

# **History and reminiscences of the Philadelphia almshouse and Philadelphia hospital ... / Reprinted from Philadelphia hospital reports.**

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**RECAP**

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and  
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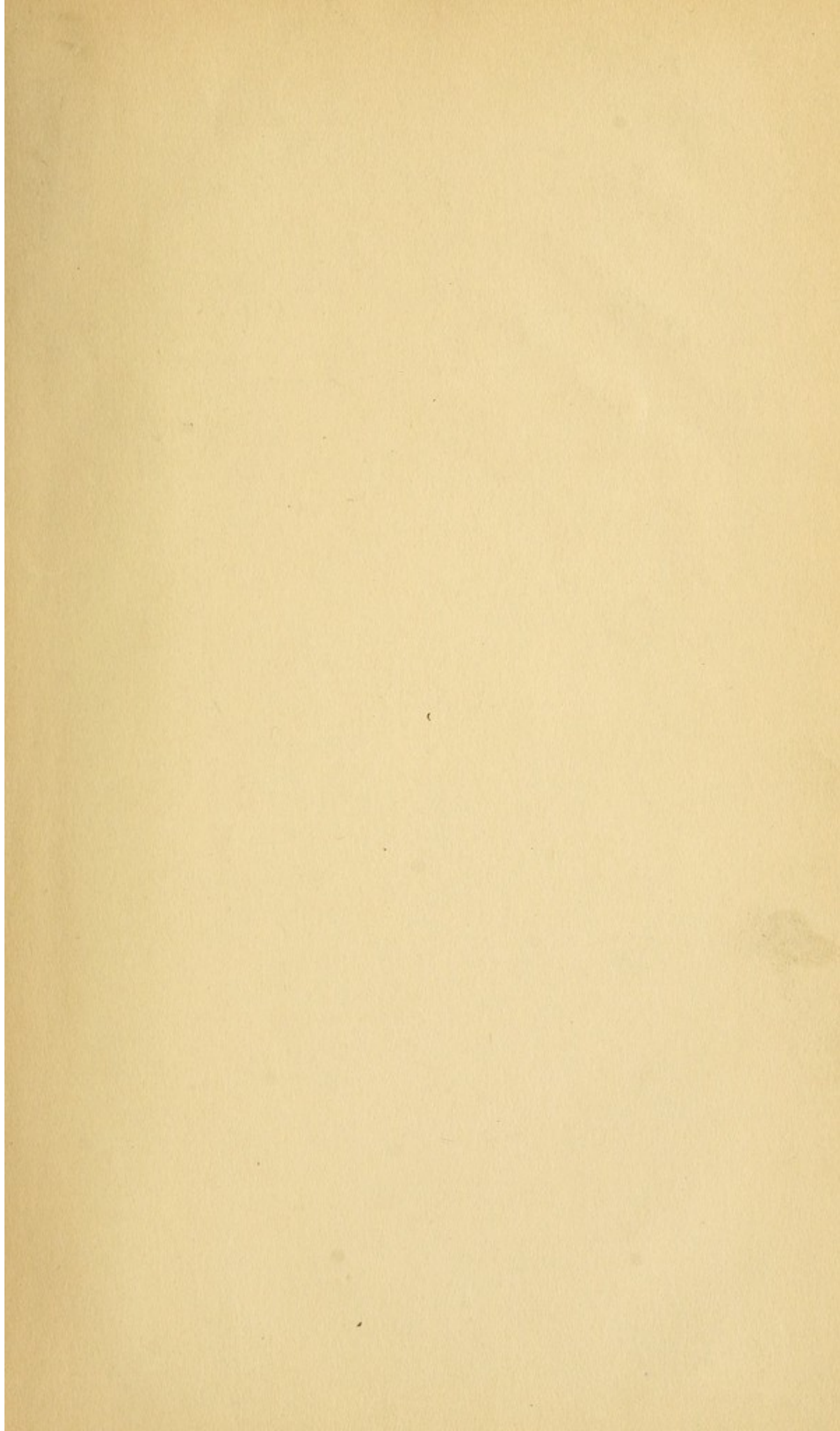
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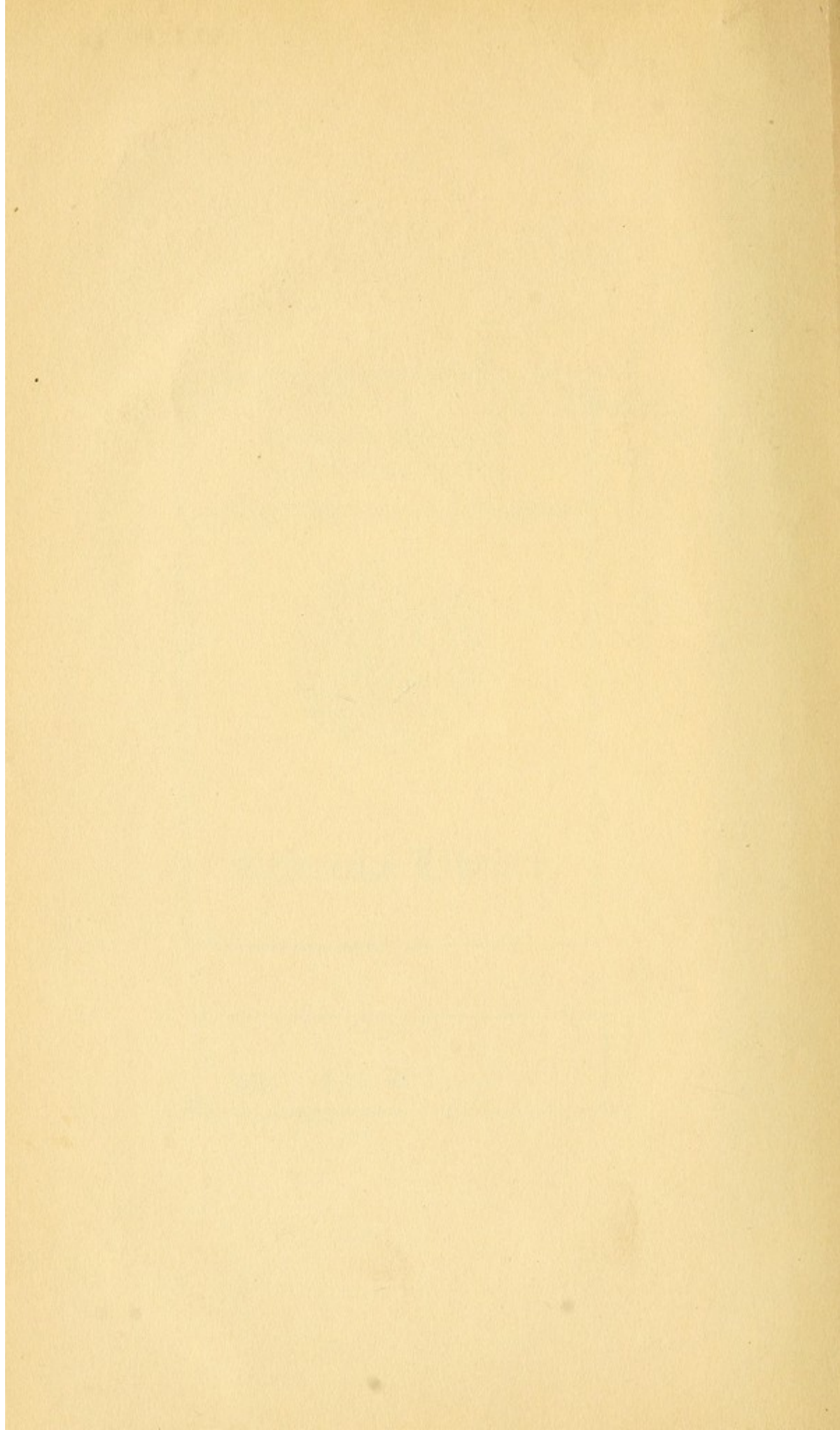
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HISTORY AND REMINISCENCES  
OF THE  
PHILADELPHIA ALMSHOUSE  
AND  
PHILADELPHIA HOSPITAL.

