to confer a benefit on society. Nature has a college of her own. In it we have seen little; we have sought the woods, the fields and forests, and from them we have gathered healing herbs, which, if used, will aid nature, and will help to cure disease, which deadly mineral poisons never will.

William J. McMillan would have done Samuel Thomson proud.¹⁷

¹⁶Kansas State Board of Health, "Registration of Physicians in Kansas," Sixteenth Annual Report of the State Board of Health of the State of Kansas from January 1 to December 31, 1900 (Topeka: State Printer, 1901), p. 121.

¹⁷W. L. Schenck, "Smallpox and its Prophylaxis," First Annual Report of the State Board of Health of the State of Kansas from its Organization April 10, 1885, and Ending December 31, 1885 (Topeka: Kansas Publishing House, 1886), p. 137.

CHAPTER IV

ECLECTICISM IN KANSAS

Eclectic medicine was the only botanical movement in the United States to ever become a major force in medical practice after the Civil War. It grew from the fragmentation and factionalism of the dying Thomsonian movement. Alva Curtis had managed to develop a reasonably stable physio-medical system, but was never able to make it a driving force in medicine.

Wooster Beach is hailed as the founder of Eclecticism. Beach labeled himself an eclectic as he drew his system from many sources, although the foundation was borrowed from Samuel Thomson. After trying, unsuccessfully, to obtain a charter from New York state for his Reformed Medical Academy in 1828, he moved to Worthington, Ohio, and set up an academy there, using an old charter from a defunct school. In 1839, Beach was forced to leave town. In his new search for a home for eclecticism, he found Cincinnati, and it proved to be the perfect site. In 1845, the Eclectic Medical Institute was granted a charter by the state of Ohio. Cincinnati, the fountainhead of the movement, was the home of the Institute until its closing in 1939.¹

¹William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins University Press, 1972), p. 217.

Eclectic medicine prior to 1850 was actually heroic botanical therapeutics, and differed little in actual practice from allopathy. Nevertheless, the search continued to find something unique that could be added to eclecticism that would distinguish it from the many other medical sects that proliferated in the nineteenth century. The search was successful in the discovery of Podophyllin. Podophyllin, labeled as a "palatable cathartic," was admitted to the U. S. Pharmacopoeia in 1860 as "Resina Podophylli." Eclectics now had a chemical to rival calomel, the cathartic of the regular school. They also had started a fad for the use of resinoids and alkaloids of botanics which lasted through the 1860's. By the late 1850's, the eclectic movement had lost its momentum and many practitioners were abandoning it in favor of allopathy or homoeopathy. Even the National Eclectic Medical Association, founded in 1848 as a response to the A.M.A., suspended operation in 1856.

It was John M. Scudder that came to the rescue in the nick of time. Scudder gave eclecticism new life with a new system of therapeutics which he called, "Specific Medication." In some ways it paralleled homoeopathy, with its small doses and a specific remedy for a specific symptom, but also added rest, cleanliness, and kindness. The quality of medicine was more important to an eclectic than its quantity. It was not until the 1870's, however, that the heroics were fully dropped in favor of the Scudder system.²

Specific medication required specific diagnosis. Each disease was to have a particular symptom. The diagnostician was to discover this

²Ibid., pp. 221-24.

particular symptom and prescribe its particular remedy.³ With a thorough knowledge of a drug's action, it could be prescribed with certainty as to its results.⁴ The physician did not cure, however, as this was left to nature. The physician only aids the process by supplying something needed.⁵ In 1883, the Kansas Medical Journal printed the following seven fundamental doctrines of the eclectic sect:

1. To maintain the utmost freedom of thought and investigation, in opposition to the restrictive system now in vogue.

2. To aid and encourage the cultivation of medical science in a liberal and benevolent spirit, especially in the full development of the resources of the vegetable materia medica, and of the safest, speediest and most efficient methods of treating diseases.

3. To adopt as far as possible, in their investigation of disease and remedies, the Baconian or inductive philosophy, instead of the synthetic method of reasoning.

4. That a departure from the healthy condition of the tissues and organs interrupts the functions of the animal economy; and that the recuperative powers of nature only can effect a restoration. Accordingly, that the object of all medication should be, not to do the work of nature, but to afford her the means of doing her own work more advantageously, and under circumstances in which she would otherwise fail.

5. To receive and teach ECLECTICISM--not as an indiscriminate selection of means supposed to be remedial, but a selection based upon the recognized nature of the disease to be treated, and the character of the agent or agents employed to remove that disease; thus presupposing a knowledge on the part of the physician, at once, of the pathology of the disease and the adaptedness of the remedy, and to encourage and urge the highest professional attainments.

6. To avoid all permanently depressing and disorganizing treatment, especially that of general depletion by the lancet,

³W. H. Willhoit, "Specific Diagnosis," Transactions of the Fifteenth Annual Meeting of the Kansas Eclectic Medical Association Held at Topeka, Kansas, February 6 and 7, 1883 (Topeka: Daily Capital Publishing Company, 1883), p. 61.

⁴T. H. Phillips, "Specific Medication," Transactions of the Meeting of the Kansas Eclectic Medical Association Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 25.

⁵"Nature's Therapeutics," The Kansas Medical Journal 1 (October 1883): 186.

and to reject positively all medication which experience has shown to be of a dangerous tendency. We believe that the medicines furnished by the vegetable kingdom are, as a general rule, preferable to those of a mineral origin. But, as this rule is subject to many exceptions, we adopt no exclusive system of herbalism. Nor do we reject any mineral agent, unless from the conviction that it produces injurious effects, and that we possess other agents of superior value for the removal of disease.

7. To dismiss from the catalogue of remedial agents all those which, under the ordinary circumstances of their administration, are liable to deteriorate the stamina of the human constitution--more particularly the mineral poisons, such as mercury, arsenic and antimony, and all of their various preparations, and to substitute in their place articles derived from the vegetable kingdom, which are not only as powerful in their operation, but far more safe and salutary in their immediate and ultimate effects upon the human system.⁶

One other theory of the discovery of the eclectic philosophy has been advanced. This theory deals with C. S. Rafinesque, a naturalist, who published his Medical Flora in 1828. Rafinesque was an intensely individualistic and unconventional human being, but his work was widely used by botanics and was adopted by the eclectics. Wooster Beach used Rafinesque's plates of plant illustrations to illustrate later editions of his American Practice of Medicine. Rafinesque was coldly received by regulars because of his reputation of unreliability, eccentricity, and unorthodox views. It was probably because of the attacks against him by regulars, and the popularity of his books with botanics, that he was adopted as one of the founders of the botanic movement. The eclectics especially tied themselves to Rafinesque and considered his book the first scientific work that complimented their profession. The bubble burst in 1898, when one H. T. Webster, a prominent western eclectic, published an editorial in the California Medical Journal. In the editorial,

⁶Medicus, "Eclecticism," The Kansas Medical Journal 1 (September 1883): 107-8.

he declared that Rafinesque never claimed to be an eclectic. Webster believed that Rafinesque had only defined the term eclectic, when in the introduction to his Medical Flora he wrote that eclectics were those, "who select and adopt in practice, whatever is found most beneficial, and who change their prescriptions according to emergencies, circumstances and acquired knowledge." Webster further accused Scudder himself of borrowing the majority of his remedies from Rafinesque. Eclectics published rebuttals, but Webster had effectively destroyed the attempt to portray Rafinesque as the champion of early eclecticism, and given ammunition to the enemies who had always maintained that the eclectic slogan of, "Using that which is best from all schools," was only an excuse to plagiarize others.⁷

In spite of this controversy, and many others, the eclectic sect continued to have a strong hold on midwestern villages and small towns. Often eclectics were the only physicians available in such communities and they developed substantial influence. Eclectics generally served the more poorly educated families and those with little money. In so doing, they filled a vacuum that had existed in rural practice. It made little difference to the patient, for what was valid in medicine was shared by all sects.⁸

Information is scant on the early history of eclecticism in Kansas. There was no accurate reporting of records of the Kansas Eclectic Medical Society prior to 1882, and none were published before that date,

⁷Alex Berman, "A Striving for Scientific Respectability: Some American Botanics and the Nineteenth Century Plant Materia Medica," Bulletin of the History of Medicine 30 (1956): 23-26.

⁸Rothstein, American Physicians, pp. 228-29.

due to incompetency of the secretary. One secretary in particular, A. M. Eidson, was singled out as the worst offender. Eidson failed to record or report initiation fees collected or dues received before 1880. From 1880 to 1882, the reporting was inaccurate. More significant is the fact that it cannot be ascertained what sum of money was due from the Eclectic Medical Examining Board, information crucial to the determination of the actual number of eclectics practicing in the state. Unofficial records show that there were many more certificates issued than were reported or accounted for by the secretary. The secretary was also the officer who handled all the money in these transactions. Eidson, on November 22, 1881, reported the number of certificates granted at 515. In the Transactions of 1880, he reported them at "About six hundred." Later in the same volume, they were recorded at "Over six hundred." On page 94 of the same volume of the Transactions, the number of certificates were listed at "More than 750."⁹ N. Simmons, writing for the society in 1882, could not straighten out the often contradictory reports and minutes of the meetings. Any present-day attempt to do so would also be futile.¹⁰

The first annual meeting of the Kansas Eclectic Medical Association was held at Lawrence on June 1, 1869. At this first meeting, S. E. Martin was elected president and a committee set up to draft a constitution and code of ethics.¹¹ Thereafter, annual meetings were held

⁹Kansas Eclectic Medical Association, "Minutes of the Kansas Eclectic Medical Association," Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 10.

¹⁰N. Simmons, "A Concise History of the Kansas Eclectic Medical Society," Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 60.

¹¹Ibid., p. 56.

In various cities in the state. The meetings differed little from any other medical association, and usually revolved around a business meeting and presentation of various papers. The topics of papers also varied, but were little different from what one might find at any nineteenth-century medical convention. Visitors to the 1884 convention heard over thirty papers read to them, including Use of Antiseptics in Medicine; Vaginitis; After Impressions from Amputations; Care of Remitting Fevers; How to Remove Corns; Diabetes; Sanitation Among the Mennonites; Mind vs. Disease; Pulmonary Calculi; Ancient & Modern Eclecticism; Pathology of Puerperal Fever, and over nineteen more.¹²

The National Eclectic Medical Association chose Topeka as the site for its convention on June 21, 1883. Advance announcements acclaimed that Topeka had more eclectic physicians than there were in all of New England or the other Atlantic states. Kansas was reportedly a center of eclecticism.¹³ Governor Glick addressed the opening of the convention and promised perfect health and freedom from disease for those attending. Glick commended the eclectics on their non-prejudicial attitudes towards the allopath, homoeopath, and hydropath, and their freedom to use the best without reference to the sources. President Howe answered the address and predicted a bright future for eclecticism as the advancing new sciences would prove their system the correct one. Howe reminded the convention that eclectics were not against medical legislation as long as

¹²"Eclectic Medical Association," Topeka Daily Capital, February 5, 1881, in Kansas Medical Societies Clippings Part 2, vol. 1, pp. 26-27, located at Kansas State Historical Society.

¹³"National Eclectic Medical Association," Topeka Daily Capital, June 6, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 43, located at Kansas State Historical Society.

that legislation was liberal enough to allow for competition. It was competition in medicine that favored advancement.¹⁴ After the speech making was over, the convention settled down to work. It was at this meeting that C. A. Flippen, of Hillsboro, Kansas, was admitted into membership. Flippen was the first black physician ever admitted to the National Eclectic Medical Association.¹⁵ The issue of the proposed eclectic college was discussed, as were the various papers that had been read.¹⁶ An Eclectic Mutual Benefit Insurance Company was organized, and new national officers were elected.¹⁷

The convention was not all work and no play. Dr. and Mrs. Martin Dennis entertained the delegates on the twenty-first at their residence in Topeka. Songs were sung and ice cream and cake were served beneath lighted Chinese lanterns.¹⁸ An excursion was arranged to the Indian Territory, where delegates were allowed to bathe at the "springs", see an Indian war dance, and attend an evening reception. If the delegate still happened to have a few free moments, Eli Lilly & Company had set up a display, reportedly the most complete ever exhibited in the West, of pyramids

¹⁴"N. E. M. A.: The First Day's Proceedings of the National Convention," Topeka Daily Capital, June 21, 1883, pp. 4-5.

¹⁵"Pills and Powders," Topeka Daily Commonwealth, June 21, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 69, located at Kansas State Historical Society.

¹⁶"Pills and Powders," Topeka Daily Commonwealth, June 22, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 90, located at Kansas State Historical Society.

¹⁷"Pills and Powders," Topeka Daily Commonwealth, June 23, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, pp. 97-98, located at Kansas State Historical Society.

¹⁸"Social," Topeka Daily Capital, June 22, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 71, located at Kansas State Historical Society.

of syrups, elixirs, wines, fluid extracts, gelatine, sugar coated pills and granules. A good time was had by all.¹⁹

Membership in the state organization was not overly difficult to acquire in the early years. The original constitution and by-laws stated that:

Any physician in good standing, who is a graduate of some regularly organized medical college, and holding a legitimate diploma, or who has been engaged in reputable practice for five years, may, upon the recommendation of one or more members of the association, and with the endorsement of the Board of Censors, become a member of this association.²⁰

In 1887, the five-year clause was removed, and hereafter those not graduates of medicine could only become Associate members after taking an examination by the five-member Board of Examiners. These Associate members had all the rights of other members of the association except the right to hold office, to be members of the examining board or to be elected a delegate to the National Eclectic Medical Association.²¹ In 1896, the by-laws were further amended to require a certificate of qualification from the State Board of Health or the State Board of Examiners for membership.²² Even with the progressive decline in the number of

¹⁹"Pills and Powders," Topeka Daily Commonwealth, June 22, 1883, pp. 84-90.

²⁰Kansas Eclectic Medical Association, "Constitution and By-laws," Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 62.

²¹Kansas Eclectic Medical Association, "Minutes of the Topeka Meeting," Transactions of the Eighteenth and Nineteenth Annual Meetings of the Kansas State Eclectic Medical Association, Held at Wichita, May 11 and 12, 1886, and at Topeka, February 1 and 2, 1887 (Lawrence: Hoadley and Hackman, 1887), p. 17.

²²Kansas Eclectic Medical Association, "Proceedings," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, on May 5 and 6, 1896, Reprinted from "The Annual" of Eclectic Medicine and Surgery for 1896 (Topeka: n.p., 1896), p. 73.

lectic practitioners, the Kansas association continued to strengthen its membership requirements. Article seven of the constitution read:

The members of this association shall show each other, all other physicians and all mankind, that courtesy and just dealing to which everyone in his legitimate sphere is entitled, and any departure from such a course shall be deemed unprofessional, undignified, and unworthy the practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or advertising which shall tend to lower the physicians in the esteem of the community, or reflect discredit upon his professional associates.²³

It was exercised quite often. L. C. and J. M. Hole of Salem, Ohio, were removed from the national association in 1883 for unprofessional advertising. At that same meeting the firm of Mulvane, Munk and Mulvane was charged with unprofessional advertising regarding their Topeka Medical and Surgical Institute. Charges were dismissed, however, after Munk explained that he "didn't promise to cure every disease but to treat disease successfully."²⁴

Advertising was grounds for removal from all medical societies in the latter half of the nineteenth century, and physicians learned to be especially careful. The other major crime that would bring on removal was affiliating oneself with a "diploma mill." A physician might have his name appear on a faculty list of just such a college for the advertising benefits and the nominal stipend the college usually paid. In so doing, the college obtained a measure of respectability and the physician got his name in print on the college diplomas and annual announcements.

²³Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 3, 4, and 5, 1899 (Topeka: Mail Printing House, 1899), p. 65.

²⁴"Pills and Powders," Topeka Daily Commonwealth, June 22, 1883, pp. 82-83.

teaching duties in such colleges were usually very light, with many of the faculty members never seeing the college proper.

One eclectic in particular, T. T. Davis, had his name appear on the faculty list of the Independent Medical College of Chicago. When charges were preferred against him by T. D. Long, Davis admitted that he had not investigated the institution. He explained that the college required him to send one article a month to them on the topic of bacteriology. Rather than submit to removal from the medical association, he willingly dropped his affiliation with that college.²⁵

No evidence of action can be found against the Emporia Medical and Surgical Institute and Eye and Ear Infirmary, although their advertising promised speedy cures of all diseases. The Institute's corporate charter, filed September 23, 1889, listed as the purpose of the corporation, "to better facilitate the speedy and easy cure of all chronic and surgical diseases, deformities etc., as well as to do a general practice of medicine."²⁶ The question of unprofessional advertising revolves around the problem of whether an advertisement promises to cure or suggests that diseases can be successfully treated. The latter is permitted the former is not. The proprietors of the Emporia Institute, M. L. Doom and A. M. Eidson, published the following in the Emporia City Directory of 1890, and the reader can determine whether charges should have been brought against the organization:

²⁵ Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898 (Topeka: Mail Printing House, 1898), pp. 81-87.

²⁶ Kansas Secretary of State, Corporation Records, Vol. 38, p. 182, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

Drs. Doom and Eidson are in charge of the Emporia Medical and Surgical Institute and Eye and Ear Infirmary, for the cure of chronic and surgical diseases, which is a state chartered institution, permanently located at Emporia, Kansas. They are most successful Eclectic Physicians, having had years of experience in their specialties. All who are acquainted with this advanced system want no other; therefore don't forget where you can find them when you need their skillful assistance, wishing a cure for some destructive malady that the general practitioner fails to cure with his old theories, strong poisonous agents, and nauseous dosing. . . .

They have latest improved eclectic, medicated and vapor baths, so wonderful in the cure of Rheumatism, Neuralgia, Scrofula, and diseases of the Blood, Kidneys, Skin, and Liver. Then as an assistant in the cure of diseases of the Brain, Spine, and Nervous System, they have all the curative forms of MEDICINAL ELECTRICITY, including the STATIC BATH, and by the assistance of the Oxygen and Compressed Air Nebulizer the Oriental Oxygen Bath, etc., they do positively cure CATARRH and CONSUMPTION which all know to be incurable by the old theories and practice. Their large Microscope enables them to corrently diagnose obscure conditions. . . . Those difficult Uterine Diseases ARE CURED, without resorting to the old methods of cauterization etc., but by a treatment any lady can use at home, GUARANTEEING CURES. . . .²⁷

Eclectic physicians, because of the wide variety of systems available to them, often operated as independents. They would be just as willing to treat some one with regular or homoeopathic remedies as with eclectic ones. J. A. Read of Tecumseh, started his education with a preceptor in the allopathic school. In order to broaden his education, he also studied homoeopathic medicine. With his tour of duty in the army, he practiced allopathy. After quitting the service, he worked thirteen years to get his eclectic diploma from Bennett Medical College of Chicago.

²⁷Robert S. Denham, comp., The Emporia City Directory 1890-91 (Emporia, Ks.: n.p., 1890), p. 6.

had felt at home practicing any form of medicine the patient might request, although he favored eclecticism.²⁸

The exact number of eclectic practitioners in Kansas is difficult to determine. The 1879 Kansas law regulating medicine required that all physicians practicing in Kansas obtain a certificate from their particular sect's Medical Examining Board and register their names with the County Clerk in the County in which they resided. This law was declared unconstitutional in 1881, however, and is of little value. Dr. Munk, of Topeka, writing in 1883, felt that the tide of westward immigration had swelled the ranks of Kansas eclectics to the point that Kansas employed more than there were in all of New England and the other Atlantic states. Munk reported that the Eclectic Examining Board had granted 515 certificates in the two-year period after the passage of the law.²⁹ In 1884, Arthur Wright, in an address to the National Eclectic Medical Association in Cincinnati, stated that there were 600 practitioners in Kansas and "Room for more."³⁰ Dr. Charles Williamson, noted 650 eclectics in 1884, 250 of which were working members of the state association.³¹ As stated earlier, some of Eidson's reports show a number as high as 750 by the year 1880.³² By 1891, registration of physicians with the Kansas State

²⁸J. A. Read, "Why I am Eclectic," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, on May 5 and 6, 1896, Reprinted from "The Annual" of Eclectic Medicine and Surgery for 1896 (Topeka: n.p., 1896), pp. 9-13.

²⁹J. A. Munk, "Eclecticism in Kansas," The Kansas Medical Journal 1 (October 1883): 153.

³⁰Arthur T. Wright, "Status of Eclecticism in Kansas," The Kansas Medical Journal 2 (July 1882): 290.

³¹Charles Williamson, "The Days of Danger," Topeka Daily Commonwealth, February 9, 1884, p. 4.

³²Kansas Eclectic Medical Association, Transactions of 1882, p. 9.

Board of Health had reached a high point for eclectics at 461, but it was noted that many physicians had refused or failed to register and many removals had not been reported.³³ In 1893, adjustments had evidently been made, as the grand aggregate number of physicians had dropped from 3,022 to 2,060, and the total for eclectics had dropped in strength to 296.³⁴ This number of 296 showed a gradual decline, and in 1900, the Board's report showed 228 eclectics practicing in Kansas.³⁵ Various other reports as to the numbers of eclectic could be brought up. J. N. Page reported 500 eclectics in the state in 1897.³⁶ By 1900, John Wright, president of the Kansas association, was informed by the secretary that there were 400 eclectics in Kansas.³⁷ In 1903, E. B. Packer sadly reported that there were no more eclectics in the state than in

³³Kansas State Board of Health, "Registration of Physicians and Accouchers," Seventh Annual Report of the State Board of Health of the State of Kansas From January 1, 1891, to December 31, 1891 (Topeka: Hamilton Printing Company, 1892), pp. 8-48.

³⁴Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health of the State of Kansas From January 1, 1893, to December 31, 1893 (Topeka: Hamilton Printing Company, 1894), pp. 341-94.

³⁵Kansas State Board of Health, "Registration of Physicians in Kansas," Sixteenth Annual Report of the State Board of Health of the State of Kansas From January 1 to December 31, 1900 (Topeka: State Printer, 1901), pp. 121-73.

³⁶J. N. Page, "President's Address," Proceedings and Papers of the Kansas Eclectic Medical Association, Held at Topeka, Kansas, May 11 and 12, 1897, Reprinted from "The Annual" of Eclectic Medicine and Surgery for 1897 (Lawrence: Hoadley and Hackman, 1897), p. 4.

³⁷John W. Wright, "President's Address," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 9 and 10, 1900 (Topeka: A. D. Bauer Printing Company, 1900), p. 5.

1902 and that growth was offset by deaths and removals. As far as Dr. Packer could determine, there were 350 eclecticists left in Kansas.³⁸

Although the largest actual number of eclecticists in practice in Kansas is impossible to determine, the 515 reported from the Board of Examiners seems to be quite close. This number was probably maintained throughout the 1880's and early 1890's. Thereafter, evidence points to a gradual decline after 1895.

This decline in the ranks, caused various problems for Kansas eclecticists. The most significant of which was an indifference or carelessness to support the state association. The 1898 convention had to postpone its morning session on May fourth because of lack of a quorum.³⁹ Various other meetings were poorly attended and the secretary found it increasingly difficult to obtain information from members. In order to find out how many members there were in 1901, the secretary sent out cards asking the information, and even including a two-cent stamp to ensure a reply. Of 394 sent out, 27 remained unclaimed at the post office and only 201 returned, "more or less filled out."⁴⁰ By 1903, Packer reported that about 5 percent of the members would answer any communication sent to them.⁴¹

³⁸E. B. Packer, "Eclecticism in Kansas," Proceedings and Papers of the Thirty-third Annual Session of the Kansas Eclectic Medical Association, Topeka, Kansas, May 21 and 22, 1903 (Topeka: A. D. Bauer Printing Company, 1903), p. 58.

³⁹Kansas Eclectic Medical Association, Proceedings of May 4, 5, and 6, 1898, p. 77.

⁴⁰Kansas Eclectic Medical Association, "Proceedings," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 1 and 2, 1901 (Topeka: A. D. Bauer Printing Company, 1901), p. 7.

⁴¹E. B. Packer, "Eclecticism in Kansas," p. 58.

President Averill, of Barclay, summed up the frustration of the association and offered a short poem in his address in 1903:

As in all other lines of work we find those who are not as enthusiastic as they ought to be, at least they do not put forth the efforts to make our annual meeting as interesting and instructive as it might otherwise be. They do not attend, or, if they come, it is only for pastimes, others are content to stay home and read copies of the Proceedings and Papers, and hope by this parasitic means to keep abreast of the times at the expense of those who labor to make the association helpful. . .

For the day will soon be over
When the digging will be done
With no more gems to gather
So let us then press on.

Don't wait till the iron is hot
But make it hot by muscle
Don't wait for what your brother has got
Take off your coat and hustle.⁴²

In determining the relationship of eclecticism to the other two major medical sects in Kansas, it is valuable to look at the registration of physicians reported by the Board of Health for 1893. Regular physicians numbering 1,323 recorded their names with the Board, as did 296 eclectics and 198 homoeopaths. Of a total of 1,817 practitioners from these three schools 73 percent were regular, 16 percent eclectic, and 11 percent were homoeopathic.⁴³

Eclectics usually practiced in smaller towns or villages and catered to lower socio-economic levels of society. A study of the number of physicians registered in 1893, and their school of practice, in twenty of the largest towns in Kansas, shows that 74 percent of the practitioners

⁴²M. Averill, "Presidential Address," Proceedings and Papers of the Thirty-third Annual Session of the Kansas Eclectic Medical Association, Topeka, Kansas, May 21 and 22, 1903 (Topeka: A. D. Bauer Printing Company, 1903), p. 18.

⁴³Kansas State Board of Health, Ninth Annual Report, pp. 341-94.

in these towns were regulars, 15 percent were homoeopathic and only 11 percent were eclectic. (See Appendix X.) A similar study of twenty of the smaller towns and villages shows an increase for the eclectic to 36 percent of the practitioners with 55 percent regular and 9 percent homoeopathic. The theory seems to be proved in Kansas, as well as in many other states where eclectics practiced, that a higher percentage of eclectics practiced in rural areas than was the case in urban ones.⁴⁴ (For 1893 geographic distribution of eclectics, see Appendix VII.)

Causes of the decline of the eclectic sect in the latter years of the nineteenth century are numerous. Many liberal allopaths joined in the 1880's, who did not really understand the fundamentals of the new faith and who were easily drawn away with the advances of scientific medicine.⁴⁵ With the decline and fall of heroic therapeutics, one of eclecticism's biggest drawing cards was gone. The most significant fact, however, was that eclectics always tried to adopt all that was best in the other schools and incorporate it into eclectic practice. As rapid advances were made in scientific medicine in the late nineteenth century, they were adopted by the eclectics. We have read earlier the statement that what was valid in medicine was accepted by all major medical sects. As more of medical science became valid, the differences between the sects disintegrated. Eclectics, true to their philosophy of choosing the best, eventually opted for regular medicine.

⁴⁴Ibid.

⁴⁵Eclectic, "The Curse of Modern Eclecticism," The Kansas Medical Journal 2 (January 1884): 1-2.

CHAPTER V

PROFESSIONAL RELATIONSHIPS IN SECTARIAN MEDICINE

As we have seen, there were three sects within nineteenth century medicine, the homoeopathic, the eclectic, and the regular or so-called allopathic. Homoeopathy, the first of the major sects, became the prime target of criticism by regulars. The regular profession reacted so strongly because homoeopathy was the first attack on heroic therapy by physicians, rather than by outsiders. Homoeopaths, as previously shown, were just as well-educated and scientific as their allopathic counterparts.

Regular physicians could have responded to this challenge from within their ranks in two ways. They could have played down the therapeutic differences between homoeopathy and allopathy by adopting some of the homoeopathic features into regular medicine. Many homoeopaths hoped this would be the route regulars would tread. Regulars, however, opted for the second alternative, which involved an attempt to destroy homoeopathy by ostracism and legal action. This attempt at destruction gives further evidence to prove the sectarian nature of allopathic medicine. Allopaths could have tolerated an attack upon their medical science for they could have proven its validity. Homoeopathy, however, attacked the sectarian

therapeutics of regular medicine, each of which had to be taken on faith as there was no way to demonstrate validity.¹

One of the major reasons for the founding of the American Medical Association, and its later success, was the problem of irregular practitioners. The major vehicle within the AMA for dealing with these irregulars was the code of ethics, established in 1847. This code remained virtually intact until 1904, when the whole association underwent reorganization. The most important section of the code, relevant to this study, dealt with consultations among physicians. By keeping irregular practitioners out of these consultations, it was hoped that they would lose public confidence and be deprived of their patients. The first section of the article on the subject of consultations said:

A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultation the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, would be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.²

¹William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins University Press, 1972), pp. 168-69.

²Austin Flint, "Medical Ethics and Etiquette," New York Medical Journal 37 (1883): 371-72.

It is interesting to note, that according to this article, irregulars were considered unfit for consultation because of their practicing an "exclusive dogma," and rejecting "the accumulated experience of the profession. . . ." A literal interpretation of these criteria would define both eclectics and homoeopaths as regular practitioners. Neither practiced their sect exclusively nor rejected medical science. When arguments as to the interpretation of the code cropped up in the 1880's, Austin Flint, president of the AMA, attempted an explanation. According to Flint, regular physicians could either originate or adopt an exclusive dogma, no matter how absurd it was, and still be immune from professional discipline. The dogma was not the real issue that caused the ostracism, it was the fact that the irregulars branded themselves with an exclusive title, either homoeopathic or eclectic.³ In actuality, these exclusive titles and organizations were adopted and set up after regulars had denounced the sects for not doing so, and forced them from the regular medical societies. The AMA was at war, and during a war logic and fair play are often avoided. One unfortunate physician happened to marry a homoeopath and was expelled from his county medical society for "professionally consulting with his wife."⁴

Differences within the regular profession as to the propriety of such a stringent code eventually disrupted many of the state and local medical societies. Probably the most significant was that of the Medical Society of the State of New York, the largest medical society in the nation. The New York society took it upon itself to revise its code of ethics in 1882. As all state and local societies had adopted the AMA

³Ibid.

⁴Rothstein, American Physicians, p. 300.

code as a model, this revision was seen by the national organization as a major threat. The result was the expulsion of New York from the AMA.

Arguments in opposition to the restrictive consultation clause were strong. Ostracism of irregulars was having precisely the opposite effect from that intended. Homoeopaths and eclecticists obtained wide public sympathy for their resistance to the "monopolists." In the removal from their societies of members using homoeopathic remedies, regulars were proving themselves more sectarian than homoeopaths. No homoeopathic society ostracised any of their members for using regular medicines. Consultations, in spite of the code, were becoming more frequent and were grudgingly accepted by many regular societies. Doctrinal differences between the sects were starting to disappear, and as the years passed, grounds for ostracism no longer really existed. Homoeopaths were also very influential in the urban areas of the country and no effective licensing laws or laws regulating the medical schools could be enacted without their support.⁵

State societies were quick to act, when they heard of New York's stand on the code. The Kansas State Medical Society held its sixteenth annual meeting in May 1882 at Emporia, where Dr. J. Bell offered the following resolution:

Resolved 1st, that the State Medical Society of Kansas depreciates as unwise, and denounces as unbecoming to the profession, the recent action of the New York State Medical Society, believing that such a course is calculated to prostitute the profession throughout the country, and to disgrace scientific medicine, by inducing its followers to affiliate and fellowship with quacks and charlatans of the most pronounced and specious type.

⁵Ibid., p. 304.

Resolved 2nd, that this Association while denouncing such action, would proclaim that the regular profession of medicine in this State stand unalterably opposed to making such sacrifice under either the influence of gilded inducements or of legislative enactments; and, while they hold themselves ever ready at all times to respond to the calls of suffering humanity, they have no compromise to make in the interest of quackery, whether legalized or not, and do not propose to lower the standard of common honesty in the profession in order to gratify a depraved public sentiment.

Resolved 3rd, that the delegates from this Society to the American Medical Association to meet at St. Paul, Minn., be and hereby are instructed to refuse affiliation with the delegates of the New York State Medical Society until they make such amendments to their state code as will harmonize them with the national code.

A committee, appointed to report on the resolutions, considered them a little too sweeping, but recommended that the delegate to the AMA bring the matter before that body.⁶

The 1882 convention of the AMA was purposefully held in St. Paul, Minnesota. Western allopaths were more conservative on ethical questions than their Eastern counterparts, and more concerned about irregulars. Western irregular medical colleges were generally more inferior to Eastern ones. Add further that great distance meant many of the defenders of New York's stand were not present. The New York State Medical Society was refused a seat at the convention and in effect expelled from the AMA.⁷

It is interesting to note, that on February 6, 1894, the Lyon County Medical Society held a debate on the topic: "article IV of the code of ethics of the AMA is not in harmony with the practice of modern

⁶Committee on History, "History of the Kansas Medical Society," Journal of the Kansas Medical Society 25 (1925): 263.

⁷Martin Kaufman, Homeopathy in America: The Rise and Fall of a Medical Heresy (Baltimore: Johns Hopkins University Press, 1972), pp. 129-30.

medicine and should be expunged from the code." The debate was judged in favor of the affirmative by a panel of six judges on a vote of five to one, with the vanquished serving a banquet at the local Kandy Kitchen.⁸

The New York Times, in favor of the new code, wrote in May 1883, that partisans of the old code were "filled with anguish" to see any person die without their assistance, but homoeopathy was so wicked, no good medical man would interfere to prolong the lives of those who employed it. As the Times saw it, the only way to settle the disagreement between the partisans of the two codes was to procure passage of a law:

Making it a felony for any person willfully and knowingly to employ a homeopathist. The offense should be punished, not with immediate death, but with imprisonment in the State prison, together with treatment by "regular" physicians. The moment the guilty person is placed under arrest he will, of course, be forbidden to hold any communication with his homeopathic partner in crime. It will then be quite proper for the court to assign a "regular" physician to take charge of the prisoner, and to experiment upon him with strong medicines until he either recovers or dies. In the latter case nothing more will remain to be done, and in the former case--if such a case ever occurs--the prisoner can be delivered up to the surgeons for vivisection.⁹

Opinion among regulars in Kansas as to the propriety of consulting with irregulars was as diverse as the men who made up the regular medical profession in the state. As early as 1867, the Leavenworth Medical Herald advised its readers to refuse to consult with "imposters," as there was "but one science of medicine and there can be but one art

⁸Lyon County Medical Society Papers, "Record Book," Volume 3, p. 84, Newman Memorial Hospital Medical Library, Emporia, Kansas.

⁹"The Code Quarrel," New York Times, May 3, 1883, p. 4.

based upon it."¹⁰ The Atchison County Medical Society tried a different tact in September of that year when it passed a resolution stating "that no member of the Atchison County Medical Society shall consult with any practitioner of medicine residing in this county, who shall not have become a member of this society before the second Tuesday of September, 1867." Evidently, even regular physicians who had not shown their diplomas to the Board of Censors and obtained a membership certificate, were also to be ostracised.¹¹

In 1888, the Wichita Pathological Society was organized with the expressed purpose to "study the advancement of medicine and to enlighten the people of Wichita about quacks and unethical doctors." "Off-color doctors" were not welcome, nor could they use the few books or the microscope that the group owned.¹²

Dr. R. F. Harris, of Marion, writing for the Western Medical Journal in 1897, felt that eclectic and homoeopathy were "side shows twenty years ago and are still considered so today." Harris argued that there had been progress in medicine, but questioned whether any of it was due to eclectics. He did give homoeopaths the credit for helping to modify doses. Science was moving fast in 1897, and Harris felt if

¹⁰"Consultation with Irregular Physicians," Leavenworth Medical Herald 1 (December 1867): 332-33.

¹¹W. J. Burge, "Proceedings of the Atchison County Medical Association," Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences 1 (August 1867): 111.

