

A COUNTRY DOCTOR CALLS FOR HELP (Pascack, NJ, February, 1879)

Michael Nevins, MD. (Adapted from speech to Pascack Historical Society, Park Ridge, NJ. May 16, 2010)

In December, 2009 I was invited to speak to a local history society about early medical practitioners of Bergen County. While considering what to discuss, I recalled an article which I'd co-authored back in 1983 in The Journal of the Medical Society of New Jersey which was titled "Home Care Delivery in Bergen County in the 19th Century."¹ The paper previously was presented at the annual symposium of the Medical History Society of New Jersey (May 12, 1982.)

My co-author, colleague and mentor, Dr. Stewart Alexander had succeeded his father Samuel Alexander who in 1911 took over the medical practice of Henry Neer, our area's first physician. Dr. Neer came to Park Ridge just after the end of the Civil War so by the time that the Neer-Alexander-Alexander practice ended with Stewart's retirement, it had been in continuous existence for some 117 years. Many artifacts and records from Dr. Neer's time were preserved and I decided to focus upon this pioneer country doctor for my presentation.

Dr. Henry Crippen Neer (1838-1911) was born in upstate New York and received a medical degree in 1860 from the Berkshire Medical Institute in Pittsfield, Mass. The Institute had five lecturers, generously called "professors," and was in business only between 1823 and 1865. It was one of dozens of proprietary diploma mills which provided two years of lectures and then, for a hefty additional graduation fee granted a medical certificate -- that's all that was needed to practice in those days.

Henry Neer's formal training may have been suspect, but he'd apprenticed with his older brother Dr. David Neer of Paterson, NJ. Moreover, he was a life long learner who read medical journals and regularly participated in county and state medical conferences. After a brief stint of practice in Schoharie County, near Oneonta, in 1865 at age twenty-seven, Neer arrived in what was then called "Pascack" (the name was changed to Park Ridge in 1894) and practiced there until his death from colon cancer.

In mid-19th century America, medicine was crude and unscientific. Sometimes it's been called the age of "heroic medicine" – the heroes being the patients who had to swallow noxious medicines, emetics, cathartics and herbal remedies. As Boston's poet-physician Oliver Wendell Holmes famously summed up in 1861: "If the whole material medica as now used could be sunk to the bottom of the sea, it would be all the better for mankind – and all the worse for the fishes." County health officers like Henry Neer dutifully reported statistics about local epidemics to the state medical society but really had no understanding of the link between human disease and microorganisms.

In the early years, Neer traveled widely by horse and buggy over muddy or rutted roads, in all conditions and at all times of day or night, south as far as Paramus, north to Spring Valley and Pearl River, NY. He needed to be resourceful for not only was he the area's first physician, he also was the only dentist, veterinarian and pharmacist for miles around. He ordered basic medical supplies from Manhattan – colchicine, digitalis, salicylate, calomel, quinine, opium, bismuth, camphor and all sorts of herbs and mixtures. For those who couldn't tolerate the vile taste of castor oil, he instructed his daughters, who served as his pharmacy assistants, to lace the medicine with port wine. He also invented and patented a pill-coating machine in order to hold the home-made concoctions together.²

During his long career, Neer delivered more than two thousand babies. Not only was he present at the beginning for most of the people in town, he also attended them at their deaths. At his own funeral he was described as “the ideal family physician...who gave more hours of the twenty-four and in so doing traversed a wider territory than any other physician in Bergen County.” In addition to leading the stressful life of a country doctor, Dr. Neer was the town's first mayor, twice was president of the county medical society, was the Dutch Reformed church's organist and choir leader – and on the side he sold pianos in order to help feed his nine children. Indeed, for more than four decades Henry Neer was Park Ridge's indispensable man.

