

## A COUNTRY DOCTOR CALLS FOR HELP

*In 2009 I was invited to speak to a local group about pioneer physicians of Bergen County and on considering what to discuss, recalled an article I'd co-authored in 1983 with Dr. Stewart Alexander in The Journal of the Medical Society of New Jersey. We called it "Home Care Delivery in Bergen County in the 19th Century" and it concerned the obstetrical experiences of our area's first physician, Dr. Henry Neer. We also had presented this material at a symposium of the Medical History Society of New Jersey in May, 1982, but some three decades later, upon revisiting those early works in the hope of finding a fresh approach, I was in for a surprise.*

American medicine in mid-19th century was crude and unscientific. Sometimes the era was called the age of "heroic medicine" but, in truth, the heroes were the patients who had to swallow noxious medicines, emetics, cathartics and herbal remedies. As Boston's poet-physician Oliver Wendell Holmes Sr. famously summed up in 1861: "If the whole *materia 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." But Dr. Henry Neer of Park Ridge, NJ was one of the more enlightened practitioners.

Henry Crippen Neer was born in upstate New York in 1838 and received a medical degree in 1860 from the Berkshire Medical Institute in Pittsfield, Mass. That school 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 graduation fee, granted a medical certificate—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, in 1865 at age twenty-seven, Dr. Neer arrived in what was then called "Pascack" (the name was changed to Park Ridge in 1894) where he worked until his death from colon cancer in 1911.

In the early years, Dr. 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 Rockland County in New York State. When Neer began he not only was the area's first physician, but also the only dentist, veterinarian and pharmacist. He ordered basic medical supplies from a drug store in 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 the potions, he instructed his wife and daughters who served as his pharmacy assistants to lace the bitter medicine with port wine. He needed to be resourceful and invented and patented a pill-coating machine in order to bind their home-made concoctions together.

During his long career, Henry Neer delivered more than two thousand babies. For most people in town, not only was he present at the beginning, but he also attended at their deaths. At his own funeral in 1911, Neer was lauded 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 elected president of the county medical society, was the Dutch Reformed church's organist and choir leader — and on the side sold pianos in order to help feed his nine children. Indeed, for more than four decades Henry Neer was Park Ridge's indispensable man.

For my speech in 2009, I wondered what more I could say about Dr. Neer that I hadn't described before? Then I remembered three huge ledgers that Dr. Stewart Alexander showed me many years earlier. Two of them contained thousands of prescriptions which his family prepared in their home's drug room, but it was the third ledger that contained the doctor's obstetrical records that especially interested me. In it Dr. Neer had recorded vital statistics of every delivery, and occasionally recorded details of the more complicated cases in the margin. These were terse comments written for himself, sometimes only a sentence or two. In 1982 Dr. Alexander and I selected seventeen of these for our paper because we felt they provided insight into what "home deliveries" were like for country doctors more than a century earlier.

Being an avid reader of medical journals, Dr. Neer was familiar with new developments in obstetrics and in some of these marginal notations he described how when uterine contractions were weak, he used a recently described battery operated electrical stimulator. Although he was aware of new technology, he also was susceptible to superstitions of his time. 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 the woman 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.”

Upon rereading what Dr. Alexander and I had written nearly three decades earlier, one case report especially stood out. It was a ledger entry made on February 10, 1879 which reported that a baby was born to Garret Ackerman, age 23, and Margaret (“Maggie”) Westervelt, age 18. The following is exactly what Stewart Alexander and I copied from that marginal note:

*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 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 [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.*

That certainly was a dramatic success, but what puzzled me was why this experienced family physician would go to the trouble of importing a consultant from distant New York City in the midst of the winter of 1879—indeed, it was the only such instance recorded in Dr. Neer’s huge ledger. With difficult cases, especially when high forceps delivery failed, he sometimes sent his driver to fetch colleagues from nearby towns. They’d 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.) That was a hazardous procedure both to mother and child with babies usually delivered still born. However, in this case, Dr. 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?

My initial efforts to learn about the mysterious Dr. Thomas were unsuccessful. The archives of the Academy of Medicine of New York failed to turn up any licensed physician in the city by the name of L.G. Thomas. Shortly after Neer arrived in Pascack a new railroad line had begun operating between Hoboken and Spring Valley, New York, a few miles north, so perhaps Neer's consultant came down from Rockland County, rather than up from New York City. However, historical records from there also failed to turn up a Dr. L.G. Thomas and, frustrated in my research, it appeared that I wouldn't be able to identify the mystery consultant.