BY

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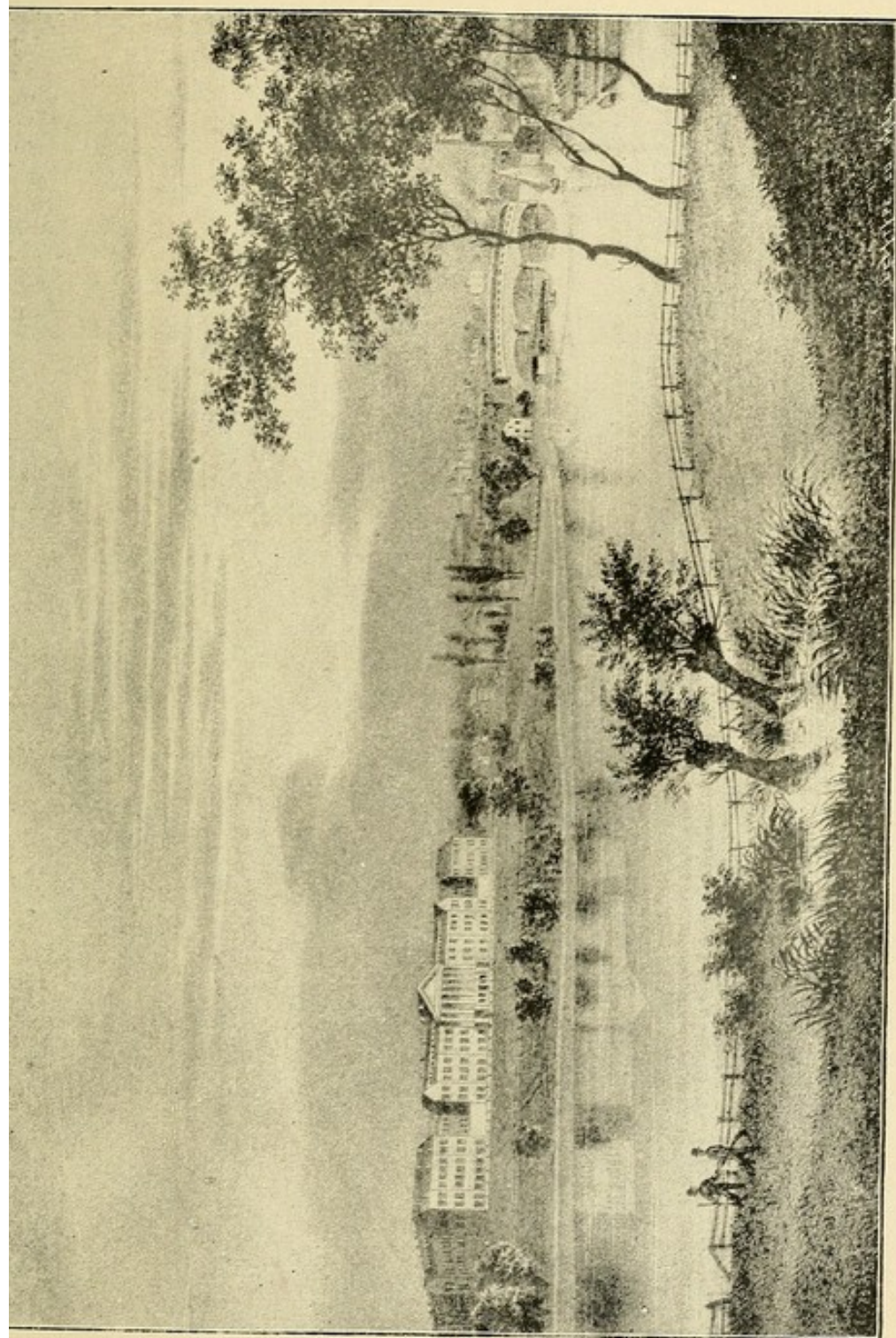
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PHILADELPHIA ALMSHOUSE, 1840.



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# CONTENTS.

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	PAGE.
THE MEDICAL HISTORY OF THE PHILADELPHIA ALMSHOUSE. By	
D. HAYES AGNEW, M.D.....	1
Administration under a Chief Resident Officer.....	19
Clinical Instruction.....	20
Certificates and Tickets.....	27
Administration by a Resident-in-Chief, and a Board of Lecturers on Clinical Medicine and Surgery.....	28
Museum.....	33
Library.....	34
Insane Department.....	35
Apothecaries and House Pupils.....	38
Epidemics.....	41
EMINISCENCES OF THE PHILADELPHIA HOSPITAL. By ALFRED	
STILLÉ, M.D.....	56
ADDITIONAL REMINISCENCES OF THE PHILADELPHIA HOSPITAL.	
By ALFRED STILLÉ, M.D.....	64
REMINISCENCES OF THE PHILADELPHIA HOSPITAL AND RE-	
MARKS ON OLD-TIME DOCTORS AND MEDICINE. By LEWIS P.	
BUSH, M.D.....	68
HISTORICAL MEMORANDA OF THE PHILADELPHIA ALMSHOUSE.	
By CHARLES K. MILLS, M.D.....	77
Bibliography and Literature of the Philadelphia Almshouse.....	79
Early Hospitals and Almshouses of Philadelphia.....	81
"Evangeline" and the Philadelphia Hospital.....	83
Methods of caring for the Poor and Sick of Philadelphia.....	86
Chief Executive Officer of the Almshouse.....	88
Removal of Almshouse to Present Location.....	89
Transfers and Sales of Almshouse Lands.....	92
Some Statistical and Historical Facts.....	94
Description of the present Almshouse Grounds.....	95
Description of the present Almshouse Buildings.....	98
Additions and Improvements.....	101



# EPIDEMICS IN THE PHILADELPHIA HOSPITAL FROM 1862 TO 1890.

By ROLAND G. CURTIN, M.D.....	10
Typhus Fever.....	10
Asiatic Cholera.....	10
Cerebro-Spinal Meningitis.....	10
Malignant Measles.....	11
Relapsing Fever.....	11
Typhoid Fever.....	11
Puerperal Fever.....	11
Influenza.....	11

## NOTES ON THE HISTORY AND ORGANIZATION OF THE PHILADELPHIA HOSPITAL SINCE 1860. BY CHARLES K. MILLS, M.D., AND

ROLAND G. CURTIN, M.D.....	11
Officers of the Medical Board.....	119
List of Members of the Medical Board.....	120
Recorder or Registrar.....	124
Resident Physicians.....	125
Association of Ex-Resident Physicians.....	127
Philadelphia Hospital Medical Society.....	128
Children's Asylum.....	128
The Insane Department.....	130
Pathological Department.....	132
Neurological Department.....	135
Ophthalmological Department.....	136
Dermatological Department.....	138
Laryngological Department.....	138
The Mary Shields' Almshouse Fund.....	139
The Training School for Nurses.....	140



THE MEDICAL HISTORY OF THE PHILADELPHIA  
ALMSHOUSE.

BY D. HAYES AGNEW, M.D.<sup>1</sup>

GENTLEMEN:—I am before you to-day by appointment of the medical board, to discharge a service preliminary to the opening of the annual course of clinical lectures in the hospital. For some time I have been engaged in gathering material from a great variety of sources, written and unwritten, to secure the history of the Philadelphia Almshouse from oblivion, if not utter loss. The field is extensive and interesting, though its paths have been much obscured by the decay of time. So interwoven is it with the secularities of Philadelphia, that no history of this city, civil, political or professional, would be complete without it.

The medical history of the Philadelphia Almshouse covers a period of one hundred and twenty years, during which time it has been located in three different positions. First, on the square between Spruce and Pine and Third and Fourth streets, at that time called the Green Meadows; next on the square between Spruce and Pine and Eleventh and Twelfth streets, long known

<sup>1</sup> Dr. Agnew was a member from 1858 to 1865 of the surgical staff of the Philadelphia Hospital. He was also curator of the museum from 1861 to 1867. This "History" was a lecture delivered at the opening of the clinical lectures at the hospital, October 15, 1862, and records the most important medical facts connected with the institution to that date. It was published by request of the board of guardians, and was printed by Holland & Edgar, 54 North Eighth street, Philadelphia; but it has long been practically out of print. Dr. Agnew has kindly given his consent to its re-publication in this volume of Reports to which it forms a fitting introduction. A few notes have been added and a few corrections made, but it is reproduced nearly as originally published. The notes added are placed in brackets. In the historical and miscellaneous memoranda, to be given later, will be found some addenda, relating to facts occurring within the period covered by Dr. Agnew, but not mentioned by him.]

The following prefatory acknowledgment is made by the author: "I am indebted to the board of guardians for free access to the records of the house; to Drs. Girvin and Benton, resident physicians of the Philadelphia Hospital, for valuable assistance in searching these records; to Mr. Samuel Hazzard, secretary of the Philadelphia Historical Society, for information which the works of that library supplied; to Mr. Mickley, whose rare collection of old works is unsurpassed; to Professors Jackson and Hodge, and Drs. Gerhard and Stillé, whose acquaintance with matters pertaining to the subjects treated on, proved of much consequence in enabling me to ascertain facts connected with subjects on which written documents were silent, and to Mr. Cavender, whose industry in arranging the records is most praiseworthy."



as the Society Grounds; and last, on the west side of the Schuylkill river, where we are assembled to-day.

This, gentlemen, is the oldest hospital on this continent.<sup>1</sup> Proud, in his history of Pennsylvania, a work justly esteemed for its research, says the Philadelphia Almshouse was of later date than the Pennsylvania Hospital, the origin of which was in 1753. This is a mistake. In 1742 it was fulfilling a varied routine of beneficent functions in affording shelter, support and employment for the poor and indigent, a hospital for the sick, and an asylum for the idiotic, the insane and the orphan. It was thus dispensing its acts of mercy and blessing, when Pennsylvania was yet a province and her inhabitants the loyal subjects of Great Britain, more than twenty years before a school of medicine was founded in this city, and indeed before most of the great events which have given the American people a historical importance among nations of the earth.