¹²Howard C. Clark, A History of the Sedgwick County Medical Society (n.p., 1951), p. 30.

eclectics would but silently follow the regulars, they might be able to share in the glory.¹³

The general feeling of those who favored the strong AMA code was that the regular profession was broad enough to contain all those who intelligently and honestly sought to relieve suffering humanity. The code itself became something of a holy law. No one put it better than Topeka physical W. L. Schenck, when he wrote:

If interest or ambition has caused one to sin against light and knowledge, he has violated his conscience and broken a link in the golden chain that binds him to truth and righteousness, and is ready to break the other links at the demand of self interest . . . The physician is ready to break the whole law when he has broken a link by advertising himself as possessing some peculiar, secret or excessive knowledge in any department of his profession. . . Objections to the code, like objections to the Holy Writ, generally arise from ignorance of its contents or restiveness under healthful restraints.¹⁴

On the other side of the issue, there were many proponents of a more relaxed code of ethics on the part of the AMA. Dr. W. D. Bidwell, a regular physician, in reviewing the controversy between the sects, gave Hahnemann the credit for reducing the combination of drugs to one of a single remedy. Bidwell argued that if a physician used small doses because he found them to be more beneficial, and if he used anatomy, physiology, pathology and organic chemistry in diagnosis and treatment, he was a regular and probably wrong in styling himself as a homoeopath. Sound reasoning would eventually convince irregulars that regular medicine covered every "pathy," but that could not be done if irregulars were continuously excluded from relationships with regulars. Bidwell's

¹³R. F. Harris, "Regular vs. Heterodoxical Doctors," Western Medical Journal 9 (May 1897): 94-95.

¹⁴W. L. Schenck, "The Code of Ethics," Kansas and Missouri Valley Medical Index 4 (August 1883): 221-22.

peace-seeking article gained him the support of the Kansas Medical Journal, in which it appeared. The Journal, in an editorial note following Bidwell's article, declared "If reasonable men on both sides of this controversy would approach the discussion of the subject in the same spirit that he evinces, medical union would be accomplished."¹⁵

George Hogeboom wrote in 1894 asking for an amendment to the code of ethics that would allow professional judgment in deciding whether to consult with a homoeopath or eclectic. It was Hogeboom's feeling that, if the goal of a physician was to cure mankind, he should be allowed to do it in any necessary way. The code did not change, however much isolated physicians spoke in favor of doing so, until the AMA was reorganized in 1904.¹⁶

Irregulars themselves, naturally enough, lobbied in favor of a change in the code. Eventually, however, they resigned themselves to living with it. Irregulars could also get around the code, as Dr. E. E. Swartz, president of the Kansas Eclectic Medical Association, intimated, "The dominant school of medicine stands before us today with a broken back. It is split up in many factions, its power waning, and its body is totally demoralized. A yoke is upon the necks of its votaries which is grievous to be borne. They vote for the old code, but privately they violate and ignore it."¹⁷

¹⁵W. D. Bidwell, "The Curse of Our Schools," Kansas Medical Journal 2 (March 1890): 399-400.

¹⁶George W. Hogeboom, "President's Address," Kansas Medical Journal 6 (May 1894): 257.

¹⁷E. Swartz, "President's Address," Transactions of the Eighteenth and Nineteenth Annual Meetings of the Kansas State Eclectic Medical Association, Held at Wichita, May 11 and 12, 1886, and at Topeka, February 1 and 2, 1887 (Lawrence: Hoadley and Hackman, 1887), p. 21.

The lack on any effective law regulating the practice of medicine in Kansas caused an event unique in the study of the relationships between nineteenth-century medical sects. This was the joint session of the eclectic, regular, and homoeopathic medical societies in May of 1898. It was the brain child of Dr. H. M. Ochiltree of Haddam. In April 1897, Ochiltree discussed the need for a joint meeting of the sects in a Kansas Medical Journal article. The laity had been an interested spectator in the jealous rivalry between schools. It was hard to expect them to look favorably on legislation relating to medicine, when the "brethren" were engaged in continual warfare. In direct defiance of the AMA code, Ochiltree stated, "educated eclectics and homoeopaths are qualified for practice and consultations. . . .Why not expell allopaths who use infinitesimals or still hold to Lloyd's Specifics." About the only differences he found between schools was in the name.¹⁸ Following through with these feelings, Ochiltree proposed a resolution at the 1897 annual meeting of Kansas Medical Society favoring a joint session "to further the interests of the medical profession of the state of Kansas." A committee of five was to be appointed to confer with committees from the other two schools and arrange the time and program of the future meeting. It was not an easy motion for Ochiltree to make, as he was sure to be censured by many of the more conservative members of the State society. In support of his proposal, he argued that all physicians should live together in peace and harmony and that the things dividing the schools were smaller than they had been in the past. There were also some

¹⁸H. M. Ochiltree, "A Joint Session of the Three Schools," Kansas Medical Journal 9 (April 1897): 186.

money-related issues, for if all three societies held their annual meeting on the same day, they could get reduced railroad and hotel rates. Ochiltree hoped that this show of good faith on the part of the state society would draw more country practitioners into membership and make the society much stronger than formerly. Any legislation to regulate the practice of medicine in the state would require a long pull together by all societies. Regulars were forced to meet together with irregulars by law anyway on the State Board of Health, and Ochiltree felt that they "might as well meet together in a social way."¹⁹

The motion was tabled till the next morning when it was again proposed by Ochiltree. After restating his argument of the day before, Ochiltree tried to make it clear that the session was not to be a meeting for the discussion of papers, but to obtain added power and prestige for the society. It was hoped a few hours of fraternal feeling would dispel from minds of ordinary citizens the bitter feeling between the schools. Dr. L. A. Buck of Peabody objected to a combined or appointed meeting as such. He would support a Kansas Medical Society committee meeting with committees from the other two sects, and having them set up a common convention date. At the convention, these committees could again meet in a joint session and set some hour when the organizations could get together. Buck's amendment was accepted, and after more discussion, the resolution was passed unanimously.²⁰

¹⁹Kansas State Medical Society, "Proceedings," Proceedings of the Kansas Medical Society Thirty-first Annual Meeting, Held at Topeka, Kansas, Wednesday, Thursday, Friday, May 12, 13, and 14, 1897 (Topeka: n.p., 1897), pp. 72-74.

²⁰Ibid., pp. 76-78.

Feeling ran high in medical circles throughout 1897. Differences among sects seemed to be dissolving. There was even talk of dropping the distinctive titles of the past. Dr. H. W. Roby, homoeopath, wrote in a letter of November 28, 1897, "Kansas has been the mother of many reforms in many areas, and in Kansas lies the hope of getting rid of the ostracism of the warring schools. . . .Kansas has taken a step the country should be proud of." He also expressed the hope that the homoeopathic press of the East and West would quit its attack and allow Kansans to continue in peace.²¹

The joint session was held on May 4, 1898, at Representative Hall in Topeka. Dr. E. B. Packer, eclectic, of Osage City, was selected as chairman and A. M. Hutchinson, homoeopath, of Hutchinson, as secretary. Watson's orchestra played the overture and H. Z. Gill offered a prayer. Governor Leedy was expected to give the address of welcome, but as he was looking after the welfare of the troops, H. A. Warner was sent instead. Topeka mayor C. A. Fellow gave a welcome to the group and Watson's orchestra supplied more music. Ochiltree gave a response to the welcome of the mayor and the meeting proceeded to a reading of three papers. Doctor H. W. Roby, homoeopath, of Topeka, chose as his topic, "Hygiene of the Public Schools"; Dr. E. M. Hoover, eclectic, of Halstead, "Relation of Disease to Crime"; and G. W. Hogeboom, regular, of Topeka, "Medical Legislation." Watson's orchestra supplied additional music, and a social thirty minutes of becoming acquainted closed the evening.²²

²¹Editorial, "The Union Meetings," Kansas Medical Journal 10 (March 1898): 159-60.

²²Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898 (Topeka: Mail Printing House, 1898), pp. 82-83.

A further meeting, held on May 5, at 7:30 p.m., brought the decision to have another joint session in Topeka the following year. The first evening would be devoted to a program, and the second would consist of some type of entertainment.²³

An attempt was made at the annual meeting of the Kansas Medical Society in 1898 to table the resolution of approval for the second union meeting and for the continuance of the committee. Ochiltree came to the defense of his project, saying that it was unwise to table, if any legislation beneficial to medicine was to be expected in in the coming year. The motion to table was lost, but the debate on the original resolution became quite heated. Dr. Lane felt that the sessions were "simply killing time and not advancing the progress of medical science." Dr. Minney countered by pronouncing that the same reasons for holding the 1897 session still existed in 1898. Minney and Ochiltree prevailed and the resolution carried by a vote of nineteen to ten. There would be a second joint session of the three medical societies.²⁴

Praise for the success of the undertaking continued throughout the year, although the majority of it seemed to come from the pen of Dr. Ochiltree. In a September article in the Kansas Medical Journal, he again advocated a change in the AMA code. The new proposal, originally Dr. Emory Lanphear's, asked the AMA to accept graduates of reputable homoeopathic and eclectic schools, if they were willing to be known simply as "physicians," rather than homoeopath or eclectic. The new code would allow for consultations with those who accepted the proposal.

²³Ibid., p. 88.

²⁴Kansas State Medical Society, "Proceedings," Proceedings of the Kansas Medical Society, Thirty-second Annual Meeting, Topeka, Kansas, Thursday, and Friday, May 5 and 6, 1898 (Topeka: n.p., 1898), pp. 9-10.

In a grand conclusion, Ochiltree acclaimed the brotherhood of the new age and the joint sessions:

A spectacle never before witnessed in the history of medicine. For the time being at least, the great Chinese wall has been broken down and the three great schools of medical practice stand face to face, hand in hand in the attitude of fraternityWashington was first in peace and first in war; but Kansas is first in seeking to free the enslaved whether to antiquity, to rum, or to bigotry.²⁵

The second annual joint meeting was held on May 3, 1899, in an atmosphere of outward congeniality. Watson's orchestra again opened the session with an overture and the Rev. Dr. Counterline of Topeka, offered the prayer. Governor W. E. Stanley welcomed the delegates and expressed his optimism for the future. Gone were the days when everyone practiced medicine, when herb doctors scraped the bark of trees upward for an emetic and downward for a physic, when allopaths criticized homoeopaths and when both attacked eclectics. Dr. Minney, regular, of Topeka, seconded the address in an equally optimistic tone. Minney admitted that a little prejudice still existed, but that fortunately it was quickly passing away. Some diseases could best be treated by "contraries," and some by "similars," for Kansas medicine was progressive. Minney believed that almost any crossroads doctor was prepared to perform operations of the abdominal, thoracic, or pelvic cavities. Only partially in jest, he suggested that possibly the high caliber of the state's physicians was due to something in the Kansas soil and air.²⁶

²⁵"Joint Meeting of the Regular, Homeopathic and Eclectic Societies at Representative Hall, May 4, 1898," Kansas Medical Journal 10 (September 1898): 492-95.

²⁶Kansas State Medical Society, "Proceedings," Proceedings of the Kansas Medical Society, Thirty-third Annual Meeting, Topeka, Kansas, Wednesday, Thursday, and Friday, May 3, 4, and 5, 1899 (Topeka: n.p., 1899), pp. 5-9.

Notes of Dr. Menninger's response are not available. Several resolutions were sent to the desk after the program, however, condemning his remarks. The resolutions, declared outside the business of the joint session, were referred to the several society meetings on the following day. The secretary of the State Board of Health also had his resolutions referred to the several society meetings. The object of the joint sessions was declared to be the reading of papers and social amusement, not the discussion of papers or resolutions. Leaders of the session were trying their best to make sure that doctrinal arguments did not disrupt the meetings.²⁷

After an interlude of music, the session progressed to the reading of papers. Dr. B. J. Alexander, eclectic, of Hiawatha, read one on "Public Sanitation of the Villages and Towns of the Level Plains of Kansas"; Dr. J. W. May, regular, of Kansas City, "Pure Food and Water Supply"; and Dr. W. B. Swan, homoeopath of Topeka, "Public Sanitation." Watson's orchestra in concert, ended the meeting.²⁸

Homoeopaths and eclectics reported to the Kansas Medical Society that they favored a third meeting, and gave the names of their joint committee members. Homoeopaths had chosen Drs. W. B. Swan of Topeka, F. M. W. Jackson of Emporia, W. E. Buck of Kingman, and two others, to be chosen from the city where the societies would meet, as their delegates. Eclectic delegates would be Drs. E. B. Packer of Osage City, W. C. Hamilton of Topeka, T. N. Watts of Alma, B. J. Alexander of Hiawatha, and

²⁷Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 3, 4, and 5, 1899 (Topeka: Mail Printing House, 1899), p. 52.

²⁸Ibid.

and W. Y. Vance of Horton. Dr. Ochiltree proposed the resolution that would create a third session, and discussion on the topic began. All of the suppressed hatred seemed to surface during the discussions. Dr. Bryan felt that those who favored joint meetings and hence recognition of irregulars, were those who were the "least posted in medicine." He found it extremely hard to keep his seat at the prior evening's joint session, when regulars were referred to as allopaths. The term allopath was one given to regulars by homoeopaths and he resented an outside society naming the regular profession. Bryan doubted that eclectic or homoeopaths had ever given medicine anything new, even what little education they had was due to regular science. Inverting to an old line of attack, he remarked, "There has got to be something in a man's mind before he can get into these irregular schools, that he has got to be willing either to be a scoundrel and practice that which he knows to be false to learn therefrom, or else he is ignorant; and I cannot attribute it to ignorance every time." Ochiltree conferred to being one of the ignorant class, "Not thoroughly posted on the subject of medicine." He eloquently tried to defend his resolution, by claiming that the resolution was not to hold discussions with irregulars or to fraternize with them, but merely a combined meeting to open the annual meetings of the several societies and to show that the old animosities were past. Ochiltree saw homoeopathic schools as equal to regular ones and reasoned that persons could disagree on medical issues, as in religious issues, and still do so in a harmonious manner.

If homoeopaths and eclectic could agree to holding the meetings, there being only one dissenting vote in the homoeopathic society, what would the people think of regulars if they refused. Dr. Mitchell

questioned whether the meetings did show a decrease in animosity.

Dr. Minney explained that persecution had given homoeopathy its strength throughout the years, and that neither homoeopathy nor regular medicine was the same as it was twenty years ago. Dr. Stewart doubted whether homoeopathy was as far advanced as Dr. Minney would like them to believe, and found the only reason there might be to meet jointly was the prospect of obtaining needed medical legislation. Dr. Sullivan believed that the more regulars and irregulars met together the easier it would be for regulars to convince irregulars of the errors of their ways. Dr. Sexton did not like the plan of "marrying a drunkard to reform him." The society president found no real excuse for holding any additional meetings and stated that he would be willing to pay the extra car fare if the meetings were discontinued. He found no way to harmonize the regular school of medicine with any such "fad," and exclaimed further that he "would just as soon fraternize with Lydia E. Pinkham [patent medicine] or any of her kind." When the resolution finally came to a vote, it was defeated.²⁹

Unknowingly, homoeopaths and eclectics met in their separate conventions and finalized plans for the third annual joint session. Eclectics had chosen two of their members to prepare papers to be read at one of the other societies. One to be read to homoeopaths, and one to the allopaths. The papers were to be upon some topic of common interest and the writer was to be prepared to defend his article. Dr. Alexander, was selected to read before the regulars and Dr. Packer before the homoeopaths, on condition that each of the other societies prepared a paper to be read before the eclectic society at its next session. As

²⁹Kansas State Medical Society, Proceedings of the Thirty-third Annual Meeting, pp. 20-27.

the meeting progressed, it was learning, "from what is considered a reliable authority," that the regulars would not approve another meeting and would not appoint a committee on joint sessions, or further affiliate with the homoeopaths and eclectics. An unknown member quickly proposed the following resolutions:

Whereas, there is no affinity between oil and water, therefore, be it Resolved: that the efforts of the Kansas Eclectic Medical Association to affiliate and harmonizingly work with that body of medical men in the regular society who are still working in the old past of calomel, blue pill and blister, be hereby abandoned as a hopeless task.

Resolved: that in the future, as in the past, we, as brother eclectics, seek no further alliance with the so-called allopathic school of medicine.

A motion was made that the resolutions be adopted, but after considerable discussion calmer tempers prevailed and the resolutions were laid on the table.

The damage had been done however, and never again would eclectic, homoeopath, and allopath sit down together at a common convention.³⁰

A joint session was to be held in Topeka on May 9, 1900, but it would be between eclectic and homoeopath, and somewhat of an anti-climax. The committees had failed to complete a program, because certain members had forgotten their duties assigned the prior year until it was too late. In order to salvage the occasion, members were invited to the YMCA rooms on May 10, 1900, to listen to an address by Professor Benjamin F. Bailey, on the appropriate topic, "Trends in Medicine." A joint committee meeting, also on the tenth, decided to hold a similar meeting in 1901, and Drs. Roby and Packer were chosen as the committee in charge of selecting a chief orator. The Kansas Dental Association was to be

³⁰Kansas Eclectic Medical Association, Proceedings of May 3, 4, and 5, 1899, pp. 66-71.

invited to attend, and the expenses of the 1901 joint session were to be equally divided between the eclectics and homoeopaths.³¹

No information is available as to the success or failure of this fourth annual joint session. The attitude of the regular society in its refusal to go along made the whole procedure quite useless. The fact does remain, an attempt was made in Kansas to air the differences among the three schools of medicine. The differences proved too great and scars were imbedded too deep for a reconciliation.

³¹Kansas Eclectic Medical Association, "Proceedings," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 9 and 10, 1900 (Topeka: A. D. Bauer Printing Company, 1900): 55-59.

CHAPTER VI

NEED FOR MEDICAL LEGISLATION

The latter half of the nineteenth century was the high water mark in unregulated medical quackery and empiricism. Although supported by most educated physicians, whatever their school of practice, effective medical legislation in Kansas would not be enacted until 1901.

Quackery is a difficult concept to define in reference to nineteenth century medicine. Homoeopaths, eclectics, and regulars all claimed, at times, to have knowledge or a skill in a particular field they simply did not possess, although they are not usually considered quacks. For the purpose of this study, a quack will be defined as one who is a fraudulent or incompetent practitioner of medicine, one who makes pretentious claims with little or no foundation or resorts to cheap and degrading methods in his work.

Physicians delineated many different types of quacks. The bold type, who eventually came to believe in his own skills, was a migrant. Possibly he obtained his start by reading the glaring advertisements of some "Chinese herb doctor," or some similar practitioner. Upon securing a second-hand manicure set, he might commence his professional career as an itinerant chiropodist. As the money started to come in, he found that the practice of medicine was his ticket to a comfortable living. The bold-type quack stayed only one night in a town, but was always able to gather a curious throng of willing listeners. After showing the value

of his remedy, often with the aid of an advance man in the crowd, and the broad spectrum of diseases it was guaranteed to cure; the crowd pressed together in their eagerness to secure a package before it was all gone. He could then move on to the next unsuspecting town.

The second type of quack might act with a little more tact and dignity. He often had the benefit of a common school education, and was able to circulate his promises via printed handbills. This second type of quack purports to come from one of the leading cities of the country, where he had a large and lucrative practice. Claiming his private fees much lower than those of his city practice because he was simply on an advertising trip, were in fact quite exorbitant compared to those of a resident physicial. On the third or fourth day of his stay, testimonials were usually obtained from prominent citizens attesting to the cures he had accomplished for them. Afterward, he rushed from call to call, at all hours of the day and night and the money flowed in like water. It was not difficult to earn in two months the salary a regular physician earned in a whole year.

The third type was the resident quack, which all towns seemed to have. He sometimes claimed to be a great specialist, but more often announced himself able to perform cures in each case and any stage of disease. Although eventually many lost faith in him, there were always more new patients who read his alluring promises in the daily papers and took up the slack.¹

¹Kansas State Board of Health, "Report of the Delegates to the American Public Health Association Meeting," Seventh Annual Report of the State Board of Health of the State of Kansas From January 1, 1891 to December 31, 1891 (Topeka: Hamilton Printing Company, 1892), pp. 70-71.

The smells of the garbage heap, cesspool and privy vault, warned of their danger to public health. What could warn the unsuspecting of a quack? There were few guidelines. Dr. W. L. Schenck agreed that a quack could be found in any school, but did not feel comfortable in one understood for education and whose members kept pace with progress. In a regular school, a quack was either a young man who felt he knew it all or else an old man who knowing it all in his youth, never found anything else to learn. Schenck saw the second type worse than the first. Generally, he thought that the irregular schools had the majority of quacks.²

One of the most popular of the nineteenth century medical shams was magnetic healing. Its developer, Elisha Perkins of Yale College, was a reputable physician who thought he was contributing something beneficial to medical science. Perkins noted that when he applied metal to a patient's gums during a tooth extraction, there was no pain. From this, he reasoned that he was able to create an "animal magnetism" by stroking afflicted parts of the body with the metal rods. This stroking would cure many illnesses, especially rheumatism. Perkins patented his metallic rods in 1796. He went on to become quite successful, despite tests done by various other physicians which proved theory false. Dr. William Hagarth of Bath, England, painted wooden rods to resemble metallic ones. When he stroked the rheumatic joints of three patients, he told them that the rods were metal and would make them well. All three patients

²W. L. Schenck, "Quacks and Quackery," Kansas Medical Journal 4 (October 1892): 736.

reported that they did feel better. The following day, they all relapsed into their former condition.³

Doctor F. C. Dillings moved his practice from Iowa to Topeka in 1897. Dillings advertised himself, "Americans most gifted magnopathic physician and founder of Dr. Dillings famous healing institute of Hornellsville, New York." Dillings claimed to have the gift of healing for all diseases, weaknesses and infirmities, and had thousands of "reliable" testimonials on file in his office to prove it. He offered five-hundred dollars to anyone who could show that a single letter was not genuine.⁴

In an earlier chapter, we have mention of the American School of Magnetic Healing at Emporia. Although we have no indication of Professor Pendroy actually offering classes to the general public, such classes were advertised to start November 27, 1899.⁵ Pendroy and his associate, C. E. McCrery, did promise to treat and cure neuralgia, rheumatism, catarrh, paralysis, all female diseases, mental depression, deafness, varicose veins, fistula, constipation, stomach trouble and diarrhea. If a cure was not forthcoming, all money was refunded. Pendroy and his associate were graduates of the Weltmer Institute and practiced the Weltmer method of magnetic healing. With the Weltmer method, "absent treatment was possible. The patient in question could be thousands of miles away from the physician. This magnetic healing worked its miracle

³Mike Moore, "Caveat Emptor," Ohio State Medical Journal 56 (1960-61): 1484.

⁴"Magnetic Treatment," Topeka Daily Capital, January 4, 1885, p. 6.

⁵"A Suggestion to the Sick," Emporia Gazette, November 22, 1899, p. 4.

by creating new blood and healthy secretions throughout the body. With blood that was pure, perfect in quantity, quality, and circulation, one simply could not have a disease. As an added attraction, the Emporia Institute had a lady operator of "exceptional powers." She was also a graduate of the Weltmer Institute, and worked only with female patients.⁶

One need only peruse the daily newspapers of the late nineteenth century to find many "specialists" using advertisements. The majority seemingly specialized in the "private diseases" such as venereal disease, female complaints, and spermatorrhoea. Quite popular in the Topeka area in 1890, was Dr. W. H. Early, who set up shop at 731 Kansas Avenue. Early reportedly "the oldest and most successful specialist in the west . . . has had thirty years experience in the treatment of nervous debility, spermatorrhoea, impotency etc." He was also quite competent to cure other blood and skin diseases, eye, ear, lung and throat troubles, urinary, kidney and bladder problems, female complaints, and was the agent for German Electric Goods. His spermatorrhoea specific and female regulator could easily be obtained through the mails at a price of three dollars per bottle.⁷ Periodically Dr. Early would bring other specialists to Topeka for the benefit of his patients. On Friday and Saturday, January 17 and 18, 1890, for example, Dr. Early shared his office with Dr. F. R. Boyd of St. Joseph, Missouri. Dr. Boyd was a "rectal specialist," with sixteen years experience.⁸

⁶"A Victory Over Disease," Emporia Gazette, October 3, 1899, p. 4.

⁷"Dr. W. H. Early's Private Dispensary," Topeka Daily Capital, January 4, 1890, p. 5.

⁸"At Dr. W. H. Early's Office," Topeka Daily Capital, January 9, 1890, p. 8.

Doctor William Gray and his wife, Dr. L. M. Gray, started practice at Wichita in 1875. Mrs. Gray was classed as an obstetrician, but her main income came from the variety store which she operated in their office. William Gray promised to cure clubfeet, hairlips and cross-eyes, if called in time. If no cure was obtained, Dr. Gray simply told the patient that he should have been called sooner. The Grays eventually moved to St. Louis, where he became a partner in the Pullman company and gave up medicine.⁹

Roland Fillmore, who practiced for many years in Blue Rapids, was repeatedly called in on cases after the attendance of local quack physicians. One such quack, who called himself a homoeopath, had originally been a carpenter who concluded that he could make more money in the practice of medicine. His total preparation consisted of the purchase of three medical books and the painting of a sign. This "homoeopath" was quite popular, for he would travel ten miles into the country and only charge one dollar. On one particular occasion, a different local quack had been in attendance of a woman in labor for twenty-four hours. The woman had given birth five previous times without complications, but in this instance the physician had pronounced the baby's head too large and had taken a paring knife, wrapped a string around part of the blade and opened the head of the child in order to facilitate an easier removal. Fillmore rightly questioned a legal system that had no penalty for such a deed.¹⁰

⁹Howard C. Clark, A History of the Sedgwick County Medical Society (n.p., 1951), p. 21.

¹⁰Roland Sherlock Fillmore, Life and Experience of a Country Doctor in Kansas (Long Beach, Calif.: By the Author, 1936), pp. 29-30.

The lack of any substantial knowledge of human anatomy on the part of many physicians, shocks even the lay reader of today. Albert Krug, while a medical student, was asked to accompany the local physician on a case. Krug remembered how enamored he had always been with the high silk hat and Prince Albert coat the physician always wore and the fine pair of black horses that pulled his polished buggy. He was greatly shocked when the doctor told him they were going to treat a woman with prostatic trouble.¹¹ Dr. W. T. Wiseman of Burlington was called to the bedside of a Welsh girl, where he met Dr. K. D., eclectic, and Dr. J. D., homoeopath. Doctor J. D. explained that it was a bad case where the girl's intestines were protruding through the vagina for more than six inches. As the other two scurried about in an attempt to locate instruments, Dr. Wiseman examined the alleged intestines, which had been covered with cloths soaked in warm water. After the examination, Dr. Wiseman delivered a dead foetus.¹² A Wichita physician undertook a goiter operation in the 1870's. The operation took place in a carpenter shop where the carpenter's workbench served as an operating table. The assistants were some of the other physicians of Wichita, and the spectators consisted of the neighbors and hangers-on about the nearby saloon. The physician arrived a little late and quite drunk, as was his habit. There were some that even felt he did his best work that way. As the operation progressed, the trachea was inadvertently opened and attempts at repair proved unsuccessful. In spite of the whistling sound of the air passing in and out

¹¹Albert Arthur Krug, Facts and Fancies (Coffeyville: C. C. Drake, 1944), pp. 21-22.

¹²W. T. Wiseman, "A Most Remarkable Case," Leavenworth Medical Herald 6 (December 1872): 73.

of the accidental tracheotomy, the patient went on to a successful recovery. The surgeon is said to have remarked later that he had "opened the fallopian tube so he could breathe better."¹³

As mentioned in an earlier chapter, herb specialists were quite common on the plains. Coffeyville had Coosie Hayes, part Indian and part Black, who peddled his "Indian Medicine" throughout the area. His largest clientele was located in Dodd City, a Black settlement in the eastern part of Coffeyville.¹⁴ Another with a more interesting history was Jason W. Gay of Winfield. Gay was born in a Miami Indian village on the Wabash River, where his father practiced herbal medicine among the Miami and Delaware. His mother was half Miami. Gay joined the Pawnees on the Missouri River in 1854, and fought many battles against the Sioux. It was with the Pawnees that Gay started his own practice of medicine, using the knowledge of herbal medicines obtained from his father. In 1859, he returned to Illinois in order to get an education, and later fought in the Civil War. After a short stint as a prisoner in Andersonville, he was exchanged and returned to the practice of medicine. He finally settled in the Winfield area, where he sold his Indian remedies and practiced his particular brand of medicine.¹⁵ A similar doctor practiced in the area around Caney. Whenever a bottle of his herbal concoctions lost a label, it was dumped into a larger bottle set aside for that purpose. When a patient had a disease that he could not

¹³Clark, History of Sedgwick County Medical Society, p. 45.

¹⁴Woman's Kansas Day Club, "Pioneer Medicine in Kansas," n.p., 1956 (Typewritten).

¹⁵"Dr. Jason W. Gay: Indian Herb Specialist of Winfield, Kansas," in Kansas Scrapbook: Biography, vol. 2, p. 110, located at Kansas State Historical Society.

diagnose, the doctor gave the patient medicine from this bottle. It was sure to cure anything.¹⁶

Hydrotherapeutics, or the water cure, was extremely popular in the nineteenth century. Medical experts were often at odds as to the therapeutic value of the treatment. One of the largest of the mineral springs was Merrill springs, located fourteen miles south of Topeka and one mile north of Carbondale. The owner of the spring, M. D. Merrill, had a sample of the water analyzed by chemist Albert Merrell, who reported:

Calcium Carbonate	8.00	Grains per
Iron (Ferrous) Carbonate	0.70	Gallon
Magnesium Sulphate	19.4	
Calcium Sulphate	5.16	
Sodium Sulphate	102.60	
Sodium Chloride	132.44	
Alumina	2.00	
Silica	1.50	
Organic and Volatile Matter	0.89	
Traces of Lithium, Potassium, Amonia		
Magnesium Carbonate	<u>4.52</u>	
Total Solids	<u>77.26</u>	

Chemist Merrell stated he "would include the water under the head of saline purgative springs, but the composition is so peculiar that it is difficult to use a single term that will cover its properties." Evidently the purgative salts were present only in such amounts as would produce a gentle cathartic effect unless the person was very susceptible to them. This mild cathartic action of the water was heralded as an "invaluable agent" in the treatment of all diseases of the digestive tract. Dr. J. D. Wood of Waveland, according to testimonial letters, had great success with his patients who used the spring. One such

¹⁶Lloyd W. Graves, The Unfolding of the Scroll (Caney: Caney Chronicle, 1971), p. 53.

patient, Mrs. Burton of Auburn, prior to treatment had been confined to her bed thirteen months on account of spinal disease. She had frequent convulsions, lasting from a few minutes to ten hours. Her limbs were so paralyzed that she could not move in bed alone. Her bladder and bowels were paralyzed to the extent that a catheter and purgatives were indispensable. Even her tongue was paralyzed for days at a time so that no one could understand her. After initial treatment, the pills, syringe, and catheter were laid aside as no longer necessary. In five to six months, Mrs. Burton reportedly recovered the use of her right side, fanned herself, walked without assistance, and visited friends whenever the opportunity presented itself. The spring also boasted of the Hawley House, a finely furnished hotel, for the comfort of its patients.¹⁷

The Eastern Kansas District Medical Society, meeting in Carbondale on April 9, 1889, passed a resolution "commending the efforts of the proprietors of the Merrill Mineral Springs in developing the virtues of the water and establishing a pleasant sanitarium for invalids." Advertisements on behalf of the spring announced that the vote had been unanimous, when in fact support for the resolution was a heavily debated topic. Dr. Schenck, in discussing the issue, felt that the value of the spring lay more in the fact that the resort provided an opportunity for rest than any therapeutic value of the water. Dr. Burdick, on the other hand, saw no value in sending patients to Europe for water cures when Carbondale's mineral water cured many that European spas did not.¹⁸

The Topeka Mineral Wells opened for business in 1880 at 88 Harrison Street. Hundreds were ready to testify as to the wonderful

¹⁷"Advertisement," Kansas Medical Journal 1 (May 1889): 32.

¹⁸"Society Proceedings," Kansas Medical Journal 1 (May 1889): 30.

cures made possible by the mineral water. One testimonial writer noted his cure from paralysis after four weeks of baths and by following the treatment of the attending physician.¹⁹

In order to survive in a competitive business, the mineral springs had to convince people that their particular water had more and better health giving minerals than the competitors. Sulpho Saline Sanitarium in Fort Scott, guaranteed that their sulpho-saline water acted immediately upon the blood when taken into the stomach, and completely purged the blood of all impurities. It permanently cured nasal catarrh, rheumatism, scrofula, cancer, old sores, syphilis, gonorrhoea, granulated eye-lids, piles, salt rheum, exzema, all skin diseases, indigestion, lost manhood and all female disorders. More than three thousand patients were reportedly cured permanently in a twelve-year period of 1886-1898. Many of these patients had formerly been treated at Hot Springs, but found themselves little better upon returning than when they went. Manager of the Sulpho Saline Sanitarium, F. W. Herweg, attributed this to the fact that Hot Springs water had only heat for a therapeutic value. He also claimed that Hot Springs physicians saturated their patients with mercury, and "the various salts of potash," which left the patient a "hopeless wreck." Invalids contemplating a trip to Hot Springs were advised to test the sulpho-saline water of Fort Scott. An analysis of the Fort Scott water, which Herweg supplied, made by Kansas University at Lawrence, listed the following ingredients:²⁰

¹⁹"Topeka Mineral Wells," Topeka Daily Capital, January 4, 1885, p. 6.

²⁰Chittenden's 1898 Emporia City Directory (St. Louis: Chittenden Directory Company, 1898), p. 86. This information was in an advertisement.

Hydro-Sulphide of Sodium	0.188
Chloride of Soda	79.471
Biborate of Soda (Borax)	2.264
Chloride of Potassium	trace
Chloride of Magnesia	7.987
Chloride of Calcium	.780
Sulphate of Lime	.820
Sulphate of Soda	trace
Bicarbonate of Lime	14.238
Bicarbonate of Magnesia	.305
Bicarbonate of Iron	30.006
Silica	.951
Organic Matter	1.166
Chloride of Lithium	trace
Total Solid Matter	<u>109.132</u>
Sulphurated Hydrogen Gas	quantity
Carbonic Acid Gas	quantity
Temperature of Well	67½

Many ordinary citizens could not afford the rates charged by the sanitariums and mineral springs. The government, in order to help out, provided a bath house at Hot Springs, free to the poor. The Kansas Medical Journal in discussing the issue, felt that the government had a duty to also provide a resident physician for the poor. Two to four hundred "creatures" bathed every day in a pool twelve-by-eighteen feet. There was high danger of contracting a worse disease than the one requiring treatment.²¹

Passage of the Kansas prohibition law of 1881 gave rise to a large increase in the number of people prescribing and dispensing alcohol. Druggists could obtain permits to sell "intoxicating liquors for medical, scientific and mechanical purposes." In the first decade after passage of the law, over twenty such permits were issued in the Hays City area alone. This number might not be alarming unless one noted

²¹"The Government Bath House," Kansas Medical Journal 6 (December 1894): 627-28.

that only three druggists had set up a business in that area in the whole period of 1867-1881.²²

Doctor Clover lived west of Caney and developed a large practice after the passage of the 1881 law. Clover had a meager education and could neither read nor write. To fill out a prescription blank he would draw a picture of a bottle with a line across it, indicating the amount of alcohol the patient was to be given. The patient, if he could write, would sign the doctor's name and the doctor would make his "X" next to it. Clover reportedly wrote a barrel of these prescriptions in a brief time.²³

The state sanitary convention, held in 1887, reviewed the Record of Liquors Sold, belonging to one of the five drug stores in a town of four thousand inhabitants. The ledger covered the period March 1 to December 1, 1887. Many of the prescriptions recorded in the book were written for the physician himself. So much alcohol was prescribed in so short a time, by so many new physicians, that these new physicians became known as "prohibitory-law doctors" or "Kansas-made doctors." While there was usually much more sickness among women and children than men in most communities, the sanitary convention noted that out of 1,260 prescriptions written for this drug store, all but 78 were for men. The amount prescribed in each case was from one to eight quarts of beer, and from a pint or less of other liquors. Doctor (A) commenced patronizing the store in question on March 22, when he prescribed for himself a half-pint

²²Annie Chadwick Gilkerson, "Druggist James O'Brien: One of the Good Guys," Hays Daily News, February 6, 1972, in Blain E. Burkley's, Historical Clippings About Hays, p. 13, located at Kansas State Historical Society.