What more could I say about Dr. Neer? Then I remembered three huge ledgers which Stewart Alexander had shown me many years ago. Two of them contained the prescriptions that the family prepared in their home's drug room. But it was the third ledger, Neer's obstetrics ledger which we'd previously written about, which interested me. In it Dr. Neer recorded vital statistics of every delivery, but occasionally included details of the more complicated cases - both the good and bad results; terse comments written for himself, sometimes just a sentence or two. In 1982 Dr. Alexander and I had selected seventeen of them for our paper which we believed provided unique insight into what “home deliveries” were like for country doctors more than a century ago.

Through his reading of medical journals, Dr. Neer was familiar with recent developments in obstetrics. In some notations he described how when uterine contractions were weak he used a battery operated electrical stimulator. Not only was he aware of new technology, but he also was susceptible to superstitions of his time. For example, one case report described premature delivery of a severely deformed dead fetus with no anus or genitals whose vestigial legs were fused. As explanation for this “monstrosity” he wrote, “This case undoubtedly was caused by nervous impressions on the mind of the mother, a very sensitive and imaginative person, produced by seeing a man at a show who had both thighs amputated in the army.” He added that she didn't know that she was pregnant. Another time after delivering a baby with a hare lip, Dr. Neer explained that the mother said that she was “frightened and very much interested at seeing a man

without a nose soon after her conception, to which she attributes the child's deformity."

But on rereading what Stewart Alexander and I had written nearly three decades earlier, one poignant case report particularly stood out. The ledger entry for February 10, 1879 reported a baby was born to Garret N. Ackerman, age 23 and Margaret ("Maggie") Westervelt, age 18 who I later learned had married only six months before. The following is exactly what Stewart Alexander and I copied from Dr. Neer's ledger:

A very severe and protracted labor owing to a small pelvis and face presentation. Was called about 11 A.M. in the morning. Dr. Zabriskie [of Westwood] was called in consultation; we made attempts until 7 o'clock to effect delivery by the forceps, or by turning, but the head lay so high above the brim of the pelvis that we could not make either application. About being satisfied that delivery could not, in all probability, be accomplished per vias naturalis [natural childbirth] ***I sent a messenger to New York after Dr. L.G.Thomas.*** The patient was given a dose of morphine, and at 9 o'clock Dr. Zabriskie went home, to return on the arrival of Dr. Thomas on the 2:30 train [that would be the next afternoon]. Remaining with the patient, I found her rapidly losing in strength and at 11 her condition was very desperate, strong premonitory symptoms of eclampsia, great exhaustion, yawning, confusion of intellect, and believing she could not survive until the arrival of Dr. Thomas, and the os being well dilated, although still above the superior strait, I determined to make another effort to apply the forceps, and after some difficulty, succeeded and soon delivered her a living female child. She rallied very slowly with some incontinence of the bowels, and spasmodic pains, but finally made a good recovery.

Certainly a dramatic success, but what puzzled me was why this experienced physician would go to the trouble of importing a consultant from relatively distant New York City in the midst of winter 1879 – indeed, it was the only such instance recorded in Neer's ledger. To be sure, with difficult cases, especially when high forceps had failed, he sometimes sent his driver to fetch colleagues from nearby towns. They would arrive within a few hours, usually to administer chloroform anesthesia while he attempted internal version (turning the fetus by inserting the doctor's fingers or entire hand into the uterus and delivering the baby feet first.) – a procedure that was hazardous both to mother and child with babies usually delivered still born. But in this case, Neer's consultant L.G.Thomas would have been coming by train the next afternoon. What special skills might he be bringing to the kitchen table?

I decided to attempt to find out who this Dr. Thomas was, but my initial efforts were unsuccessful. The archives of the Academy of Medicine of New York failed to identify any licensed physician in the city by the name of L.D. Thomas. Shortly

after Neer arrived in Pascack a new railroad line began operating between Hoboken and Spring Valley, New York, a few miles north of Pascack. Perhaps Neer's consultant had come down from Rockland County, only a few minutes away, not up from NYC. But review of historical records from there also failed to turn up Dr. L.G. Thomas. I was able to locate a Luther Goble Thomas who had practiced medicine briefly in Newark before volunteering in the Union Army in 1863. He served for nine months but then suddenly developed what was called "brain congestion" and died at age 34 – two years before Henry Neer arrived in Pascack; clearly, he was not the man. Frustrated in my research, my focus redirected to the experiences of Essex County physicians during the Civil War and it appeared that I would be unable to identify the mystery consultant.