Who were the first physicians appointed to attend the Philadelphia Almshouse, and at what period were they assigned to this duty? These are questions, so far as I know, which cannot be ascertained either from record or tradition. In 1768, and probably much earlier, Drs. Cadwalader Evans and Thomas Bond were the medical appointees; and on the 18th of May, 1769, we have a formal announcement of their re-election. The institution at this early period contained two hundred and forty-six inmates, and each of the medical attendants received fifty pounds per annum, and were required to supply such medicine as was needed for the sick.

Dr. Bond studied his profession at home and abroad; was the first surgeon and physician to the Pennsylvania Hospital, in which institution as early as 1769 he delivered lectures on clinical medicine and surgery. Dr. Cadwalader Evans was one of the first pupils of Dr. Bond. In order to finish his education he sailed for Edinburgh, but the vessel while on the voyage was taken by a Spanish privateer and carried to Hayti, where he remained between two and three years before he was able to renew the voyage for the Scotch metropolis, then the great centre of medical instruction. It was after his return from Scotland he became officially connected with the almshouse.

[<sup>1</sup> Prof. Wm. Osler, formerly of the medical staff of the hospital, now of Johns-Hopkins Hospital, Baltimore, in answer to queries, writes the editor that the Hotel Dieu, of Montreal, was founded in 1642, and possibly some of the Mexican hospitals are older yet.]



That the medical police of the house was not of the strictest character, may be inferred from the fact that a number of persons were in the habit of visiting the institution, assuming to be doctors, and volunteering their services to the unfortunate sick. This irregularity continued unquestioned for some time, until many of the patients had suffered very great injury, and no small amount of discredit brought upon the management of the house. A resolution was at length introduced and passed by the board of managers, permitting no one to prescribe except the regular appointees, and requiring them to visit the hospital oftener and with more regularity.

At this period the invaluable discovery of Jenner was unknown to the medical world, and the only method capable of diminishing the horrors of small-pox was the induction of the disease by inoculation, after careful previous preparation of the system for its reception. Singular as it may appear, there were many who regarded the practice not only improper but positively sinful. I remember a few years ago, whilst sitting in one of our city churches, taking up a Bible which bore on the fly leaf the inscription, over the signature of the owner, "opposed to corporation and inoculation." In 1771 the institution contained a number of destitute children who had never had an attack of variola. For their own as well as the safety of the other inmates, Dr. Evans called the attention of the managers to this fact, and proposed that they should be protected by inoculation. The board acquiesced in the suggestion, provided the house should be subjected to no expense other than the medicine required for their subsequent treatment. Twenty-one of these children were separated from the general mass for this purpose, all of whom perfectly recovered. In the month of February, 1778, there were forty others subjected to a similar course with a like result.

In 1772 a proposition was made to the managers to extend the usefulness of the house by the admission of students, and an increase in the number of medical attendants. The proposition included an offer of gratuitous service, the institution being only at the expense of purchasing the medicines required for the sick.

On the 25th of March, 1774, the desired addition to the medical corps was effected by the election of Dr. Adam Kuhn, professor of materia medica and botany in the Medical College; Dr. Benjamin Rush, who held the chair of chemistry in the same institution; Dr. Samuel Duffield, one of the ten alumni who received



the first medical degrees conferred in this country (21st June, 1768), and Dr. Girardus Clarkson. An additional physician, Dr. Thomas Parke, was added to the number March 25, 1774. This probably is the origin in this country of gratuitous professional service to public institutions which has become so general at the present day, and which I conceive operates disadvantageously to both he who dispenses and he who receives. To advocate such a sentiment brings no odium on the profession. It requires no argument from me to vindicate our calling from the charge of selfishness. It is not saying too much when we venture the assertion, that among the professions there are none which contribute so largely their free-will offerings for the relief of human suffering, or which furnish so many examples of disinterested and unselfish benevolence as our own.

I cannot refrain here from relating an anecdote somewhat apropos to this subject. The late professor Chapman, while discharging the clinical duties of his chair in the University of Pennsylvania, had brought before him a poor Irish woman who had applied for advice. The doctor made a careful examination of her case, ordered a prescription to be made out, and bade her in a kindly tone to retire. With great simplicity of manner she tendered compensation, which, on being declined, in an air of mingled surprise and doubt, she exclaimed, "Take the trifle, my jewel, for its yourself must be after living." "Ah! my good woman," said the doctor in his own inimitable way, "we doctors are a very peculiar people, we look for our reward hereafter."

To every American the year 1776 is full of historic importance. A period when our revolutionary sires, men of large hearts, broad minds and self-sacrificing spirits, were freely spending their blood, treasure and wisdom to establish a national independence and government, which their children are to-day, in a spirit of unparalleled venture, rending to pieces.

On the 5th of September, 1776, the "Council of Safety," through its president, Thomas Wharton, Jr., addressed a note to the managers of the Bettering House,<sup>1</sup> as it was often styled, asking per-

[<sup>1</sup> The term "Bettering House," in times gone by, was frequently applied to the Philadelphia Almshouse, and probably to institutions of the same kind; occasionally it is still used by the aged; in my boyhood I remember often hearing it. The most probable derivation of the word is from the German Bettler-Haus or Beggar House. The word probably took its start among the German communities of Pennsylvania if this is its origin. In form it would seem to refer to the fact that the almshouse is an institution to which the poor go to be cured, or helped, or to have their condition made better. "Betterment," meaning improvement or making better, is not obsolete, although infrequently used. One definition by Webster of "Bettering House" is "a house for the reformation of offenders," but this is an incorrect definition as applied to the almshouse.]



mission for the Quarter Master [Deputy] General to quarter in the institution a number of the Continental militia who were very sick with dysentery. This was strenuously opposed both by the managers and medical attendants, as calculated to endanger the health of the house. They had on former occasions suffered greatly from the prevalence of putrid sore throat and small-pox; and had been compelled to move many of the cases to private lodgings in order to stay their fatal progress; and in justice to the helpless and infirm inmates—most of whom possessed little ability to resist disease—they naturally objected to the introduction of an element of danger, such as malignant dysentery, the scourge of camps would constitute. As all military governments tend to despotism, the application was merely to maintain a semblance to the legitimate forms of propriety. This is quite natural and proper, when public necessity becomes paramount to personal considerations, and accordingly the council ordered Col. Francis Gurney, on the 23d of October, to take military possession of the almshouse for the sick soldiers. No alternative was left but to make the best of the unpleasant position forced upon them. The poor were transferred to the west building, and the soldiers were placed in the southeast wing of the House of Employment, arresting entirely the industrial operations of the establishment. They retained possession of this apartment until the British took possession of the city in 1777, when they were removed.

This removal, however, in no way relieved the managers from embarrassment, as shortly after, in the month of October, the entire east wing was appropriated for the sick belonging to the King's troops under General Howe. For fear they might in like manner appropriate the west wing also, the managers waited on Joseph Galloway, to secure his influence with the general to prevent an occurrence which must entail so great distress on the poor—its inmates at this time being of the most helpless description.

Joseph Galloway was a lawyer of distinction and wealth, speaker of the Provincial Assembly. In our struggle he took the royal side of the question, and became, under the sanction of the British commander, the general superintendent of the city. When, however, the cause of the colonies brightened, and Howe was obliged to evacuate the city, he was compelled to follow his master, his estates were confiscated, his fortune melted away, and



he was obliged to accept a secretaryship to the commander-in-chief. It was therefore on account of his royal proclivities the managers sought his aid. They were referred by him to Dr. Stuart, surgeon general of the British Military Hospital, who promised, unless an emergency should arise, to accede to their request.

It was but a short time after this, in November, at 9 o'clock at night, when the poor were almost destitute of food, the barrack master called on two of the managers ordering them to clear the house for the reception of the King's troops. The board met the next morning, and after short deliberation, refused to comply with the cruel request. On hearing their decision, the British official proceeded at once to remove the inmates—about two hundred in number—of miserable, decrepid, half starved creatures. As they would soon have perished exposed to the rigors of a November air, the managers succeeded in securing quarters for them, some in the Freemasons' old lodge, still standing in Filbert above Eighth street; some in the Friends Meeting House; and others in Carpenters' Hall, off Chestnut, above Third street, where they were maintained until the last days of June, 1778, when the invaders having left the city, they were removed back to their old home. The exposure and deprivation attending their ejection, was followed by a heavy mortality, as only eighty-two of the original two hundred survived to re-enter their former quarters.

In 1777 Drs. Rush and Clarkson resigned their posts, and the three remaining members were requested by the board of managers either to occupy their term of service or to choose substitutes, the former of which they concluded to do. No alteration in this arrangement was made until the 29th of April, 1779, when a proposition was made by Drs. Glentworth, Jackson and Duffield to attend the sick of the institution, charging only for the medicines used in their treatment.