²³Graves, Unfolding of the Scroll, p. 53.

of whisky for cold; on the twenty-fourth, two quarts of beer for malaria; on the twenty-fifth, one-fourth of a pint of alcohol for cold; April second, a half-pint of whisky for cold; eighth, a half-pint of whisky for asthma; ninth, two quarts of beer for malaria; thirteenth, a half-pint of whisky for cold; eighteenth, one pint of alcohol for chills; and twenty-eighth, two quarts of beer for malaria. The prescriptions continued by adding to the list of maladies, indigestion, colic, bronchitis, sprain, sore throat, cramps, and diseases of the lungs, all of which required three quarts of alcohol, five quarts of whisky, and twenty-five bottles of beer. Another physician had prescribed for himself, in a three-month period, one hundred bottles of beer and two and one-half quarts of whisky. In reviewing the tabulation of diseases in which alcohol was prescribed, it seems that "debility" heads the list. (See Appendix XIII) It required a prescription of alcohol 5 times, beer 176 times, brandy 23 times, whisky 74 times, wine 25 times, and gin 1 time.²⁴

Legislation requiring the registration of vital statistics pointed out more than anything else the low quality of some Kansas practitioners. An unnamed county health officer reported to J. J. Redden, secretary of the State Board of Health, that he had on file a death report in which it stated that the cause of death was "heredity of lungs," complicated by "light blue eyes, sandy hair, clear skin, and fourty-four years old." Another found a twelve-day old baby dead of

²⁴W. L. Schenck, "Prevention and State Medicine," Proceedings and Addresses at the Second Annual State Sanitary Convention, pp. 348-60, in Third Annual Report of the State Board of Health of the State of Kansas from January 1, 1887, and Ending December 31, 1887 (Topeka: Kansas Publishing House, 1888), pp. 359-60.

"presence of bile in the Circulating Fluids of the system."²⁵ One distraught physician wrote the following letter to the secretary asking for information:

To the Secretary of State Board of Health

_____, Kansas, April 19, 1888
 Dear Sir: Having received your circular about deaths, xx, but no Formulars. Who having them? from whom can I having it? The time as I was in the State of Mo. every county-clerk have them and give it to the Dr: by the time of Registering. I having asket the clerk, but he says he dont know nothing. Please let me know.

I am sir yours xx _____ M.D.

P.S. Here is a great many old womens figuring as midwifs, which will never report. How enforce the law, and send the Sherif behind them.²⁶

The Pension Department also received many certificates of treatment from as equally well educated Kansas physicians. The Western Medical Journal published sample letters as evidence of need for more stringent legislation. Two of the shorter letters read as follows:

Snakey Mills, --Feb. 30, 1897

Sur: I surtify I treted the sed sojor fum 18888 to Date-- foarmerly his stumik tube was jined to his nervious system but now it are rotting off cosing grate expectoring and hard breth--Your obedt servt--

Dr. J. Haskins, M.D.

Amblers---June 8, 1896

Dear Sirs: Your received i treated Wm Akens after he cum Hoam from the surfis for polypup in his noze and Running scar in his pastur joint-The polypup cum from the nite are and esposur-The wounde cum from the cick of a hoars-

James Weaver M.D.²⁷

²⁵Kansas State Board of Health, "Secretary's Quarterly Reports," Third Annual Report of the State Board of Health of the State of Kansas From January 1, 1887, and Ending December 31, 1887 (Topeka: Kansas Publishing House, 1888), pp. 44-45.

²⁶Kansas State Board of Health, "Secretary's Quarterly Reports," Fourth Annual Report of the State Board of Health of the State of Kansas From January 1, 1888, and Ending December 31, 1888 (Topeka: Kansas Publishing House, 1889), p. 54.

²⁷"Two Peculiar Letters," Western Medical Journal 10 (March 1898): 52.

Quacks offered people easy medicine that was often cheaper than that of regular medicine. In many cases, they promised a cure, which was something the conscientious physician of the nineteenth century could not. As one young man learned from a traveling practitioner, all one needed to be a physician was to look the part. When the young man explained to the traveling man that he had no knowledge of medicine, the doctor answered, "That makes no difference. You look pretty wise; all you need to humbug the people, is a silk hat and a pair of spectacles."²⁸

By 1880, the battle lines were clearly drawn, but it would be a long and frustrating road before the needed legislation would be passed. With a hint of optimism, the Kansas Medical Journal could write in 1894, "Our state has been infested long enough with these long-haired, long-fingered jackels, and we hope the war will continue till they have to hunt for their holes."²⁹

²⁸Kansas State Board of Health, Seventh Annual Report, p. 69.

²⁹"The Quack Exodus," Kansas Medical Journal 6 (May 1894): 246.

CHAPTER VII

MEDICAL LEGISLATION

In 1649, the colony of Massachusetts passed a law designed to regulate the activities of "Chirurgions, Midwives, Physitians or others employed at any time about the bodye of men." Although it proved ineffective, the law would start a trend for governmental control of medical practice. As the country grew, the various state medical societies took over an ever increasing share of governmental licensing functions. The Societies in turn would forfeit control to medical colleges after 1780. The possibility of regulating medicine in the United States looked promising in the early 1800's, but by mid-century even the practice of medicine itself seemed to be deteriorating. With degrees from medical colleges accepted as superior licenses to the certificates of medical societies, bogus medical colleges flourished.¹

During the meeting of the territorial legislature in 1859, Kansas physicians attempted to obtain a law which would regulate the practice of medicine in the state. They also wanted a charter for the State Medical Society, support for a medical college at Leavenworth, and legalization of dissection. With Dr. W. W. Updegraff as president of the Senate and four other physicians as senators and representatives,

¹Richard H. Shryock, Medical Licensing in America: 1650-1965 (Baltimore: Johns Hopkins University Press, 1961), pp. 26-27.

ran high. Of the proposed legislation, only the medical college bill passed either house. Even this was declared illegal when Governor LeCompton and the legislature came to blows about the removal of the seat of government from LeCompton to Lawrence. Patience and money had been exhausted at that time, and the physicians settled down to simply organize their own State Medical Society. A special charter was granted to the society in February 1859.²

In 1867, the State Medical Society attempted to obtain passage of a law that would have allowed for the registration of marriages, births, and deaths. The Senate passed the bill in 1868, but it never reached the House.³ In his presidential address in 1867, Cornelius Logan stressed the elimination of quacks and the encouragement of professional ethics as the fundamental work of the Kansas Medical Society,⁴ which was not alone in the battle. The Atchison County Medical Association unanimously passed a resolution in 1868, petitioning the legislature to enact a law to protect the citizens of Kansas from empiricism. Although all pledged to use whatever influence they had upon the legislators, no such law was forthcoming from the 1868 legislature.⁵

The American Medical Association in May of 1869 passed a series of resolutions requesting the various state societies to act as a licensing board for physicians. Each state medical society was requested to

²"State Medical Legislation," Leavenworth Medical Herald 2 (January 1869): 381.

³Committee on History, "History of the Kansas Medical Society," Journal of the Kansas Medical Society 25 (1925): 82.

⁴Thomas N. Bonner, The Kansas Doctor: A Century of Pioneering (Lawrence: University Press of Kansas, 1959): 46.

⁵William J. Burge, "Proceedings of the Atchison County Medical Association," Leavenworth Medical Herald 2 (January 1869): 356.

annually appoint one or more boards of examiners, composed of five members, with the duty to examine all persons, whether graduates or not, who proposed to practice medicine in their particular state. A fee was to be charged for the license and the board was to receive an annual salary. The AMA stipulated, however, that this annual salary was in no way to depend on the amount of fees collected. The old salary system which operated on a commission basis was too open for corruption. Every applicant had to prove that he had a "proper general education," was twenty-one years of age, and had pursued the study of medicine for three full years, "one-half of which time shall have been in some regularly organized Medical College, whose curriculum embraces adequate facilities for didactic, demonstrative, and hospital clinical instruction." By so doing, the AMA hoped to force the medical colleges to raise their standards of graduation and to regain its control of the medical licensing procedure. A diploma from a medical college would only be valid if it was accepted by the respective state medical society.⁶

In accordance with the AMA stand, resolutions were proposed at the 1870 annual session of the Kansas Medical Society. A Board of Examiners was to be organized, consisting of five members of good professional standing. The only stipulation was that they could not, at the same time, be a member of the Board of Censors of the society. An applicant was to be examined as to his competence in the following branches of medicine: anatomy, physiology, chemistry, materia medica, surgery, theory and practice of medicine, obstetrics, and the diseases of women and children. In order to pass, the applicant needed only a

⁶Kansas Medical Society, Proceedings of the Annual Meeting of the Kansas State Medical Society, Reprinted in Leavenworth Medical Herald 4 (June 1870): 33-34.

simple majority of the votes cast; and, if rejected, was permitted to re-apply at the end of a three-month waiting period. Payment to the board was by the society at a fixed daily rate while they were in session plus mileage to and from each session. No member was to receive or accept any fee whatever from any applicant. If a question of bribery or impropriety arose, it was to be decided by the regular Board of Censors, subject to appeal at a regular or special session of the society. All persons who were members of the Kansas Medical Society, and who had paid their annual dues at the time these resolutions went into effect, received the license without having to take an examination. They did have to pay the stipulated fee, however, and the Board of Examiners had to be satisfied as to their qualifications. Without examination or license, a practitioner was to be treated as an "irregular" under the code of ethics. When an informal ballot was taken, fifteen members voted in favor of the resolutions and five against. Further discussion was held, and it was ordered that the resolutions be made a special order for the next meeting.⁷ At that next meeting, the resolutions lost by a decided majority, the feeling being that it would prove to be expensive and useless. What was needed was regulation and control of irregular practitioners, something these resolutions could not accomplish.⁸ Also certain to have influenced the decision was the passage by the legislature of a bill entitled, "A Bill to Protect the People of Kansas from Empiricism, and to Elevate the Standing of the Medical Profession." Approved March 3, 1870, this law was the first piece of legislation in Kansas that attempted to set up guidelines for the practice of medicine.

⁷Ibid., pp. 34-37.

⁸Committee on History, "History of the Kansas Medical Society," p. 108.

This medical practice act was the only regulatory device passed, with the exception of the short-lived 1879 law, until 1901. The 1879 law read:

Section 1. That it should be unlawful for any person within the limits of the state of Kansas, who has not attended two full courses of instruction and graduated in some respectable school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for reward or compensation, for any sick person within the state of Kansas: Provided, that in all cases, when any person has been continuously engaged in the practice of medicine for a period of 10 years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, shall be allowed two years in which to comply with such provisions.

Violation of the law would subject the physician to a fine of not less than fifty dollars nor more than one hundred dollars for the first offense. The second offense, in addition to the fine, required a thirty-day jail sentence. No physician in violation of the law could receive compensation for services he had rendered.⁹

It is easy to discern many of the weaknesses of the law, although two in particular are rather obvious. The diploma from a "reputable school of medicine," or "certificate of qualification from some state or county medical society," did not have to be registered with any state or county official. One simply had to be able to produce one if legal proceedings were instigated. Medical society certificates were quite easy to obtain. As county societies usually charged a fee for these certificates, they were reluctant to turn someone down. If they did, the

⁹Kansas State Board of Health, "Proceedings of the Board," Thirteenth Annual Report of the State Board of Health of the State of Kansas From January 1, to December 31, 1897 (Topeka: State Printer, 1898), pp. 45-46.

neighboring county was usually willing to supply one for a fee. One could also simply form his own medical society. Evidence of this shows up as late as 1898, when a registration affidavit for a non-graduate reached the State Board of Health and gave as a legal qualification a certificate from the Union State Medical Society. Upon further examination, it was found that such an organization was indeed incorporated as was a medical college on the same date. The articles of incorporation were signed by five of the graduates of the college. The medical society and college were founded and graduated five students on the same day. Eventually the articles of incorporation were withdrawn and the registration affidavits refused. The second major flaw was the ten-year clause, which exempted anyone from compliance provided that they had been in continuous practice for ten years prior to enactment. It was extremely hard to prove that someone had not been in continuous practice for the necessary number of years.¹⁰

Dr. William C. Burge could write, in 1872, that the state law was "good in itself," but "entirely inoperative and a perfect dead letter." Neither the public nor the profession was willing to take the first step towards enforcement. Professionals were not willing to make people think that they were persecuting others from self-interested motives. Quacks were well aware of this and reacted more boldly than ever. Burge suggested a law compelling the registration of diplomas from regularly chartered medical schools before people could publish themselves as physicians. The registration should be done under oath in

¹⁰Kansas State Board of Health, "Proceedings of the Board," Fourteenth Annual Report of the State Board of Health of the State of Kansas From January 1 to December 31, 1898 (Topeka: State Printer, 1899), p. 47.

the county clerk's office and be open to public inspection. If a "discouraging penalty" for non-compliance was added, he felt that all physicians would unhesitatingly present the name of a delinquent. Subsequent events were to prove him wrong.¹¹

By 1873, many physicians had lost all hope for effective legislation. After seeing the powers that be, they had resigned themselves to the fact that there would be none. Any legislation seemed impossible to enforce and the only hope was in improving the knowledge of the general populace.¹² There were those, however, who continued to draw up amendments to the 1870 law and propose them to the legislature. One proposal in 1873 would have had the governor, with the advice and consent of the Senate, appointing three doctors to act as a State Board of Medical Censors for a term of two years. This State Board of Censors would appoint and supervise the action of a Board of County Medical Examiners of like numbers and qualifications to themselves. The county boards would serve for two years and would determine the professional qualifications of all persons in the county who applied to them for Certificates of Qualification to practice medicine in that county. Certificates would be granted only with presentation of a diploma from a "respectable" medical school or college or when the person passed an examination given by the county board. A three dollar fee would be charged for a certificate granted with diploma and ten dollars if an examination was required. Each county would also pay ten dollars to the state board for organizing the county

¹¹William J. Burge, "The Suppression of Quackery," Leavenworth Medical Herald 6 (August 1872): 17.

¹²"Legislation for the Suppression of Quackery," Leavenworth Medical Herald 6 (March 1873): 122.

board and if a person appealed the decision of the county board to the state, the individual in question paid a ten dollar fee to the state. Section two of the 1870 law would have remained in effect. It is interesting to note, however, that section three of the proposed amendment stipulated that any person:

Being subjected to prosecution for damages arising from malpractice or any indictment for any criminal offense whatever, occurring in consequence of or through the prescription or administration of any medicine or course of treatment pursued by such person, it shall be presumptive evidence of the guilt or liability of such persons to establish the fact that they had not previously complied with the provisions of this act.

Had the amendment passed, section three alone would have been an extremely effective weapon against quackery. By not complying with the law, any physician, if brought up on charges of malpractice, would have been presumed guilty.¹³

Late in February 1879, the Kansas legislature approved "An Act to Regulate the Practice of Medicine in the State of Kansas." (See Appendix XIV for text of law.) Under provisions of this law, the Kansas Medical Society, Eclectic Medical Association, and Homoeopathic Medical Society, would each have their own board of examiners. Every person wanting to practice medicine in the state had to appear before his respective school's board and obtain a certificate.

A certificate was to be granted if the person furnished satisfactory proof of having a diploma or license from a "legally chartered medical institution in good standing." Failing this, the applicant was required to undergo examination by the board as to his qualifications. Whichever method was used, the certificate from the board of examiners

¹³"Correspondence," Leavenworth Medical Herald 6 (April 1873): 133-34.

was to be conclusive as to the rights of the person to practice medicine. The certificate, in turn, was to be recorded in the office of the county clerk of the county in which the physician resided. If a person was turned down by a board, there was supposedly a one-year waiting period before the application was reviewed. A fraudulent diploma, if detected, would cost the applicant twenty dollars. Failure to comply with the provisions of the act, however, subjected the physician to a fine of not less than fifty nor more than one-hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than a year, or by both. Anyone attempting to file as his own the diploma or certificate of another would be charged with fourth degree forgery, a felony. Perjury laws were also in effect for testifying and falsely swearing before the boards. Although seemingly strict, old certificates granted by the three medical societies exempted the member from procuring the new ones, and upon proof of five years prior continuous practice, a certificate was automatically awarded.¹⁴

Examination boards were quickly set up by all three of the major medical societies. The homoeopathic board consisted of Drs. H. F. Klemp, Edic, Davis, Johnson, Heacock, Anderson, and Miller.¹⁵ Allopaths selected for their board, Drs. D. W. Stormont, C. C. Furley, S. F. Neely, W. W. Cochrane, R. Morris, C. H. Guibor, and G. W. Halderman.¹⁶ The

¹⁴Committee on History, "History of the Kansas Medical Society," pp. 150-52.

¹⁵Homeopathic Medical Society, Condensed History of the Homeopathic Medical Society and Proceedings of the Fifteenth Annual Meeting in Emporia, May 2-3, 1883 (Topeka: Kansas Publishing House, 1884), p. 14.

¹⁶Committee on History, "History of the Kansas Medical Society," p. 152.

eclectic board was made up of Drs. Henry Owens, J. M. Welch, N. Simmons, William McMullen, R. P. Douglas, A. M. Eidson and P. I. Mulvane.¹⁷

Few established guidelines existed upon which the various boards could base their procedures, and many conflicts arose. The Kansas Medical Society, for example, taking section twelve of the law providing "that no person who holds a certificate heretofore granted by either of the societies mentioned in the second section of this act, shall be compelled to procure a new certificate. . .," passed a resolution instructing the board to issue certificates to all members of the society without regard to diplomas or fees. The board questioned the propriety of such a resolution and suggested that it might have been better for the society to have directed the secretary, "to prepare and issue certificates of the Kansas Medical Society to its members." The original resolution conflicted with section four of the law which ordered the board to examine all diplomas as to their genuiness, and if genuine, to collect five dollars for a certificate. As such, the board could not comply with the society's resolution. Other questions also arose. Section twelve of the law seemed to imply that a separate certificate was to be given to physicians qualifying to practice on the basis of the five-year clause. Section three, however, only mentioned two types of certificate, one for diploma holders and one for those taking an examination. On July 1, 1879, the board ruled that all undergraduates, even if in practice for over five years, would be required to undergo an examination. It was the board's

¹⁷N. Simmons, "A Concise History of the Kansas Eclectic Medical Society," Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 59.

opinion, reputable physicians would comply. If the ruling drove allopaths to the eclectics, it was good riddance.¹⁸

It was a busy year for all three examining boards, because according to the law, no examination could be given after April 1, 1880. The allopathic board had visited sixty-three counties by May 1880 and reviewed 969 applications. A total of 663 certificates were given to diploma holders and 148 physicians without diplomas passed examinations. Those physicians examined and found "ignorant of the first principles of medicine" numbered 119, and 39 applicants failed to comply with all of the regulations.¹⁹

Of the 663 certificates granted to graduates, 68 percent went to physicians who had practiced fewer than fifteen years; 27 percent were given to physicians with less than five years experience. Although seeming to lend support to the thesis that a college education as a necessity for physicians was a relatively new idea, it may also be indicative of a lowering of medical education standards by the frantic rush of many colleges to obtain students. In its evaluation of diplomas, the good character and standing of the applicant was often considered a valid substitute for the lack of character associated with the college. When a diploma was issued by a respectable school, the law gave the board no discretion and moral character could not be considered. Kansas physicians were found to have graduated from eighty-six different colleges. (See Appendix XV for listing.) Thirty-one percent graduated from the "big

¹⁸Kansas Medical Society, "Report of Examining Board," Transactions of the State Medical Society of Kansas at its Fourteenth Annual Session, Held in Leavenworth, Kansas, May 11, 12, and 13, 1880 (Lawrence: Journal Steam Book and Job Printing Establishment, 1880), pp. 105-7.

¹⁹Ibid., p. 100.

five" colleges: Rush Medical, Jefferson (Pa.) Medical, Ohio Medical, St. Louis Medical, and University of Pennsylvania. Rush Medical College itself could claim 9 percent of all graduated regular physicians in Kansas.²⁰

It was the eclectic examining board that drew the ire of most allopathic physicians. Homoeopaths, although rejecting only six applicants, reportedly required evidence of qualification in all cases and only issued certificates to members of their own school. Eclectics on the other hand accepted applications from those previously rejected by the allopathic board and awarded them certificates. Many former rejects of the eclectic board had their position reviewed and the earlier judgment overturned.²¹ Each member of the eclectic board was to keep for himself, four of the five-dollar certificate fee. The extra dollar was to go to the medical association. The state had been divided into districts and a member was assigned to each district. We have already reviewed the charges brought against A. M. Eidson as secretary and member of the eclectic board. Eidson and his partner, P. I. Mulvane, were responsible for granting 56 percent (290) of all certificates awarded by the board. For their work, Eidson and Mulvane received 1,160 dollars in fees. The remaining five members together only made 900 dollars. If one takes into account Eidson's report to the national convention in 1880, where he claimed the board had granted "over 750 certificates," he may have made another 940 dollars which were never accounted for. No legal charges were ever filed against Eidson for impropriety,

²⁰Ibid., pp. 95-97.

²¹Ibid., p. 104.

and, as earlier reported, the Kansas Eclectic Medical Association was never able to learn the truth.²²

Trouble continued to brew, and as the year passed editorials in medical journals became increasingly vindictive. Writing in the Kansas Medical Index, F. F. Dickman felt only a few licenses could be questioned for competency and those were limited to boards "conducted by men who pin their entire faith to the vegetable kingdom or infinitesimal doses." Nothing short of requiring the possession of a "regular" diploma gave any hope of improving the state of medicine, according to Dickman. He brought up the issue of a single board of examiners, consisting of representatives from all three schools of medicine. It was hoped that a single board would allow allopaths a majority of votes when it came to judging the qualifications of applicants.²³

County attorneys were reluctant to enforce the law and punish offenders. A standing joke among jurists of the state was the "doctors cases." The Supreme Court had not made any decision because defendants never had to carry their cases that far. There was even talk of the allopathic board of examiners setting up a test case to determine the validity of the law. The general feeling in allopathic circles was that the eclectic board, by licensing all who applied, reduced the moral effect of the law. If eclectic action had been as honorable as the two other boards, much good might have been accomplished. As it was, the law was a "dead letter."²⁴

²²Simmons, Transactions of the Kansas Eclectic Medical Association 1882, pp. 58-59.

²³F. F. Dickman, "Editorial," Kansas Medical Index 1 (April 1880): 108.

²⁴F. F. Dickman, "Editorial," Kansas Medical Index 1 (May 1880): 140.

The issue came to a head in 1880. It was the Kansas Eclectic Medical Association that would get in the first lick. On March 25, after Attorney General Davis expressed doubts as to the legality of the examining board of the Kansas Medical Society, a meeting was held in the offices of Drs. Eidson and Mulvane. At that meeting one hundred dollars was appropriated to the law firm of Davis and Jetmore for a legal opinion. An additional fifty dollars was to be paid to test the question in the Supreme Court.²⁵ P. I. Mulvane, president of the Eclectic Examining Board, asked the Davis and Jetmore firm for an opinion as to the Kansas Medical Society's right to appoint a board of examiners under the law of 1879, and questioning the validity of the corporate existence of that society. Davis answered that he did not find the corporate charter valid and that the Kansas Medical Society had no right to issue certificates.²⁶

The Kansas Medical Society quickly engaged the firm of Guthrie and Brown for its opinion. Guthrie and Brown's decision stated that the Kansas Medical Society had been incorporated February 10, 1859, by a special act of the territorial legislature and that the state did have the power to do so. The 1879 law, by mentioning the Kansas Medical Society, granted the society legislative recognition. A corporation can be made to perform services for the public good, and by passage of the 1879 law, the legislature was making the Kansas Medical Society perform for the public good. The attorneys further added that there was some

²⁵Simmons, Transactions of the Kansas Eclectic Medical Association 1882, p. 58.

²⁶"The Board of Examiners of the Kansas Medical Society in the Supreme Court," Topeka Daily Commonwealth, May 30, 1880, p. 2.

precedence that if a corporation had operated for some time, with full knowledge of the government, a charter grant was presumed.²⁷

Willard Davis's original opinion was that of a professional attorney, not as Attorney General of the state of Kansas. Although charges were made that he had overlapped his private and public practice, Davis successfully defended himself against them.²⁸

In May 1880, the Kansas Medical Society met in annual session and the 1879 law was the main topic of discussion. C. C. Furley, in his presidential address, protested against a law that created more than one examining board. Furley related the legal opinion of Davis and Jetmore, and presented evidence that the opinion in question had been published at advertisement rates in different publications across the state, as well as in circular form attached to an advertisement of the eclectic board. The eclectic board, in this circular, noted that the certificates of the Kansas Medical Society Board of Examiners were invalid according to law, and that they, the eclectic board, would issue certificates to all physicians holding ones from the Kansas Medical Society. Payment of the five-dollar fee was the only requirement. Evidently it made little difference to the eclectics that the April first cut-off date had passed. Furley hoped none of the regular profession would be "gulled by the trick," and advised that "no further notice be taken of the matter."²⁹

²⁷"Medical Society Question," Topeka Daily Commonwealth, March 20, 1880, p. 3.

²⁸"The Board of Examiners," Topeka Daily Commonwealth, May 30, 1880, p. 2.

²⁹Committee on History, "History of the Kansas Medical Society," p. 227.

Further notice was taken, however, and the Attorney General filed a petition against the Kansas Medical Society on May 27, 1880. The Committee on History of the Kansas Medical Society, writing in 1925, believed from certain statements made by members of the allopathic board, that the action had been brought at the instance of the Kansas Medical Society in order to determine once and for all the status of the society and the law of 1879.³⁰ We noted earlier that the Kansas Eclectic Medical Association had appropriated fifty dollars to finance a test case. It is not known for sure which society was more influential in bringing the issue to court.

The state's case was contained in the following four points:

1. That the charter of the society has expired by statutory limitation
2. That the power of the territorial legislature, being permissive and temporary only, could confer no vested right by contract or otherwise, which would bind the state against its consent
3. That the charter of the society was granted by a territorial act, not accepted or preserved by the state; and
4. That the legislature did not, and has not the power under the constitution, to recognize or validate the existence of the society, nor to grant it additional powers by the act of 1879.

In rendering its decision, the Supreme Court agreed that the Kansas Medical Society had been incorporated by a special act of the territorial legislature, and that at the time was given "perpetual succession forever." The court concluded, however, the legislature had the power to incorporate the society by a special act and endow it with perpetual succession. The act of 1855, concerning corporations, stipulated in part, "every corporation, as such has power, first to have succession by its corporate name for the period limited in its charter, and when no

³⁰Ibid.

period is limited, for ten years." As the special act of February 10, 1859, creating the society, only limited the life of the corporation to the end of time, the 1855 law was not applicable. The legislature did not want the general corporation act of 1855 to apply to the Kansas Medical Society, repealing the law on February 11, 1859. As to the second point, the court simply stated that "if the state legislature has the power to suspend or repeal the charter (which we do not decide), it has never exercised or attempted to exercise the power." In the third charge, the state argued that section one article twelve of the constitution inhibited the state legislature from conferring corporate powers by special acts and once the constitution was accepted, laws of the territorial legislature ceased to have validity. The court referred the plaintiff to section four of the schedule of the constitution which stated, "All laws and parts of laws in force in the territory at the time of the acceptance of this constitution by congress, not inconsistent with this constitution, shall continue and remain in full force until they expire, or shall be repealed." The charter was not inconsistent with the constitution, for section one article twelve limited the legislative power in the future and was not retroactive. The Kansas Medical Society was a lawfully-existing corporation.

The final and most serious objection, that the act of 1879 granted to the Kansas Medical Society additional authority, and thereby conferring corporate powers by a special act, was a difficult one for the court to answer. If the Kansas Medical Society was not a corporation but simply an association of individuals, or if they had not argued they were a corporation but simply an association of citizens, their defense would have been sufficient. The court would then have treated the words of the

1879 law, "corporations organized and existing," as simply "descriptio personarum." The state constitution does not forbid the legislature from authorizing persons or associations to act as examiners, and it is clearly within the police powers of the state to designate medical examining boards. When any power, however, is given to a corporation, it becomes a corporate power. If the law had limited the power conferred to merely designating examiners whose duties were carried out separate and independent of the corporations, if the corporation had no further power over the examiners, and if the society had received no monetary rewards for the selection of examiners, the law might have been considered valid. The corporation would simply have been carrying out a public duty. As the law stood, the Kansas Medical Society, as well as the Homoeopathic Medical Society and Kansas Eclectic Medical Association, all received a five-dollar fee for each certificate granted. Revenue was being levied and collected on certain individuals, for certain individuals. This gave the three medical societies special powers and privileges not conferred on similar corporations, hence the law of 1879 was unconstitutional.³¹

The court held many of the provisions of the law were in the interest of public health and did protect, although feebly, the public from empiricism and malpractice. The constitution was more important, however. At one time in their deliberations, they had hoped to so remove the invalid provisions that the law could still operate. The invalid provisions were so intertwined with the other portions, that to remove a part would so weaken it as to make it useless. It was better,

³¹"Decision of the Supreme Court," Topeka Daily Commonwealth, February 8, 1881, p. 2.

they felt, to render their decision now, while the legislature was in session, than to postpone it to a future date. With Justice C. J. Horton delivering the opinion, and all justices concurring, the act of February 27, 1879 was declared unconstitutional and void on February 3, 1880.³²

In February of 1881, Willard Davis, no ex-attorney general, was the main speaker at the annual meeting of the Kansas Eclectic Medical Association. Davis, although he stated he was formerly inclined towards allopathy, felt that the eclectic school was to be "blessed" as they always endeavored to select the best for their patients, regardless of system. He condemned in emphatic language, "certain rules of etiquette known as the code of medical ethics." Davis advised the eclectics to continue to improve medicine and to attempt to perfect and present to the legislature a new law to regulate medicine in the state.³³

Many physicians were alarmed at the fact there now was no legislation that would protect the citizenry from quackery. The 1870 law, now in effect, had been forgotten. Homoeopaths were told at their 1881 meeting that the homoeopathic board of examination had been "prematurely smothered." Somewhat bitterly it was stated, "The Supreme Court of the state in body corporate sat upon the tender infant whose delicate framework was unable to resist, and it succumbed to the pressure." The only protection left, as homoeopaths saw it, were three clauses in the temperance law which placed limits on the manner in which physicians dispensed

³²Ibid.

³³"Kansas State Eclectic Medical Association," Topeka Daily Capital, February 12, 1881, in Kansas Medical Societies Clippings Part 2, vol. 1, pp. 9-10, located at Kansas State Historical Society.

liquors. Even one of these was the hated loyalty oath that the majority of physicians avoided out of principle.³⁴

Eclectics were happy with the decision. Dr. Owen, speaking at the thirteenth annual meeting, warned the association the enemy was on the alert and ready to crush them at any moment. He advised that the law as it now stood should be left alone and not tampered with. The only suggestion Owen made was that maybe there should be one board of examiners set up consisting of two or three members from each school of medicine. These members could either be appointed or elected. Any new law, according to Owen, should compel consultation when required. After all, eclectics were civilized enough to consult with allopaths. For allopaths to agree to anything less would proclaim their ignorance. Later at that same meeting, Drs. Axelson, Simmons, Raymond and Mulvane were appointed a committee to visit the legislature and see that the rights of eclectics were not jeopardized by passage of a bill not before the legislature.³⁵

The Kansas Medical Society Board of Examiners in their supplemental report of 1881 asked itself whether the cost of the validation of the charter was too great. A joint committee of allopaths, homoeopaths, and eclectics had met in 1881 and agreed to submit the old 1879 law, shorn of its unconstitutional features, but due to the lateness of the introduction, it failed to pass. The president of the allopathic board was somewhat relieved, as he was opposed to any legislation which would have

³⁴"The Homeopathists in Session," Topeka Daily Capital, May 5, 1881, in Homeopathic Medical Society Clippings, pp. 12-13, located at Kansas State Historical Society.

³⁵"Meeting of the Kansas State Medical Association," Topeka Daily Commonwealth, February 9, 1881, p. 1.

recognized a separate eclectic board. It seemed to be a rather pragmatic decision on his part for he stated, "I do not believe there is enough decent material in their school of practice in Kansas to constitute the board."³⁶ The same bill was reintroduced in 1882 and referred to a special committee. According to eclectics, "the allopaths, finding that they could not smuggle through a partisan bill, strangled the compromise bill of the committee at its birth."³⁷

Members of the Kansas Eclectic Medical Association were warned in February 1882 of the probability of the 1879 law being brought up again in the legislature. All who had received certificates from the board of examiners were to be present at the annual meeting for the purpose of taking some action towards securing the recognition of these certificates in future legislation.³⁸ Dr. N. Simmons, in his presidential address, rather smugly remarked that possibly the golden rule might make a good code of ethics for all physicians to follow and again warned fellow eclectics of the necessity of posting sentinels to warn of the despotic movements of the regulars.³⁹

³⁶ Kansas Medical Society, "Supplemental Report of the Examining Board," Transactions of the State Medical Society of Kansas at Its Fifteenth Annual Session, Held in Topeka, Kansas, May 10 and 11, 1881 (Atchison: E. W. Beall, 1881), p. 123.

³⁷ J. A. Munk, "Eclecticism in Kansas," The Kansas Medical Journal 1 (October 1883): 154.

³⁸ "To the Members of the Kansas Eclectic Medical Association," Topeka Daily Capital, February 8, 1882, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 13, located at Kansas State Historical Society.

³⁹ N. Simmons, "President's Address," Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), pp. 16-19.

Allopaths continued to decry the condition to which medical practice had fallen in Kansas. Kansas, it was feared, would eventually sink as low as Missouri, where over 38 percent of the physicians were considered incompetent. Dr. Willis King was shocked:

People actually pay men who stand by and see them bleed to death from accidents, the attendant being too ignorant to tie an artery, or poor mothers are permitted to flood to death without help, while stupid asses who attend them stand by and do nothing, because they know not what to do.⁴⁰

If progress was slow, allopaths believed the reason was that the proposed laws did not go far enough. Writing in 1882, F. F. Dickman observed "Anything short of the Staats Examen of the Germans will not accomplish the object." The central power should be placed in a single examining board, including the superintendent of public instruction and attorney general as members. The secretary should hold a permanent position paid by the state and the other members receive per diem allowances. Once established, all wishing to practice medicine would have to get a certificate from this board, after actual examination, no matter how many diplomas they had accumulated. In order to qualify for a certificate, the applicant would have to be at least twenty-one years of age, have a good moral character, a good English education satisfactory to the state superintendent, and pass an examination on several branches of medicine. Once passing the examination and after paying an "ample" fee, the certificate could be awarded. Although certainly a progressive piece of legislation, allopaths entertained little hope of its passage.⁴¹

⁴⁰F. F. Dickman, "The Proposed New Law to Regulate the Practice of Medicine," Kansas Medical Index 3 (October 1882): 268.

⁴¹F. F. Dickman, "Efforts to Regulate the Practice of Medicine," Kansas Medical Index 3 (March 1882): 60-61.

Eclectics in 1883 were basking in the pleasure of what they accepted as a victory over the "monopolistic oppressors." Dr. J. A. Munk, Topeka, praised the 1870 law for its clear and concise wording. Dr. T. A. Wright of Americus even reported a case in Emporia where the plaintiff "imposter" sued for payment of his bill before a Justice of the Peace. The defendant took the case to the circuit court where it was postponed from time to time by the plaintiff and finally withdrawn because of the fear the 1870 law caused in the heart of the "imposter."⁴²

Many eclectics were afraid if a new law was passed the certificates from the old board would be worthless. Any new legislation would contain in all probability a combined medical board of all three sects, and this was considered "sheer lunacy."⁴³ All factors combined in the overriding fear of eclectics that allopaths would control or limit their activities. Nothing shows this clearer than the following resolutions passed at their annual session in 1883:

Whereas there is an effort made by partisans to legislate in the interests of the medical profession, and whereas the citizens of Kansas have not asked for such legislation, be it therefore

Resolved It is the expression of the Kansas Eclectic Medical Association that it is willing to submit the merits of eclecticism to the intelligence of our grand commonwealth.

Resolved In our judgement class legislation in the interest of medicine will be timely when the masses demand it.

Resolved If the wisdom of the present legislature think it practical, or for the best interest of the state to establish a Board of Health, or enact any phase of medical legislation, that as a school of medicine we demand an equal recognition with all others.⁴⁴

⁴²Munk, "Eclecticism in Kansas," p. 154.