Several months later a new clue turned up when MHSNJ's Robert Vietrogoski suggested that we probably had misread Dr. Neer's handwriting in the ledger and rather than L.G. Thomas, the consultant from New York may have been T.G. Thomas. That made all the difference! First I visited the old ledger which now resides in an archive of one of the Rutgers Libraries in New Brunswick.³ Sure enough, with the flowery script used in the 19th century, a capital T easily could be mistaken for a capital L. (Even then, it was hard to read doctor's handwriting.) Armed now with the correct name, information about the consultant was abundant and readily available on the internet.

Thomas Gaillard Thomas (1832-1903), usually referred to as T. Gaillard Thomas or Gaillard Thomas, probably was the most famous obstetrician and gynecologist in the United States during the late 19th century. Born in South Carolina, he received his medical degree from the state university there in 1852 and then did two years graduate work in Dublin and Paris. Returning to this country he settled in New York City where he worked at Bellevue Hospital and the New York City Hospital on Blackwell Island. In 1863 he accepted the position of chairman of obstetrics at Columbia's College of Physicians and Surgeons; later became chairman of gynecology and during his twenty-six year tenure at Columbia, earned an international reputation as a brilliant surgeon, lecturer and author.

In 1868 Professor Thomas published his magnum opus *A Practical Treatise on Diseases of Women* -- 802 pages long it included 347 engravings.⁴ The textbook went through six editions, was translated into five languages and sold more than 60,000 copies. Among Dr. Thomas's innovations (1880) was the so-called "dull curette" – sometimes referred to as the "when in doubt curette" which in addition to conventional gynecological conditions was employed to treat "lassitude, headache or any ache almost anywhere."⁵

Through the marvel of Google Books one can read his textbook on-line, for free, as well as various other publications by and about Dr. Thomas. One colleague described him as "a man of prepossessing appearance; quite stout...inclined to corpulency....a strictly methodical man....and quite fully impressed with his own professional worth."⁶ At a celebration of his 70th birthday at the Waldorf Astoria in

1901 (he died in 1903) more than 300 colleagues attended. Among the speakers were such medical notables as Shattuck from Harvard and Welch from Johns Hopkins.

After all of their praise, Dr. Thomas, himself famous for his eloquence, responded – at length. He began by describing the medical advances that he'd witnessed during fifty years of practice including the thermometer, anesthesia, the germ theory and antiseptics – and noted how surgery had advanced in status from advanced barbering to a true science. Amidst his acknowledgements, he had good words not only for “prosperous professors who live in metropolises,” but also for humble country doctors like Henry Neer, “the obscure practitioner who plies his arduous calling trudging the highways with much of labor and little of profit.”⁷

Having identified Dr. Neer's consultant, the question remained why would the eminent Professor Thomas board a train in the dead of winter and travel for many hours to the boondocks in order to help deliver a baby? The answer came not from Dr. Thomas's *Treatise on Women's Disorders* but from an important paper titled “Gastro-elytrotomy: a substitute for the Caesarian Section” which he had delivered less than a year earlier at the New York Academy of Medicine, March 21, 1878.⁸ Later Dr. Thomas would deliver the same talk to medical audiences in such diverse locations as Yonkers and Edinburgh and various journals reproduced the speech in full.

Dr. Thomas reported on five successful operations that either he or a colleague had performed between 1870 and 1878 on desperately ill pregnant women who were unable to be delivered conventionally, usually because of a small or deformed pelvis. The mother's and the baby's lives were at stake and Caesarean Section was considered too dangerous because of the risk of peritonitis and sepsis. Dr. Thomas, who was a student of medical history, was aware of several so-called “miracle deliveries” done in the past using a technique which he called “laparo-elytrotomy” or “ovotomy”. Of the five cases he reported, four children were delivered alive and three mothers survived. In each instance the circumstances were dire, the mother already half dead and the goal was to extract a live baby.