From the 25th of March, 1780, we may date the system of out door medical relief as a part of the benevolent operations of the managers of the poor. In order that such aid might be furnished, Drs. Hutchison and Wilson were requested to attend and prescribe for those who, though not inmates of the institution, were yet dependent on its resources for professional aid. From this small beginning, in which two gentlemen were able to meet all



the demands of the city, have arisen eleven districts, requiring twenty-four physicians, who for a very small compensation dispense an amount of professional relief truly wonderful. In passing over the records of this department it is pleasant to find that, at one time or another, almost every name of note in the ranks of our profession is found among those who labored in this sphere of humble usefulness, and no doubt not a few of them laid the foundation of their future reputation, while thus engaged in visiting the sick poor in the secluded lanes and alleys of this metropolis. No man can long labor in such a field in daily contact with a class, whose sufferings are greatly increased by the absence of so much which serves in the more fortunate to alleviate the pressure of disease, without feeling all the sympathies of his heart unlocked and becoming a wiser and a better man.

On the 7th of February, 1781, Dr. Bond, who it seems had no connection with the house after the year 1779, being at this time medical purveyor of the United States Army, applied to the managers for the east wing of the building, which had shortly before been occupied by the board of war, to accommodate a number of British prisoners, who were very ill at that time in jail. This request was granted by his agreeing, on behalf of the government, to pay a monthly rent of one hundred dollars hard money. For some time after 1781, Dr. Samuel Duffield seems to have been the only physician attached to the institution, giving his attention, under contract based on his own proposition, to attend to all the inmates and find the necessary medicines, for the sum of two hundred pounds per annum. One of two things is evident, either the doctor was not fond of money or was fond of work.

At this time it was the custom to have the venereal cases and the violent insane treated at the Pennsylvania Hospital. In regard to the first, it was deemed necessary, in accordance with the current medical notions on the subject, to subject every case to a mercurial course, carried to the extent of salivation. In the Pennsylvania Hospital the accommodations for this were greater and more complete than those of the almshouse. In addition to the ordinary expenses of board and nursing, a fee was always charged against the almshouse by the physician under whose care the case had been treated. There is a record of two guineas for this object being paid to Dr. John Morgan, one of the two



gentlemen who first established a medical school in America. In 1782 the General Assembly passed an act authorizing the managers to bind out all persons treated for venereal disease, until the expenses were liquidated from the proceeds of their labor. These expenses, it is presumed, averaged about twenty-four pounds, from that amount having been specified on the record, as the sum for which one binding had been made. Between the mortifying annoyance of the disease, the salivation of the doctors, and the limited apprenticeship, the worshipper at the shrine of Venus paid dearly for his whistle.

In 1788 a new organization of the medical department was made by the election of Drs. Samuel Duffield, Samuel P. Griffits who subsequently became professor of materia medica and pharmacy in the Medical College of Philadelphia; Dr. Caspar Wistar, afterwards professor of chemistry and the institutes of medicine, and still later of anatomy; Drs. J. R. Rodgers, Girardus Clarkson, Michael Leib and John Morris. In less than a year (in April, 1789) Drs. Morris and Griffits, in consequence of their private business, tendered their resignations. Both of these gentlemen were popular, and although their official connection with the house had been short, the managers in accepting their resignations acknowledged, in a very handsome and complimentary manner, the value of their professional services to the house. The same month in which Drs. Morris and Griffits withdrew the medical organization was reduced to six members, by dropping Dr. Rodgers and electing Dr. N. B. Waters and Dr. William Shippen, the latter the founder of medical teaching in this country. On the 29th of March, 1790, the managers addressed a communication to these physicians, acknowledging the value of their services to the poor, and begging they would continue their several offices the coming year. This letter no doubt was intended to be antidotal, for only a short time before they had refused a very reasonable request of the medical attendants, which will receive its proper explanation when the clinical history of our subject is reached. One month after the whole body of physicians resigned, the institution losing the best medical talent in the city.

Shortly after this event, Drs. Duffield and Leib solicited an appointment to the house, and after their election, were required to become the purchasers of all the drugs consumed by the sick. The increase in the population of the Almshouse, together with



the private engagements of these gentlemen, rendered it necessary for them to ask some assistance, for which object, Dr. Cumming, August 10, 1795, was appointed assistant visiting physician without salary.

Whatever may be thought of the credulity of the present generation, it is no less clear that the people of 1796 were not proof against charlatan imposition. Every age has had some crotchet on which to betray mental imbecility. The whale must have a tub with which to amuse itself. At the period above named, it was Perkinism or the cure of disease by metallic tractors. The most extravagant reports of extraordinary cures affected by this manipulation had been bruited abroad in advance of the doctor's arrival in Philadelphia. The eyes of the blind had been opened; the ears of the deaf unstopped; the lame man made to leap as a hart; and in fine, a universal catholicon for human diseases and infirmities had at length been discovered.

On the 27th of February the visiting committee of the house reported having witnessed several successful operations by Dr. Perkins with his metallic points, and had seen the grateful acknowledgments of many others who had been the subjects of his new method; that the hospital contained numerous cases which might be benefitted by his skill, and proposed that George Davis, one of the members of the board, be authorized to invite Dr. Perkins to attend the institution on the following Wednesday, at 10 o'clock, thus giving the other members an opportunity of being present during his visit. The doctor made his appearance on the appointed day, and managed so successfully to close the eyes of the sage managers as to secure from them the purchase of his patent for the benefit of the hospital; and this house to-day owns the exclusive right to practice in Philadelphia the cure of disease by metallic points.

Where is Perkinism to-day? That gigantic humbug, which overrun with unparalleled rapidity, towns, cities, villages, and rural districts at home and abroad, and was endorsed by three American universities. Gone to the tomb of the Capulets, where every other ism, system, and device of man, not resting on a substratum of truth, must sooner or later sink, never to be unburied except by the pick of some future fossilist, delving among the *caput mortuum*s of exploded systems for specimens of human folly, either to adorn a cabinet or point the shaft of ridicule. That



Perkinism could not have proved very efficient in the Philadelphia Almshouse may be inferred from the fact that on the 20th of March the sick had become so numerous as to require an additional number of physicians to aid Dr. Duffield and his assistant in their labors. The gentlemen selected by the board were Drs. Samuel Clements, Jr., Wm. Boyce and Samuel Cooper, at a salary each of one hundred dollars annually. It would appear Dr. Cooper declined the appointment, and the corps remained without any substitute being elected. They were required to visit the hospital three times a week ordinarily, and oftener if the state of the sick demanded it; two were to attend together, and in case an operation was required the operator was to be selected by a majority vote.

In the fall of 1797 Dr. Pleasants died, and on the 23rd of December of the same year Drs. John Church and Thomas C. James, the latter subsequently professor of obstetrics in the University of Pennsylvania, were elected, the former to supply the vacancy occasioned by the death, and the other in the place unoccupied by Dr. Cooper.

Until 1801, there were no changes to notice, when on the 6th of April of this year, Dr. Boyce tendered his resignation, shortly after which Dr. Elijah Griffiths was elected his successor. In August, Dr. Duffield, who seemed to be a necessary appurtenance to the house, having been connected with it for twenty-nine years, was dismissed in consequence of having furnished a certificate admitting a patient with typhus fever into the institution. At this time there seems to have been very close police exercised by the managers over admissions, in consequence no doubt, of the recent epidemic of yellow fever which had desolated so many homes, and produced such wide-spread distress and consternation in the community. After the removal of Dr. Duffield, the number of medical attendants was increased by the election, on September 7, 1801, of Drs. John Proudfit, Philip Syng Physick, the father of American surgery, and Charles Caldwell, familiar to the present generation of medical men as the author of his own biography; a man unquestionably of remarkable intellectual force, combined, however, with such incongruous elements of character, as were calculated to defeat the best appointed plans of ambition. These gentlemen were to receive a salary of twenty-five pounds per annum.



In 1804 a very extraordinary event occurred in view of the very amiable nature of doctors in general. This was a quarrel among the physicians, originating mainly in a private difficulty between Drs. Caldwell and James. The dispute grew to such magnitude, that the managers, as the shortest way to establish the peace of the institution, on the 9th of January proceeded to the election of a new board, consisting of Drs. Philip Syng Physick, John Church, Elijah Griffiths, John Rush, Thomas C. James, Benjamin Smith Barton and Samuel Stewart; each of whom was to receive the old salary of twenty-five pounds, subject to all reasonable out-door calls. Dr. Rush declined the appointment, and on the 19th of the same month, Dr. James Reynolds was elected to take his place.

On the 17th of January, 1805, the same year in which he was elected to the chair of surgery in the University, Dr. Physick offered his resignation. Very soon after its acceptance, Dr. James Hutchinson was appointed his successor. The latter gentleman's name is associated with a modification of the Desault splint for fractures of the thigh. His service was of short duration, his resignation being recorded three months after the announcement of his election. During this year a difficulty occurred between the managers and Dr. Barton, in consequence of the latter declining to attend out-door patients. Their views being irreconcilable, the doctor was dismissed, and to supply the two vacancies now existing, Drs. J. Cathrall and Peter Miller were elected by the board.