⁴³N. Simmons, "President's Address," Transactions of the Fifteenth Annual Meeting of the Kansas Eclectic Medical Association, Held at Topeka, Kansas, February 6 and 7, 1883 (Topeka: Daily Capital Publishing Company, 1883), pp. 27-28.

⁴⁴"The Eclectics," Topeka Daily Capital, February 8, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 24, located at Kansas State Historical Society.

As the above resolutions indicate, the trend in medical legislation was shifting towards the creation of a State Board of Health. Many states had already created such boards and endowed them with the power of granting certificates or licenses to practice medicine. As a bill providing for a board had been written by the Kansas Medical Society, Governor John A. Martin was urged to appeal to the legislature for its passage. The state society even held a special meeting in January 1885 to discuss the issue, and invited physician members of the legislature for a special evening session. There, members of the Kansas Medical Society used all of the pressure at their command in favor of the Board of Health bill, containing a section regulating the practice of medicine. A special meeting was also arranged with representatives from the eclectic and homoeopathic societies to consider the bill and solicit support. Immediate opposition developed on the part of the eclectics and homoeopaths when they received no guarantee of equal representation on the board. The meeting broke up in rancor. Most newspapers seemed to be against all regulation of medicine, but saved their strongest attacks for the Kansas Medical Society, and saw the bill only as an attempt to bar competition. One Grand Lodge stated the bill was designed solely "to create a monopoly in the practice of medicine that would be adverse to the best interests of this state." When the Kansas Medical Society drew back, the bill was passed in 1885, shorn of all reference to regulation.⁴⁵

The governor, with the advice and consent of the Senate, was to select nine physicians to constitute the Kansas State Board of Health.

⁴⁵Bonner, The Kansas Doctor, pp. 78-79.

The only major qualifications for membership were seven years continuous prior practice and graduation from a respectable medical college. Three appointments were to be made for one year, three for two years, and three for three years. Annually thereafter, the governor would appoint three members to fill vacancies. It was strictly forbidden for any of the three major groups to hold a majority of positions. A secretary, not a member of the board, was to be elected and was to serve as the board's executive officer. Board membership was an unsalaried position with only traveling and other necessary expenses paid for by the state.

The board was charged with making "careful inquiry in respect to the causes of disease, and especially epidemics, and investigate the sources of mortality, and the effects of localities, employments, conditions, ingestia, habits and surroundings on the health of the people." They were to advise government officers or other state boards about all areas of sanitary science and supervise the registration of vital statistics, including marriages, births, deaths, and listing of physicians names and educational background.⁴⁶

To provide help in accomplishing its tasks, each county commission in the state was ordered to act as a local board of health. Each local board was to elect a physician, adept in sanitary science, to act as a county health officer. It was the duty of the county health officer to distribute all necessary forms to the rightful persons, and report all required statistics to the state society after they had been collected. He was further ordered to "perform such other duties as this act, his local board or the State Board of Health may require of him." Upon

⁴⁶Kansas State Board of Health, Thirteenth Annual Report, pp. 42-44.

conviction of any failure or neglect of his duties, the health officer was to be fined ten dollars for each offense. It was the duty of every physician practicing in the state to keep a record of deaths occurring in his practice and to report them to the county health officer, with a similar ten dollar fine for failure to do so. Personal property assessors in the townships and city wards were also to aid the local boards of health by collecting and reporting birth, death, and marriage statistics. The state board was then annually to publish all the vital statistics for the current year and to make suggestions for further legislative action deemed proper to protect public health and welfare. Any prosecution undertaken under the law was to be conducted by the county attorney for the county in which the offense was committed and all fines were to be paid to the county school fund.⁴⁷

It would take years for all counties to organize boards of health and to elect county health officers. In many cases, the health officer was so poorly paid that he would claim that reports were not sent in to the state for want of money to purchase stamps. Physicians themselves often refused to fill out the required forms and the board found legal action against offenders a lengthy process. The board found it had many duties to perform, on an annual budget that fluctuated from two to five thousand dollars, and could not prosecute every offense brought to their attention. If one adds the fact that every two years after 1887 bills were introduced to abolish it, the State Board of Health's positive achievements take on even more significance.⁴⁸

⁴⁷ Ibid., pp. 44-45.

⁴⁸ Bonner, The Kansas Doctor, p. 82.

In August of 1885, J. W. Redden, the first secretary of the State Board of Health, discovered the unrepealed law of 1870 and wrote to Attorney General S. B. Bradford asking his opinion on whether the law was still in force. In August the attorney general returned Redden's letter with a reply that the law was "still in full force and unrepealed."⁴⁹

The law was quickly published and distributed. Numerous cases were eventually brought to court. In 1890, the Supreme Court upheld the law and an even more vigorous campaign was instigated. The law was not very strict, but at least the most flagrant quacks could be brought into court.⁵⁰ No physician could now apply or qualify to practice without a diploma, unless they could prove that they had been in continuous practice since 1860.⁵¹

Proposals for new legislation continued. At the 1888 annual convention of the Kansas Medical Society, Dr. J. J. Wright announced that "members of the three schools of the Lyon County Medical Society" had formed the Kansas Medical Law Association of Emporia. Although Dr. Wright praised the harmonious meetings of the Lyon County Medical Society, his implication that the Lyon County Medical Society consisted of representatives of all three schools is misleading. No irregulars were ever admitted into membership of the Lyon County Medical Society. It is easier to accept the fact that the three schools might have gotten

⁴⁹Kansas State Board of Health, "Proceedings of the Board," First Annual Report of the State Board of Health of the State of Kansas From its Organization April 10, 1885, and Ending December 31, 1885 (Topeka: Kansas Publishing House, 1886), pp. 34-35.

⁵⁰Bonner, The Kansas Doctor, p. 80.

⁵¹"Legal Light," Kansas Medical Journal 2 (January 1884): 39.

together for joint meetings under the auspices of the Lyon county society. At any rate, this association had drafted a bill for presentation to the legislature and proposed it to the state society for its approval. The Emporia bill was similar to other proposals in that all practitioners would be required to have a diploma; if not, they would be subjected to examination by the State Board of Health. An applicant could be refused a certificate if he was shown to have a bad moral character or if he had ever been convicted of a crime of gross immorality. A one hundred dollar license could be required of "any itinerant vendor of any drug, nostrum, ointment, or appliances of any kind intended for treatment of disease or injury, or who shall by writing, or printing or any other method profess to cure or treat disease or deformity by any drug nostrum or manipulation." Failure to purchase this license from the State Board of Health, would result in a fine ranging from one hundred to three hundred dollars. Failure to obtain a certificate would subject the physician to a fine of one hundred dollars for the first offense and two hundred for each subsequent offense. All fees were to be paid to the state treasurer for the school fund. This licensing section was clearly added in an attempt to silence the patent medicine lobby and help insure passage of the bill. Even to suggest such a tacit recognition of proprietary therapeutics twenty years earlier would have been a severe breach of medical ethics. To do so in 1888 indicates an extreme compromise on the part of allopaths. Nevertheless, a committee of three members was created by the Kansas Medical Society to act in concert with the State Board of Health in an attempt to secure passage of the legislation. Committee selections were Drs. Wright, Jacobs, and

Page, all of Emporia. The committee and the State Board of Health were unable to secure passage.⁵²

In 1889, another medical practice act was proposed to the legislature after careful preparation by a conference committee representing the three state medical societies and a committee from the State Board of Health. This time the law had been thoroughly examined and modified by the attorney general so its constitutionality was assured. The House amended several sections, especially the one granting examination control to the State Board of Health, and created a new and separate examining board. The Senate, however, defeated the bill in a committee of the whole. Many members of the senate were determined not to establish any new board of any character and in fact attempted to repeal the acts creating some of the state boards then existing.⁵³

The committee on legislation for the Kansas Medical Society fared no better with the 1891 legislature. Along with at least two bills to abolish the State Board of Health, legislators voted on a bill proposing to regulate medical practice, a bill providing for the formation of a new State Board of Health and regulation of medicine, and a bill to amend the present State Board of Health law. Even the last proposal, which antagonized few interests, failed to pass. It seemed to observers on the committee that political hostilities between the two houses were

⁵²"Doctors Convene," Topeka Daily Capital May 3, 1888, p. 4.

⁵³Kansas State Board of Health, "Secretary's Quarterly Reports," Fifth Annual Report of the State Board of Health of the State of Kansas From January 1, 1889 and Ending December 31, 1889 (Topeka: Kansas Publishing House, 1890), p. 18.

"all-absorbing." With this duel for political supremacy going on, the committee abandoned as hopeless all attempts at procuring legislation.⁵⁴

Failing any new effective legislation, attention again turned to the law of 1870. Attorney General Bradford had given the opinion that in prosecution the state did not have to prove that the defendant had not attended a full course of instruction and graduated from some medical school. As a legal question of negative averment, the defense had to disprove the state's contention. In actual practice, however, while this held in civil cases, the criminal courts held otherwise. It became quite impossible to prove that a person was not a graduate or held no certificate or had not practiced ten years prior to 1870. Even if the person was considered guilty before proven so, the law provided that a certificate of a medical society was good evidence of qualification. Anyone could form a medical society, and many did just that. There was no guarantee as to the character or qualifications of the men making up a medical society.⁵⁵

Three pieces of legislation, approved by the State Board of Health, were introduced into the Senate in 1893. All three were passed out of committee, with recommendations that they be passed in the committee of the whole. Optimistically, the secretary for the State Board of Health reported that due to lack of time the only act passing both the Senate and the House was the amended act "for the Preservation of Public Health Against Epidemic Cholera and other Infectious Diseases."

⁵⁴Kansas State Board of Health, "Abstract of the Proceedings of the Board," Seventh Annual Report of the State Board of Health of the State of Kansas From January 1, 1891, to December 31, 1891 (Topeka: Hamilton Printing Company, 1892), p. 3.

⁵⁵"A Lame Law," Kansas Medical Journal 2 (June 1890): 521.

Had there been more time, he assured, both the "Act to Provide for the Registration of Medical Practitioners and Prescribing Penalties for the Violation Thereof," and "Act for the Preservation of the Public Health and Registration of Vital Statistics," would have easily become laws.⁵⁶

The State Board of Health, interested in determining the Kansas relationship with other areas of the country in regard to regulatory legislation, compiled in 1894 a survey of fifty-two states and territories. Examinations were required, as a diploma conferred no right to practice, in the states of Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, Pennsylvania, South Dakota, Texas, Virginia, the territory of Utah, and the Cherokee Nation. There were no legal requirements to be met in Maine, Massachusetts, New Hampshire, and Rhode Island. The Creek Nation only charged an annual fee of twenty-five dollars for the right to practice and Montana still had its ten-year practice rule. Kansas and the remaining states or territories required either a diploma from a "respectable, recognized, or reputable" medical college or an examination from the State Board of Medical Examiners or a State Board of Health. In some instances, an examination from a county board sufficed. The fact that they were in a similar dilemma with several other states gave Kansas physicians little comfort.⁵⁷

⁵⁶Kansas State Board of Health, "Proceedings of the Board," Ninth Annual Report of the State Board of Health of the State of Kansas From January 1, 1893, to December 31, 1893 (Topeka: Hamilton Printing Company, 1894), pp. 40-48.

⁵⁷Kansas State Board of Health, "Proceedings of the Board," Tenth Annual Report of the State Board of Health of the State of Kansas From January 1, 1894, to December 31, 1894 (Topeka: Hamilton Printing Company, 1895), pp. 134-36.

On May 15, 1894, the three schools met together with the expressed purpose of drawing up legislation to propose to the state legislature. In contrast to the 1898 attempt at burying the hatchet, this meeting was simply an armed truce to accomplish a single task beneficial to all. After choosing Dr. H. A. Dykes as chairman and W. E. McVey as secretary, the convention elected a committee of six, whose job it would be to notify every physician in the state of the convention's actions. Two members were chosen from each of the three groups. Another committee, selected to draft the bill, consisted of the following nine physicians: Ryder, Swallow, Minney, Steward, Furber, Menninger, Hamilton, Felty, and Hall. With some alterations, the committee recommended the Illinois law for approval by the convention. The proposal also bore striking resemblance to that of the Kansas Medical Law Association of Emporia. Drs. Guibor, Stewart, Wall, Swallow, Menninger, Ryder, Long, Hatfield, and Martin were appointed to act with the legislative committees of the three state societies in the management of legislation. A later motion, added all the "lady physicians" in the state to the committee. It was also this committee's job to act as a central committee, and to appoint local committees in every county to interview the various members of the legislature living in that area in reference to the bill. A lawyer was to be chosen by this committee on legislation to determine the constitutionality of the proposal. The appointment of a committee on finance was referred to the secretary of the State Board of Health.⁵⁸

According to the proposed law, granting of certificates would apply to physicians who either graduated from a respectable college or

⁵⁸
Ibid., p. 149.

who passed an examination given by the State Board of Health. A one dollar fee would be charged for certificates granted to graduates of medicine and a two dollar fee charged for certificates granted to graduates in midwifery. An examination in medicine and surgery would require a twenty dollar fee and one in midwifery, ten dollars. All fees were payable to the State Board of Health. The law was applicable to all "Who shall treat, operate on, or prescribe for any physical ailment of another." It also included the "itinerant vendor" clause of the Emporia proposal. Physicians who had been practicing medicine continuously, "as a means of livelihood," for ten years prior to the taking effect of the law were to receive a certificate upon proper application, unless they could be shown to be of immoral character, or guilty of unprofessional or dishonorable conduct. Although it was questioned whether this ten-year clause would weaken the law, it was unanimously passed by the convention. The stipulation, "as a means of livelihood," was added, however, to the first proviso of the section in order to eliminate part-time physicians. Any person trying to evade the law by practicing without a certificate was subject to a fine of one hundred dollars for the first offense and two hundred for each subsequent offense. If one attempted to file a forged affidavit of identification or a diploma other than his own, he would be charged with the crime of forgery. In either case, the defendant if convicted, would be held in the county jail until the fine and costs were paid.⁵⁹

Copies of the law and requests for financial aid were sent to all members of the various medical societies and physicians in Kansas.

⁵⁹"Read it: An Act to Regulate the Practice of Medicine in the State of Kansas," Western Medical Journal 5 (September 1894): 195-97.

Little more than one hundred dollars in financial aid was returned to the committee by state physicians, over one-half of which went for postage alone.

In November, a subcommittee of three was chosen from the nine-member committee, as the original was found to be too cumbersome. This subcommittee consisted of C. F. Menninger, representing homoeopaths; G. H. Wall, representing allopaths; and J. L. Furber, representing eclectics. When the bill was submitted to an attorney for legal advice, the opinion was that it was unconstitutional. Changes were made and the bill approved by Dr. Menninger. It was not approved by Dr. Furber, however, for it had not even been presented to him. Furber, originally in favor of stringent legislation, had changed his mind and was strongly advocating retention of the 1870 law. In spite of Furber's foot-dragging, Wall and Guibor spent a lot of time getting acquainted with the legislators. House Speaker Lobdell even permitted them to suggest legislators agreeable to Kansas physicians to sit on the committee of hygiene and public health. Once selected, the committee consisted of the following: J. A. Campbell of Doniphan county (Republican) as chairman; George W. Hallenbeak of Gray county (Republican); Dr. J. S. Halliday of Comanche county (Republican); Dr. Frank H. Smith of Sherman county (Democrat-Populist); George W. McKinney of Mitchel county (Populist); Alfred Pratt of Hamilton county (Republican); and G. G. Cornell of Waubaunsee county (Republican). Strongest opposition appeared in the Senate committee. This committee was a standing one and consisted of the following members: Dr. E. T. Metcalf of Anderson county (Republican) as chairman; D. McTaggart of Montgomery county (Republican); Levi Dumbald of Lyon county (Populist); A. E. True of Waubaunsee county (Populist); and John

Armstrong of Barton county (Populist). The Kansas Medical Journal reported the Senate committee members "would not listen to any argument, but insisted on saying, 'just put me down against the bill.'" The senators claimed that the proposed bill was class legislation.⁶⁰

Proponents felt the House committee would recommend passage of the bill. The Senate, or at least the Populist portion, was opposed to any legislation of this type and the general feeling was that results would be unfavorable. Physicians were urged to use whatever pressure they could muster on the Senate.⁶¹

On February 4, 1895, a joint meeting of the Senate and House committees was held in the office of the lieutenant governor. The medical profession at large was represented by Drs. C. H. Guibor and G. A. Wall. Opposition to the law led by F. P. Baker and T. E. Bowman, consisted of Christian Scientists, clairvoyants, spiritualists, mind healers, and vitopaths. Dr. Eva Harding represented the homoeopathic viewpoint and Dr. Furber the eclectic. Furber now argued for an amendment to the old 1870 law. Although no one quite understood the connection, or his reasoning, Furber proposed that anyone found guilty of removing the ovaries of a female under the age of forty should be fined five hundred dollars and sent to the state prison for fifty years. Likewise, anyone removing the testicles of a male under the age of forty-five, "or any time before the menopause," was to be fined one thousand dollars and sent to prison for fifty years. Brother T. E. Bowman spoke only to

⁶⁰G. A. Wall, "Medical Legislation A.D. 1895," Kansas Medical Journal 7 (June 1895): 295-296.

⁶¹"Will the Bill Pass?" Kansas Medical Journal 7 (February 1895): 66-67.

denounce the regulars as "drunkards, opium eaters and instigators of the liquor habit." The bill, according to Bowman, was only an attempt to form a monopoly by which to rob people. The joint committee of the House and Senate was not persuaded by either brother Bowman or Dr. Furber, for all members voted in favor of the proposed new law that evening. Dr. Wall noted that the most amusing part of the meeting was "the forced union of the various 'pathies' in their endeavor not to tread on one another's toes and still remain united in their villification of the regular school."⁶²

Opposition in the House came generally from Populists and Mr. Rohrbaugh in particular, although Rohrbaugh later voted in favor of the bill. Representative Winters expressed the general Populist attitude when he stated, "We western people can't support your plug hat doctors. We've got a lot of old women who are better than any of them."⁶³ Populists were united in their opposition to section ten of the proposed bill, which would have charged "itinerant vendors" in the state a monthly license fee of one hundred dollars. In order to counter Populist pressure and ensure passage, physicians lent support to a change in the wording of the section in question. It now read, "Any itinerant doctor who shall open up a transient office, etc., shall pay \$100.00 per month, etc." All legislators seemed to be against itinerant doctors and would be willing to fine them, as long as the vendors were left alone. The

⁶²Wall, "Medical Legislation," pp. 296-98.

⁶³"Medical Bill Fails: Populists Defeat the Bill Regulating the Practice of Medicine," Kansas Medical Journal 7 (March 1895): 119.

compromise appeared successful at first, as the House eventually passed the bill and sent it on to the Senate.⁶⁴

Under the rules of the Senate, in order for a bill to go on third reading without taking its regular course, unanimous vote was required. When Dr. E. T. Metcalf asked for such a vote, Senator Cook objected, and it was feared that the bill would die on the calendar.⁶⁵ According to an article in the Topeka State Journal, later used as advertising material by the W. W. Gavitt Medical Company of Topeka, a "prominent doctor" succeeded in getting Cook out into the hallway with the expressed purpose of discussing ways in which the bill could be changed to suit him. While Senator Cook was out in the hallway, the bill was advanced in the Senate calendar to a third reading. Upon Cook's return, and discovering the decoy maneuver, he threw all of the influence he could muster in favor of Senator Householder's motion that the bill be stricken from the calendar. Householder's motion passed, and the bill died.⁶⁶ The Senate had not even read the new revised bill. All of the populists, with the exception of Senator True, voted against the bill; Republicans and Democrats favored the legislation.⁶⁷

The Journal claimed that the bill had been especially prepared and aimed at the W. W. Gavitt Medical Company of Topeka, who had over 500 agents in Kansas. These agents, "principally widows and old

⁶⁴Wall, "Medical Legislation," p. 298.

⁶⁵"Medical Bill Fails," p. 119.

⁶⁶Advertising Circulars, "Topeka State Journal, March 4, 1895 Reprint," W. W. Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁶⁷"Medical Bill Fails," p. 119.

soldiers," were selling a medicine called "Our Native Herbs." Supposedly, the doctors, having become jealous of Gavitt's cure rate, and their loss of patients, decided to kill the company once and for all.

In praising the Senate's decision, the Journal remarked:

The mortality by disease in Topeka was reduced fifty percent in two years by these Native Herbs, and the doctors say that it has to be stopped. The lower House appeared to be willing to restore the death rate but the Senate objected. Why should the doctors be protected? It is the people who need protection.⁶⁸

Evidence was later presented, but never proven, that the Baker Medical Company of Keokuk, Iowa was also instrumental in the defeat of the bill. The Baker company supposedly had over forty wagons in Kansas selling patent medicines. They strongly objected to section ten of the proposed bill, which required the itinerant vendors to pay a monthly license fee of one hundred dollars. The company was reportedly willing to pay seventy-five dollars per annum for each wagon, but argued that the one hundred dollar monthly fee per wagon was impossible. A representative of the company secured a room at the Copeland Hotel in Topeka, where he was to have interviewed legislators and those interested in the bill. Various other reports came to light of money being extorted from the representative of this company by those who claimed to be able to influence the legislation in question, although none were legislators. Dr. Wall was informed that Mr. Baker himself was in Topeka at one time and was talking with legislators. At any rate, whenever any legislator was approached regarding the bill, the first question was, "Does the bill shut out these medicine vendors who sell medicine from wagons throughout the state? If it does I am opposed to it." It certainly seems that they were at least receiving awareness of the plight of the

⁶⁸Advertising Circulars, "Topeka State Journal Reprint".

Baker Medicine Company. It is also interesting to note that the itinerant vendor clause was eventually removed from the original bill in order to secure passage. It is ironic that many of the Senators did not know that section ten had been revised, for the bill never made it out of committee.⁶⁹

In December 1898, J. J. Kackley read his proposed law to the Southeast Kansas Medical Society at Parsons. Kackley's proposal shows a shift away from the idea of using the State Board of Health as a medical licensing board. A State Board of Medical Examiners composed of nine practicing physicians, all of whom were graduates of an AMA-recognized school, was to be given state licensing power. The governor was to choose the board, giving each of the three schools of medicine a representation as follows: six physicians were to be regular; two were to be homoeopathic; and one was to be eclectic. A ten-year clause was included in the proposal, which would have allowed a certificate to all persons continuously practicing medicine for that time prior to enactment of the bill. The bill further stipulated that "all persons entitled to practice under the ten years provision, and all persons hereafter commencing the practice of medicine and surgery. . . shall submit to an examination. . . ." Only after examination and payment of a fifteen dollar fee could the ten year people receive their certificate. Even then, the board could refuse or revoke a certificate for "unprofessional, dishonorable, or immoral conduct." Defined for the first time in any medical legislation, such conduct consisted of, "chronic and persistent inebriety, the practice of criminal abortions, the conviction

⁶⁹Wall, "Medical Legislation," p. 297.

of crime involving moral turpitude, or for publicly advertising special ability to treat or cure diseases that in the opinion of the board it is impossible to cure. . . ." Penalty for failure to comply with the law would be raised to a maximum of five hundred dollars and one year in jail. The charge of fourth degree forgery, in earlier legislation, for attempting to file a diploma not one's own or for forgery of an affidavit, was increased to second degree forgery. Kackley's proposal considerably broadened the definition of what constituted a medical practitioner. Any person was to be regarded as practicing medicine:

Who shall profess publicly to be a physician, and to prescribe, or who shall append to his name the letters "M. D.," or to suggest, recommend or direct for use of any person any drug, medicine, appliance, apparatus or other agency, whether material or nor material, for the cure, relief or palliation of any ailment of the mind or body, or for the cure or relief of any wound, fracture or bodily injury or other deformity.

The act also applied to any apothecary or pharmacist who prescribed for the sick. The itinerant vendor clause of earlier legislation was included, the only change being that the maximum fine was increased to five hundred dollars. Oddly enough, midwives were exempted from compliance with the law, as were students prescribing under directions of a preceptor, and nurses working in their legitimate occupations. Also in no way, was it to apply to pharmacists selling patent or proprietary medicines or water from mineral springs. We are left with little information as to what eventually happened with Kackley's proposal, other than the fact that it was never enacted.⁷⁰

The three schools met with the House and Senate medical legislation committees again in 1899. The committees drew up amendments to the

⁷⁰J. J. Kackley, "Needed Medical Legislation," Western Medical Journal 10 (December 1898): 447-56.

old 1870 law for presentation to the legislature. The outlook seemed bright, as many legislators had pledged support. The bill as presented, however, was changed again and parts added previously rejected in conference. This bill containing sections suggested by the secretary of the State Board of Health, irregulars, and patent medicine vendors was quickly killed. Even the eclectics began to question the value of legislation developed by joint meetings of the three sects. The eclectic medical legislation committee was now suggesting that each school should meet and draft their own law, present it, and stick by it.⁷¹

Although claiming that a "larger purse" knocked them out of the last session of the legislature, medical men vowed a fight to the finish in 1900. In spite of having been governed by Republicans, Democrats, Prohibitionists and Populists, and living in a state advertised across the country as noted for droughts, floods, grasshoppers, hot winds, blizzards and cyclones, Kansas physicians were still going strong. They even had an advertisement of their own to be printed, advertising Kansas as:

The headquarters for Quacks, Fakirs, Osteopaths, Christian Scientists, Cheropodists, and Spook Eradicators. Anyone wishing to engage in the medical profession in any way, shape, form or manner we invite to come to Kansas where our Medical laws are as broad as our prairies. Come and swing your shingle to the zephyrs of the Sunflower State where everything is as peaceful and serene as the backwater current of Buck Run.⁷²

Persistence did eventually pay off, for in 1901, the state did pass a new law regulating the practice of medicine. A State Board of Medical Registration and Examination was created. Equal representation

⁷¹Kansas Eclectic Medical Association, "Proceedings of the Kansas Eclectic Medical Association," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 3, 4, and 5, 1899 (Topeka: Mail Printing House, 1899), pp. 50-51.

⁷²"NIT," Western Medical Journal 11 (March 1899): 91.

was given to the different schools of practice in proportion to their numerical strength in the state. Protests from groups such as the "Physician's and Surgeon's Society of the State of Kansas" had been strong. Using the anti-monopoly argument, this society, which consisted of "independent" non-graduates, attempted to gain enough popular support to defeat the bill. The argument was not as strong by 1901 as it had been in the 1880's and 1890's, and they found themselves unable to halt the measure.⁷³

Effective medical legislation was indeed long in coming for Kansas, as it was in many other states. An equalitarian people thought they could decide for themselves what type of physician was most effective. Lack of knowledge on the part of their physician was either considered irrelevant, or else they were unaware of it. Any attempt at regulation was seen as the imposition of a monopoly against the poor. Many could only afford irregular physicians. Any attempt at prosecution was seen as persecution, and because most penalties were light, legal action was rarely taken. There was a view that more doctors were needed due to the country's phenomenal growth. Regulation and strict licensing requirements would severely restrict the number of people entering the profession. America has always contained a certain amount of anti-intellectualism. Medical regulation was seen by the populace as only beneficial for intellectuals. Schools had educated people well enough by the nineteenth century to be able to read the attacks on medicine and medical men, but not sufficiently advanced to make discriminating judgments about what they had read.⁷⁴ George Hogeboom, at the 1898 joint

⁷³Physician's and Surgeon's Society of the State of Kansas, The Physician's and Surgeon's Protest (n.p., [1901]), p. 1.

⁷⁴Shryock, Medical Licensing, pp. 28-37.

session of the three schools, pleaded with the group to educate the public to accept the fact that regulatory laws are best for them and that the reduction of their private rights were small in comparison to the resulting good. No prohibitory law would be possible without the support of public opinion, and that would take time.⁷⁵ Analogies were every drawn, by opponents of legislation, equating the freedom of religion with the freedom of medical sects. "What would happen," homoeopaths questioned, "if religious views and affairs were determined by a State Board of Theology?" If catholics got one member out of seven, they would certainly feel discriminated against.⁷⁶

Regulation could only be secured with the aid and cooperation of eclectic and homoeopaths. This in itself required a radical change in nineteenth century medical ethics. In the end, effective medical regulation was only possible after the medical profession, and more importantly the general populace, realized the need for it.⁷⁷

⁷⁵George W. Hogeboom, "Medical Legislation," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898 (Topeka: Mail Printing House, 1898), pp. 105-7.

⁷⁶"Medical Legislation," Reprint from Medical Arena, February, 1899, in Kansas State Legislative Documents 1862-1899, vol. 4, p. 4, located at Kansas State Historical Society.

⁷⁷Shryock, Medical Licensing, p. 52.

CHAPTER VIII

PROPRIETARY THERAPEUTICS

Medical science improved throughout the latter half of the nineteenth century. Many people, however, were still leery of physicians and avoided seeking their aid unless the case involved an emergency. Quarreling and factionalism among the sects added to the confusion of the ordinary citizen. Choosing a physician was no longer a simple decision. Many found it much simpler and cheaper to try and treat themselves with the plethora of "patent medicines" offered for sale.

A report by the Commissioner of Patents stated that eighty-six patents for medicines had been granted prior to 1849. This number slowly increased, and 540 new patents were granted in the ten-year period of 1880-90. It was not an easy matter to obtain patents, however, and four were usually rejected for every one granted. The patent required disclosure of the recipe and method of production on any proposed prescription. The Commissioner of Patents could even request a sufficient quantity for an experiment, although this was rarely done. Nostrum developers found it easier, and much less costly, to simply register trade marks and label designs for bottles and packages and

copyright the printed matter. One added benefit of this was that the ingredients of the proposed panacea could remain a secret.¹

According to patent office regulations, a patent could be granted for a "new and useful article, machine, manufacture, or composition of matter." As the patent office came to define it, "useful" meant "not pernicious or prejudicial to public interest, or capable of being used." An article was useful, when it was harmless. The difficulty in obtaining a medical patent however, came from the fact that the office required, that in order to be patentable, an article had to be a composition of matter as a special article of manufacture. The patent office did not consider a medical prescription an invention, or that a mere combination of well known remedies to obtain a cumulative effect was a patentable composition. As a consequence, a number of claims were made for patents or trade-marks under false pretenses. For example, a new remedy was proclaimed a cure for rheumatism or dyspepsia, with warnings given against its use under certain conditions. The real intention was that the remedy would be used under those "certain conditions" such as to obtain an abortion etc.²

The Antiseptic Safe Capsule Company of Topeka produced just such a product. It was reportedly developed after a lifetime search by one of the country's greatest physicians. One thousand dollars in American gold was even offered for any failure if used as directed. Upon investigation of the general headquarters, it was found that the proprietor

¹John S. Billings, "American Inventions and Discoveries in Medicine, Surgery, and Practical Sanitation," Annual Report of the Board of Regents of the Smithsonian Institution Showing the Operations Expenditures and Conditions of the Institution to July 1892 (Washington: U.S. Government Printing Office, 1893), pp. 613-19.

²Ibid., p. 617.

was one Dr. Booge. Prior to his medical manufacturing, Booge had been proprietor of a paper addition to Topeka called Chicago Heights, and reportedly had a large sum of money stashed away in Old Mexico. At any rate, Booge's capsules were intended to be used for "female disorders and weakness." They could even be used by a woman not suffering from weakness, for a mildly exhilarating influence and "for other purposes as often as anyone desires." Patients were advised to:

Take one of the large and one of the small capsules; when necessary, insert high up in the vagina. In eight or ten minutes they will disintegrate and a gas be formed which will be noticeable by little globules passing down and escaping and an increase of warmth. From that time for thirty minutes anyone is perfectly safe in performing any duties they please. Follow the directions as often between the menstrual periods as the necessities of the case demand, and there need be no anxieties about irregularities.

Out of a sense of public consciousness, however, a warning was added calling the patron's attention to the evils of misusing the capsules:

Beware! No little feet will run, no tender arms will outstretch if the capsules are used injudiciously; that is, if used as directed for leucorrhoea, [sic] for a period of thirty to forty minutes; afterward they absolutely kill the life-giving principle precipitated at that time. We call attention to this so that the evil may be avoided by abstaining at that time.

Booge was marketing a vaginal contraceptive under the guise of a "female regulator." He even included, in circulars, unauthorized testimonials of local physicians, knowing full well that patrons using the product as a contraceptive, would never consult their family physician regarding the product nor his reported advocacy of it.³

³W. L. Schenck, "Quacks and Quackery," Kansas Medical Journal 4 (October 1892): 740.

Patent medicine companies and quackery grew because of improved means for attracting victims. They veritably invented national advertising after cheap newspapers became available. It was big business.⁴

A hydropathic physician compiled a list, based on newspaper advertising in 1858, and found 1,500 different patents advertised that year alone. With better education, improvement in newspaper circulation, and postal service, advertisements were easily obtained and read by the citizenry.⁵ Some muckrakers attempted to debunk the advertising, and some newspapers refused to print it, but such refusals did not pay the newspapers bills. Besides, many of the testimonials that editors were asked to print were from doctors and clergymen. Physicians themselves made and vended the secret remedies. Any attempt at condemnation was used as an excuse for the manufacturers to cry persecution.⁶

The manufacturing itself became big business. The 1880 census showed 592 drug manufacturing firms with a total of \$28,598,458 in capital investments with \$38,173,658 of annual product value. The patent medicine firms, on the other hand, had a capital investment total of \$10,620,880 and an annual value of product of \$14,682,494.⁷ By 1900, there were 1,000,000 patents on the market. The only problem seemed to be to get people to pay 25¢ for pills that any druggist could compound for 3¢.⁸

⁴Richard H. Shryock, Medical Licensing in America: 1650-1965 (Baltimore: Johns Hopkins University Press, 1961), p. 70.

⁵James H. Young, "American Medical Quackery in the Age of the Common Man," Mississippi Valley Historical Review 47 (1961): 584.

⁶Mike Moore, "Caveat Emptor," Ohio State Medical Journal 56 (November 1960): 1482.

⁷Billings, Annual Report of the Board of Regents, pp. 614-15.

⁸Kay Devner, Patent Medicine Picture (Tucson: By the Author, 1968), p. 4.

The antebellum period was the formative age for patent medicines. Improved newspaper circulation, a booming population surging west, and diversification within the patent medicine industry itself, all added to the fertile growing soil. Basic gimmicks were retained however, such as the testimonial letter, extravagant guarantees, an air of mystery about a product with a foreign sounding name, constant repetition of the remedies' virtues, and eye-catching headlines. People did not seem to care whether the product worked or not.⁹

Examples of each type are easy to detect in any late nineteenth-century newspaper. By far the most popular means of advertisement was the testimonial letter. The more important the person writing the letter, the larger the advertisement. An advertisement featuring reform editor J. H. Livingston, included a large photograph and a two-column story of his experience with La Grippe and his subsequent cure by the use of Paine's Celery Compound.¹⁰ The advertisement featuring ten-year-old D. M. of Nocatur, extolling the virtues of Ayer's Sarsaparilla in his case of inherited consumption, was less than one fourth the size.¹¹ The testimonial of the ordinary citizen, however, was the bread and butter of any proprietary medical firm. Without such people as D. B. Owens of the Santa Fe R. R. Shops in Topeka,¹² and G. W. Coffin of

⁹Moore, "Caveat Emptor," p. 1482.

¹⁰"For La Grippe Sufferers," Topeka Daily Capital, February 10, 1894, p. 5.

¹¹"A Bright Lad," Topeka Daily Capital, February 7, 1894, p. 6.

¹²"Truth Attested," Topeka Daily Capital, April 2, 1882, p. 9.

Emporia, elixers such as Warner's Safe Kidney and Live Cure and Kraum's New Blood would have sat gathering dust on shelves of many druggists.¹³

Guarantees were often extravagant. Professor W. Peek proclaimed, "I cure fits."¹⁴ Dr. D. M. Bye promised a cancer cure with his Combination Oil Cure,¹⁵ and Prickly Ash Bitters was able to cure all cases of dyspepsia, general debility, jaundice, habitual constipation, liver complaints, sick headache, and diseased kidneys.¹⁶ Many of the ads were surrounded with an air of foreign intrigue or given an exotic name. Indapo, the "Great Hindoo Remedy," cured all nervous diseases, failing memory, paresis, insomnia, nightly emissions, and gave vigor and size to shrunken organs with a restoration of lost manhood.¹⁷ Gun Wa, a Chinese graduate of medicine, was prevented because of American laws from practicing medicine here, so he prepared a complete line of "Chinese Vegetable Specifics" for the cure of all diseases. Although new to America, his cures were old to China, and would reportedly quickly cure consumption, asthma, rheumatism, scrofula, female weakness, cancer, piles, seminal weakness, catarrh, loss of manhood, all sexual, nervous, blood or chronic diseases, paralysis, tapeworms, and "all other diseases and afflictions."¹⁸ Advertisements often had an eye-catching title that would draw a curious newspaper reader's attention. Various

¹³"Kraum's New Blood," Emporia Weekly Gazette, January 18, 1900, p. 3.