The procedure was not for the faint of heart – neither mother or doctor, It required exquisite surgical skill to avoid complications, especially hemorrhage. An abdominal or vaginal incision was made just above the pubis and tissue carefully but bluntly dissected so as not to enter the peritoneum or puncture the bladder, the baby then extracted from the cervix or vagina through this operative wound. The procedure could be accomplished in ten minutes, required no special instruments and was technically less difficult than Caesarian section.

Postoperatively, the patient “should be kept perfectly quiet, nourished by milk and animal broths and kept free from pain with opium.” Dr. Thomas wasn't ready to

recommend the technique for standard practice, but suggested that at least it deserved careful consideration in an emergency. In fact, in other hands infection was a problem and the Thomas approach didn't catch on. By then antiseptic techniques (which he strongly advocated⁹) had reduced the risk of infection from classical Caesarean sections and maternal mortality at the best of hospitals was down to about 15%.¹⁰ (In 1879, there were no hospitals yet in Bergen County.)

Dr. Thomas's talk and subsequent paper provoked much comment throughout the world. Skeptics said that only a virtuoso surgeon like Dr. Thomas could pull it off – or pull a live baby out. The procedure came to be known as “extraperitoneal Caesarian Section” but many referred to it “the Thomas Operation.”¹¹ One British enthusiast opined,

Whatever the future may determine as to limit in the class of cases to which Thomas's operation is applicable...I am certain that the great merits of the operation will be so established in obstetrics by the profession at large throughout the entire world as to satisfy the ambition of any man to be regarded as a great contributor to the advance of the obstetric art in a limited number of cases.¹²

Henry Neer prided himself on keeping up with new developments, no doubt was aware of Dr. Thomas's technique and was desperate to save Maggie Ackerman and her baby. In turn, the professor surely would have been eager to add to his limited experience and Neer's case may have seemed like a good opportunity. And so, faced with a dying mother whose pelvis was small but whose baby was still alive, the country doctor decided to call for help. But as it turned out, he couldn't wait another day for the great man's arrival and as Maggie was dying. With persistence, high forceps and good luck, Neer successfully delivered a healthy baby. Both mother and child survived without the need for “special delivery.”

Local church records indicate that baby Eva lived until age 20, mother Maggie died in 1931 at age 81 and the father Garret N. Ackerman (who later became mayor of the town) died in 1943 at age 87.

NOTES

1. Stewart Alexander and Michael Nevins, “Home Care Delivery in Bergen County in the 19th Century,” *J. Med. Soc. N.J.* Vol. 80, No. 4 (April), 1983, pp . 283-287.
2. Michael Nevins. *Early Physicians of Northeastern Bergen County*, (Spring Valley: The Town House Press, 1979.)
3. Dr. Neer's ledgers are preserved in Rutgers University's Special Collections/University Archives in New Brunswick (call #MC43; manuscript N;

subsection MSS.)

4. T. Gaillard Thomas, *Practical Treatise on the Diseases of Women*. (Philadelphia: Lea Brothers & Comp, Sixth Edition, 1891) 826 pages.
All of the following references to Dr. Thomas can be read on Google Books.
5. W.A.Lincoln, "The Dangers of Uterine Curettage" *Annals of Surgery* Vol. LXVIII, No. 1, July 1918, p. 638.
6. O.B.Will. *The Peoria Medical Monthly*, Vol. 6, 1885, p. 31.
7. *Addresses at the dinner given for Dr. T. G. Thomas on his seventieth birthday* . 1901, p. 16.
8. T.G. Thomas, "Gastro-elytrotomy: a substitute for the Caesarian Section" speech delivered at the New York Academy of Medicine, March 21, 1878; published in the *American Journal of Obstetrics* Vol xi, No. ii, April, 1878.
9. J.G. Smith, *Abdominal Surgery*, Volume I, Fifth Edition (London J & A Churchill, 1896.) pp. 388-393.
10. T. Gaillard Thomas, "The Prevention and Treatment of Puerperal Fever," *Transactions of the New York Academy of Medicine*, 1886, p. 121.
11. Theodore Doederlein, "A Contribution to the History and Technique of Extraperitoneal Caesarian Section" *Surgery, Gynecology & Obstetrics*, Vol. 10, No. 1, 1910, p. 78
12. *Medical Times and Gazette*, "From Abroad: Dr. Gaillard Thomas on Laparo-Elytrotomy," June 15, 1878, p. 660.