It was also during this year Dr. Church died. His place was occupied by the brilliant but short-lived John Syng Dorsey, who in his brief career of professional life, occupied no less than three prominent positions in the medical department of the University of Pennsylvania—first, as an adjunct to Physick; then as a successor to Chapman on *materia medica*, and last, as a successor to Wistar on anatomy. The next change was produced by the death of Dr. Reynolds in 1807. After this event an additional physician was added to the corps by the election of Dr. Nathaniel Chapman to supply the vacancy occasioned by the death of Dr. Reynolds, and Dr. Joseph Parrish to make up the complement of the staff.

On the 17th of November, 1809, a resolution was introduced and adopted by the managers, constituting the medical officers of



the Almshouse a medical board. They were to meet the first Monday of every month, at 4 o'clock, P. M., and report rules for the government of the hospital department.

The following year, 1810, furnishes us with the first instance, so far as I know, of a hospital in this country receiving a female resident physician. On the first of July, a Mrs. Lavender made application to be admitted to the institution as an assistant midwife, in order the better to perfect her education. Such a charming name as "Lavender" so overcame the physical senses of the members of the board, that they lost their intellectual senses and granted her petition. During my term of service in the winter of 1856, several women from the Female Medical College of this city were furnished with tickets to the clinical lectures without my knowledge. You may imagine my astonishment, when entering the lecture-room to discharge the duties of the hour, I saw seated on one side of the amphitheatre a number of these misguided creatures. I had selected for the instruction of the class that morning a series of cases all illustrating some disease of the genital organs; and as it was now too late to recede, I proceeded to operate for phymosis, and to exhibit and treat some blooming specimens of chancre. Notwithstanding there was a large number of male students present, and the personal exposure necessary for the conduct of the clinic, they never betrayed the slightest evidence of shame, but sat with the imperturbable indifference of primeval innocence. This I suppose some would consider praiseworthy and philosophical, but I confess it exhibited to me a perversion of character utterly below my preconceived views ever entertained of strong-minded women. The occurrence was never repeated, as I at once addressed a letter to the board, when their money was returned and admittance refused.

Two vacancies occurred in 1810, one by the withdrawal of Dr. Griffiths and the other by the death of Dr. Stewart. To supply these, Drs. Stewart and Joseph Klapp were elected. On the 2d of September, 1811, Dr. Dorsey tendered his resignation, and on the 9th of the same month, was succeeded by Dr. Thomas Hewson.

The service of various gentlemen now connected with the house was so arranged that one portion were to attend to surgical and the other to medical and obstetrical cases. The surgical staff consisted of Drs. Cathrall, Miller and Parrish; the medical, of



Drs. Chapman, Stewart and Hewson. Between the managers of the Philadelphia Almshouse and Pennsylvania Hospital there existed, at this time, much unamiable temper as well as jealousy. Both were anxious to secure the patronage of medical students, and therefore stood in the attitude of rivals. To such a degree were the minds of the former influenced by these feelings that they were led to pass a resolution calculated to act prejudicial rather than favorable to the prosperity of their institution. This resolution rendered all the physicians and surgeons holding places in the Pennsylvania Hospital ineligible to an election in the almshouse. In 1813 this measure was reaffirmed, but from being associated with certain other matters drew out an opposition, the influence of which became sufficiently potential to secure its repeal. In 1814 Dr. Dorsey again became a member of the medical board, and it was to his personal influence that the meritorious poor, recovering from disease, were indebted for the house-carriage, purchased by the managers to afford to convalescents the benefit of exercise and fresh air.

In 1815, in consequence of the managers assuming to regulate the term of service of the medical board in a manner not agreeable to its members, Dr. Chapman resigned, and was succeeded on the 8th of May by Dr. Joseph Klapp. The obstetrical department having been placed exclusively under the control of Dr. James, its duties necessarily absorbed more time than was compatible with the proper discharge of other engagements, and at his request, on the 2nd of November, 1818, Dr. John Moore was elected associate obstetrician to the house.

In 1818 Dr. Dorsey, after a few days illness, terminated his mortal career in the 35th year of his age. By the death of Dorsey the profession lost one of its noblest ornaments; the institution a man who reflected honor on its hospital; the poor a compassionate and devoted friend. The place thus made vacant by the hand of death was filled on the 20th of November by Dr. Joseph Hartshorne, then among the leading practitioners of Philadelphia. Two sons of Dr. Hartshorne, enjoying deservedly high reputations as men of culture and position, perpetuate the eminence of their paternal ancestor in our midst to-day. Dr. Hartshorne's connection with the house continued until February 28, 1820, when an extensive and laborious practice compelled him to withdraw. On the same day in which his resignation was accepted Dr. John



Rhea Barton was elected, one of the most accomplished and ingenious surgeons of this city, although not now, it is to be regretted, engaged in the active duties of his profession.

It was during this year Dr. William Swaim, the manufacturer of a panacea which had acquired considerable notoriety, was allowed the privilege of administering his patent medicine to several patients suffering from specific ulcers, and with a degree of success which I believe secured unfortunately the endorsement of names high in the ranks of the profession. The large fortune amassed by the patentee of this medicine may be said, in a measure, to have resulted from the circumstances attending this experiment.

In February, 1821, Dr. Moore resigned, and Dr. Henry Neill was elected, first as assistant obstetrician to Dr. James, and afterwards in March to equal rank with his colleague. Very shortly after Dr. James, whose service to this charity extended over twenty-five years, declined any longer to discharge the duties of obstetrician, and on the 5th of March, 1821, Dr. Nathan Shoemaker assumed the labors of this department. This year the addition of two surgeons and two physicians to the medical board was sanctioned by the managers, which in connection with the resignations of Drs. Parrish and Rush, the same year, left four places to be supplied, to which Drs. William Gibson, George McClellan, Samuel Colhoun, and Wm. P. C. Barton were chosen—all men holding high rank among the magnates of American surgery and medicine.

During 1822 the leaven of discord again commenced working among the members of the medical corps, and finally attained such proportions as to demand the interference of the managers, who passed a resolution to dispense with the services of the board. This occurred on the 12th of August, and on the 26th they proceeded to select a new body, which consisted of Drs. Samuel Jackson, Joseph Klapp, John K. Mitchell, and Richard Harlan, to serve as physicians; Drs. John Rhea Barton, William Gibson, William E. Horner, and J. V. O. Lawrence as surgeons, and Drs. Henry Neill and Nathan Shoemaker as obstetricians. Dr. Klapp only retained his connection with the house until September, when he was succeeded by Dr. Nathaniel Chapman.

Dr. Lawrence, who was one of the most indefatigable workers, especially in morbid anatomy, was attacked with the prevailing fever in 1822, notwithstanding which he very imprudently con-



tinued to discharge his professional labors, until after an operation in the institution he found himself utterly exhausted and was taken home in the carriage of a friend, and a few days after expired. After the death of Dr. Lawrence, Dr. Harlan was transferred to the surgical staff, and Dr. Hugh L. Hodge was elected to the vacancy thus created in the medical department.

In 1827 Dr. Shoemaker declined acting as obstetrician, and on the 3d of September was succeeded by Dr. C. Lukens. This year was indeed rather remarkable for changes in the medical organization. Drs. Mitchell and Lukens resigned, and were replaced by Dr. Samuel George Morton, the distinguished naturalist, and by Dr. B. Ellis. The latter gentleman retained his connection with the Almshouse until 1831, when he was removed by death, and on the 2d of May, of the same year, Dr. Beattie was selected to fill the vacancy.

In March, 1828, an act had passed the Legislature of Pennsylvania providing for the erection of a new almshouse and the sale of the old one. It further provided for the erection of a hospital, not to be erected beyond Schuylkill Eighth, now called Fifteenth street. The medical board pressed the building of this hospital strongly on the managers, believing its removal to the west side of the Schuylkill would destroy its value as a clinical school. Their efforts, however, proved unavailing, as the enterprise was calculated to involve a very large outlay of money.

On the 30th of April, 1832, Dr. Chapman gave up his position and was succeeded by Dr. Jacob Randolph. Up to this time Dr. Horner had been serving as physician, but when Dr. Randolph became a member of the board, they, by mutual agreement, exchanged positions, surgery being more in harmony with the tastes of the former. Almost three years elapsed before another change is recorded, or until March 16, 1835, when Dr. Neill resigned and Dr. Caspar Wistar Pennock was elected. Dr. Pennock was a highly accomplished physician, and this hospital furnished him a field for those observations on the heart, which were afterwards presented in a volume to the medical world. An earnest and untiring worker, he was soon laid aside from the activities of the profession he dearly loved, and although still living, is the victim of a hopeless paralysis.

On the 13th of October, 1835, Dr. William H. Gerhard was elected one of the physicians. The doctor had enjoyed as a resi-



dent pupil the practice of the house for many years, namely, in 1828-29-30-31. It was while acting in this capacity in 1829 that he performed those experiments on the endermic application of medicines, which were made the subject of a thesis, and which have been translated into almost every language. It was here he commenced the cultivation of physical exploration as a means of diagnosis, and which entitles him to be regarded as the father of auscultation and percussion in America. It was here in 1836 that he made those careful investigations of the study of intestinal lesions, which clearly established the distinction between typhus and typhoid fever.\* And it was here by changing the stereotyped method of treating cases of mania-potu, he was instrumental in diminishing the mortality fifty per cent.