¹⁴"I Cure Fits," Topeka Daily Capital, July 4, 1897, p. 7.

¹⁵"Cancer Cured," Topeka Daily Capital, January 3, 1894, p. 3.

¹⁶"Prickly Ash Bitters," Topeka Daily Capital, January 7, 1885, p. 3.

¹⁷"Indapo," Topeka Daily Capital, January 2, 1894, p. 6.

¹⁸"Gun Wa," Topeka Daily Capital, January 9, 1890, p. 8.

Dr. King's New Discovery for Consumption ads began with the following titles: "A Night of Terror";¹⁹ "Millions Given Away";²⁰ "Prevent a Tragedy";²¹ "A Life and Death Fight";²² and "His Life Saved."²³ Offered by Hall's Catarrh Cure was "\$100 Reward \$100" for any case that it failed to cure.²⁴ Bucklen's Arnica Salve was advertised under the heading of "Volcanic Eruptions." The ad went on to state that while volcanic eruptions were grand, skin eruptions were not, and Arnica Salve was designed to cure them.²⁵

The first phase of the sales of patent medicines started in the 1840's, with the Indian herb remedies. By the time of the Civil War, the nature cure school or botanic folk lore preparations gained supremacy. Probably the two most widely known purveyors of these vegetable compounds were Dr. James C. Ayer, and Mrs. Lydia E. Pinkham. Ayer, with a medical degree from the University of Pennsylvania, purchased a drug-store in 1841, and started manufacture of his line of family remedies. Ayer's Sarsaparilla and Cherry Pectoral Drops were given the credit for saving many Kansans' lives.

¹⁹"A Night of Terror," Emporia Daily Gazette, October 3, 1899, p. 3.

²⁰"Millions Given Away," Emporia Daily Gazette, October 3, 1899, p. 3.

²¹"Prevented a Tragedy," Emporia Daily Gazette, October 3, 1899, p. 3.

²²"A Life and Death Fight," Emporia Daily Gazette, October 3, 1899, p. 3.

²³"His Life Was Saved," Emporia Daily Gazette, October 3, 1899, p. 3.

²⁴"\$100 Reward \$100," Emporia Daily Gazette, September 21, 1899, p. 3.

²⁵"Volcanic Eruptions," Emporia Weekly Gazette, January 18, 1900, p. 3.

Lydia Pinkham, the most widely known woman in America in the late 1800's, was a school teacher, temperance worker, and brewer of vegetable elixers. She originally gave away her preparations, but with the panic of 1873, and the resulting poverty of the Pinkhams, she began accepting money for them.²⁶ Few women were without Lydia Pinkham's Vegetable Compound, which was considered a positive cure for all "female complaints, all ovarian troubles, inflammation and ulceration, falling and displacements, and the consequent spinal weakness, and is particularly adapted to the change of life." It would also dissolve and expel uteran tumors, remove the tendency towards fainting, destroy the craving for stimulants, and cure bloating, headaches, insomnia, depression, and anything else that one could think of. Although women found it indispensable, men were also told that it would cure the kidney complaints of either sex.²⁷ Other extremely popular vegetable remedies were the various celery compounds, intended for nervousness and irritability. One in particular, Extract of Celery and Chamomile, was considered valuable "for school children who suffer from nervous headaches caused by an overworked brain in their studies, and for all classes of hard brain workers whose overtaxed nervous centers need repair and sedation."²⁸

Advertising was so confusing and conflicting at times, that patrons were warned by the more well known products, not to be misled by the similar labels and claims of competing preparations. The Topeka

²⁶Robert F. Karolevita, Doctors of the Old West (New York: Bonanza Books, 1967), pp. 144-45.

²⁷"Woman's Triumph," Topeka Daily Capital, July 2, 1881, p. 3.

²⁸"Celery and its Uses," Topeka Daily Capital, July 2, 1881, p. 3.

Daily Capital carried the following advertisement on May 11, 1880:

Timely Caution

Genuine Hop Bitters are put in square paneled, amber-colored bottles, with white labels on one side printed in block letters, and green hop cluster, and on the other side yellow paper with red letters, revenue stamp over the cork. This is the only form in which genuine Hop Bitters are put up, and the sole right to make, sell and use them is granted to the Hop Bitters Manufacturing Company, of Rochester, N.Y., and Toronto, Ont., by patents, copyright and trademark. All others put up in any other way or by anyone else, claiming to be like it or pretending to contain hops, by whatever names they may be called are bogus and unfit for use, and only put up to sell and cheat the people on the credit and popularity of Hop Bitters.²⁹

Advertising reached the extent of no criteria by which to judge medicines. Even professional journals carried patent advertisements. In 1868, the Leavenworth Medical Herald, official organ of the Kansas Medical Society, carried a seven-page catalog of the pharmaceutical preparations of Tilden and Company of New Lebanon, New York, containing such items as Ferrated Wine of Wild Cherry, Elixir of Valerinate of Ammonia, Elixir Calisaya Elixir Calisaya Iron and Strychnia, Elixir Pepsine, Strychnia and Bismuth and Aromatic Syrup of Blackberry.³⁰ Similarly, the Kansas Medical Index, in 1882, in addition to several cod liver oil firms, carried advertisements for such preparations as S. H. Kennedy's Concentrated Aqueous Extract of Pinus Canadensis,³¹ Listerine, and Celerina: The Nerve Tonic, complete with testimonial letters.³² The combined effect made it hard for the regular profession

²⁹"Timely Caution," Topeka Daily Capital, May 11, 1880, p. 2.

³⁰"Pharmaceutical Preparations by Tilden and Company," Leavenworth Medical Herald 2 (July 1868): 1-7.

³¹"Advertisements," Kansas Medical Index, 3 (December 1882).

³²"Advertisements," Kansas Medical Index, 3 (October 1882).

to lobby for more stringent legislation regarding quackery. Homeopaths questioned the sincerity of the regular physicians when:

Their journals are filled with advertisements of the elixis malts, iodias, from idias and tongas, which last wonderful remedy after being a state secret for many generations was discovered by a European gentleman who had married the daughter of the chief of the Fiji Islands. This gentleman discovered the secret from his father-in-law and imported the information to another gentleman, for which crime he was no doubt duly cooked and eaten by his mother-in-law.³³

The most popular site for patent medicine advertisement was the medicine show. In areas starved for entertainment, the medicine huckster brought music, dancing, magic, and possibly a play production. The medicine show became a real social event, and the whole countryside turned out for them. An Emporia woman felt that the Wizard Oil concerts were the best.³⁴ One of these Wizard Oil Showmen was Cornelius Mountblossom, probably an alias, as he went also by several other names, known to everyone as "Dr. Corn." Dr. Coern provided coronet solos, banjo playing, buck and wing dancers, Pleasant Purgative Pellets, Ginseng Root, Mexican Mustang Liniment, Corn Remover, Female Tonic and Wizard Oil for Rheumatism. Everyone welcomed the Doc, for he provided the only decent entertainment between the spring revival and the county fair. He may have been a quack doctor, but he was no quack showman. Doc was the first to introduce the people to motion pictures. It mattered little if the movie was a simple shadowgraph shown on a sheet by a smelly and smoking carbide projector, for the grateful public quickly

³³"The Homeopaths in Session," Topeka Daily Capital, May 5, 1881, in Homeopathic Medical Society Clippings, p. 14, located at Kansas State Historical Society.

³⁴Laura M. French, History of Emporia and Lyon County (Emporia: Emporia Gazette Print, 1929), p. 203.

bought him out of Wizard Oil and Mexican Mustang. It was all too fantastic to last. Doc's decline and fall came about when he hired himself a partner named Ish Rock. Ish had at one time been quite a good magician, but his fame had declined in proportion to the alcohol that he continued to consume. He had even been chased out of a Kansas City theatre for trying to saw a woman in half when the lady was not ready. As it turns out, it was not even the right woman! The partners held their premier in connection with the Rice county Fourth of July celebration. The two assured their audience that within their tent, they had on display a "genuine horn-hided pollimazuke," which had been captured "at a cost of eleven lives in a mountain cave in the wilderness of Sanguilado." The people were gullible, although none could find any information about this pollimazuke in the city library, and quarters flowed into Doc and Ish's hands. Everyone wanted a look. At regular intervals, Ish would turn the front end business over to Doc and he would retire to the tent to lecture his audience on the characteristics of pollimazukes. At the proper moment, Ish would step on a concealed bellows and simulate the animal's breathing. Things continued to go along quite well for several days, till Ish decided to show up roaring drunk. Before Doc could throw him from the platform, Ish managed to shout at the top of his lungs, "Covered with hogs hide, stuffed with straw; the biggest fake that you ever saw! Come on suckers! See the pollimazuke!" The damage was done. A couple of young men, upon hearing the drunken pitchman's revelation, reached inside the bars and pulled the unfortunate pollimazuke apart. From then on, Doc found it

increasingly impossible to sell his Wizard Oil and Purgative Pills, for the people no longer trusted him.³⁵

In a slightly different vein was Comanche Bill, who showed up on the streets of Onaga in August of 1898. The Onaga Courier, with a hint of frontier admiration, credited him with "the smoothest graft that has been seen in Onaga for some time." Bill's technique required him to impress the people with the fact that he was a bad man. This was not hard to do, for someone who was a companion of Sitting Bull, and who was with Custer at the Little Big Horn. With impressions made, he went on to the selling of his elixer. After several sales, as an inducement, he returned double the customer's money. Not surprisingly, sales did increase. Bill then stated that the citizens of Onaga would see an exhibition of liberality the likes of which they had never seen before. He would take a bottle, write his initials on it, and offer it for sale for one dollar. After the customer had paid and received his bottle, Bill took the dollar and wrapped it with one of his own. Both were then placed in plain view of the audience. The process was continued until thirty or forty bottles were sold, with each purchaser of an initialed bottle expecting to be given the money. Comanche Bill had other plans, however, and after forty or so sales had been made, he dropped the money into his wallet and picked up a tomahawk. After explaining that he was an expert in its use and could defend himself against a dozen men armed with bayonets, he gave a signal for the driver to leave.

³⁵ Ernest B. Dewey, "TV has Nothing on Old Doc's Medicine Show," Hutchinson News-Herald, December 30, 1951, in Legends of the Wheat Country Clippings, pp. 86-88, located at Kansas State Historical Society.

Bill continued on to Havensville, but we find no mention of whether Onaga citizens sent any word of warning to their eastern neighbors.³⁶

Physicians became increasingly concerned with the contents of the wide variety of proprietary preparations. Dr. H. W. Spangler reported at the Third Annual State Sanitary Convention on his investigations of drugs and proprietary medicines. He found that there were problems not only with proprietaries, but also with products of regular pharmaceutical firms. Of eleven morphine bottles tested, each labeled one-quarter grain, only one contained one-quarter grain. One bottle labeled one-quarter grain only contained 23/100 grain. The same thing existed with salicylic acid tablets labeled at twenty grains. The dosage varied from twenty-four grains in one bottle to six and one-half in another. Spangler ordered eleven pounds of veratrum veride root, which, when it came, was labeled "WHITE HELLEBORNE" in small caps and in small letters "veratrum veride." Upon investigation, he found it to be veratrum alba. Similar adulterations were found in proprietaries. Proprietary Pinus Canadensis (hemlock spruce), which sold for four times the price of the standard extract, was available in two kinds, white and dark. The medical properties of the preparation were due to the tannin it contained. Upon investigation of the dark proprietary, it was found thicker than normal and because of overheating during processing, contained a slight taste of wood tar. The addition of a gelatin solution produced a precipitate of tannin that had undergone some change during preparation. The white was found, by the addition of a gelatin solution, to contain absolutely no tannin. Addition of lead acetate

³⁶"A Smooth Fakir," Onaga Courier, August 25, 1898, p. 8.

indicated the presence of potassium or ammonium. The preparation had a strong zinc taste, and the label stated a certain amount of sulphate of zinc and alum had been added. Further tests, however, indicated the presence of ferrous iron salts, which meant that the alum was impure. White Pinus Canadensis was simply a solution of zinc and alum.³⁷

Much more dangerous was the "Soothing Syrup," or "Teething Cordial," preparation sold to mothers whose babies were suffering from teething pains or restlessness. All contained a dangerously high level of alcohol or, more commonly, opium or morphine. Physicians tried to keep people from using the preparations but parents remained adamant in the praise of their particular favorite. The most popular during the period was Mrs. Winslow's Soothing Syrup, which contained one-half grain sulphate of morphine to a two-ounce bottle. Godfrey's Cordial and Bateman's Drops printed their opium content and supplied sufficient warnings, but people avoided their use. There was a fear of anything that contained opium, and such preparations were usually shunned. It was perfectly all right, however, to use one in which the opium content was not identified. It would not be an exaggeration to state that many babies were killed by "Soothing Syrups." Spangler summed up the feelings of many concerned investigators when he remarked, "If someone gave or sold a bouquet of flowers with a viper in it he would be prosecuted for murder but a medicine, with a deadly poison is given, which slowly and surely injures and kills is eagerly sought after."³⁸

³⁷H. W. Spangler, "Adulteration of Drugs and Dangerous Proprietary Medicines," Proceedings and Addresses at the Third Annual State Sanitary Convention, Reprinted in Fourth Annual Report of the State Board of Health of the State of Kansas From January 1, 1888 and Ending December 31, 1888 (Topeka: Kansas Publishing House, 1899), pp. 294-96.

³⁸Ibid., p. 296.

Many other preparations contained narcotic drugs. Dr. Buckland's Scotch Oats Essence was advertised as a "permanent tonic to cure inebriety and opium habit-dose fifteen to twenty drops to a tea-spoon, three or four times daily increased as needed." Actually it was itself 35 percent alcohol and contained one-fourth grain per ounce of morphine.³⁹ When a Doctor Eccles of New York exposed this fact, a new wrapper was added which guaranteed no morphine. Those using the newly wrapped medicine now complained that it did no good. A Leavenworth physician even claimed to have a patient addicted to something in an "exclusively advertised brand" of cod liver oil.⁴⁰ Dr. Bull's Cough Syrup in three-ounce bottles contained over three-quarter grain sulphate of morphine. Ayer's Cherry Pectoral and Allen's Lung Balsam, used for bronchitis, coughs, colds etc., contained three grains of acetate of morphine and two ounces of tincture of opium respectively. Also having high narcotic contents were Jayne's Expectorant with two drams of tincture of opium, Perry Davis's Pain Killer with eight ounces of gum opium and Good Samaritan Liniment with one-quarter fluid ounce tincture of opium.⁴¹ Consumption cures were notoriously high in narcotic content. Manufacturers followed the theory that one-half of a fatal dose of morphine and cannabis indica would not be fatal in the final preparation. A certain consumption cure had to be put up in small bottles, as it was found that the solution was not permanent in large bottles, the

³⁹Edward Bumgardner, Pro Bono Publico (Denver: Reed Publishing Company, [1902]), p. 5.

⁴⁰Spangler, Proceedings of the Third Annual State Sanitary Convention, p. 297.

⁴¹W. C. Fair, Alice G. Kirk, and T. J. Ritter, The People's Home Library: A Library of Three Practical Books (Minneapolis: R. C. Barnum Company, 1917), pp. 286-87, 291, 294, 298.

last dose often being a fatal one. It made little difference, for such incurable groups clung to any straw, and the consumption cures did give the illusion that their temporary relief was permanent.⁴² For the purpose of investigation, it is valuable to look at the ingredients for three of the most popular consumption cures:

<u>Kings New Discovery</u>		<u>Piso's Cure for Consumption</u>	
carbonate of magnesia	¼ oz.	tinct. tolu	½ oz.
sugar	14 oz.	fl. ext. cannabis ind.	2 dr.
tinct. white pine	2 oz.	fl. ext. lobelia	2 dr.
fl. ext. ipecac	½ oz.	chloroform	1 dr.
water	7 oz.	tartar emetic	4 gr.
sulph. morphia	8 gr.	sulph. morphia	4 gr.
chloroform	60 drops	ess. mentha viridis	10 drops
		water	8 oz.
		sugar	14 oz.
<u>Shilo's Consumption Cure</u>			
muriatic acid	3 drops		
muriate of morphine	3 gr.		
fl. ext. of ginger	3 fl. dr.		
fl. ext. wild cherry	3 fl. dr.		
fl. ext. henbane	2 fl. dr.		
diluted alcohol	3 fl. dr.		
chloroform	1 fl. dr.		
essence peppermint	30 drops		
syrup of tar	3 fl. oz.		
simple syrup, to make	8 fl. oz.		

One can quickly see the two main ingredients which were the base of all the major "consumption cures," namely chloroform and morphine. The morphine did a good job of deadening the pain associated with consumption. Chloroform silenced the cough. One of the problems of the preparations was they effectively prevented the beneficial discharge of mucus. It appears King's New Discovery was the strongest of the three preparations, with a total of eight grains of morphine and one fluid dram of chloroform. One should also note the inclusion of ipecac and tartar emetic, as an expectorant, in the first two preparations and the two

⁴²Bumgardner, Pro Bono Publico, p. 5.

fluid ounces of henbane in Shilo's preparation. Henbane, or fetid nightshade, was a narcotic so strong and damaging that nineteenth century physicians considered it "very poisonous." Internally, it acted similar to belladonna or the "deadly nightshade."⁴³

Alcohol content of many of the proprieties was very high, which added to their popularity among large sections of the population, especially in prohibition areas. A survey of some of the popular remedies discovered the following alcohol contents:

Gene's Nervura	17.2%	Burdock Blood Bitters	25.2%
Hood's Sarsaparilla	18.8%	Ayer's Sarsaparilla	26.2%
Schenck's Sea-Weed Tonic	19.5%	Warner's Safe Tonic Bitters	35.7%
Brown's Iron Bitters	19.7%	Parker's Tonic	41.6%
Kaufman's Sulphur Bitters	20.5%	Hostetter's Stomach Bitters	44.3%
Paines Celery Compound	21.0%		

Liniments were the most popular vehicle for serving up the alcohol, as it usually made up the base for the preparation. The following prescriptions for popular liniments are indicative:

Bareel's Indian Liniment

tinct. capsicum	2 dr.
oil sassafras	1 oz.
oil origanum	1 oz.
oil pennyroyal	1 oz.
oil hemlock	1 oz.
alcohol	2 qts.

St. Jacob's Oil

chloral hydrate	1 oz.
gum camphor	1 oz.
sulph. ether	1 oz.
chloroform	1 oz.
tinct. opium	$\frac{1}{2}$ oz.
oil sassafras	$\frac{1}{2}$ oz.
oil origanum	$\frac{1}{2}$ oz.
alcohol	$\frac{1}{2}$ gal.

Hamlin's Wizard Oil

alcohol	1 pt.
gum camphor	1 oz.
tincture capsicum	$\frac{1}{2}$ oz.
oil sassafras	$\frac{1}{2}$ oz.
chloroform	$\frac{1}{2}$ oz.

Oil of Gladness

oil of peppermint	1 fl. dr.
oil of horsemint	1 fl. dr.
oil of marjoram	1 fl. dr.
ether	2 fl. dr.
tinct. of capsicum	4 fl. dr.
tinct. of red sanders	1 fl. dr.
tinct. of opium	1 fl. dr.
alcohol-sufficient to make	8 fl. oz.

⁴³Fair, Kirk, and Ritter, People's Home Library, pp. 294, 299-300.

⁴⁴Bumgardner, Pro Bono Publico, p. 6.

There were many other such examples; Good Samaritan Liniment contained two pints of alcohol to approximately eight ounces of other active ingredients; Magnetic Liniment contained one pint of alcohol to approximately two and one-half ounces of other ingredients. Cuticura Resolvent, a blood tonic, useful in the cure of pimples, ulcers, etc., contained a pint of whiskey to two drams thirty-six grains other ingredients. Even Lydia Pinkham's Vegetable Compound contained one-half gallon of alcohol to approximately two and three-quarters gallons of other liquids. Probably the most intoxicating and potentially dangerous preparation this writer has found was Perry Davis's Pain Killer, whose ingredients included:

Capsicum	10 oz.
gum myrrh	2½ lb.
gum benzoin	6 oz.
gum opium	8 oz.
gum camphor	10 oz.
gum guaiac	3 oz.
alcohol	5 gal.

Advertised as an excellent remedy for diarrhea, colic, wind in the bowels, and pain in the stomach, the adult dosage was set at fifteen to thirty drops. One can but imagine its efficacy when used to excess.⁴⁵

The most advertised cosmetics and hair restorers contained high levels of mercury, lead, bismuth or zinc. All could be potentially dangerous poisons. As freckles and tan skin were considered embarrassing blemishes in the nineteenth century, many preparations were developed to remove them, such as Recamier Moth and Freckle Lotion, Mrs. Harriet Hubbard Ayer's Recamier Balm, Madam Rupert's Face Bleach, and Malvina Cream and Lotion. Madam Rupert's was found to contain one

⁴⁵ Fair, Kirk, and Ritter, People's Home Library, pp. 287, 289, 291, 293, 295-98, 301.

grain of corrosive sublimate along with seven grains of benzoin in fifty grains of water, while Malvina Cream and Lotion consisted of the following:

<u>Cream</u>		<u>Lotion</u>	
spermaceti	30 gr.	rosewater	1 pt.
white wax	50 gr.	oil of almonds	3 dr.
saxoline (petrolatum)	265 gr.	gum arabic	4 dr.
bismuth oxychloride	40 gr.	corrosive sublimate	2 gr.
mercuric chloride	$\frac{1}{2}$ gr.	oxide of zinc	3 dr. ⁴⁶
spirit of rose (4 drams of oil to pt.)	20 drops		
oil of bitter almonds	1 drop		

Although most of the cosmetic action was imaginary, Laird's Bloom of Youth, Hagan's Magnolia Balm and Bradford's Enameline, all with high levels of zinc oxide became quite popular.⁴⁷ One skin preparation advertised to create "marvelous complexion when applied on the face, neck and bust," was simply epsom salts colored pink. Constipation can affect one's complexion, but the salts must be taken internally to do any good.⁴⁸

Professor C. F. Chandler analyzed eight leading hair restorers and renewers and reported to the New York Board of Health that all contained lead, as much as seven grains per ounce. Two of the most popular renewers were Ayer's Hair Vigor and Hall's Hair Renewer. Both had as principal ingredients, lead acetate and precipitated sulphur as the following recipes indicate:

<u>Ayer's Hair Vigor</u>		<u>Hall's Hair Renewer</u>	
acetate of lead	1 $\frac{1}{2}$ oz.	lead acetate	$\frac{1}{2}$ dr.
precipitated sulphur	1 oz.	precipitated sulphur	$\frac{1}{2}$ dr.
glycerine	7 oz.	salt	1 dr.
water	40 oz.	glycerine	4 fl. oz.
few drops of any perfume		jamacia rum	2 fl. oz.
		bay rum	1 fl. oz.
		water	8 fl. oz.

⁴⁶Ibid., p. 296.

⁴⁷Bumgardner, Pro Bono Publico, p. 4.

⁴⁸Samuel J. Crumbine, Frontier Doctor (Philadelphia: Dorrance and Company Inc., 1948), p. 118.

Both advised the product to be rubbed into the hair once a day till the hair darkened and then once a week.⁴⁹

Dr. J. R. Scott of Clay Center, advised fellow practitioners in the state to discontinue the practice of prescription writing. The pharmacist would be necessary to physicians if all preparations had to be put together from crude drugs. As it was, the retail druggist received the article already made up. The result was a competitor for the physician. Anyone going into a pharmacy would have to run a gamut of patent medicine advertisements to even find the prescription counter. On the way, if a patient does not find something that catches his eye, the druggist is always standing ready to recommend one as a substitute for the physician's prescription. A druggist could always prescribe something, if one but told him their symptoms. If there was no proprietary handy, someone else's prescription would come in just as handy. In so doing, the druggist could easily get paid for two prescriptions, while the physician only one. Physicians also condemned the practice of pharmacists refilling prescriptions, because the pharmacist was the only one making any money off the refill. The feeling among physicians was that they could find substitutes for proprietaries that were less expensive and more beneficial. If the physician was the only person dispensing drugs, the theory was, they could better observe the patient and study the effects of drugs. People would come to him for advice instead of some patent medicine salesman masquerading as a pharmacist. Besides, it would be more profitable for the physician.⁵⁰

⁴⁹Fair, Kirk, and Ritter, People's Home Library, pp. 286, 293.

⁵⁰J. R. Scott, "Shall the Doctor Patronize the Druggist, or Keep and Dispense His own Medicines?" Western Medical Journal 7 (March 1896): 57-58.

Although physicians were never able to get rid of druggists and shift the drug distribution system to physicians, there was good reason to be upset. The pharmacist of the nineteenth century was rare, who did not sell some propriety of his own manufacture. One such example was the drug store of A. E. Kraum in Emporia. Established in 1892, the store had the reputation of one that did not sell liquor or permit it on the premises.⁵¹ Druggist Kraum did have the business sense, however, to form the Kraum Remedy Company and put up for sale Kraum's New Blood: The System Regulator, and True Dutch Cough and Cold Cure. It was Kraum's understanding that thousands of people died annually from over-eating, which had resulted in a disturbed stomach, constipation and many other diseases. New Blood was specially compounded to cure this constipation, liver complaints, stomach trouble, indigestion, kidney diseases, pains in the back, rheumatism, catarrh of the stomach, swelling of the limbs, headache, heart disease, impure blood and yellow jaundice. Taking the place of the dollar preparations, costing only fifty cents, New Blood and True Dutch Cough and Cold Cure was considered two remedies that would cure a cold "quicker than any medicine on earth." For eleven years, the wife of H. Adolph of Emporia had been in bed suffering from kidney and liver trouble and "all the aches and pains a human being could stand." Her husband purchased a bottle of New Blood and after the first few doses, her husband reported she was able to sit up and "for the past seven months has been doing her housework and feels well." I. N. Wells found it invaluable for that "languid tired feeling." S. H. Sonnedecker found the Dutch Cough and Cold Cure better than anything he had ever

⁵¹French, History of Emporia, p. 63.

used for his asthma. Kraum should have been quite proud to have been able to provide such miracles.⁵²

Proprietary medicines did have supporters in the medical community. Doctor J. E. Chambers was President of the Cod Liver Glycerine Company of St. Louis. In an article published in the Western Medical Journal, he argued that physicians had no right to condemn proprietary medicines and products as frauds simply because they did business for the money that was in it. Manufacturers of official medicine did the same thing and they were not condemned. Dr. Chambers thought it was illustrative to look at one of the proprietary medicines used by physicians. It costs the proprietor three cents to manufacture a drug which he sells to the druggist for fifteen cents. The druggist, in turn, sells it to the patient for fifty cents. The doctor will sell it for two dollars. The proprietor has made twelve cents profit, the druggist thirty-five cents, and the physician one dollar and ninety-seven cents. Everyone seemed to be in it for the money. It was Chamber's feeling that fierce business competition of the age had caused "official" manufacturers to put out an inferior product. "Uniformity," it was claimed, "was nearer the rule with the proprietary company than the official as the official was subject to all the abuses of adulteration and inferior production by cheap and unskilled labor and various forms of manufacture." A proprietary was all manufactured by one factory and one process. The theory that proprietaries were the only ones with secret ingredients was also disclaimed. All one had to do was go to an official manufacturer and try and gain admittance to the area where drugs are prepared. His final

⁵²"Kraum's New Blood," Emporia Weekly Gazette, p. 3.

argument, one which many physicians would have been forced to agree with, was that proprietors had tried to make "active medicines palatable, nauseating pleasant and insoluble soluble." The usefulness and safety of proprietaries, topics not discussed by Chambers, would remain subjects for heated debate.⁵³

Another controversial question was the ethicality of prescribing proprietary remedies. A paper, read by Dr. G. W. Frost before the Lyon County Medical Society, entitled, "Should A Physician Prescribe Proprietary Remedies?" is enlightening. It was Dr. Frost's feeling that physicians should not care who makes a medicine as long as it tastes good and works well. In that area, he warned physicians to be careful, for the chemical manufacturers take it upon themselves to tell physicians "their Latin and point out to them their physiology." He mentioned Fellow's Syrup of Hypophosphites as an example. All physicians present had prescribed it at one time, yet none of their textbooks had even mentioned it. Frost believed that life was too short to lecture people on the bad effects of patent medicines. If the proprietaries were effective, he would continue their use. Dr. Longenecker, who opened the discussion, advised against the use of proprietaries simply because they were nicely made. Although some were good, he did not feel that physicians should be acting as distributing agents for the drug firms, besides, he believed in giving a single remedy and all of the proprietaries were combinations of some type. Dr. Foncannon, while he thought the paper interesting, felt that Frost was too severe in his evaluation of hypophosphites. Just because a remedy is packaged under a trademark, was no reason to be

⁵³J. E. Chambers, "Proprietary Medicines," Western Medical Journal 5 (July 1894): 152-53.

overly severe with them. He had used proprietary remedies but did not believe in prescribing them. G. A. Biddle advised against prescribing them because the formula is rarely known. Dr. Gardiner saw it as dishonest to prescribe proprietaries. People pay the physician for his supposed understanding of the actions of remedies. When the patient is simply given a proprietary, he is being short changed. Whenever he did prescribe Syrup of Hypophosphites, he added a few things to make it more of a compound. Jaynes and Ayers provided their formulas, which was a rare occurrence among patent medicine companies. Patents, if prescribed by physicians, were bad in that they gave the opportunity for druggists to prescribe by saying, "Dr. so and so would give that." The Emporia drug store of Reed and Carnrick advertised remedies for every part of the body. Gardiner agreed that cocaine, chloroform, morphine etc. were reliable medicines, but the ones that were continually advertised as universal cures were not. They were also expensive, for a profit could be made by selling Fellows Syrup Hypophosphites at four dollars per dozen. Dr. Jacobs did not prescribe many proprietary remedies, although he believed some of them were good. He considered Fellows Syrup Hypophosphites and Cod Liver Oil were excellent preparations, as were Winslow's Soothing Syrup Castoria, Bromo-Chlorolum, and Mrs. Winslow's Soothing Syrup. His family had used Winslow's Syrup with excellent results. Dr. Page felt that to go back to crude drugs would be a deterioration of medical science. As long as results were obtained, it mattered little to him, who manufactured the preparation.⁵⁴

⁵⁴Lyon County Medical Society Papers, "Record Book," Volume 3, p. 84, Newman Memorial Hospital Medical Library, Emporia, Kansas.

Technically, physicians were on thin ice while discussing the relative strengths or weaknesses of proprietary therapeutics. The code of ethics of the A.M.A., accepted by the Kansas State Medical Society, stated the following:

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases--publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics and are highly reprehensible in a regular physician.

Equally derogatory to the professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with the beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting to the efficacy of patent or secret medicines, or in any way to promote the use of them.⁵⁵

A strict interpretation of all the above regulations would have resulted in widespread removals from the society. Seemingly, the use of proprietary remedies was ignored. To be caught over using them, would have been considered rather embarrassing, but other than that there were no removals from the society for conscientiously prescribing proprietary remedies. Dr. Samuel Crumbine, leader in the Kansas public health movement, reported that while working his way through college, he distributed handbills for Piso's Consumption Cure. His biggest problem was hiding whenever he saw a fellow student or teacher.⁵⁶

⁵⁵The Three Ethical Codes: The Code of Ethics of the A.M.A.; The Code of Ethics of the A.I.H.; The Code of Ethics of the N.E.M.S. (Detroit: Illustrated Medical Journal Company, [188_]), p. 33.

⁵⁶Crumbine, Frontier Doctor, p. 19.

The interdict against manufacture of proprietaries or advertisement of his name, by any physician, was enforced. The majority of all removals for "unprofessional conduct" were the result of misusing the advertisement medium. To do so would automatically classify oneself as a quack. The Lyon County Medical Society, fearful of the inherent dangers of advertising, passed a resolution on February 6, 1883, requesting the local newspapers to withhold publication of physicians' names in connection with cases of illness and accident. As this resolution evidently failed to end the practice, on September 4, 1883, a motion was passed authorizing Dr. Jacobs to formulate a request to the editors of the different papers in the city to withhold the publication of names. Dr. Longenecker was given the job of obtaining signatures from the various members of the society. The formal request with signatures was then to be presented to the various editors by Dr. Jacobs. The topic was not brought up again, so we are left with the opinion their attempt was successful.⁵⁷

One method of circumventing the ethical prohibitions, especially in the case of physician-druggists, who felt they had a valuable cure on their hands, was to go ahead and prepare and sell the preparation without mention in the advertisement of their medical practice. Such was the case with Dr. C. L. Stocks of Bushong. Stocks, a member of the Lyon County Medical Society, was a 1896 graduate of University Medical College in Kansas City. Dr. Stocks operated a pharmacy in conjunction with his medical practice in Bushong. Discovered in his office, prior to demolition, were several empty display boxes suitable for countertop use, for a

⁵⁷ Lyon County Medical Society Papers, "Record Book," Volume 1, pp. 26, 42, Newman Memorial Hospital Medical Library, Emporia, Kansas.

remedy "put up" by Dr. Stocks. The boxes were labeled as "One Day Cold Cure: A New and Positive Cure for Colds, Grippe, Acute Catarrh, Headache, Neuralgia, and Fevers." The inventor was "Dr. C. L. Stocks Druggist." By selling such a "positive cure," and advertising his name with it, Dr. Stocks had more than just bent the code of ethics. No action was ever taken against him, and one can but surmise that his role as druggist was sufficiently autonomous to protect him from retribution.⁵⁸

Not so lucky was Dr. Charles H. Michener, a past president of the Kansas Eclectic Medical Association, for A. W. Cormack brought charges against him, claiming "conduct unbecoming a member of this society or a member of the medical profession." It seems Dr. Michener had connected himself with a vaudeville show company for the purpose of advertising and "exploiting certain secret nostrums known as Hunter's Catarrh Cure, Hunter's Yaqui Wonder, and Hamilton's Anti-Zymotic." A committee was set up to review the facts and render a verdict in the matter. Dr. Hamilton had sold one or more gross of Hamilton's Anti-Zymotic Specific to Michener, which Michener was in the process of advertising and selling. In rendering its verdict, the committee members stated that they were not so much against the medicine as they were the advertisement. Their verdict, in favor of expulsion, was communicated to the National Eclectic Medical Association.⁵⁹

The largest of the patent medicine manufacturing firms in Kansas was the W. W. Gavitt Medical Company of Topeka. William Wellington Gavitt was born in Delaware county, Ohio, in 1840. He graduated from

⁵⁸Lyon County Medical Society Papers, Volume 1, p. 13.

⁵⁹"Proceedings of the Thirty-seventh Annual Session," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 17 and 18, 1905 (Osage City: Free Press Printing House, 1905), pp. 11-18.

Ohio Wesleyan University in 1862, and for the next five years traveled across the country furnishing I.O.O.F. lodges with supplies. In 1867, he came to Topeka and organized a real estate and coal business. In 1869, he commenced his banking and loan career. From that date on, he became one of Topeka's wealthiest citizens.⁶⁰ Gavitt was lucky enough to have been a real estate promoter during the boom days of Topeka. Although some projects, such as his purchase of one hundred acres of land for sale as building lots failed, others rewarded him quite handsomely. Gavitt was one of the stockholders of the company that built the office block at Fifth and Quincy, the first large office building in the city.⁶¹

The W. W. Gavitt Medical Company and its allied firm, the W. W. Gavitt Printing and Publishing Company, were reportedly both formed in 1869. The printing company was established to print labels and advertising leaflets for the medical company. The medical company was reorganized by Harry E. Gavitt, W. W. Gavitt's son, in 1889.⁶² It is this 1889 date that seems to be the real beginning of the companies' sales. No testimonial material exists prior to 1892, and no correspondence with Gavitt's supplier is available prior to 1893. The company as it existed prior to 1889 seems to have been quite small and to have operated in a relatively low-keyed manner.