APPENDIX

Dr. Gaillard Thomas was a dynamic lecturer and writer and typical of his time, his language and prose were vivid. As example, a few selections from his classic textbook are included here which provides insight into what was known about women's health during the late 19th century.

-Concerning Neglect of Exercise and Physical Development: Women were far more sedentary than men, but he was gratified that in the last twenty years more outdoor amusements were being pursued such as archery, bowling and rowing. Girl's schools were particularly backward because exercise was considered "hoydenish", unbecoming and fit only for rough boys. He advised twice daily salt water sponge baths followed by vigorous rubbing with a rough towel for five to ten minutes.

-Corsetting, lacing and wearing tight clothes was condemned as detrimental to health by altering pelvic anatomy and physiology. In particular, "uterine disease just after maternity even where no excesses have been committed...is not due to excessive indulgence in coition which injures the cervix, but [results from] distortion of natural relations of the genital organs.

-“It is no exaggeration to maintain that the American woman except in our cities is at least half-starved – not from an enforced but from a voluntary starvation. Let one travel through our farming region and examine closely the women whom he meets, and he must admit that the robust, buxom, florid lass and matron is the exception; the pale, lank and emaciated the rule....These women are underfed from the cradle to their graves.”

-The worst offender: “The noxious and inevitable pie of the Eastern states in place of bread and nutritious puddings, will never answer the requests of nutrition until the laws which govern that process are altered.”

-Puerperal or childbed fever was a dreaded complication of childbirth during the 19th century, second only to tuberculosis as a cause of death in women of child-bearing age. By the 1840s some physicians were beginning to suspect that there might be an environmental cause. Oliver Wendell Holmes said, “In my own family, I had rather that those I esteemed the most should be delivered unaided, in a stable, by the manger side, than that they should receive the best help, in the finest apartment, but exposed to the vapors of this pitiless disease.” Outraged by this, the eminent Philadelphia obstetrician Charles Meigs replied, “Doctors are gentlemen and gentlemen’s hands are clean.” Nevertheless, at mid-century medical students still were being advised to bring oil-soaked towels and pig lard with them to deliveries.

In 1847 Ignaz Semmelweiss in Vienna had made the connection between cleanliness and sepsis and ordered doctors and students at his hospital to wash their hands in chlorinated lime solution, but his findings were not well known in this country. But Prof. Thomas was aware of Semmelweiss’s pioneering work and in a speech at the New York Academy of Medicine in 1883 remarked that after 2000 years we finally were passing out of the darkness into the light. How it worked still was unclear, but Dr. T.G. Thomas spoke of a “poison that invades the blood of the parturient woman which sometimes may produce convulsions; as he put it, “an untoward moral influence which may cause violent mania....It is an infection due to septic inoculation in the wounds [made by] the passage of the child.”

Dr. Thomas suggested that the poison entered either through the atmosphere or on the fingers of the doctors or nurse, or on the towels, sponges, instruments or bedclothes. He complained that apathy to the problem by even the best doctors “borders very closely upon criminality.” He advised that delivery rooms should be scrupulously cleaned, floors and walls washed with carbolic acid, clothing bathed in boric acid. He deplored the common practice of midwives who carried silver urethral catheters which they reused from case to case. Although

recognizing that veteran physicians might disagree with him, he didn't care – he was merely repeating what already was being done in Germany where preventive antiseptic measures were mandatory.