This year, Mr. Isaac Collins, a member of the board of guardians, offered a resolution to alter the medical organization by establishing a chief resident physician to reside permanently in the house. Although it was subsequently reported as inexpedient, yet it may be regarded as the germ of a subject which has at different times produced no small amount of agitation. On the 7th day of October, 1835, both Drs. Hodge and Morton resigned. These vacancies were supplied by the election of Dr. Joseph Pancoast, the present eminent professor of anatomy in Jefferson Medical College, and Dr. William Ashmead.

On the 28th of December of this year, Drs. Gerhard and Pen-nock suggested to the guardians the propriety of designating the hospital department by some specific name, as that of almshouse could not technically be regarded in the sense of a hospital. When the subject came up regularly before the board, it was moved by a member, Mr. Hansel, that it should be styled the Philadelphia Hospital. This received the sanction of the majority vote, and has been known under that name ever since. In the month of February, 1837, Dr. Pancoast was transferred, at his request, to the surgical staff, a vacancy having occurred by the withdrawal of Dr. Randolph. To supply Dr. Pancoast's vacancy in the medical department, Dr. N. Stuardson became a member of the board. In 1837, Dr. Beattie, one of the obstetricians, resigned, and Dr. William D. Brinckle became a member of the board. Dr. Stuardson's connection with the house did not extend much over one year, or until May, 1838, at which time Dr. Robley

\* These papers may be found in the "American Medical Journal of Medical Sciences" for the year 1837.



Dunglison, the present distinguished professor of physiology in the Jefferson Medical College was elected. The year just passed was remarkable for one of those visitations of folly and ignorance which seem periodically to sweep over the country; providentially I believe, designed to distinguish the wise from the fools. In the instance referred to it was animal magnetism; and, of course, if a patent medicine was to be tested, or any charlatan manœuvre to be practised, the Philadelphia Hospital was a field in which the trial was to be made, like a barber's head everlastingly pulled for stray hairs to determine the cutting qualities of his instrument. The resident pupils, among others, assiduously labored in the manipulation of the patients to determine its value, until the guardians, for fear the remedy should prove too powerful for the constitutions of the poor, passed a resolution on the 20th of June, 1837, disallowing all further operations.

In December, 1838, two vacancies were made in the board by the withdrawal of Drs. Ashmead and Harlan, to which Dr. Charles Bell Gibson, now professor of surgery in a Virginia Medical College, and Dr. Edward Peace, late surgeon to the Pennsylvania Hospital, were elected. The next change was the resignation of Dr. Brinckle, in May, 1839, and the appointment of Dr. Robert M. Huston to fill his place. Dr. Gibson declining to serve longer than the fall of 1840, Dr. James McClintock became one of the obstetricians of the house. In 1841, Dr. Peace's connection with the medical board terminated, and on the 3d of May in the same year, Dr. Ashmead again became connected with the hospital. In the following August, Dr. McClintock removed from Philadelphia, and Dr. William H. Gillingham became one of the obstetricians of the hospital.

In April, 1843, Dr. Meredith Clymer was elected one of the officers of the house, and was, I believe, the last member of the old visiting board of physicians.

The 30th of June, 1845, is somewhat memorable in consequence of the culmination of a trouble which had been developing for some time. The resident physicians were boarded at the table of the steward, where, as I understand, in consequence of the want of due formality and decorum in the destruction of an unfortunate cockroach, which had rashly taken a near cut across the table instead of going around, these gentlemen became indignant, and demanded of the managers to be transferred to the



table of the matron. Their refusal to comply with this request determined a unanimous resignation, leaving the hospital unprovided with any medical assistance. The evening of that day Drs. Horner and Clymer attended and prescribed for the sick. Here was a *casus belli*, and the managers promptly passed a resolution of dismissal.

With the hope of adjusting these differences and bringing about a partial reconciliation, a joint meeting was called for July 2, at which Drs. Jackson, Horner, Clymer, Gillingham and Pancoast attended, representing, as a committee, the medical board. Dr. Jackson, who seems to have been the advocate in the case, spoke in behalf of the committee, urging the managers to allow the residents to remain, at least until their places could be properly supplied, declining to pass any censure or interfere in any matter of personal conflict between the residents and guardians, as foreign altogether to their legitimate jurisdiction. The guardians, however, were inexorable, and refused to recede from their vote of dismissal, thus forever closing the door of compromise. The seceders, after retiring, availed themselves of the columns of the Ledger newspaper, in which there appeared a card betraying, to say the least of it, a good deal of youthful indiscretion.

On the same day of this meeting Mr. Flanagan offered the following resolution: "*Resolved*, That the hospital committee be requested to look into the expediency of reorganizing the medical department of the house, and report to this board." On the 21st of July the report was made, which, after going over the ground of the trouble, recommended the abolishment of the medical board and the substitution of a chief resident and assistant resident physician, and two consulting physicians and surgeons. On the 15th of September the report was taken up and passed, modified as follows: "After the 1st of October, 1845, there shall be one chief resident physician, with a salary of \$1,800 per annum; one consulting surgeon, one consulting physician, and one consulting accoucheur, each at a salary of one hundred dollars a year."

What great results proceed from small and unlikely causes. Who would have ever thought that the official existence of a medical board, composed of the ablest men in their various depart-



ments on the continent, could have depended on the life of a contemptible cockroach. In this manner the doors of the Philadelphia Hospital, as a school of instruction, were sealed for nine years.

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#### THE ADMINISTRATION UNDER A CHIEF RESIDENT OFFICER.

On the 6th of October, 1845, the election took place under the new organization, by which Dr. H. S. Patterson was chosen physician-in-chief; William Byrd Page, consulting surgeon; Meredith Clymer, consulting physician, and N. D. Benedict, consulting accoucheur. Three months had not elapsed before the board complained of the interests of the hospital being neglected. Dr. Patterson at that time held a professorship in the Pennsylvania Medical College, and they deemed this incompatible with his present post. On the 9th of November he resigned. Dr. N. D. Benedict was elected his successor, and the office of consulting accoucheur abolished.

In January, 1848, the annual salary of one hundred dollars, which had been appropriated to each of the consulting officers, was changed, directing five dollars to be paid for each consultation, and such visits to be ordered in cases of absolute necessity.

In February, 1850, Dr. Benedict resigned, after which, on the 18th of this month, Dr. Haines became chief resident, which position he continued to hold until the 11th of February, 1853, when, exchanging his profession for another and more lucrative calling, he removed from the city leaving his place vacant, and was succeeded by Dr. J. D. Stewart. In July, 1853, an effort was made to abolish this office and return to the old system; and although it did not prove successful as regards the chief resident of the hospital, yet it did prevail in a degree by dispensing with the assistant resident of the lunatic asylum.

Dr. Stewart's connection with the house was very short. His health had been for some time gradually failing under the progress of an organic affection of the liver, which terminated his life in April, 1854. The office of chief resident was now temporarily discharged by Dr. R. T. Coleman, then an interne of the house, or until the 1st of May, at which time Dr. Archibald B. Campbell was elected.



## CLINICAL INSTRUCTION.

To Dr. Thomas Bond belongs the honor of inaugurating clinical teaching in this country, while physician to the Pennsylvania Hospital, as early as 1766; but for the Philadelphia Almshouse we may claim the establishment of the first obstetrical clinic. Students of good character were allowed to attend cases of labor, and various stages of the process were explained to them by Dr. Bond or Evans, under whose personal direction these instructions were conducted as early as 1770, and in all probability much earlier, as may be inferred from the phraseology of the minutes touching the subject. In 1772, the managers were solicited to extend the medical conveniences of the house for the better accommodation of students, increased numbers of whom began to be attracted to Philadelphia from the growing reputation of the medical school. A part of this plan was to increase the medical officers; and at this date some of the first names in the profession were associated with the enterprise, such as Huhn, Rush and Clarkson; but the records are too meagre to furnish any details of the manner in which these public instructions were conducted.

It was then the most extensive hospital on the continent, containing about three hundred and fifty persons, and must unquestionably have contained much disease of an interesting and instructive character. Where the governing power of an institution is constantly undergoing change, little stability and permanence can be expected in any plan or system of education. Either the hostility of some of the managers, or more probably the unsettled state of affairs consequent on the revolutionary struggle, interrupted the medical instruction for some time before 1778, nor is there any evidence that clinical lectures were delivered in the Pennsylvania Hospital for several years subsequent to 1771, where Dr. Bond was in the habit of delivering a course as part of the instruction of the medical college.