⁶⁰Woman's Kansas Day Club. "Pioneer Medicine in Kansas," n.p., 1956 (Typewritten)

⁶¹"W. W. Gavitt," Topeka Daily Capital, January 23, 1906, in Kansas Scrapbook Biography, Vol. 6, p. 108, located at Kansas State Historical Society.

⁶²Alta Huff, "After a Century: He's Filling Final Orders," Topeka Capital-Journal Midway Magazine, April 2, 1967, in Business Clippings, Vol. 2, pp. 87-88, located at Kansas State Historical Society.

In the formative years of his company, Gavitt was the general agent for the Dr. Perkins Medical Company of Washington, D.C. Perkin's major product, hence Gavitt's, was Our Native Herbs, a combination of twenty-one roots and herbs, such as sassafras, liverwort, balmony, magnolia, rhubarb, prickly ash, poplar, spearmint, elecampane, sarsaparilla, mandrake, juniper, burdock, canada balsam, boneset, wormwood, and yellow dock etc. It was guaranteed to cure:

Rheumatism, Dyspepsia, Sick and Nervous Headache, Nervousness, Constipation, Piles, Irregularity of the Bowels, Diarrhea, Catarrh, Fevers, General Debility, Sickness of the Stomach, Pain in the Side, Numbness of the Limbs, Cold Feet and Hands, Bad Taste in Mouth, Yellow Skin, Loss of Appetite, Worms, Stagnation of the Blood, Failure to Perspire Freely, Bad Circulation, Scrofula, Tetter, Erysipelas, Old Sores, Dropsy, Liver and Kidney Troubles, Heart Disease, Fits, all Female Complaints, Dark Circles Under the Eyes, Bearing Down Sensation, Pimples, Rough Skin, Poison in the Blood, etc. etc.

If the disease for which one purchased the remedy was not cured after taking the medicine for 200 days, the purchase price of one dollar would be refunded.⁶³

By 1895, there were over 5,000 users of the preparation in Topeka alone. Always considered the best advertising material, testimonial letters were frequently published, as were lists of prominent patrons. The letters came from such personages as Topeka Health Officer J. H. Miller, Topeka Fire Department Chief George O. Wilmarth, Judge J. S. Ensiminger, Shawnee County Clerk John M. Brown, ex-Mayor of Topeka Bradford Miller and the complete Topeka Police Department. The variety of cures attested to is nothing short of amazing. Charles White, of Topeka, was cured of a supposedly incurable case of Bright's disease. Our Native Herbs

⁶³Advertising Circulars, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

"entirely cured" Mrs. Millie White's case of scrofula from which she had suffered for seven years. The preparation cured Mrs. Fannie Pye's chronic case of milk leg and totally dissolved Mrs. T. J. Kelly's large "inward tumor," for which physicians had proposed an expensive operation with no assurance that it would not kill her. D. P. Robinson claimed his twenty-five year case of consumption was cured with one dollar's worth of Our Native Herbs. The letters continue ad infinitum, but the general pattern of each follows that of Dennis Hope's:

W. W. Gavitt & Co. Gentlemen:

I live at Thirteenth and Washington Streets. I am employed at the First National Bank. My wife has been an invalid for over two years from kidney and liver trouble, female weakness, sick and nervous headache, backache and nervous prostration, with a bad cough, the remanants of a bad case of LaGrippe. My doctor bills was from \$10.00 to \$20.00 per month every month, besides the medicine. Her friends did not think that she could stand it for another year. I heard of the wonderful satisfaction my friends were having with Our Native Herbs and I immediately sent for a box. She has used less than \$1.00 worth and such a miraculous change. I have not had a doctor in the house since she commenced taking the medicine. She has discharged all her help and is now doing her work herself. She now recommends Our Native Herbs to all her lady friends, no matter what their disease may be.

Dennis Hope⁶⁴

Each case, although seemingly incurable by regular physicians, who had drained the patient's money supply, was cured by use of Our Native Herbs. In almost every instance, the case cured had been chronic, and the medicine used upon advice of a neighbor, as a last resort.

As the remedy was not sold in drug stores, agents had to be solicited from the countryside. Qualifications for an agency to sell Our Native Herbs were not stringent. One only had to promise to sell the medicine as quickly as possible and send in to the company monthly reports

⁶⁴Ibid.

giving the names, addresses, and occupations of patrons. An order of twelve one-dollar boxes and the payment of six dollars was required as a minimum order. All freight charges were to be paid by the agent, however these were refunded in medicine on the second order. If the enterprising agent was able to produce fifty sales, a rubber hand stamp and self-inking pad would be presented to him. It was deemed very appropriate for stamping the various circulars agents were sent to distribute. For every additional agent that they could recruit, who eventually ordered twenty-five dollars worth of Our Native Herbs, the agent would be given three free one-dollar boxes. As money was tight, people welcomed any opportunity which proposed an easy income. Gavitt's company recorded a steady influx of letters from people asking to become agents.⁶⁵ The majority of which followed in the same vein as George McNitts:

Dear Sirs: I see your add for agents to sell your Patten [sic] Medicine. As I am out of a job at present I would take and [sic] agency of that kind providing your commission will allow a man wages that he can live. . . .⁶⁶

Early in 1896, Elonzo O. Bliss bought out the Dr. Perkins Medical Company, Gavitt's supplier, and reorganized the company under new management. The product was the same, except that the color of the box was changed from red to yellow. The actions of the parent company towards its general agents was now becoming quite disconcerting however. Agents, appointed by the new management, were being sent to various areas of the country and usurping the business of the older more well established

⁶⁵A. B. Craig, Application and Order Blank, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁶⁶James McNitt to W. W. Gavitt, August 4, 1894, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

general agents. There were also parties in the East that were advertising to send the Native Herbs to any area of the country, by mail, postage paid, upon receipt of one dollar. Some agents even advertised the medicine at sixty-five cents per box, instead of the one dollar price asked by Gavitt's agents. Had the trend continued, it would have been impossible for Gavitt's agents to control the sale of Our Native Herbs, and if forced to sell for sixty-five cents, the profit margin would have been drastically reduced.⁶⁷

Gavitt's solution was to phase out the Elonzo Bliss Company and its Native Herbs. As early as June 22, 1892, he sent a circular letter to all agents, offering to forward to them a new product of his own manufacture, called Gavitt's System Regulator.⁶⁸ Gavitt had been handling the preparation for several years in Illinois, Iowa, Missouri, and Nebraska, and found that it was every bit as effective as the Native Herbs. Agents could prove it by selling some to a patient who had never before used the old product, and record their reaction. As an incentive, twelve boxes of System Regular were available to agents at two dollars below the regular wholesale of six dollars. Agents were advised to phase out the old product, although Gavitt would continue to sell it for a few months, in favor of one that they could more easily control.⁶⁹

As 1896 was a poor year financially, many agents echoed the feelings of Wichita agent Joseph Murray when he wrote, "I think I am

⁶⁷W. W. Gavitt Medical Company to G. W. Myrick, August 25, 1896, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁶⁸W. W. Gavitt Medical Company to Agents, July 4, 1896, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁶⁹W. W. Gavitt Medical Company to G. W. Myrick.

doing well considering [sic] hard time. I could sell more if money was more plenty. For as class of people the poor class of people are the one that need medicine and they havent got this mity dollar."⁷⁰

Whatever the reason, Gavitt was disappointed with the number of replies to his offer. In a July 4, 1896, letter, entitled "Our Second Offer," which agents were directed to read carefully twice, Gavitt repeated his wholesale price reduction and extended it to July 20, 1896. If agents did not have the full four dollars, it could be paid in two installments. As an added inducement, ten sample "give away" packages would be provided free of charge to help the agents get started. The company did want to know, however, whether the agents wished to remain with the Gavitt company and sell the System Regulator or stay with Our Native Herbs. A new agent's book was being started, and one could no longer continue to sell both. If the agent in question opted for Our Native Herbs, a new System Regulator Agent would be appointed in his area.⁷¹

Application forms, along with rules and regulations used by the company while affiliated with Dr. Perkins, were generally retained. The price of one dollar per box, containing a two-hundred-day supply of eight twenty-five cent packages and dose glass, was the same as it had been for Our Native Herbs. Later, the powders were phased out in favor of the easier-to-take tablets.⁷² The new guarantee was essentially the same,

⁷⁰Joseph Murray to W. W. Gavitt, December 14, 1896, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁷¹W. W. Gavitt Medical Company to Agents, July 4, 1896.

⁷²Agent Request Circulars, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

except that after using the remedy for a month without beneficial result, the user was required to inform the company of same, along with a two-cent stamp, give a description of his case, how he had been using the medicine, and the effects that the medicine had been having on his system. The company would then make slight adjustments in the dosage. If after following their directions for the remainder of the package with no appreciable benefit, the money would be refunded.⁷³

Even the ingredients and diseases against which it was effective were essentially the same. Advertised as a "Mild Laxative, A Good Tonic, Great Blood Purifier, A Powerful Kidney and Liver Regulator," it built up a "Broken Down System through the Pores of the Body, the Urine and the Bowels." Gavitt's System Regulator was found especially effective against blood, kidney, liver and stomach troubles which could show up as any of the following:

Rheumatism, Stiffness and Soreness of the Joints, Soreness of the Muscles, Dyspepsia, Sickness and Nervous Headache, Nervousness, Constipation, Piles, Irregularities of the Bowels, Diarrhea, Flux Fevers, General Debility, Heartburn, Coated Tongue, Palpitation of the Heart, Sickness at the Stomach, Pain in the Side, Bad Taste in Mouth, Yellow Skin, Loss of Appetite, Sea Sickness, Worms, Throbbing of the Stomach, Bad Circulation, Scrofula, Tetter, Old Sores, Dropsy, Gravel, Highly Colored Urine, Acrid Humors in the Blood, Many Female Complaints, Dark Circles under the Eyes, Whites, Difficult Menstruation Pimples, Poison in the Blood, Ague, Chills, LaGrippe, etc. etc.

It was every bit as universal as Our Native Herbs.⁷⁴

In his last years of affiliation with Dr. Perkins, and later Elonzo Bliss, Gavitt had marketed four other preparations in Kansas: Gavitt's Cough Balsam, Gavitt's Herbal Ointment, Gavitt's Lightning Pain Extractor and Gavitt's Pile Driver. None gained the popularity of or

⁷³"Guarantee," Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁷⁴Advertising Circulars, Gavitt Medical Company Papers.

was advertised to the extent of the System Regulator. When used in conjunction with the System Regulator, the Cough Balsam was specific in the treatment of whooping cough, lagrippe, bronchitis, croup, tonsilitis, consumption, and basically any afflecion of the lungs. Testimonials attested to its efficacy in the treatment of consumption. Gavitt's Herbal Ointment, also to be used in conjunction with the System Regulator, was publicized as the best general family ointment in use, especially for neuralgia, sprains, bruises, burns, scalds, frost bite, old sores, ulcers, salt rheum, tetter, fever sores, chapped hands and lips, chilblains, bee stings, dog bites and all poisonous wounds, sore throat, tonsilitis, hoarseness and all skin diseases as well as itching piles. Public speakers and singers were advised that it was invaluable for all throat affections, especially if rubbed on the throat from ear to ear and a hot flannel cloth tied around the neck. Gavitt's Lightning Pain Extractor, "the superior of all liniments for internal and external uses," was sold for fifty cents per bottle. Taken internally, it was able to cure cramps, colic, pains in the back, sides and stomach, heartburn, palpitation of the heart, enlargement of the liver, diseases of the bladder and urinary organs, and chronic diarrhea. As a liniment applied externally it gave immediate relief from sciatic rheumatism, neuralgia, lame back, headache, toothache, sprains, bruises, stiffness and soreness of joints and muscles. Testimonials were available from such personages as middleweight boxing champion Bob Fitsimmons, as well as acrobats, gymnasts, bareback riders, and trapeze performers of the Ringling Brothers Circus. Gavitt's Pile Driver, composed almost entirely of oils, was a local treatment, used as

an injection, for chronic constipation, itching, bleeding and protruding piles.⁷⁵

The quest to acquire more agents was a never ending one for the Gavitt company. Many different techniques were used. The sale of Gavitt's System Regulator was advocated as just as honorable as preaching the gospel, for the salesman was saving the lives of people, while the minister preserved their souls. Great emphasis was placed on the theory that the sale of one box would automatically cause the sale of others to the original patron's friends and relatives. In that way, the agent would easily be laying a permanent foundation for an ever-increasing trade. Although many were sold as a part-time hobby, an equal number served to provide the agent with his total income. Records were on file to attest to the fact that some agents were able to sell as many as 30,000 boxes per year, which meant an annual income of \$15,000.⁷⁶ Letters were mailed to former patrons, obtaining addresses from agent's monthly reports, intimating that a large profit, as much as \$150 per month for part-time work, could be made from an agency in their respective town. If the particular patron in question was not interested, he was advised to give the letter and application blanks to friends, for "they may be looking for a business where they can make a big salary with a small amount of work."⁷⁷ For each agent convincing a friend to take an agency, and upon this new agent's first six-dollar order, he would

⁷⁵Ibid.

⁷⁶Agent Request Circulars, Gavitt Medical Company Papers.

⁷⁷W. W. Gavitt Medical Company to W. W. Haynes, February 3, 1899, Gavitt Medical Company Papers, a Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

receive six dollars in medicine at retail prices. Old agents were advised, "There is nothing that attracts the attention of the general public so much as something, at which they think some other person is making a fortune and then everybody is willing to take hold of it." So the agent need only play the part of a successful Gavitt agent to have friends clamoring to get on the bandwagon.⁷⁸ Of course there were dangers, as J. D. Hall of Burlingame found out in 1899. Hall had made an agreement to divide his territory with an unnamed "friend" and to share in the profits. He also expected his credit for six boxes of the medicine. As it turned out, his "friend" took over all of his territory, and by November 28, 1899, he had still not received the credit, only pressure from the company to up his sales.⁷⁹

Ministers and veterans were especially feted by the Gavitt company. In a letter of January 16, 1900, calling ministerial attention to the company, Gavitt offered to send ministers and their wives a one dollar box upon receipt of sixty cents in postage stamps, for "a very large percentage of ministers and their wives are troubled more or less with indigestion, constipation, kidney, liver or other troubles and they have not found anything that cured them." Gavitt further claimed:

We have over 1,000 Ordained Ministers who are handling it in connection with their regular work for the reason that they can recommend it to their friends after they have used it themselves. A great many Churches have members who use all the money they can get paying doctor bills and have nothing left to pay their minister. A hint to the wise is sufficient . . . Elderly Ministers who have retired from active work find this is a light and very remunerative business. . . . No doubt some of our letters will

⁷⁸Agent Request Circulars, Gavitt Medical Company Papers.

⁷⁹J. D. Hall to W. W. Gavitt Medical Company, November 28, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

fall into the hands of young and single men who have no use for medicine. If you happen to be one of those lucky ones, please recollect that we all have very dear friends whom we would like to see cured. Go and see them, tell them that there is a chance yet. You may be the means of saving some of them doctor bills and funeral expenses.⁸⁰

Civil War veterans were equally revered by W. W. Gavitt. By September, 1899, he could boast over 50,000 testimonial letters from veterans.⁸¹ A form letter dated September 24, 1879, to "Comrade I. T. Earl of Eskridge," is indicative of Gavitt's technique. Reportedly at the request of Colonel O. H. Coulter, editor of the Western Veteran of Topeka, and Kansas City, Missouri, Earl was being sent a free twenty-five cent package of the System Regulator. As a large number of editor Coulter's personal friends were already using the remedy, Coulter did not want Earl left out. Earl was further advised to review the letters from other veterans, published in the January testimonials. Comrades and widows of comrades, making the best agents, found they were quickly able to set themselves up in business and support their families in luxury by selling Gavitt's proprietaries. Luckily, an agency was being established in Earl's section of the state, and "would he know anyone that would be willing to take it?"⁸² We have no indication of Earl's decision, but S. A. Robinson, Post Commander of Logan Post #177, of the G. A. R., upon receipt of the free medicine and letter, offered "if you have no agent

⁸⁰W. W. Gavitt Medical Company, Letter of January 16, 1900, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁸¹Joseph A. Winston to W. W. Gavitt Medical Company, September 6, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁸²W. W. Gavitt Medical Company to I. T. Earl, September 24, 1897, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

in this locality, I will gladly distribute any printed matter you may send me for that purpose."⁸³

The best form of advertising available for Gavitt was the testimonial letter. The fiercely independent people making up the Kansas frontier who might never take the advice of a scientist or "educated" physician would readily take that of their neighbors. The company advised that the most successful agents were the ones who solicited local testimonials. The technique involved obtaining a statement from a customer as soon as he begins to feel better, giving a full case history. These testimonials then, in turn, could be shown to other interested customers, and mailed to Topeka for possible publication in the monthly circulars. Nothing sold medicine more quickly than the sight of one's own or a neighbor's name in print. Agent Charles Park of Munden praised the company for its policy of printing testimonials in the circulars and stated that he had fifty-six good ones, but would wait a while in submitting them for he wanted some from more prominent persons.⁸⁴

To streamline the process, forms were prepared, which only required the customer to fill in a few blanks to end up with a well-written testimonial letter.⁸⁵ By 1902, Gavitt could boast over one million testimonials and signatures from over forty important state personages, including Topeka Mayor Albert Parker, Publisher Arthur Capper and

⁸³S. A. Robinson to W. W. Gavitt Medical Company, October 4, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁸⁴Charles Park to W. W. Gavitt Medical Company, December 10, 1896, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁸⁵"Statement," March 19, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

the editor of the Topeka Daily Capital, the editor of the Daily Herald, and the Topeka Chief of Police.⁸⁶

Gavitt received many letters from sick people pleading for a cure. As we have seen, the wide variety of diseases the System Regulator was designed to cure gives us little surprise in learning that he was usually able to help them. This clutching at straws is no more poignantly depicted than in the letter of J. S. Long. Long, suffering from an especially severe case of Diabetes Mellitus, wrote, "The doctors say I can not live very long now if you have anything that you think would help my case please so inform me at once. I want to ask you one question and that is do you think you have a medicine that will cure me when my case is so far advanced?"⁸⁷

Agents were cautioned, however, not to spend the majority of their time hunting a ministry to sick people. A preventive was always better than a cure. Although many prospective patrons stated that they employed a physician after they became sick, Gavitt answered that "the grave yards were full of people who had family physicians called after they got sick." Gavitt's theory was a medicine designed to cure old chronic diseases and preventing all classes of disease if taken early enough.⁸⁸

The Spanish-American War even appeared to be a boon for Gavitt. Reportedly large amounts of the System Regulator were being sent by

⁸⁶Advertising Circulars, Gavitt Medical Company Papers.

⁸⁷J. S. Long to W. W. Gavitt Medical Company, December 23, 1896, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁸⁸W. W. Gavitt Medical Company to Agents, November 25, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

parents to their sons in the army. The result being that there were no reports of malaria, typhoid or yellow fever among those using it. As a preventive, no soldier was to be without it. Used as a tonic, Gavitt's System Regulator would give the soldiers strength "quicker than anything." Agents were advised that playing on the patriotic sympathies of the populace might be a valuable approach.⁸⁹

Not every user was as happy as predicted with the System Regulator. P. B. Hamilton mailed in the twenty-five cents for the complimentary package with a request that he not be sent any more as it did no good, and further remarked, "I am disgusted with the whole medical fraternity. . . . If I need medical treatment I will employ a phisician sic of my own choise [sic]."⁹⁰ A large number of customers claimed that the System Regulator did not work nearly as well as the old Native Herbs, and pleaded with Gavitt to start selling it again.⁹¹ Other customers took Gavitt up on the guarantee offer and requested advice prior to obtaining their refund. One such patron was R. E. Draffeu of Carlton. Mr. Draffeu was suffering from constipation of one and one-half years duration, stomach trouble of six months, occasional chest pains, and kidney troubles. He had tried Hood's Sarsaparilla, Warner's Safe Cure, Dr. Williams Pink Pills for Pale People and numerous others including the System Regulator. His diet consisted of oat meal, graham bread, butter, and hot water. It is interesting to note, that when his stomach

⁸⁹Ibid.

⁹⁰P. B. Hamilton to W. W. Gavitt Medical Company, October 14, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁹¹T. N. Powell to W. W. Gavitt Medical Company, December 2, 1896, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

was empty, he experienced a burning sensation, but after meals, a sense of weight and fullness. We are left to speculate as to the success of Mr. Draffeu's final cure.⁹² Agent Edward Trow of Minneapolis concluded that the medicine's low success rate at times was due to a saboteur in the company. Trow informed the company in a September 25th letter that there was a "screw luse sic " somewhere in the compounding of the medicine. He had known for some time that his sales had been falling and friends had reported to him that it did not do any good any more and that it did not act on the stomach, liver, kidneys and blood as it once did. Trow advised Gavitt to think back four or five months and see if he could remember hiring some man that might want to harm his business, and to have a box analyzed to see if it did not contain "some powerful herb put in that kills the medical properties of the whole compound." We are left with no indication of Gavitt's action on the letter.⁹³

Gavitt, however, had other problems. Dr. Perkins by 1898 had formed a new company called the National Herb Company in Washington, D.C. Except for the addition of Brazilian root, the new product was an exact duplicate of Our Native Herbs, now being sold by Elonzo Bliss. Bliss's product, Perkins agreed, was good; after all, it was his formula. But his new product, with the addition of Brazil root, was far superior. When Perkins first sold his company to Bliss in the early 1890's, he retained the right to use the familiar red box, and so packaged his new

⁹²R. E. Draffeu to W. W. Gavitt Medical Company, January 6, 1897, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁹³Edward Trow to W. W. Gavitt Medical Company, September 25, 1897, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

product. The Bliss product appeared in a yellow box. The general agency for the new Perkins company was granted to the Iowa Herb Company of Des Moines. They in turn solicited sub-agents for the state of Kansas. Perkins American Herbs, name of the new product, were not sold in drug-stores and only by traveling agents of the Gavitt type. In fact the whole agent system in use by Gavitt had originally been developed by Perkins. Men such as agent A. Brasier of Stark, gave Gavitt's agents a run for their money. Many people had been brought up on the old Native Herbs, and even though the System Regulator formula was no doubt similar, had never resigned themselves totally to its substitution. Even Gavitt's retention of the familiar red box did little to cover up the fact that his was somehow "different." Would the supposed better therapeutic quality of the Perkins Herbs outweigh the good will that the W. W. Gavitt Company had built up over the years?⁹⁴

Gavitt was able to surmount most of the difficulties, even the potential threat reported by agent Mrs. S. A. Ninderhill of Wilson, when she wrote, "There is a new M.D. of the Osteopath belief, who is taking the practice from the other physicians and hurting the sale of patent medicines."⁹⁵ By 1902, Gavitt could boast over one million testimonials, three buildings in Topeka and agencies in four foreign countries.⁹⁶ The company was incorporated in 1919.⁹⁷ It eventually marketed over two

⁹⁴Perkins American Herbs Booklet, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁹⁵Mrs. S. A. Ninderhill to W. W. Gavitt Medical Company, November 1, 1899, Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁹⁶Advertising Circulars, Gavitt Medical Company Papers.

⁹⁷Kansas Secretary of State, Corporation Records, vol. 95, pp. 331-32, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

hundred different types of flavorings, household articles, spices, soaps, toilet articles, perfumes, baking products and parlow games. Corrington Gavitt, W. W. Gavitt's youngest son, sold the business in 1967.⁹⁸

The first general food and drug bill regulating the operations of the patent medicine kings was enacted by the United States Senate in 1892. The bill simply required that makers of a product could not claim ingredients to be present when they were not, and could not deny that certain ingredients were present when they were. Secretly, patent medicine firms detested the bill. As a show of solidarity, most agreed with Charles Fletcher, the Castoria King, when he stated, "If the business were an underhanded one, or if in the preparation of these articles injurious substances were used, or if there were anything in the nature of fraud in respect to a large proportion of the well-known proprietary articles, there might be some excuse for special legislation against the manufacturers. No such excuse now exists."⁹⁹

The bill did not pass the House, and men such as Fletcher and the Proprietary Association, a powerful pro-proprietary lobby formed in 1881, were successful in seeing to it that no effective legislation came before Congress during the remaining years of the nineteenth century. The Proprietary Association also thwarted attempts by states to enact proprietary-regulating legislation. A strong ally in these battles was the local press. Frank J. Cheney, manufacturer of Halls Catarrh Cure, had devised something called a "red clause," which was placed in his advertising contracts with newspapers. This clause stipulated that the

⁹⁸Huff, "After a Century, p. 87.

⁹⁹James H. Young, American Self-Dosage Medicine an Historical Perspective (Lawrence: Coronado Press, 1974), p. 8.

contract would be canceled should the state enact legislation restricting proprietary medicine sales. Naturally when such legislation was pending, newspapers had more than an enlightened disinterest.¹⁰⁰ As we have seen, the Topeka State Journal wrote a scathing attack on physicians who had tried, unsuccessfully, to obtain enactment of a law regulating the practice of medicine and the charging of a fee to itinerant nostrum vendors in 1895. This article was reprinted by the W. W. Gavitt Company to be circulated as advertising material.¹⁰¹ In 1897, the Topeka Daily Capital requested the defeat of the Patent Medicine Bill of that year. The Capital declared druggists competent enough to determine whether a proprietary was harmful or not. If it was harmful, he would not be selling it. In disclosing a hint of its anti-populist sentiments, the Capital stated:

Now that the fool bills of the Populists are being generally slaughtered the Legislature should show its common sense by amputating the tail of the patent medicine bill just back of the ears. . . . In requesting the prompt defeat of this bill the newspapers of the state of every county and all parties are asking only what is sensible and wise, as well as in the interest of the public.¹⁰²

Effective control would have to wait for the twentieth century. A reformed A.M.A. and its anti-nostrum crusade, the writings of muck-raking journalists, and a rise in educational standards, would give impetus to the movement. Improvement in medical science, allowing physicians to better diagnose and treat a wider range of problems, would be the determining influence.

¹⁰⁰Ibid.

¹⁰¹Advertising Circulars, "Topeka State Journal, March 4, 1895, Reprint," Gavitt Medical Company Papers, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

¹⁰²"The Patent Medicine Bill," Topeka Daily Capital, February 24, 1897, p. 4.

CHAPTER IX

REGULAR THERAPEUTICS

Medicine on the Kansas frontier of 1850 was a continuation of the standard therapeutics of the early nineteenth century. Physicians continued to cling to the belief that the best therapy produced the most rapid and drastic symptomatic changes in the patient. It was no wonder that when a pioneer became sick he treated himself until he got scared enough to call a doctor.

Medical theorists had constructed nosologies, into which they categorized diseases into families. Each family would have symptomatic similarity. The reasoning then was that the same therapeutic agents would be useful for every disease in that family. The pathological state of the organism was determined symptomologically. The symptoms became the disease. By treating them, one cured the patient. Anything that affected or produced major changes in the patient's symptoms was considered to be acting on the disease and was a useful therapy. Short-run symptomatic changes were considered more important than long-run effects. Medical doses were strong, but that is what many of the patients wanted. They wanted something they could feel and experience. Everyone knew that a medicine to be good, had to taste bad. To be sure, the physicians gave them what they wanted.¹

¹William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: The Johns Hopkins University Press, 1972), pp. 42-44.

One such treatment which brought major changes in any pathological state was blood-letting. Fever was one of the most readily observable symptoms, and whenever it rose the physician tried to lower it. In the later years of the century, aconite, veratrum viride, quinine, antipyrine, or antifebrin might be used as fever-reducing chemicals. In 1850, however, the favorite technique was venesection or bleeding. In order to accomplish the feat, one need only a sharp instrument, a bowl, and a needy subject. Many devices were developed to inflict the necessary wound, but the majority of Kansas physicians used the simple lancet or a scarificator, which was in reality a many-bladed lancet. Some physicians were partial to the technique of cupping, whereby many perforations were made in the skin and a heated bleeding cup applied to cover them. As the cup cooled, a vacuum was formed and the blood extracted.

Leeches could also be applied directly to the skin to remove the necessary blood. If one had trouble getting one to attach itself, a little milk sugar on the affected part might make it a little more attractive to the leech. Leeches had the plus of being available in various sizes, so that one could choose his leech according to the amount of blood he desired to lose. They were also re-usable if one knew the right technique to get them to release and regurgitate the blood that they had ingested. On the negative side, leeches often left an unattractive ring on the skin where they had been attached. To the more sensitive, the leech tended to be rather distasteful. They were also considered much slower than either cupping or the lancet.

The amount of blood removed depended on the school of thought adhered to by the physician. By far the dominant philosophy was that of bleeding to syncope or unconsciousness, in order to achieve the necessary

affect on the heart. Other physicians knowing that this was often a very depleting action, and that many would even faint at the sight of a lancet, favored the removal of small measured doses of blood. Whatever the amount removed, blood-letting became a panacea for all ills. One simply took it for granted that when the physician came in, the blood would come out. Although the massive amounts of blood removed in some cases undoubtedly caused deaths, the main drawback to the practice was the shock that it caused to an already weakened life force.

Many authors have claimed that blood-letting was a vestigial practice by the 1870's, but one finds Kansas medical journals reporting results of the technique to a much later date. Dr. H. O. Hanawalt was treating a woman in childbirth who became "plethoric." He determined to let blood and after two or three trials he succeeded in getting six to eight ounces. Six days later, she died of what was diagnosed as hemiplegia. Not even blisters, potassium bromide, belladonna or cannabis indica were able to save her.² The Kansas and Missouri Valley Medical Index was able to report, on a more positive note, that venesection had brought a woman out of a coma during menstruation.³ In 1896, the Lyon County Medical Society in discussing the problems attendant with the treatment of pneumonia declared it the disease that proved the value of bleeding. A self-limiting disease, there was little that could be done.

²H. O. Hanawalt, "A Case of Frequent Abortions, and Finally Fatal Hemiplegia," Kansas Medical Index 1 (January 1880): 3-4.

³"Coma During Menstruation Relieved by Venesection," Kansas and Missouri Valley Medical Index 4 (January 1883): 31-32.

Pneumonia would remain high on the list of bleedable diseases till well into the twentieth century.⁴

In a further effort to "shake" the system, physicians adopted the use of emetics and cathartics. The emetic would induce violent and immediate vomiting. The cathartic, by far the most important of the two, was an equally violent laxative. Calomel, favorite cathartic of physicians, was actually a chloride of mercury and therapeutically useless. In the intestines it breaks down into various poisonous constituents and causes violent purging. Continued use of large doses induce salivation. Indeed, many prescriptions read, "dose until salivation." If used beyond this point, and it often was, the gums, tongue, and salivary glands became extremely sore. The disease could progress to the point that a patient would loose teeth, cheeks, bones, and his life.

An eclectic physician remembered his observation of a calomel-cured patient. He noted the sponginess and inflammation of the gums, their recession, and destruction of the alveolar process, especially of the lower incisors. The patient's "teeth were loose and rattled like dice in a box. Suffering meanwhile, with mercurial rheumatism, he was a traveling barometer."⁵ A druggist from Independence reported a boy who lost the flesh of both cheeks and a lady who lost the greater part of both lips.⁶

⁴Lyon County Medical Society Papers, "Record Book," Volume 3, p. 98, Newman Memorial Hospital Medical Library, Emporia, Kansas.

⁵Charles Williamson, "The Days of Danger," Topeka Daily Commonwealth, February 9, 1884, p. 4.

⁶Thomas N. Bonner, The Kansas Doctor: A Century of Pioneering (Lawrence: Universities Press of Kansas, 1959), p. 21.

The effect of the drug was also cumulative, which meant that even a small dose given over an extended period of time could have damaging effects. Eight grains was considered a conservative dose, physicians frequently prescribing much larger amounts, especially in severe cases when they did not know what else to do. Gunn's Domestic Medicine, a popular home remedy book, advised that the maximum dose for an adult was sixty grains and for a child under one, five grains.⁷ Even this was exceeded by some physicians. One in particular claimed to have prescribed enough calomel to load a steamboat and let enough blood to float one. For him, twenty to one hundred grain doses were normal. One of his patients received a pound a day.⁸ It is surprising to note that even though physicians were cognizant of the medicine's reaction, they continued to use it in large doses.

For many years, calomel was a specific in the treatment of venereal diseases; hence the saying, "One night with Venus and three years with Mercury."⁹ It was considered a good blood tonic for increasing red blood corpuscles when given in one-sixth grain doses three times daily, as long as it was not continued longer than two months.¹⁰ It was advised in large doses for cases of diarrhoea and dysentery.¹¹ The

⁷John C. Gunn, Gunn's Domestic Medicine or Poor Man's Friend, 14th ed. (Louisville: Pool and Wilson, 1840), p. 765.

⁸"Frontier Medicine," MD Medical News Magazine 3 (January 1959): 91.

⁹Charles C. Dennie, "Old Doc: Folk Medicine in Eastern Kansas," Virginia Medical Monthly 83 (July 1959): 281.

¹⁰"Calomel," Kansas Medical Journal 6 (March 1894): 120.

¹¹"Calomel in Large Doses in the Treatment of Dysentery and Diarrhoea," Leavenworth Medical Herald 3 (January 1871): 363.

number of prescriptions and variety of diseases in which it was used, would be impossible to list.

As late as 1890, the Lyon County Medical Society considered calomel one of the "valuable old remedies," and lamented its decline as an active medical agent. Dr. G. A. Biddle did not feel equipped for business without it in his pocket case and used it more or less every day. Dr. Longenecker saved a woman in puerperal convulsions with a dose of one teaspoon calomel and one tablespoon castor oil. Dr. Page, admitted that in starting his practice he had an undue fear of calomel. He changed his mind though when it cured his severe case of malaria after quinine and antipyriodics had failed. Now he never gave a dose that he regretted. Even Dr. Foncannon advised a twenty grain dose in cases of delerium tremens. For most it was considered a specific in typhoid fever and given "pretty freely."¹²

There was dissension in the ranks of nineteenth-century regulars as to the advocacy of prescribing calomel. As early as 1868, Dr. Burge proposed a resolution to the Atchison County Medical Association, "that any disease which can be cured by mercurials, can be cured by other and safer remedies." Action was postponed on the proposal, and we find no information as to its final outcome.¹³ Again in 1872, Dr. Burge, in a report of the committee on mercurial preparations, restated his 1868 position, and advised that although at one time blood-letting and purging were the best available treatments, it was now a time past. No matter

¹²Lyon County Medical Society Papers, "Record Book," Volume 2, pp. 9-15, 87, Newman Memorial Hospital Medical Library, Emporia, Kansas.

¹³William J. Burge, "Proceedings of the Atchison County Medical Association," Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences 1 (January 1868): 349.

what disease was being treated, he found more patients recovering who had not been bled or dosed with mercurials than those who had.¹⁴ The Kansas Medical Catalogue, discussing the rise and fall of calomel by 1890, still found it the best germicide available. In cases such as tuberculosis, even if it were caused by a "bacilla," hope rested in local treatment, especially calomel by insufflation.¹⁵ The frequent use of cathartics would continue well into the twentieth century. The only difference was the substitution of castor oil for calomel.

The other field of attack was the use of an emetic, the most popular being tartar emetic. Tartar emetic, actually tartrate of antimony, produced vomiting when used in small doses. In large doses it was an antiphlogistic by lowering the frequency of the heart-beat. Also popular were salt-peter (nitre), jalap, and ipecachuana. The danger with jalap is indicated by the prevailing practice of mixing it with calomel to make it more palatable. Gunn's Domestic Medicine advised a forty grain dose was the maximum for an adult, while five grains sufficed for a child under the age of one.¹⁶ An emetic had the advantage of making the patient so sick that he forgot his original ills. Dr. Goodell prescribed it in cases of hysteria in women, along with pressure in the neighborhood of both ovaries and a lump of ice "down the nape of the neck." Goodell found "that a woman well under the influence of an emetic has not the opportunity to do anything else than to be thoroughly nauseated." It

¹⁴William J. Burge, "Report of Committee on Mercurial Preparations," Leavenworth Medical Herald and Journal of Pharmacy 5 (May 1872): 555-59.