However, several months later, an unexpected clue turned up when Robert Vietrogoski, the medical history librarian at UMDNJ/New Jersey Medical School, suggested that perhaps Dr. Alexander and I might have misread Dr. Neer's handwriting. He asked whether rather than **L.G.** Thomas the consultant might have been **T.G.** Thomas? I made a special trip to New Brunswick to revisit the old ledger which by now resided in an archive of one of the Rutgers Libraries and, sure enough, we'd misread Neer's florid 19th century script! In fact, what had appeared to be a capital L was a capital T. Armed now with the correct name, information about the consultant from New York City was abundantly available on the internet.

Thomas Gaillard Thomas (1832-1903), usually referred to either as T. Gaillard Thomas or Gaillard Thomas, may have been the most famous obstetrician and gynecologist in the United States during the late 19th century. Born in South Carolina, he'd received his medical degree from the state university there in 1852 and then did two years of 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 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. 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."

Through the marvel of Google, one can read his huge textbook on-line, as well as various other publications by and about Dr. Thomas. One colleague described the professor as “a man of prepossessing appearance; quite stout . . . inclined to corpulency . . . a strictly methodical man . . . and quite fully impressed with his own professional worth.” At a celebration of his 70th birthday at the Waldorf Astoria in 1901, more than 300 colleagues attended and after all of their praise, Dr. Thomas, famous for his eloquence, responded at length. He began by describing the medical advances he’d witnessed during fifty years of practice — including the thermometer, anesthesia, germ theory and antisepsis. He noted how surgery had advanced in status from advanced barbering to a true science and, amidst his acknowledgements, Dr. Thomas had good words not only for “prosperous professors who live in metropolises,” but also for humble country doctors—“the obscure practitioner who plies his arduous calling trudging the highways with much of labor and little of profit.” The likes of Henry Neer.

Although having successfully 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 in order to help deliver a baby in rural Park Ridge, NJ? The answer came not from Dr. Thomas’s *Treatise on Women’s Disorders*, but from a paper titled “Gastro-elytrotomy: a substitute for the Caesarian Section” that he’d delivered less than a year earlier at the New York Academy of Medicine (March 21, 1878.) Indeed, the professor delivered the very same talk to medical audiences in such diverse locations as Yonkers and Edinburgh and various journals had reproduced his speech in full.

In his speech 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. Being a student of medical history, Dr. Thomas was aware of several so-called “miracle deliveries” done in the past using a technique called “laparo-elytrotomy” or “ovotomy”. Of the five cases that 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 merely 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 and, later, the patient “should be kept perfectly quiet, nourished by milk and animal broths and kept free from pain with opium.”

Dr. Thomas wasn't inclined to recommend the technique for standard practice, but suggested that at least it deserved careful consideration in an emergency. In fact, in less skilled hands infection proved to be a problem and the Thomas approach didn't catch on. By then antiseptic techniques, which he strongly advocated, had reduced the risk of infection from Caesarean sections and maternal mortality at the best of hospitals fell to about 15%. Dr. Thomas's talk and subsequent paper provoked much comment and skeptics suggested 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 as “the Thomas Operation.” As 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.*

Henry Neer prided himself on keeping up with new developments and, no doubt, was aware of Dr. Thomas's technique. Desperate to save Maggie Ackerman and her baby son, he was faced with a dying mother whose baby was still alive so the country doctor had decided to call for help. Surely the professor would have been eager to add to his limited experience and perhaps this case might have seemed like a good opportunity. As it turned out, Dr. Neer couldn't wait another day for the great man's arrival—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.” Church records indicated 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 Park Ridge) died in 1943 at age 87.

Gaillard Thomas was a dynamic lecturer and writer and, typical of his time, his language and prose were vivid. A few selections from his classic textbook on gynecology are worth reviewing for the insight they provide into what was known about

women's health during the late 19th century. Concerning neglect of exercise and physical development, the doctor noted that 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.

Dr. Thomas advised twice daily salt water sponge baths followed by vigorous rubbing with a rough towel for five to ten minutes. Corseting, 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 comment, 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 made the connection between cleanliness and sepsis and ordered doctors and students at his hospital to wash their hands in chlorinated lime solution. His findings were not well known in this country, but Professor Thomas was aware of Semmelweiss's 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. He spoke of an unknown “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.”

T.G.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.” Delivery rooms should be scrupulously cleaned, floors and walls washed with carbolic acid and clothing bathed in boric acid. Dr. Thomas also deplored the common practice of midwives who carried silver urethral catheters which they reused from case to case. Although veteran physicians might disagree, he didn't care—he was merely repeating what already was being done in Germany where preventive antiseptic measures were mandatory.

We're all familiar with John Hancock's curlicued signature on the Declaration of Independence. At mid-19th century, Henry Neer's penmanship also was flamboyant — so much so that Dr. Alexander and I mistook his flowing capital T for an L. In my day it was understood that doctors' handwriting generally was illegible. Of course in the 21st century most doctors don't handwrite at all. I guess that's called “progress.”

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From my book *Meanderings in New Jersey's Medical History* (2011.)