In November, 1778, the subject was revived by the students present in the city. They presented a formal application to the physicians of the almshouse for permission to witness the practice in that institution. Drs. Rogers and Leib waited on the board of managers in their behalf, and pressed the importance of such a measure with great earnestness. On the 17th of November, the subject came up formally before the board, and although there



were several altogether favorable to the proposition, a majority of the votes were recorded in the negative. Immediately after, the physicians renewed their application and solicited a personal conference with the managers. A second meeting in consequence took place, at which the advantages of hospital instruction to the profession and the community were presented with renewed cogency and sincerity. They begged a reconsideration of the subject, asking the body of managers to concede at least a probationary trial, and volunteering a personal responsibility for the good conduct of the young men in attendance. The plea was not unsuccessful; the vote was reconsidered, and the house opened, by the majority of one vote, for clinical instruction.

Until 1789, hospital teaching continued to be conducted under great embarrassment, partly on account of the war and partly from the opposition of the hostile element in the board, so that while we cannot say it was formally abolished, "*de jure*," yet it was almost impracticable, "*de facto*."

On the 5th of May, 1789, the physicians elected sent a communication to the board, in which they took occasion to say, "that inasmuch as they furnished their services to the institution without expense to the managers, they ought to have such facilities offered as would make their practice useful to the public." Their meaning not being sufficiently explicit the board asked an explanation, which they received the 4th of July, and certainly left as little room for misunderstanding as did the immortal document associated with this day. On the 29th, the managers framed a communication for the medical attendants, full of compliment, acknowledging their valuable services to the sick, and assuring these gentlemen that they will ever endeavor to make their duties as agreeable as will be consistent with the good order of the house, and the delicacy due to the patients under their charge. One month after, all the physicians withdrew from the institution. For six years the subject was allowed to slumber, until October, 1795, when Dr. Cumming, who had been appointed one of the visiting physicians, ventured to approach this hitherto imperturbable body with a request to be allowed the privilege of introducing his private students to the wards on the days of his official visits. The proposition was promptly rejected on the ground of such publicity being calculated to do harm to the sick. In 1803, Drs. James and Church proposed to attend the lying-in wards, on con-



dition they should be allowed to have one private pupil present at each case of labor. The application was granted, and much invaluable instruction was communicated in this responsible department of medicine. My father, who was a pupil of Dr. James, was among the number who enjoyed this privilege. The same year, on the 23d of March, Dr. Caldwell was allowed to introduce and instruct a select class of twenty—afterwards forty students—during his stated visits to the medical wards, on condition of his becoming responsible for their good deportment. Students at this time were regarded with no small amount of suspicion; and even at the present there are not wanting many persons who entertain toward them a good deal of reserve and distrust. It is a shocking thing, gentlemen, to cut up dead people; and one might suppose from the horror with which some people shun you, that students were in the habit of eating them.

In November, 1806, through the efforts of Drs. James and Church, the managers conceded the privilege to deliver clinical lectures to a class of students twice a week in the green or dead house, during the winter season. Shortly after, Dr. Barton was permitted to give instructions to his class on his days of regular attendance at the house. Every successive year now removed more and more prejudices which had so long operated against the admission of medical students. The managers were seized with an active desire to promote and foster a system which contributed so largely towards laying a solid foundation of medical usefulness. Hence, in 1806, the buildings for the accommodation of the sick and poor being inadequate for their proper comfort, the administrative part of the board addressed the legislature by petition, soliciting aid to enlarge the house.

In presenting their prayer, they rested their claims on the state alone in the fact that the charities of the institution had not been confined to the city and county of Philadelphia alone, one-fifth of the inmates being from other parts of the commonwealth; that the Pennsylvania Hospital, rich in estates, had repeatedly received assistance from the munificence of former legislatures, and was at that time before the assembly for help; and yet its doors were closed against the poor, and more than an equivalent for board and lodging exacted; that, moreover, the almshouse, containing over one thousand inmates, presented an extensive field for communicating medical instruction to students attracted



from all parts of the country by the celebrity of the school. This petition anticipating extensive preparation for clinical accommodations, was regarded by the general board as an unwarrantable assumption of power on the part of the managers, and produced a very tart correspondence, which I have no doubt produced the passage of the supplement to the poor law of 1808.

Until October 25th, 1805, no fee was demanded for those attending the instructions of the institution, but at the above date a ticket was directed to be issued, signed by the president and secretary of the board of guardians, at the price of eight dollars—two tickets purchasing a perpetual privilege. The office of pupils of the medical officers were free to attend without charge. In November, 1807, Dr. James was allowed by resolution to deliver lectures in the green room, and there he and others continued to instruct until 1811, when the surgeons connected with the almshouse asked for more suitable apartments, in which operations could be performed, and thus remove from the ward a source of mischief to the other sick. To correct this evil the board had the building called the dye and wash-house, carried up an additional story, fitting it up as a lecture room, with two adjoining wards, capable of holding each twenty or thirty patients, and here were next delivered the clinical lectures.

During 1813, the managers, anxious to advance the reputation and popularity of the house, were induced to tender to any student taking their ticket, the privilege of attending a case of labor; and to give the proposal greater publicity it was by their authority announced in the public papers. This scheme of indiscriminate admission to the ward in the lying-in department brought out a minority of protest, which was not only a sensible paper on the subject of difference, but introduced and exposed the suicidal measures of the board on another matter closely allied with the success of the almshouse as a medical school, by making the simple circumstance of holding an appointment in the Pennsylvania Hospital a disqualification for holding a similar one in the institution over which the managers presided. They urged the wisdom of selecting the very best talent wherever found, and especially the propriety of seeking as many from the medical school as possible. That the force of this may be understood it must be remembered, that every student was required as a condition of graduation, to take a ticket in the Pennsylvania Hos-



pital. If, therefore, they could identify the interests of the faculty of the University with the almshouse, it would in all probability procure such a modification of the rule as would at least leave it to the pleasure of the student whether this ticket was taken at one or the other. This protest effected a change of sentiment in the board, securing not only a more circumspect modification of the obstetrical privilege, but a repeal of the law so far as it effected the eligibility of professional men serving in a kindred institution, and on the 6th of November, 1815, produced the very result contemplated.

A more noble spirit on the part of the managers this year, also led to a pleasant interchange of civilities between the sister hospitals. The steward was authorized to address a note to the residents of Pennsylvania Hospital, inviting them to an operation to be performed at the almshouse; and this privilege was afterwards made perpetual.

On the 5th of January, 1818, a conference was held between a committee of the trustees of the University and the board of guardians, with a view of establishing more extended clinical teaching in the almshouse. The number of students had been gradually increasing. In 1818, there were fifty-three in attendance; but the succeeding three years being remarkable for the prevalence in the house of malignant disease, had no doubt some influence in diminishing the class, for in 1819 it does not appear there were more than forty-three, and in 1820 but twenty-two in attendance. In 1822, however, the number ran up to one hundred and ten. This was the year in which Dr. Barton, having been allowed to convert the area in the rear of the centre building into a botanic garden, was in the habit of taking the class among the plants to illustrate the subjects of his lectures; and the year also in which Gibson, Barton, Horner, Mitchell, Lawrence and Chapman, all accomplished gentlemen, were wont to pour forth the treasures of their experience and observation. The subject of a botanic garden on a large and liberal scale, and to be placed under a scientific head, had been a favorite idea with members of both the medical and managers' board, but could not be successfully accomplished. After Dr. Barton left the board, the old garden passed into the hands of Dr. Samuel Jackson, by whose suggestion a greenhouse was constructed for the more complete protection and preservation of the plants. Between the



years 1822 and 1828, I have no data for determining the number of students attending the clinical instruction.

In 1827 it was announced in the public newspapers that the cases of recent fractures would be received and treated in the institution. The suggestion came from the surgical staff, and would enable them to furnish illustrations for the management of a very important class of accidents.

During 1827, Dr. Thomas Harris asked the privilege of delivering a course of lectures on surgery in the lecture-room of the house, which was granted by the guardians. This course was didactic in its character and had no connection with the ordinary instruction of the institution. In 1828, the number of students was seventy-five, and in 1830 rose to one hundred and eighty-five. August 11, 1834, Dr. Burden, then a member of the board of guardians, offered a resolution to appoint a committee to confer with the trustees of the University and Jefferson Medical College on subjects connected with the interests of the almshouse. The scheme which the doctor had in contemplation was, in the first place, to make the ticket of the house essential to graduation, and in the second, the organization of a summer school of practical medicine and surgery in the institution, neither of which received the sanction of the board. The first was asking a discrimination which ought not, we conceive, ever be granted to any hospital; the second was a wise, public-spirited, practical suggestion, which ought not to have been refused.

It was this year that the faculty of Jefferson Medical College then growing into deserved importance, requested the guardians to be placed on an equal status with the University in regard to clinical teaching. The plan they proposed was to set apart two wards for them in the hospital—one for medical and one for surgical cases—and alternate weeks for their clinical lectures. Those representing the interests of the University objected to such an arrangement as calculated to mar the harmony of both the schools and the hospital. They declared that they had undertaken the development of a clinical school at a time when scarcely a ticket was sold, and that they had at length succeeded in making it a source of revenue to the board, and a formidable rival of the Pennsylvania Hospital, the latter not selling over thirty tickets; and lastly, that their connection with the clinic in no way prevented the students of another college enjoying equal advantages with their own.