¹⁵"Mercury," Kansas Medical Catalogue 1 (September 1890): 195-96.

¹⁶Gunn, Gunn's Domestic Medicine, p. 765.

certainly did make a powerful impression upon the whole nervous system.¹⁷

If any of these managed to fail, the patient was always subject to a dose of dovers powder. The flavoring ingredient varied from licorice to camphor, but the main constituents were opium, ipecac, and salt-peter. It was often given in doses as large as seventy grains. The best that could be said of the concoction, which profoundly affected the body, was that the ipecac brought up the opium.¹⁸

The theory of counter irritation was widely accepted during the nineteenth century. Although physicians did not understand the many processes comprising the various diseases, of one thing they could be sure; namely, that if a wound was inflicted on the skin, either by cautery or chemical means, the destroyed skin would separate from the living and a healing process would ensure. Even though a reparative process failed in a first disease, it would not in the second, and it would continue till both conditions were cured. A better term than counter irritation might be diversion. The former condition or disease was diverted to the reparative process of the second. We are substituting a disease that can be cured for one which can not.¹⁹

This counter irritation usually took the form of a blister. Various chemicals and mechanical means were employed in order to raise the necessary blister. Most of the chemical preparations consisted of

¹⁷Woman's Kansas Day Club, "Pioneer Medicine in Kansas," n.p., 1956 (Typewritten)

¹⁸James J. Purcell, "Medical Formulas," Howard M. Sale Collection, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

¹⁹J. G. French, "On the Philosophy of Counter Irritation as Applied in Practice," Leavenworth Medical Herald 3 (August 1869): 126.

either croton oil, a powerful purgative and skin irritant, or cantharides, powdered bodies of a beetle known as spanish fly and a powerful skin irritant. Either could be directly applied to the skin till the desired result was achieved, or a re-useable blistering plaster could be manufactured. The plaster was to be applied thinly on a piece of paper or linen moistened with a few drops of olive oil. Once applied to the skin, this patch would "blister quickly without irritation." One might even be able to use it six times if care was taken and the paper oiled each time. A simpler method, promoted as less painful, again involved cutting a piece of brown paper the size of the blister desired. This paper, after dampening it, was applied to the skin and touched with a well heated "smoothing iron." Steam from the heated paper produced an immediate blister. One could also place a thread under the skin which would irritate and fester to produce the desired suppuration.²⁰ Blistering, in becoming a panacea, was used to treat such diverse problems as sprained ankles,²¹ dysentery,²² and ozeona.²³ Some patients were blistered over thirty times and one can but imagine the resulting pain, along with the attendant possibilities for further infection.

²⁰John C. Gunn, Gunn's New Domestic Physician or Home Book of Health (Cincinnati: Moore Wilsach Keys and Company, 1862), pp. 369-70.

²¹William R. Fisher, "A Sprained Ankle Treated by Manipulations, with Comments," Leavenworth Medical Herald 7 (February 1874): 99.

²²"Proceedings of the Leavenworth Medical-Chirurgical Society," Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences 1 (August 1867): 109.

²³J. B. Britton, "A Case of Ozeona of Long Standing-Destruction of the Tissue-Deposition of Larvae or Ova of the Screw Worm-300 Discharged from the Nasal and Buccal Cavities-Death," Kansas and Missouri Valley Medical Index 4 (March 1883): 74.

Attacks on the whole of "heroic therapeutics" began as early as the 1830's, with Jacob Bigelow's advancement of the idea of "self-limited diseases." Argued Bigelow, "Certain diseases ran their course independent of outside medical interference." The patient either lived or died by the disease's decision, so why torment the patient with "useless and annoying applications." The affects of therapeutics were now starting to be distinguished from changes in symptoms of the disease being treated. Carried to its extreme, the philosophy questioned the value of heroic therapeutics in any situation. The result was a therapeutic nihilism, where a few physicians felt that they had little to offer to prospective patients, other than to assist nature.²⁴

The majority of physicians in the latter half of the nineteenth century, especially those in active practice, had no time for nihilism. Their patients wanted something done to and for them to alleviate both pain and sickness. With pharmacological advances of the period, a new heroic therapeutics rose from the ashes of the old. Drugging still remained as the answer to many problems; the only difference being that newer drugs were available in larger amounts than before.²⁵

The most frequently used drugs during the period were the various antipyretics. Among the first developed were aconite and veratrum viride. Both were vegetable compounds which reduced fevers by affecting heart action and were extremely powerful poisons. So popular was veratrum viride for its antipyretic qualities that it became known as the "vegetable lancet." Dr. Wright of the Lyon County Medical Society liked the procedure of blood-letting in puerperal peritonitis, but once found it to cause a case of phlebitis. His new procedure, in place of blood-letting,

²⁴Rothstein, pp. 177-80.

²⁵Ibid.

was the use of Norwood's Veratrum Viride. Many physicians readily agreed. In the 1880's, research into coal tar derivatives led to the development of various synthetic antipyretics, the first of which was antipyrine. It rapidly became one of the most popular because it also contained analgesic properties. Just as rapidly, it was found to have negative side effects such as profuse perspiration, nausea, and irregular heart action, even after average doses.²⁶ Wise physicians such as Emporia's Longenecker abandoned its use altogether.²⁷ Antipryine's successor, acetanilid, is most commonly seen as antifebrin in period prescription books. Seemingly an excellent preparation, it too had serious cardiac and toxic effects when used to excess. If one were to choose the most popular nineteenth century antipyretic, quinine would have to be the choice.

Quinine was isolated from cinchona in 1820, and rapidly became one of the most widely prescribed drugs in the nineteenth century. Because its action reduced fevers by depressing heart action, it was considered a specific in all fevers. Its tonic action caused it to become a panacea for all other ills. By 1888, the United States was using 40 percent of the world's total consumption. Quinine in moderate doses weakens the heart and pulse while causing gastro-intestinal problems, nervousness and giddiness. Pushed to its extreme, it produces ringing in the ears, deafness, and possible blindness. These symptoms were even given their own name, cinchonism. Many prescriptions included directions to "give till cinchonism." It seemed to be as good a stopping

²⁶Ibid.

²⁷Lyon County Medical Society Papers, Volume 2, p. 12.

point as fainting was in blood-letting.²⁸ Patients accepted it as a fact of life. Francis Abbott, Riley county settler, reminisced about his early bouts with ague and experience with quinine. After his wife had brought him through one particularly severe bout by working throughout the night, he had her summon a neighbor who was "well versed in the treatment of ague." This neighbor, a Mr. Blain, administered a large dose of quinine. Abbott, unused to the drug, related that Eastern people had been prejudiced against it by their old family doctors. He was "deaf as a post for two weeks," but added, "I think the dose saved my life."²⁹

The drug had become so important that many diseases were classed as malarial simply because the drug seemed to cure them. It was included in a tonic tooth powder in 1871,³⁰ as a specific for hay fever,³¹ as an oxytocin during labor, and to interrupt the paroxysms and reduce the fever of erysipelas.³² For infants too small to safely take the medicine by mouth, its administration was advised via the "moist fever pad." Here the "peruvian bark," a crude form of the drug, was spread evenly between two thicknesses of cheese cloth, moistened with whiskey and water, placed over the abdomen, and kept in place by the use of a binder. If the cloth was kept moistened with liquor every two hours, the medical properties

²⁸Rothstein, p. 188.

²⁹Francis A. Abbott, "Some Reminiscences of Early Days on Deep Creek, Riley County," Collections of the Kansas State Historical Society 12 (1911-1912): 395.

³⁰"Gleanings," Kansas Medical Journal and Journal of Pharmacy 5 (December 1871): 325.

³¹Woman's Kansas Day Club, "Pioneer Medicine."

³²Lyon County Medical Society Papers, Volume 2, pp. 21, 41.

would be absorbed directly through the skin.³³ By 1893, dissent over the virtues of quinine as a panacea for all fevers was quite strong. Dr. W. R. Gillespie of the Bourbon County Medical Society was one of these "rebels." Along with causing vomiting, abscesses at hypodermic sites, increased frequency of epileptic attacks, he found it to be a depressant to the nervous system. It would continue to be the best antiperiodic, but physicians would come to accept the position of men such as Gillespie, that it had no place in therapeutics as a universal antipyretic.³⁴

Quinine had other negative aspects. It was expensive and not always readily available. Substitutes were constantly sought, although most were of little efficacy. Hypo sulphite and sulphite of soda were suggested as substitutes although neither caught on. Dr. William Turner used them in Leavenworth with success, and had seen them used in approximately 150 cases of remittents and intermittents in Illinois with a higher cure rate than quinine. The sulphites, it was claimed, were slower acting, but once relief was obtained, there was less recurrence. They at least had the quality of being much less expensive than quinine.³⁵

Quinine had a terrible taste which was hard to disguise, although there was no lack of suggestions. Popular recommendations were to mix it with jelly, the scrapings of a ripe apple, cognac and orange peel syrup,

³³C. F. Smolt, "The Moist Pad in the Treatment of Malaria," Kansas Medical Journal 4 (March 1892): 534.

³⁴W. R. Gillespie, "Quinine in Fevers," Western Medical Journal 5 (March 1894): 57, 61.

³⁵Will E. Turner, "Hypo-Sulphite and Sulphite of Soda in Malarial Fevers," Leavenworth Medical Herald: A Monthly Mirror of the Medical Sciences 1 (November 1867): 244.

or cognac and concentrated lemon juice.³⁶ The Kansas and Missouri Valley Medical Index published a syrup of coffee recipe which was lauded for older patients:

Coffee roasted and finely ground	4 ounces
Alcohol	1 ounce
Sugar	12 ounces
Boiling water	sufficient amount

Pack powder firmly in a percolater and pour on some of the water. Continue to boil until eight fluid ounces have been obtained then dissolve sugar by percolation and finally add alcohol for a preservative. Two grams of quinine to one fluid drachm of syrup is not too much.³⁷

The more inventive developed their own capsules. They would heat two irons, drop a bit of flour and water batter on one, and quickly press the bottom of the other iron against the first. The result was a thin brittle wafer which while soft could be stuffed with quinine and dosed. Whatever the method of dressing up the medicine, "real men" still took their quinine on the end of a jack knife and straight.³⁸

Pain relief, always one of the physicians' major concerns, increased in importance in an age when often little could be done to reach the seat of the particular disease. In the latter half of the nineteenth century, the major analgesic or pain reducing drugs were opium and its alkaloid morphine. In 1888, Virgil Eaton surveyed over 10,000 prescriptions from numerous pharmacies. He found that 14 percent contained some type of opium preparation.³⁹ So successful a pain reliever,

³⁶"To Render Quinine Palatable," Kansas Medical Journal 8 (August 1896): 524.

³⁷"Syrup of Coffee," Kansas and Missouri Medical Index 4 (September 1883): 271.

³⁸Writers Program of the Work Project Administration in the State of Kansas, comp., Lamps on the Prairie: A History of Nursing in Kansas (Emporia: Emporia Gazette Press, 1942), p. 42.

³⁹Rothstein, p. 191.

a new disease was developed for it to cure, namely neuralgia. Neuralgia came to mean a pain that no one knew the origin of. Isaiah Moore recorded a favorite neuralgia cure in his prescription book:

2.5 drops oil of organum [origanum]
 .5 drop oil of sassafras [sassafras]
 2.5 drops oil of turpentine
 2.5 drops tincture of leodanum [laudanum]
 2.5 drops hartshorn
 2 ounces sulphuric ether

It was guaranteed to cure "rheumatism, neuralgia and pleurisy pain in side and back, nervous sick headache, contraction of cords, muscles and toothache and pain in breast [sic], earache, colic and palpitation of the heart. . . ." The preparation could either be two teaspoons in a glass of cold water or used to wet a brown piece of paper, which was then applied to the head.⁴⁰

Opiates became the most addicting drugs then known to medical science. As early as 1870, we can read Alonzo Calkin's article on the "Psychological Action of Opium," discussing the problems of addiction.⁴¹ For the majority of physicians, however, the problem was not considered a major one. Abuse of the drug knew no sectarian bounds. Dr. Foncannon of Emporia, allopath, found that full doses of morphine hypodermically along with chloroform and ether facilitated the easy passage of gallstones.⁴² Dr. C. N. Bishoff, eclectic, treated a case of neuralgia of the stomach with hypodermic injections of one-fourth grain morphine, and "kept the patient under influence over ten days, until nature could repair the

⁴⁰Isaiah Moore, "Prescription Book," p. 351, Manuscript Department, Kansas State Historical Society, Topeka, Kansas.

⁴¹Alonzo Calkins, "The Psychological Action of Opium," Leavenworth Medical Herald 3 (May 1870): 538.

⁴²Lyon County Medical Society Papers, Volume 2, p. 17.

One is left to speculate on Mr. Oliver's need for the drug. Morphine addiction became such a problem in the army during and after the Civil War, that it became known as the "soldiers disease."

Various other analgesics were developed during the period. Experimentation with cocaine was so great that some authors have attributed the rapid advancement of the nose and throat specialty to it. With the introduction of chloral hydrate and sulphonol, physicians felt secure in the fact that they could ease most of the pain they would have confront them.⁴⁷

The third major category of late nineteenth century drugs was the whole area of tonics. The job of a tonic was to increase the strength of the heart and respiration as well as improve digestion, appetite, and even skin color. Arsenic, popular during the pre-Civil War period, was replaced by quinine and strychnine. For the ordinary citizen, and for many physicians, the most readily available and controversial tonic was alcohol. Alcohol, considered a local stimulant to the mucous membranes of the stomach, aided in the digestion of food and hence sustained and strengthened the vital energies. Considered a direct stimulant to the heart, Dr. F. F. Dickman reported that it also prevented waste "by directly checking tissue metamorphosis or by supplying the element carbon necessary to sustain the increased combustion and the high range of animal heat present in the body in the stage of fever."⁴⁸ Alcohol was considered a major part of the therapeutics in a wide variety of diseases and problems. Typhoid fever, pneumonia, and snake bites were at the top of the list. Even with the advent of bacteriological studies, alcohol's

⁴⁷Rothstein, p. 194.

⁴⁸F. F. Dickman, "Alcohol as a Medicine," Kansas Medical Index 1 (March 1880): 78-79.

popularity declined little. It was found to act as a general germicide when placed in contact with bacteria. From this it was reasoned that it would also kill bacteria if administered internally. Many patients found the internal application one of the "best medicines" that they had ever taken.

As with the action of narcotic drugs, the problem of alcoholism and the physician's role in it became a controversial issue. In Kansas, where the prohibition movement always had strong support, the use of alcohol for whatever purpose was subject to extreme scrutiny. In an 1893 meeting of the Lyon County Medical Society, members were divided into two debating teams with the topic being "Inebriaty is a Disease and Not a Vice." Judges decided the question in the negative.⁴⁹ We find most of the anti-alcohol writings coming from the pens of eclectic physicians. At the 1881 convention of the Kansas Eclectic Medical Association, Dr. J. H. Moreland of Rossville offered a resolution that was adopted without dissent. The Kansas Eclectic Medical Association pledged its support in the resolution for the "stringent prohibitory liquor law" then being proposed, and declared that drunkenness would disqualify a physician for membership in their association. In a not-so-veiled attack on certain proprietaries, Dr. S. T. Todd offered the following resolutions which were also passed:

Whereas, The public mind is much expressed upon the care, use and abuse of alcoholic liquors, and continual reference is made to the demands of the medical profession for the several preparations kept in the market, and feeling that undue stress is often laid upon the demand, we, the eclectic medical association, assembled in Topeka, submit the following resolutions:

Resolved, That absolute alcohol contains no medicative properties, and it is, in our opinion, indigestible, and hence an unwelcomed incumbent to the healthy stomach.

⁴⁹Lyon County Medical Society Papers, Volume 3, p. 68.

Resolved, That no alcoholic mixtures, combinations or liquor should ever be used to produce the toxic effect or be continued as a course of treatment because of its power to deprave the appetite, and poison the blood, as well as to inflame the passions, and permanently change the mind.

Resolved, That the status of alcohol in the materia medica should be that of a provocative stimulant and in pharmacy as a solvent and preservative of other substances.

Resolved, That in view of the power for good or bad and the desirability of purity in this article, it should be entrusted only to the care of persons skilled in pharmacy, well as all other medicines for the sick.⁵⁰

Additional resolutions were passed in 1882 against the use of alcohol as a stimulant except in extreme cases.⁵¹ Dr. J. A. Munk, in reading his paper "Physiological Action of Intoxicants" before the 1883 Kansas Eclectic Medical Association convention, seemed to express the "official" philosophy of all Kansas eclectics. In favor of national prohibition, Munk claimed that the chief cause of vice, crime, vagrancy and pauperism was the "Unnatural stimulant" alcohol. Natural foods such as albumen, fat, sugar, starch, salt, etc., supplied all the natural wants of the body. Alcohol along with opium, chloroform, ether, tobacco, and coffee were foreign to the body and were used only as luxuries for temporal enjoyment. It was Munk's belief that alcohol was a paralyzer of nerve-force. By acting on the nervous system through a series of paralytic shocks, it affected the circulation, muscles, mind, and vital centers, ending in the death of the organism. Alcohol blunted sensibility, causing the nerves to convey false messages. After administration, it

⁵⁰"Kansas State Eclectic Medical Association," Topeka Daily Capital, February 12, 1881, in Kansas Medical Societies Clippings Part 2, vol. 1, p. 8, located at Kansas State Historical Society.

⁵¹Kansas Eclectic Medical Association, "Minutes of the Kansas Eclectic Medical Association," Transactions of the Meeting of the Kansas Eclectic Medical Association, Held on February 14 and 15, 1882, at Topeka, Kansas (Topeka: Daily Capital Publishing Company, 1882), p. 9.

acted on blood vessels so to derange circulation, which could be seen by the flushed skin, variable temperature and accelerated pulse. Besides retarding the oxidation of tissues and interfering with the process of waste and repair, it caused important structural changes in vital organs which could result in death. The usual and most widespread effect was to exhaust vitality.⁵² Try as they might, physicians would no more be able to stop the use of alcohol than they would tobacco.

Jean Nicot, ambassador of the King of France to Portugal, is credited with bringing tobacco into popularity in the mid-sixteenth century. In 1828 Posselt and Reimann discovered the alkaloid of tobacco, naming it nicotine, after Nicot. It was used as a drug throughout the nineteenth century and well into the twentieth for a wide variety of problems with varying success. Many physicians felt it to be a specific in the treatment of strychnine poisoning, but it was also used in snake bite, apoplexy, epilepsy, hysteria, analgesics, soporifics, stammering, parkinsonism, muscle spasms, muscle contracture, cardio vascular diseases, respiratory stimulation, pulmonary disease, croup, nasal catarrh, nasal polyps, hiccoughs, dropsy, paresis of urinary bladder, gastro intestinal problems, constipation, hernia, ileus, colic, hemorrhoidal bleeding, vermifuges, gout, growing of hair, diabetes mellitus and incipidus, dermatitis, ring worm, burns, ulcers, scabies, pediculosis, prophylactics for contagious diseases, abortifacients, colds, typhs, rabies erysipelas, tetanus, plague, tuberculosis, venereal diseases,

⁵²"The Eclectics," Topeka Daily Capital, February 8, 1883, in Kansas Medical Societies Clippings Part 2, vol. 1, pp. 21-22, located at Kansas State Historical Society.

malaria, asthma, and rheumatism.⁵³ This extremely versatile drug was administered in any number of ways. The most popular way, as Dr. Jacobs used it in an intestinal obstruction case, was that of an "enemata of decoction of tobacco."⁵⁴ Other techniques involved using the drug as a smoke, liquid wash, injection or ointment. The drug was not without its drawbacks. Nicotine is an extremely toxic drug and overdoses were often fatal.

Although many physicians disclaimed the fact, there was a widely held belief that tobacco chewers and smokers were exempt from attacks of cholera. Tobacco factory workmen were often cited as immune from cholera and other epidemics. Supporters could cite the work of Visalli in 1888, who found that tobacco smoke was capable of inhibiting the growth of Asiatic cholera bacillus.⁵⁵ The Kansas Medical Catalog, in reviewing the topic, pointed to the published report of the Hygienic Institute of the University of Berlin. In the report, it was revealed that the comma bacillus died, by drying up, on dried tobacco leaves even quicker than it did on glass. The same thing was found to be true when moist leaves were used. The comma bacillus could not be found in samples of cigars manufactured in Hamburg during a cholera epidemic, and it was believed that the fermenting process cigars underwent destroyed any possible germ. The conclusion was that tobacco smoke and tobacco checked the development of the cholera bacilli.⁵⁶ Popular acceptance of the theory is attested

⁵³H. Silvette, P. S. Larson, and H. B. Haag, "Medical Uses of Tobacco, Past and Present," Virginia Medical Monthly 85 (September 1958): 472-83.

⁵⁴Lyon County Medical Society Papers, Volume 2, p. 36.

⁵⁵Silvette, Larson, and Haag, p. 481.

⁵⁶"Tobacco Smoking, etc., Kill Cholera Germs," Kansas Medical Catalogue 4 (November 1893): 220.

by the following somewhat satirical article published in the Kansas Daily Commonwealth in 1873:

Physicians seem to be unanimous in the opinion that the present summer season promises to be an unusually sickly one. People cannot, therefore, be too particular in the observance of sanitary precautions.

There is nothing in which a man, a young man especially, should be more cautious than in the quality of cigars which he smokes during the course of a week. A poor cigar has been the ruin many a young man with a gigantic intellect, and whose name, but for the inferior cigar, would never have been born to die.

We rejoice that Goslin & Co. have realized the condition of affairs and will offer to the trade tomorrow at 10 o'clock A.M., at auction, to the highest, which is always the best, bidder, a large stock of really, first-class cigars, comprising such excellent brands as "La Tentician," "Buffalo," "Partigas," "Queen of Hearts," and others equally as good. There are over 40,000 cigars in the lot and all will be sold without reserve.

The board of health should pass a vote of thanks to Messrs. Goslin and Company for inaugerating [sic] this enterprise, affording our people such a rare opportunity to lay in a stock of cholera preventing cigars. It is something we have striven for all summer. We have lain awake at night worrying over it. But the people have gone on throwing egg-shells, chicken bones, strawberry stems, etc., into their back alleys just the same, unmindful that a policeman would come around some day and yank them off to the calaboose.

But now that Goslin & Co. have taken hold of the matter, we expect to see people stepping around lively tomorrow to get in a bid on some of those cigars. As the happy purchasers retire with their splendid bargains they will call to mind the warning notes we have uttered. They will reflect on what we have said about cholera-breeding hoop-skirts, old boots, oyster cans and brickbats. They will ponder on our theory that a pair of spoiled socks injudiciously thrown into an alley may spread disease throughout a whole neighborhood, and they will thank us and thank Goslin and Company for affording them the necessary means of relief.⁵⁷

Kliewe and Oberfeld undertook a study in 1950 to determine whether the practice of "smoking a room free of contagion" had any merit. No definite conclusions were drawn, although the smoke of tobacco as well as paper, straw, hay, and asthma powder, were all found to have bactericidal action

⁵⁷"Cigars and Cholera," Kansas Daily Commonwealth, June 29, 1873, p. 4.

against suspensions of *B. prodigiosum* non-pathogenic bacillus found on various foods , *Esch. coli* bacterium found in intestines and stools , and *Sarzina lutea* a genus of non-flagellated bacteria sprayed into a closed room.⁵⁸

There were physicians against the use of the drug. Dr. E. M. Hoover of Halstead expounded that, no matter the claimed medical value, smokers had no right to pollute the air another breathed and compel them to inhale the "poison" that they emitted. He saw the "foul and offensive weed" as useless and putrid. His colorful description of a smoker might just as easily have come from a non-smoker of today:

His shirt, vest and coat stained and spotted with the ambier that falls from his lips and mouth are reeking with filth and poison, and is a cesspool of disgusting odors, whose being becomes impregnated with the poison and dwarfs the intellect and shortens their lives and makes them unfit for the home and pleasant associations.⁵⁹

Wilhelm Conrad Roentgen's discovery of x-radiation in November of 1895 and its publication on January 23, 1896 shook the nineteenth century medical world. Very few medical inventions or theories were adopted so quickly and readily. Actually x-rays were produced in many physics labs before Roentgen. Whenever a high tension current was passed through a Crookes tube, x-rays were produced. Some physicists had even noted certain photographic effects from the rays, but they were not investigated. Twenty-three days after the newspaper announcement, the first investigation of the rays' therapeutic value was suggested in a letter to the London Lancet by T. Glover Lyon. Lyon suggested that the rays might

⁵⁸Silvette, Larson, and Haag, p. 481.

⁵⁹E. M. Hoover, "Professional Cleanliness," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, May 4, 5, and 6, 1898 (Topeka: The Mail Printing House, 1898), p. 26.

be destructive to tubercle bacillus.⁶⁰ Roentgen therapy was first practiced in the United States. Researchers had noticed that over-exposures, although they caused no sensation at the time, damaged the skin, causing dermatitis and often alopecia or loss of hair. If the rays could have these effects on healthy skin, it was reasoned that they could similarly affect diseased skin and organs. It appears that the first person to use the new ray therapeutically was Dr. Emil Grubbe of Chicago, on January 29, 1896. Grubbe was suffering from x-ray dermatitis from his work on experimental tubes, and it was his dermatologist who referred the patient to him. Suffering from a carcinoma of the breast, she became the first person in the United States to be treated by the new invention. Early uses also included tests to determine the presence or absence of pregnancy. Often one-hour exposures were not long enough to produce an image. One man was known to have made two-hour exposures which showed the faint outline of a fetus whose head was obscured by the mother's pelvis. Fetal x-rays were soon determined of little value, much to the benefit of nineteenth century children, because the fetus often moved making a sharp image difficult to obtain.⁶¹

The technique of making a roentgenogram of a hand required the patient to sit at a table with his hand strapped to a film holder. The roentgenologist stood beside the table and cranked the static generator for an hour or so. Batteries were sometimes used, but they often ran down before the exposure was complete. The current volume of the old

⁶⁰George E. Pfahler, "The Development of Roentgen Therapy During Fifty Years," Radiology 45 (November 1945): 503.

⁶¹Maxmillian J. Hubeny, and Percy J. Delano, "Progress in Radiology," Illinois Medical Journal 77 (May 1940): 476-77.

static generators being small, one heard of exposures of up to three hours to make a picture of the hip joint or kidney. The major problem was that the heating of the tube during exposure caused the rays to be softened and more readily absorbed in the soft tissue. Voltage was estimated simply by the length of the point-to-point parallel spark gap. The current intensity and penetrative quality was judged by the appearance of the hand held in front of the fluroscope. The result was the loss of fingers, hands, and lives.⁶² A president of the Sedgwick County Medical Society, Dr. H. Michener, lost his right hand to the rays. Many more were not as lucky, such as Wichita's George Siegel and Topeka's Ed C. Jerman, who were sent to early graves.⁶³

America's "wizard," Thomas Edison, was quick to jump on the experimenter's bandwagon. His early achievements were chronicled by the Topeka Daily Capital. One of Edison's first attempts was to photograph the human brain. When queried as to the danger factor by an A. P. reporter, he replied that there was no danger whatever, "as there is no amperage in the rays in the tube and it is the amperage that works the harm." Edison's early technique involved the patient holding a celluloid covered film in his mouth and then exposing the head to the x-ray. Later he moved to simply placing a sheet of film under the subject's head and exposing it. This had allowed him to produce a photograph of the whole head in one try.⁶⁴ Edison eventually came to regard the x-ray photograph or shadowgraph as a thing of the past. He had developed a new crystal, calcium tungstate, to replace the old barium platino-cyanide coating on the fluroscopic screens, making it six times brighter. There was even

⁶²Pfahler, p. 505.

⁶³Bonner, p. 70.

⁶⁴"Edison with X Rays," Topeka Daily Capital, February 11, 1896, p. 1.

hope that the new crystals would enable the sightless to see. The fluroscope had been the first device to demonstrate x-rays. They were also much easier to operate and required less experience than the x-ray photograph machine. X-rays caused the crystals on the screen to glow, showing a "live" photograph. The only problem had been that images were often unclear and the technician was compelled to spend a considerable amount of time in a totally dark room to enable his eyes to see the subtle images. Edison's development greatly enhanced the value of fluroscopic examinations, but never quite became the miracle he envisioned, whereby physicians "will be able to tell at a glance whether or not a man is in good health and free from bone formations, cancers, tumors and the like."⁶⁵

There was no shielding or filtration used on the early machines. As electrical currents were thought to do most of the physical damage, early attempts at shielding used a grounded aluminum screen placed between the operator and patient. Filtration of rays to the patient were equally crude. Using the law of selective absorption, George Pfahler would be the first to use wet sole leather effectively to absorb unnecessary rays, a method he would later abandon in favor of aluminum filters.⁶⁶ Another early problem was that the x-rays after colliding with electrons in the atoms of the patient's body tissues shot out at all sorts of angles and changed wave lengths. In striking the film, they in turn caused very indistinct images. After much refinement and error, the Potter-Bucky diaphragm came into wide use. It involved alternate

⁶⁵"Eclipses the X Ray," Topeka Daily Capital, February 9, 1897, p. 2.

⁶⁶Pfahler, pp. 508-10.

strips of lead and wood placed close together in a grid pattern. During operation, no rays going at odd angles would be allowed to pass. It was further found that if the grid was made to move during exposure, the grid lines themselves would not show up on the shadowgraph. Similarly, improvements were made in the x-ray tube itself. The early Crookes tube depended on a cathode stream striking the glass wall of the tube. It worked, but was not as efficient as its successor, the anode or focus tube. The cold cathode gas tube utilized the ionization of gas in the tube as a source of electrons and was in common use till the development of the Coolidge or hot cathode vacuum tube.⁶⁷

People did not know how these mysterious new rays were made. Rumors abounded, predicting that it would not be long before everyone had a pocket x-ray device. Nosey individuals would have a field day prying into their neighbors most intimate secrets. It became so ludicrous that a New Jersey assemblyman introduced a bill to prohibit the use of x-rays in opera glasses in the theatres. One English firm advertised a line of women's underwear impervious to x-rays.⁶⁸ Everyone wanted in on the presumed fad. Professor H. P. Pratt of Chicago claimed to have discovered that the common horse shoe magnet was capable of photographing through opaque substances just as did x-rays. He had experimental evidence to prove it.⁶⁹

Expectations and excitement ran equally high in Kansas. Delegates to the May 1896 convention of the Kansas Eclectic Medical Association were treated to various papers and lectures on the new subject.

⁶⁷Hubeny and DeLano, pp. 476-77. ⁶⁸Ibid., p. 475.

⁶⁹"Horse Shoe for X Rays," Topeka Daily Capital, February 27, 1896, p. 1.

Henry W. Roby presented his paper on "Roentgen Rays in Surgery."⁷⁰ All were excited with Hetlinger's exhibition of a shadowgraph of the "skeleton of his own hand."⁷¹ Dr. T. T. Davis, holding great store in the future, hoped the new machine would enable physicians to see all bacteria and germs causing disease and enabling them to "apply the necessary germicide." If physicians could but match each disease with its particular germ, specific treatment would be able to cure all diseases.⁷² J. G. Wood caught the temper of the times best in his commencement address at the Kansas Medical College, when he observed, "We are yet only on the threshold of the temple of scientific knowledge, the interior of which will be lighted up to human gaze by the x-ray."⁷³

Early in 1896, a Washington science teacher queried the Kansas University about the machines. Reportedly admitting that they did not know anything about it, they advised him to try it for himself. Van Horn purchased a Crookes tube from Queen and Company of Philadelphia for five dollars, found building plans in an issue of Scientific American, and contracted Ernest Ward, a Washington furniture dealer, to build him a

⁷⁰Homoeopathic Medical Society, Programme of the Twenty-eighth Annual Meeting of the Homoeopathic Medical Society of the State of Kansas, to be Held in Library Hall, Topeka, Kansas, Wednesday, Thursday, Friday, May 6, 7, and 8, 1896 (n.p., 1896), p. 2.

⁷¹Kansas Eclectic Medical Association, "Proceedings," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, on May 5 and 6, 1896, Reprinted from "The Annual" of Eclectic Medicine and Surgery for 1896 (Topeka: n.p., 1896), pp. 63-74.

⁷²T. T. Davis, "The Practice of Medicine and Surgery Today Compared with the Practice of Twenty Years Ago," Proceedings and Papers of the Kansas Eclectic Medical Association, Topeka, Kansas, on May 5 and 6, 1896, Reprinted from "The Annual" of Eclectic Medicine and Surgery for 1896 (Topeka: n.p., 1896), p. 62.

⁷³J. G. Wood, "Sixth Annual Commencement of Kansas Medical College Address," Kansas Medical Journal 8 (April 1896): 210.

cabinet out of osage orange. The result was an x-ray machine which enabled him to photograph the hand of his wife. Considered by many to be the first x-ray photograph in Kansas, it is in the possession of the Kansas State Historical Society.⁷⁴ The first medical uses of the machine in the state were undertaken by Professor Lucien Blake of the University of Kansas Department of Physics. The success rate was not always good, but the experiments continued. Although the professor was able to find four easily removable gallstones in one case, other patients were not so lucky.⁷⁵ Carrie Leibengood was brought to him in October 1896 with a badly diseased foot which physicians were ready to amputate. The photograph showed that only the heel was affected and that it could be healed.⁷⁶ Immediately after the x-ray, Carrie noted that she was experiencing a total absence of pain. In a few days, however, an abscess formed and the foot was amputated.⁷⁷ Dr. Agnes Wallace experienced a similar disappointment with one of her patients. The patient, a suspect of renal colic, was placed beneath the fluroscope so that the rays could penetrate the region of the kidneys. Except for an increase in pulse rate, she reportedly felt no ill effects after a one and one-half hour exposure. The following day a severe attack of renal colic required one and one-half grains of morphine and two ounces of chloroform to suppress.

⁷⁴"Topekan Had Hand in States First X Ray," Topeka Daily Commonwealth, December 8, 1955, p. 11.

⁷⁵"Located by X Rays," Fort Scott Daily Monitor, February 10, 1897, p. 1.

⁷⁶"X Ray Saves A Foot," Fort Scott Daily Monitor, October 7, 1896, p. 1.

⁷⁷"Rays of No Avail," Fort Scott Daily Monitor, November 24, 1896, p. 4.

From that time on, the attacks increased in frequency and intensity. Dr. Wallace became firmly convinced that the ray hastened her patient's degeneration. She also expressed her belief that "long or repeated exposure to this ray would have a deleterious effect upon the nervous system." Even Dr. Wallace found her pulse, as well as that of other workers, rise to dangerous levels when she was in the x-ray room.⁷⁸

The adverse effects of the new rays were realized quite early. W. M. Stine, investigating the reactions, reported that they involved redness and tenderness of the skin, tanning of the skin, loss of hair, swelling and blistering of exposed parts, and inflammation followed by suppuration. A period of incubation was required before they became noticeable. Erroneously attributing the negative effects to the advent of the focusing tube, he contended that the old Crookes tubes had no permanent effects on the body. Early investigations showed that the effects were the result of stimulation. The x-ray quickening the amoeboid movement of white corpuscles, their "proliferation," and "emigrations," caused a general tonic action. The exposure caused the leucocytes to emigrate through dilated blood vessels and arterial walls. During the incubation period, these leucocytes permeated the tissues and proliferated. This process along with an "exudation of serum" caused the pain and swelling noticed. A cure waited upon the absorption process and was necessarily slow. Dr. Stine wanted to see more tests to determine the safe limits of radiation and their affects on the various systems of

⁷⁸Agnes McKee Wallace, "Some Serious Effects of the X Ray," Kansas Medical Journal 9 (February 1897): 88.

the body.⁷⁹ Many of the questions would be answered, but it would take the scientific revolution of the twentieth century to answer them.

It is simple to discern that medical knowledge and educational standards of the nineteenth century nowhere approached those of the twentieth. The old beliefs and standard remedies accepted as specifics for centuries, could not be discarded in the matter of a few years. It is very easy to find fault with nineteenth century therapeutics and practices, many of which certainly shortened the lives of recipients or literally killed them. It is difficult for a germ and pollution paranoid society of today to accept the fact that a conscientious physician would probe the gangrenous wound of one patient and use the same instruments in a fresh wound of another without even washing them. What parent of today would allow a desperately ill child to be blistered and bleed into unconsciousness in the name of strengthening the body's vital forces? We must, however, try and understand that the majority of physicians in Kansas were as well educated as possible, given nineteenth century standards. They were often the only "educated" person for miles, and were called upon to undertake a plethora of public jobs often without remuneration. They were conscientious professionals who would risk, and often lose, their lives in the treatment of their patients. One need only review the cashbooks of one of these physicians to discern that medicine was not a quick way to get rich. When a member of the family was ill, promises of remuneration were sincere. Once health intervened, the promises were quickly forgotten. Many were forced to hold two jobs in order to survive. Often called only as a last resort, the physician could do little to assuage the onslaught of the disease.

⁷⁹W. M. Stine, "Physiological Effects of the Roentgen Tube," Western Medical Journal 9 (March 1897): 65-66.

The theories of bacteriology were difficult to comprehend for a person who depended on his natural senses for his livelihood. These germs or bacteria were invisible, and to admit to their presence would be asking the physician to fight something that he could not even see. He had enough trouble fighting things that he could see. As late as 1884, the Lyon County Medical Society was not able to arrange the purchase of a microscope. Emporia's Dr. Wright, in discussing his microscopic investigation of a prune, in 1891, stated that he had seen "fat thousand legged bugs retreating from view," and had removed the fruit from his diet. He did not want to "monkey" with these microscopic investigations too much or "life would become a burden."

Physicians were sensitive men, painfully aware of their inadequacies, and ready to accept any well proven new advancement. The late nineteenth century was a period of rapid advancement in medical science. New theories were coming forward in rapid succession. Many, however, were later found to be incorrect and left those physicians who had adopted them as truth, cynical of further advances. A prime example was the discovery of Koch's Lymph as a cure for tuberculosis. Eagerly adopted by much of the profession, it was found later to be quite useless. The fear of being fooled again, kept many from adopting the use of diphtheria antitoxin after its introduction. We often find that it was the parent of a deathly ill child who forced the hesitant physician to use it.

On the other side of the coin, physicians often found it impossible to educate the public on the most rudimentary theories of hygiene and medical science. Shallow wells were located irrespective of cattle lot run off or privy vault infiltration. Violent opposition arose to

attempts by physicians to vaccinate children against smallpox. Slaughter houses would literally buy and prepare anything, irrespective of the condition of the meat. Once overcoming his own superstitions, the physician found it necessary to attempt to overcome that of his patients.

It is hoped that the reader of this study has gained some insight into the problems confronting a nineteenth century physician, and an understanding of the impact that disease and sickness had upon the settler.

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APPENDICES

APPENDIX I

To Medical Colleges*

At the Convention of Delegates from Medical Colleges, called for the purpose of revising the system of medical college instruction in this country, and which convened in Cincinnati, May 3, 1870, the following resolution was unanimously adopted:—

"Resolved, that a Committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by this Convention, to the Trustees and Faculties of all the medical colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same Committee be authorized to call another convention whenever deemed advisable."

The undersigned Committee, appointed for the purpose of carrying into effect the instructions contained in the foregoing resolution, respectfully invite the attention of the Trustees and Faculty of _____ to the five following propositions, which, after mature deliberation, were adopted by the said convention with entire unanimity:—

"Resolved, 1st. That every student applying for matriculation in a Medical College shall be required to show, either by satisfactory certificate, or by direct examination by a committee of the Faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession: and that the certificate presented, or the result of the examination thus required, be regularly filed as a part of the records of each Medical College.

2nd. That every medical student shall be required to study four full years including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3rd. That the minimum duration of a regular annual lecture term, or course of Medical College instruction, shall be six calendar months.

4th. That every Medical College shall embrace in its curriculum the following branches, to be taught by not less than nine professors, viz: Descriptive Anatomy, including dissections; Physiology and Histology; Inorganic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy, and Public Hygiene; Surgical Anatomy and operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine; Practice of Surgery; Obstetrics, and Diseases of Women and Children; Clinical Medicine and Clinical Surgery; and that these several branches shall be divided into three groups or series, corresponding with the three courses of Medical College instruction required.

*"Medical College Convention," Leavenworth Medical Herald 4 (July 1870): 52.

The first, or Freshman series, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry and Materia Medica. To these the attention of the student shall be mainly restricted during his course of Medical College instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second or Junior series, shall embrace Organic Chemistry and Toxicology; General Pathology, Pathological Anatomy, Therapeutics, and Public Hygiene; Surgical Anatomy and operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of Medical College instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

The third, or Senior series, shall embrace Practical Medicine; Practical Surgery; Obstetrics and the diseases peculiar to Women and Children; with Clinical Medicine and Clinical Surgery in a hospital. These shall occupy the attention of the student during his third course of College instruction, and in them he shall be eligible to a general examination for the degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual College term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior and senior classes, each pursue their studies simultaneously throughout the Collegiate year in all our Literary Colleges.

5th. That every Medical College should immediately adopt some effectual method of ascertaining the actual attendance of students, upon its lectures and other exercises and at the close of each session or the attendance of the student, a certificate specifying the time and course of instruction actually attended, should be given, and such certificates only should be received by other colleges as evidence of such attendance.

APPENDIX II

Lippencott Questionnaire*

1. Is it desirable to establish a college?

16 no 9 doubt 11 yes few fail to answer

2. Has the time come to undertake the enterprise?

11 yes 18 no few doubt few fail to answer

3. Should it be controlled by the University Regents?

30 yes 5 fail to answer several parry about

4. Should we have minimum faculty right away or wait?

8 immediate 10 wait rest no real answer

5. What would constitute minimum facilities?

not many answers, but laboratories, hospital, good lecture rooms are necessity.

6. How would it be to strengthen and rearrange the present course to meet the home demand and put off the establishment of a full course for a few years?

Most want to hold off; one feels they are already giving diplomas and flooding the state with ignorant M.D.'s. One feels course is so bad now that no tuition should be charged as compensation to the student and pay him \$ 1,000 yearly.

7. What would be general education requirements?

Considered at least college sophomore work.

8. What fees were advisable?

few answers

*"The Doctors," Topeka Daily Capital, May 4, 1888, p. 4.

APPENDIX III

Sample Letter from Questionnaire*

I answer your first question--whether it seems desirable to establish a Kansas Medical College emphatically, no. The crying evil of the day is the multiplication of small medical colleges. There are already far too many for the needs of the country. Hundreds of students are admitted who ought not to be and hundreds of half educated graduates are every year turned loose upon an unsuspecting community. What we need is a raising of the standard of admission and of the course and methods of study. An effort in this direction is now making and some progress has been made, but it will not and can not be satisfactory so long as the present system of competition to attract students remains in force. This can only be made worse by establishing more medical schools in small towns and cities without proper facilities. The tendency (effort) must be to thin out the number of students by making it more difficult to acquire a medical education. At present the so-called medical education is gotten very easily and is worth little. In my judgement a medical college has no business outside of the very largest cities where alone can at least two of the absolutely indispensable requirements be found.

*"The Doctors," Topeka Daily Capital, May 4, 1888, p. 4.

APPENDIX IV

Kansas Medical College of Topeka*

SCHEDULE OF LECTURES

FIRST YEAR COURSE						
Hours.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
8:30 to 9:00	Chemical Laboratory.		Physiological Laboratory.		Chemical Laboratory	Historical Laboratory.
9:00 to 10:00	Anatomy.		Anatomy.		Anatomy.	
10:00 to 11:00	Histology.		Histology and Pathological Anatomy.			Histology and Pathological Anatomy.
1:10 to 2:10	Chemistry.		Physiology.		Chemistry and Toxicology.	Physiological Laboratory.
3:00 to 4:00	Physiology.	Materia Medica and Therapeutics.		Physiology.	Materia Medica and Therapeutics.	
4:10 to 5:10	Dissecting.	Dissecting.	Dissecting.	Dissecting.	Dissecting.	
SECOND YEAR COURSE.						
9:00 to 10:00	Anatomy.	Railroad and Military Surgery.	Anatomy.	Laryngology and Rhinology.	Anatomy.	Dental Pathology and Oral Surgery.
10:00 to 11:00	Histology.	Physical Diagnosis & Diseases of Chest.	Histology.			
11:00 to 12:00		Theory and Practice of Medicine.	Surgery.	Theory and Practice of Medicine.	Surgery.	Clinical Surgery.
3:00 to 4:00	Obstetrics.	Pathology.		Obstetrics.		
4:00 to 5:00		Materia Medica and Therapeutics.			Materia Medica and Therapeutics.	
7:30 to 9:30	Practical Anatomy.	Surgical Demonstrations.	Practical Anatomy.	Surgical Demonstration.	Practical Anatomy.	
THIRD YEAR COURSE.						
10:00 to 11:00						Diseases of Children. Medical Jurisprudence.
11:00 to 12:00			General Surgery.		General Surgery.	Clinical Surgery.
2:00 to 3:00	Gynecology.	Physical Diagnosis & Diseases of Chest.	Genito-Urinary and Venereal Diseases.	Gynecology.		Clinical Medicine.
3:00 to 4:00			Ophthalmology and Otolary.		Pathology and Preventive Medicine.	Eye and Ear Clinic.
4:00 to 5:00	Orthopedic Surgery and Fractures and Dislocations.	Dermatology.	Nervous and Mental Diseases.	Clinical Surgery.		Throat and Nose Clinic.

*First Annual Announcement of the Kansas Medical College of Topeka, Kansas, Session of 1890-91 (Topeka, Ks.: n.p., 1890), p. 4.

APPENDIX V

Nature of the Numbered Prescriptions

Number 1 is intended to cleanse the stomach, overpower the cold and promote a free perspiration. It was the tincture or dry powder of an emetic herb, lobelia inflata. He discovered the properties of this plant as a small boy.

Number 2 was intended to retain the vital heat of the system. The basis of this prescription was cayenne, or capsicum. He gave very large doses-up to a teaspoon of the powder taken in sweetened hot water.

Number 3 was intended to scour the stomach and bowels, and remove cancer. Many herbs and roots were utilized: Bayberry, white pond lily root, hemlock bark, marsh rosemary root, sumach bark, leaves, and berries, etc.

Number 4 was bitters to correct the bile and restore digestion. A great many different plants were used for this prescription: balmony, poplar bark, golden seal root, etc.

Number 5 was a syrup for the dysentery to strengthen the stomach and bowels.

Number 6 was rheumatic drops to remove pain and prevent mortification. The essential of number 6 was the meat of peach stones, or wild cherry stones. A cordial was made of the seeds, with hot water, loaf sugar, and brandy. Gum myrrh and spirit of turpentine were used in this prescription. Good brandy was an important ingredient. In addition many accessory vegetable compounds were utilized, such as a nerve powder of dried ladies slippers, spearmint, peppermint, pennyroyal, hoarhound, tanzy, camomile, etc.

Wilson C. Smillie, "An Early Prepayment Plan for Medical Care," Journal of the History of Medicine 6 (Spring 1951): 255.

APPENDIX VI

1893 REGISTRATION WITH KANSAS BOARD OF HEALTH

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAH	BROWN
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	POTTAWATOMIE	JACKSON	ATCHISON
WALLACE	LOGAN	COVE	TREGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	SHAWNEE	JEFFERSON	1 X
GREELEY	WICHITA	LANE	MESS	RUSH	BARTON	ELLSWORTH	SALINE	MORRIS	WABAUENSEE	OSAGE	1 P.M.
HAMILTON	KEARNEY	FINNEY	HODGEMAN	PAWNEE	STAFFORD	RICE	MC PHERSON	MARION	LYON	FRANKLIN	1 P.P.
STANTON	GRANT	HASKELL	FORD	EDWARDS	PRATT	RENO	HARVEY	CHASE	GREENWOOD	DOUGLAS	1 P.M.
MORTON	STEVENS	SEWARD	CLARK	KIOWA	BARBER	KINGMAN	SEDGWICK	MORRIS	WILSON	ANDERSON	1 R.E.
			MEADE	COMANCHE	HARPER	HARPER	SUMNER	CHUTE	NEOSHO	ANDERSON	1 R.E.
								ELK	WILSON	ANDERSON	1 R.E.
								CHAUTAUQUA	WILSON	ANDERSON	1 R.R.
									WILSON	ANDERSON	1 R.R.

PHYSIO-MEDICAL - P.M. UNIVERSAL - U INDEPENDENT - Ind. HYGIENIST - H.X. REGULAR -
 PHYSIO-PATHIC - P.P. RATIONAL - R.R. SCIENTIFIC - S REGULAR-ECLECTIC - R.E. HOMEOPATHIC - R.H.
 MAGNETIC - X HERBALIST - H.H. NEW SCHOOL - N.S. ECLECTIC-REGULAR - E.R.

Compiled from Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health, of the State of Kansas, from January 1, 1893 to December 31, 1893 (Topeka, Ks.: Hamilton Printing Company, 1894), pp. 341-93.

APPENDIX VII

ECLECTIC PHYSICIANS, 1893 REGISTRATION WITH KANSAS BOARD OF HEALTH

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAH	BROWN	DONIPHAN
2	1	1	4	3	3	3	5	8	5	2	2	4
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWATOMIE	JACKSON	JEFFERSON
3	2	2	2	3	1	6	2	1	1	1	1	4
WALLACE	LOGAN	GOVE	TREGO	ELUS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	GEARY	WABAUNSEE	OSAGE	DOUGLAS
1	1	1	1	2	2	2	SALINE	5	MORRIS	3	7	9
GREELEY	WICHITA	SCOTT	LANE	RUSH	BARTON	ELLSWORTH	MCPHERSON	MARION	CHASE	LYON	FRANKLIN	JOHNSON
1	1	1	1	2	3	3	6	6	3	4	5	4
HAMILTON	KEARNEY	FINNEY	HODGEMAN	PAWNEE	STAFFORD	RICE	HARVEY	MARION	CHASE	COFFEY	ANDERSON	LINN
1	1	1	1	1	3	4	5	6	3	2	3	6
STANTON	GRANT	HASKELL	FORD	EDWARDS	PRATT	RENO	BUTLER	GREENWOOD	WOODSON	ALLEN	BOURBON	BOURBON
1	2	2	2	1	1	1	4	6	5	7	7	7
MORTON	STEVENS	SEWARD	CLARK	KIOWA	BARBER	KINGMAN	SEDGWICK	ELK	WILSON	NEOSHO	CRAWFORD	CRAWFORD
1	1	1	1	2	3	4	16	7	8	2	13	13
				COMANCHE	HARPER	COWLEY	SUMNER	CHAUTAQUA	MONTGOMERY	LARLETTE	CHEROKEE	CHEROKEE
				3	4	8	4	7	14	11	11	11

*GARFIELD COUNTY -- 1887-1892

Compiled from Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health, of the State of Kansas, from January 1, 1893 to December 31, 1893 (Topeka, Ks.: Hamilton Printing Company, 1894), pp. 341-93.

APPENDIX IX

REGULAR PHYSICIANS, 1893 REGISTRATION WITH KANSAS BOARD OF HEALTH

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAHA	BROWN	DONIPHAN
6	4	13	9	14	16	14	13	23	27	31	22	0
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWATOMIE	JACKSON	ATCHISON
4	5	4	2	8	13	16	15	18	4	21	13	29
WALLACE	LOGAN	GOVE	TREGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	GEARY	WABAUNSEE	SHAWNEE	JEFFERSON
3	4	3	0	8	6	6	13	20	8	15	21	29
WICHITA	SCOTT	LANE	NESS	RUSH	BARTON	ELLSWORTH	SALINE	MARION	MORRIS	WABUNSEE	OSAGE	DOUGLAS
2	2	4	2	6	0	10	14	21	1	15	17	18
GREELEY	WICHITA	SCOTT	NESS	RUSH	BARTON	ELLSWORTH	SALINE	MARION	MORRIS	WABAUNSEE	OSAGE	DOUGLAS
1	2	4	2	6	0	10	14	21	1	15	17	18
HAMILTON	KEARNY	FINNEY	HODGEMAN	PAWNEE	STAFFORD	RICE	MCPHERSON	CHASE	CHASE	WABAUNSEE	COFFEY	FRANKLIN
1	2	2	2	6	6	23	21	7	24	15	19	MIAMI
STANTON	GRANT	HASKELL	FORD	EDWARDS	PRATT	RENO	HARVEY	BUTLER	GREENWOOD	WILSON	WOODSON	BOURBON
4	1	2	7	2	6	25	16	17	17	20	ALLEN	17
MORTON	STEVENS	SEWARD	CLARK	KIOWA	BARBER	KINGMAN	SEDGWICK	COWLEY	ELK	NEOSHO	NEOSHO	CRAYFORD
1	1	1	2	5	9	13	56	30	13	13	31	54
				COMANCHE	HARPER	HARPER	SUMNER	CHAUTAQUA	MONT-GOMERY	LABETTE	LABETTE	CHEROKEE
				1	20	20	30	15	31	38	38	0
				2	9	9	30	15	31	38	38	0

* GARFIELD COUNTY -- 1887-1892

Compiled from Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health, of the State of Kansas, from January 1, 1893 to December 31, 1893 (Topeka, Ks.: Hamilton Printing Company, 1894), pp. 341-93.

APPENDIX X

NUMBERS OF PHYSICIANS IN TWENTY OF THE LARGEST AND SMALLEST TOWNS

<u>Name</u>	<u>LARGEST</u>		
	<u>Homoeopath</u>	<u>Regular</u>	<u>Eclectic</u>
Atchison	3	19	3
Fort Scott	1	10	5
Lawrence	3	11	1
Arkansas City	2	11	1
Ottawa	3	12	3
Newton	2	12	2
Parsons	4	12	3
Emporia	1	14	2
Independence	1	8	3
Coffeyville	1	10	1
Chanute	2	5	0
Hutchinson	3	16	1
Manhattan	1	4	0
Salina	5	10	0
Wichita	6	40	11
Topeka	7	48	3
Kansas City	3	10	1
Pittsburg	4	16	4
Leavenworth	5	23	1
Winfield	3	13	2
TOTAL	60 (15%)	304 (74%)	47 (11%)

Compiled from Kansas State Board of Health, "Registration of Physicians," Ninth Annual Report of the State Board of Health, of the State of Kansas, from January 1, 1893, to December 31, 1893 (Topeka, Ks.: Hamilton Printing Company, 1894), pp. 341-93.

APPENDIX X (continued)

SMALLEST

<u>Name</u>	<u>Homoeopath</u>	<u>Regular</u>	<u>Eclectic</u>
Muscotah		1	1
Hazelton		1	1
Towanda		1	1
Cottonwood Falls		4	2
Ashland		3	1
Coldwater	1	1	
Mulberry Grove		2	1
Woodbine			1
Grenola		2	1
Quinter			1
Santa Fe			1
Holton	4	3	
Mullinville			1
Reading		1	1
Glen Elder	1	4	2
Phillipsburg		4	2
Atwood		3	1
Goodland		3	3
Washington	1	4	5
Fredonia		5	2
<hr/>			
TOTAL	7 (9%)	42 (55%)	28 (36%)

APPENDIX XI
INSURANCE COMPANY TABLES

BOSTON

YEAR	NUMBER OF PHYSICIANS	NUMBER OF DEATHS	AVERAGE DEATHS TO EACH PHYSICIAN
Allopathic			
1870	218	3,872	17.76
1871	233	3,369	14.46
1872	<u>233</u>	<u>4,575</u>	<u>19.63</u>
Total	684	11,816	17.27
Homeopathic			
1870	40	402	10.05
1871	44	363	8.25
1872	<u>54</u>	<u>446</u>	<u>8.26</u>
Total	138	1,211	8.77

PHILADELPHIA

Allopathic			
1872	655	12,468	19.03
Homeopathic			
1872	168	2,162	12.87

NEWARK, N. J.

Allopathic			
1872	77	2,121	27.54
1873	<u>77</u>	<u>1,185</u>	<u>15.39</u>
Total	154	3,306	21.46
Homeopathic			
1872	13	168	12.92
1873	<u>16</u>	<u>153</u>	<u>9.56</u>
Total	29	321	11.07

Henry W. Roby, The Treatment of Disease from the Homeopathic Standpoint (Topeka, Ks.: Capital City Printing Company, 1886), p. 34.

APPENDIX XII

ANNUAL REPORT OF THE KANSAS SURGICAL HOSPITAL ASSOCIATION 1886

Nature and Variety of Surgical Work Done 1882-86

Abscesses	193	Fractures, Leg	15
Amputations	17	Fractures, Ribs	3
Anal Fissure	3	Fractures, Patella	1
Anchylosis of Joints	4	Fractures, Pelvis	2
Apriration (pneumatic)	49	Fractures, Double of Lower Jaw	1
Burns (severe)	9	Foreign Bodies Removed	37
Carbuncle	15	Gunshot	6
Cleft Palate	5	Ganglion of Knee	2
Consultations (surgical)	267	Hernia (radical cure)	15
Contusions (severe)	25	Hydrocele	8
Cuts (severe)	5	Labors (necessarily instrumental)	25
Caries	16	Lacerated Cervix-Uteri	10
Cancer	5	Laryngo-Tracheotomy	1
Catheterization	222	Ligation of Arteries	51
Club Foot	8	Lupus	2
Coxaglia	3	Necrosis	21
Craniotomy	2	Operations on Rectum	28
Crushed Hand	2	Operations not classified	582
Crushed Ankle	2	Post Mortems	9
Dilation of Strictures	33	Ruptured Perineum	7
Dog Bites (severe)	7	Resection of Bone	8
Dislocations	34	Resection of Hip Joint	1
Dressings (surgical)	2332	Scalp Wounds (severe)	7
Eye Lacerated	5	Sprains (severe)	18
Eye Extirpated	2	Skin Grafts	93
Eye, Tear Duct Occluded	23	Tumors, Fatty	25
Fractures, Skull	5	Tumors, Fibroid	27
Fractures, Arm	6	Tumors, Polypoid	10
Fractures, Clavicle	3	Tumors, Ovarian	3
		Tracheotomy	1

Chloroform 786 times - Ether, 79 times - without accident or ill results. The tumors removed weighed from half an ounce to eight and a half pounds each.

Henry W. Roby, The Treatment of Disease from the Homeopathic Standpoint (Topeka, Ks.: Capital City Printing Company, 1886), p. 39.

APPENDIX XIII*

Table of Diseases, and the Prescriptions Made and Taken for them Under Oath, by People at _____ Drug Store, _____, Kansas, March to December, 1887.

Diseases	Alcohol	Beer	Brandy	Whisky	Wine	Gin
Asthma . . . . .	. . . . .	. . . . .	. 1	8	1	2
Bilicusness . . . . .	. 3	17	1	9	2	
Bronchitis . . . . .	. 1	1	2	9		
Bright's disease . . . . .	. . . . .	. 2				
Blood purifier . . . . .	. . . . .	. . . . .	. 1	1		
Catarrh . . . . .	. . . . .	. . . . .	. 2			
Cold . . . . .	. 16	13	5	120		2
Cough . . . . .	. . . . .	. . . . .	. . . . .	. 1		
Colic . . . . .	. . . . .	. 1	13	8	2	
Confinement . . . . .	. . . . .	. 5	8	2		
Consumption . . . . .	. . . . .	. 1		1		
Chills and ague . . . . .	. 23	1		37		
Cholera infantum . . . . .	. . . . .	. . . . .	. . . . .	. 1		
Cholera morbus . . . . .	. . . . .	. . . . .	. 1			
Constipation . . . . .	. . . . .	. 2				
Cramps . . . . .	. 1	1	4	10		
Diarrhea . . . . .	. 1	42	41	26	1	
Dyspepsia . . . . .	. 4	3	13	33		
Debility, etc . . . . .	. 5	176	23	74	25	1
Dysmenorrhoea . . . . .	. 1		1	6		1
Diphtheria . . . . .	. . . . .	. 2	5	7		
Epilepsy . . . . .	. . . . .	. . . . .	. 2	1		
Fever, malaria, etc . . . . .	. 3	6	9	14	7	
Female weakness . . . . .	. . . . .	. . . . .	. . . . .	. . . . .	2	
Flatulence . . . . .	. . . . .	. . . . .	. 1			
Headache . . . . .	. 1					
Heart disease . . . . .	. . . . .	. . . . .	. 1			
Indigestion . . . . .	. 2	141	1	10		1
Insomnia . . . . .	. . . . .	. 2				
Kidney disease . . . . .	. . . . .	. 9			3	16
Liver disease . . . . .	. 1					
Lung disease . . . . .	. . . . .	. . . . .	. 3	11	3	
Laryngitis . . . . .	. 2	2	3	3		
Malaria . . . . .	. 2	38	7	17	1	
Measles . . . . .	. . . . .	. . . . .	. 2	12		

*W. L. Schenck, "Prevention and State Medicine," Proceedings and Addresses at Second Annual State Sanitary Convention, p. 360, in Third Annual Report of the State Board of Health of the State of Kansas from January 1, 1887 and ending December 31, 1887, (Topeka, Ks.: Kansas Publishing House, 1888), pp. 268-376.

APPENDIX XIII (continued)

Diseases	Alcohol	Beer	Brandy	Whisky	Wine	Gin
Neuralgia . . . . .	. . 2			9		
Nerve prostration . . . . .	. . . . .	. . . . .	. . . . .	. . 2		
Piles . . . . .	. . . . .	5				
Rheumatism . . . . .	. . 7	5	6	10		
Shock . . . . .	. . . . .	. . . . .	. . 1			
Sunstroke . . . . .	. . . . .	. . . . .	. . . . .	. . 2		
Scalp disease . . . . .	. . . . .	. . . . .	. . . . .	. . 1		
Sore throat . . . . .	. . . . .	. . . . .	. . . . .	. . 1		
Tonic . . . . .	. . . . .	1				
Weakness . . . . .	. . . . .	. . . . .	. . . . .	. . 1		
Yellow jaundice . . . . .	. . 1					

APPENDIX XIV

An Act [1879] to Regulate the Practice of Medicine in the State of Kansas*

Section 1. Every person in this state practicing medicine or surgery, in any of its departments, shall possess the qualifications required by this act. Every such person shall present his diploma to one of the boards of examiners herein named, together with the affidavit mentioned in section four of this act. If the board shall find all the facts required to be stated in said affidavit to be true, the board of examiners shall issue its certificate to that effect, signed by a majority of all the members thereof, and sealed with the seal of the board, and such certificate shall be conclusive as to the rights of the person named therein to practice medicine and surgery in any part of this state.

Section 2. The Kansas Medical Society, Eclectic Medical Society of the state of Kansas, the Homeopathic State Medical Society, corporations organized and existing under and by virtue of the laws of this state, or either of them, and no other corporation, society, person or persons shall each appoint annually, a board of examiners, consisting of seven members, who shall hold their office for one year and until their successors shall be chosen and qualified. The examiners so appointed shall go before some judge of the district court or probate judge of this state, and make oath that they are graduates of either the allopathic, eclectic or homeopathic schools, and that they will faithfully perform the duties of their office. Vacancies occurring in the board of examiners shall be filled by the society appointing it, by the selection of alternates, or otherwise. The boards of examiners now organized or existing or that may hereafter organize under and by virtue of their appointment by any of the societies mentioned in this section, shall continue to act as such board until their successors are appointed at the annual election.

Section 3. The boards of examiners shall organize within three months after the passage of this act. They shall procure a seal and receive through their secretary applications for certificates and examinations. The president of each board shall have authority to administer oaths, and the board to take testimony in all meetings relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having diplomas or licenses from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board. They should send to the county clerk of the several counties of this state a list of all persons receiving certificates. In selecting places to hold their meetings they shall, as far as reasonable, accomodate applicants residing in different sections of the state, and due notice shall be published of all their meetings. Certificates shall be signed by the members of the board

*Committee on History, "History of the Kansas Medical Society," Journal of the Kansas Medical Society 25 (1925): 150-52.

granting them, and shall indicate the medical society to which the examining board is attached. The board shall meet within thirty days after application is made to its secretary by any person desiring examination.

Section 4. Said board of examiners shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the secretary of the board of examiners shall receive a fee of five dollars from each graduate of licentiate, and no further charge shall be made to the applicant; but if it be found to be fraudulent, or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such a diploma. The applicant shall accompany his diploma with an affidavit stating that he is the lawful possessor of the same; that is is the person therein named; that the diploma was procured in the regular course of medical instruction, and without fraud or misrepresentation of any kind, and that the medical institution granting the diploma had at the time of its granting the same a full corps of medical instructors, and was at the said time a legally incorporated institution, actually and in good faith engaged in the business of medical education, and in good standing as a medical institution; and that the applicant had complied with all the requirements of said institution. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. In addition to such affidavit, the board of examiners may hear such further testimony as to their discretion they deem proper to hear as to the verification of any such diploma, or as to the identity of the person named therein, or as to the manner in which any such diploma was procured, and if it should appear from such testimony that any fact stated in said affidavit is untrue, the application of such person for a certificate shall be rejected. None of said boards shall entertain an application which has been rejected by another of said boards, nor shall any rejected application be renewed until at least one year after the action of the board rejecting the same.

Section 5. All examinations of persons not graduates shall be made directly by the board, and the certificates given by the boards shall authorize the persons to practice medicine and surgery in the state of Kansas.

Section 6. Every person holding a certificate from a board of examiners shall have it recorded in the office of the county clerk of the county in which he resides, and the recording of the same shall be indorsed thereon. Any person removing to another county to practice shall procure an indorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he removes; and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

Section 7. The county clerk shall keep in a book provided for that purpose a complete list of the certificates recorded by him, with the date of the issue and the name of the medical society represented by the board of examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferrint it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

Section 8. Candidates for examination shall pay a fee of five dollars, in advance. The fees received by the board shall be paid into the treasury of the medical society by which the board shall have been appointed, and the expenses and compensation of the board shall be subject to arrangement with the society.

Section 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

Section 10. Each of said board of examiners may from time to time adopt such rules as may be necessary to the orderly conduct of all proceedings taken and had before it. It shall be the duty of the secretary of the respective boards to notify the secretary of all other boards provided for under this act of all applicants to whom licenses may have been refused, together with the reasons of such refusal of such boards.

Section 11. Any person shall be regarded as practicing medicine, within the meaning of this act, who shall profess publicly to be a physician, and engage in the practice of medicine, or who shall habitually prescribe for the sick, or who shall append to his name the letters "M. D."; but nothing herein contained shall be construed to prohibit gratuitous services, and this act shall not apply to lawfully-commissioned surgeons of the United States army or navy practicing their profession within the limits of this state.

Section 12. Any person habitually practicing medicine in this state, without complying with the provisions of this act, shall be punished by a fine of not less than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment for such offense; and any person filing or attempting to file as his own the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this state for the crime of forgery in the fourth degree:

Provided, That no person who holds certificate heretofore granted by either of the societies mentioned in the second section of this act shall be compelled to procure a new certificate, or be liable to any penalty for failing to do so:

And provided further, That the provisions of this act shall not apply to those persons who have been practicing medicine within this state continuously for five years prior to the taking effect of this act. When such persons have submitted proof of such continuous practice, as herein provided, a certificate shall be issued to them, as is provided for in section three of this act.

Section 13. Any person assuming to act as a member of a board of examiners under this act, or who shall sign, or subscribe, or issue or cause to be issued, or seal or cause to be sealed, a certificate authorizing any person to practice medicine or surgery in this state, except the person so acting and doing be appointed by one of the societies mentioned in section two of this act, or be authorized to do so by a board of examiners, appointed by one of said societies, shall be punished by a fine of not less than five hundred dollars or by imprisonment in the state penitentiary for a period of not less than one year, or by both such fine and imprisonment.

Section 14. Should either of said boards issue a certificate to any person whose application for certificate has been previously rejected by another of said boards, within one year after the rejection of said application, then in such case the certificate issued as aforesaid to such rejected applicant shall be null and void and of no effect.

Section 15. If any person not a graduate or licentiate of medicine has been unable to present himself for examination to any of said boards as provided in section one of this act, then in such case it shall be lawful for either of said boards, on good cause shown why said person was unable to so present himself for examination within the time limited in the fifth section of this act, to examine such person touching his qualifications to practice medicine or surgery and if said examination shall be satisfactory to the board, it shall thereupon grant its certificate in accordance with the facts and the lawful holder thereof shall be entitled to all the rights and privileges of graduates or licentiates to whom certificates have been issued under this act; but no such examination shall be had after the first day of April, eighteen hundred and eighty. This act shall have no application to any county in this state unless a member or members of one of the boards provided for in section two of this act, duly qualified, shall have held a meeting for examination of physicians within said county, nor shall it apply to any lady practicing midwifery.

Section 16. Every person who shall willfully and corruptly swear, testify or affirm falsely to any material matter, upon any oath or affirmation or declaration legally administered in any matter or proceeding before said board of examiners, or either of them, under the provisions of this act, shall be deemed guilty of perjury.

Section 17. This act shall take effect and be in force from and after the first day of June, eighteen hundred and seventy-nine.

APPENDIX XV*

Summary of Regular Graduates from Kansas Medical Society
Board of Examiners
1880

Albany Medical College	2
American College	1
Berlin College (Prussia)	1
Berkshire College (Massachusetts)	4
Bowdoin College (Maine)	2
Bellevue Hospital Medical College	28
Butler University of Indiana	2
Central College (Tennessee)	2
Charity Hospital College (Iowa)	3
College of Physicians and Surgeons (Indiana)	3
Chicago Medical College	13
College of Medicine and Surgery (Lower Canada)	2
Castelton Medical College (Vermont)	2
College of Physicians and Surgeons (Iowa)	19
Cleveland Medical College	9
Cincinnati College of Medicine and Surgery	17
College of Physicians and Surgeons (New York)	4
Columbus Medical College (Ohio)	3
Dartmouth College	3
Detroit Medical College	3
Evansville Medical College (Indiana)	2
Franklin Medical College	2
Georgetown Medical College, D. C.	1
Georgetown University	2
Georgetown College of Physicians and Surgeons	5
Glasgow Medical College (Scotland)	1
Humboldt Medical College	2
Harvard University	1
Harvard Medical College	6
Hospital College of Medicine (Kentucky)	3
Indianapolis Medical College	1
Imperial Medical College (France)	2
Indiana Medical College	9
Jefferson Medical College (Pa.)	44
Keokuk College of Physicians and Surgeons	29
Keokuk Medical College	19
Kentucky School of Medicine	8
Kansas City College of Physicians and Surgeons	15

*Kansas Medical Society, "Report of the Examining Board,"
Transactions of the State Medical Society of Kansas at its Fourteenth
Annual Session, held in Leavenworth, Kansas, May 11, 12, and 13, 1880
(Lawrence: Journal Steam Book and Job Printing Establishment, 1880):
95-96.

APPENDIX XV (continued)

Long Island Hospital College	3
Louisville Medical College	19
Montpelier Medical College	1
Missouri Medical College	23
Miami Medical College	11
Medical College of the Pacific	1
Medical College of Alabama	1
Norwich Medical College	1
Nashville Medical College	1
Ohio Medical College	35
Philadelphia Medical College	2
Rush Medical College	59
Royal College of Surgeons (London)	1
Rock Island Medical College	1
Republic Medical College (Iowa)	1
St. Louis Medical College	34
Sterling Medical College	11
Syracuse Medical College (New York)	1
St. Joseph Medical College	8
Toronto University (Canada)	2
Toland Medical College (California)	1
Transylvania Medical College (Kentucky)	3
University of McGill (Canada)	1
University of Victoria (Canada)	1
University of Iowa	19
University of Munich (Bavaria)	1
University of Missouri	3
University of Buffalo	2
University of Louisiana	2
University of Maryland	7
University of St. Louis	1
University of Vermont	8
University of New York	16
University of Vienna	1
University of Nashville	4
University of Wooster (Ohio)	2
University of Pennsylvania	31
University of Michigan	29
University of Louisville	13
University of Bonn (Prussia)	1
Geneva Medical College (N. Y.)	1
Woman's Medical College (Pennsylvania)	3
Woman's Medical College (Chicago)	3
Woman's Hospital College	1
Yale College	4
Western Reserve Medical College (Ohio)	10
Willoughby Medical College (Ohio)	1
Yandstat Medical College (Bavaria)	1