This year (1834) was one of great prosperity to the Philadelphia Hospital. Two hundred and twenty students were in attendance; the proceeds accruing therefrom amounting to fourteen hundred and twenty dollars. The board of managers appreciating the courtesies due to men of liberal education and position in the profession, with commendable propriety tendered gratuitous admission to all medical men attached to the army and navy. These lectures were delivered on Wednesday of every week during the winter months. In 1835, at the request of Drs. Patterson and Colhoun, the day was changed to Saturday, in accommodation to the instruction in the Jefferson College, which this year sent seventy-nine students to the clinic.<sup>1</sup>

The transportation was no inconsiderable item. Long lines of omnibuses (for there were then no street cars) were stationed about Ninth and Chestnut Streets on Saturday mornings, and in a few minutes crowds of students full of life and excitement were stowed away—not seated—in glorious, good-natured confusion; and at the usual salutation of the knight of the whip, “all right,” were whirled away at a spanking speed, some to the South street ferry, to be carried over in a boat which has long been suspected as one of Charon’s—and is so far as the transportation of *spirits* is concerned, not untruly; others by the Market street bridge. Some of my very pleasant recollections of college life in 1837, are associated with those weekly trips so admirably calculated to relieve the tedium of town, and regale the lungs with more invigorating air. The lecture room was situated in what is now the lunatic department, and only recently abandoned. It was the most capacious and finely arranged amphitheatre in the country, and capable of seating from seven to eight hundred persons. Until 1845, this hospital continued to be the great clinic school of the country, annually opening its exhaustless treasures of disease to crowds of educated, zealous inquirers after medical knowledge. The unfortunate events which in 1845 succeeded the death of the cockroach, terminated the instructions for several years.

[<sup>1</sup> In the “Picture of Philadelphia, etc., A Complete Guide for Strangers,” published by E. L. Carey & A. Hart in 1835, the following occurs: “At the almshouse there is an infirmary, and clinical lectures are delivered to the medical class during the winter by the professors of the medical school. There are two graduates and four medical students, who reside in the house; and four surgeons, four physicians, and two accouchers attached to the institution. Resident students pay an initiation fee of two hundred dollars, and are boarded and lodged in the house for one year. Medical students pay ten dollars a ticket to attend the practice of the infirmary and have the use of the library containing nearly 3,000 volumes.”]



## CERTIFICATES AND TICKETS.

In 1817 a diploma or certificate was ordered to be engraved, the impressions from which were made, some on paper and some on parchment, designed for the resident pupils, and which were furnished at three and four dollars a copy. In September, 1832, a new plate was produced, altogether more artistically executed, and in 1835, a small vignette view of the house was ordered to be engraved and printed on the tickets. In 1860, another lithographic engraving of a certificate was executed. The design represents a front view of the institution, and was signed by the president of the board of guardians, the president of the medical board, and the secretary.

After a pause of several years, the profession becoming more and more sensible of the great injustice and tyranny perpetrated against the reputation of a city enjoying such unexampled prosperity as a centre of medical education, by excluding them from an institution supported largely from their own pockets, and possessed of the most ample resources as a clinical school, began to move in the matter.

On the 1st of May, 1854, the Philadelphia county medical society addressed a communication to the board of guardians, asking that the almshouse doors be opened to students of medicine. The document was forcibly written, but produced no change in the views of that body. In August of this year, Dr. John Reese, register of the medical faculty of the Pennsylvania College, in behalf of that institution, communicated with the board on the same subject, and guaranteed, if its wards were opened to public instruction, the sale of fifty tickets from that school alone. These appeals, no doubt, had some weight with the guardians, but to Drs. Henry H. Smith and J. L. Ludlow (and I speak from personal knowledge) more than to all others combined, is the profession in Philadelphia and the country at large indebted for the re-establishment of a clinical school within the walls of this institution. Neither must Dr. Penrose be overlooked in this important work, as he labored indefatigably for the same end. I make no mention of my own efforts in the same direction, for while I did what I could, I was comparatively a stranger in the city and had no influence whatever. These gentlemen visited each member of the board of guardians personally, and by an unwearied, persevering presentation of the subject in every possible



shape, finally succeeded by their importunity, as the widow with the unjust judge, in revolutionizing the settled sentiment of the board, securing a favorable report from the hospital committee, and its adoption on the motion of Dr. Henley, by the general board of guardians. The rules for the government of the clinic were reported on the 6th of September, 1854, and provided for the election of two physicians and two surgeons in addition to the chief resident officers.

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#### THE ADMINISTRATION BY A RESIDENT-IN-CHIEF, AND A BOARD OF LECTURERS ON CLINICAL MEDICINE AND SURGERY.

On the same day on which the rules were reported (6th September, 1854), the guardians proceeded to elect the medical officers, when Drs. J. L. Ludlow and Robert Coleman were selected physicians and Drs. Henry H. Smith and D. H. Agnew surgeons. Dr. Coleman being compelled by previous engagements to resign, Dr. Caspar Morris was elected in his place, and on the 30th of the following October, the staff was increased by the appointment of Dr. R. A. F. Penrose, obstetrician, to the institution. Tickets of admission were fixed at ten dollars, including transportation two days in the week, Wednesday and Saturday, for four months. The West Chester railroad which passes through the grounds of the institution, was just being completed, and an arrangement was made with the superintendent to run cars from Broad and Market streets to some point opposite the building on the days of the clinical lectures. The second week in October, 1854, an immense train left Broad street, filled to repletion with medical students, to witness the inauguration of this important event. This passenger train, I believe, was the first which passed over the long stretch of trestle-work supporting the road across the meadows of this property. Its living freight was landed opposite the river point. Certainly not less than seven hundred persons were present in the old amphitheatre, and the first clinic of the new era was held after some appropriate remarks by Drs. Smith and Ludlow. On the following June of 1855, the hospital committee deemed it proper to increase the number of medical officers, and by their recommendation two additional were added to each staff. These were Drs. Joseph Carson and J. B. Biddle to the medical; Drs. John Neill and R. P. Thomas to the surgical; and Drs. Wilson



Jewell and Caspar Morris to the obstetrical departments, the latter gentleman being transferred from the medical to the obstetrical at his own request.<sup>1</sup>

On the 2d of July, 1855, the period for the annual election of a chief medical officer, Dr. Robert K. Smith was selected by the guardians, and co-operated most efficiently with the clinical board, delivering in October a most excellent introductory, and participating in the clinical instructions communicated to the class. On the 21st of July, 1856, Dr. A. B. Campbell was elected chief resident physician. A remarkable change this year came over the board of guardians in reference to the house instruction. It is altogether foreign to my purpose to enter into any analysis of the instrumentalities employed to sway the opinions of these gentlemen, although they were quite patent, I presume, to any member of the medical organization connected with the institution. It is sufficient to say, that on the motion of a member, offered on the 22d of December, 1856, clinical instruction in the Philadelphia Hospital was abolished after the termination of the lectures then in progress. The reason adduced in justification of this act, was the failure of the clinic to meet its own expenses. The record stultified the allegation; and those who were cognizant of the fact could not but feel indignant at so audacious a falsification of the case. There were at that very time seventy-five students in attendance, a larger number than usually attended the hospitals either in this country or Europe.

On the 8th of June, 1857, Dr. Campbell resigned, and was succeeded by Dr. James McClintock, very shortly after which event the visiting members of the medical organization all resigned, several of the resident physicians withdrew from the house, and again the institution ceased to administer to the wants of the medical class of Philadelphia.

On the 5th of July, 1858, Dr. Robert K. Smith again became chief resident officer, and on the 19th of the same month, under the auspices of this new medical head, Mr. Reall, a member of the board of guardians, proposed to re-establish a board of clinical lecturers. The subject for a time was laid over, until the 11th of October, when the students of the different medical colleges of the

[<sup>1</sup> In the copy of Dr. Agnew's lecture from which this is reprinted, the following is written in lead pencil: "This is an error certainly, at least, I have no recollection of such a request." Signed "Caspar Morris, June, 1875."]



city addressed a communication to the guardians, praying for the revival of medical instruction.

On the 22d of November they acceded to the request, and proceeded at once to ballot for gentlemen to discharge this duty. Drs. Joseph Carson, J. B. Biddle, J. Aitken Meigs and Samuel Dickson were elected lecturers on clinical medicine; Drs. John Neill, W. S. Halsey, Richard J. Levis and D. H. Agnew on clinical surgery; and Drs. R. A. F. Penrose and E. McClellan on obstetrics and diseases of women and children. Dr. Dickson's health not allowing him any increase in his labors, was compelled to decline serving, and in his place Dr. J. M. DaCosta was elected one of the physicians; and under this organization the hospital commenced again to discharge one of its legitimate functions to the community.

On the 4th of July, 1859, the old board of guardians, which for many years had been selected by popular vote, was abolished, and a new one, consisting of twelve members, appointed by the courts and Councils came into power. This organization, consisting of the most respectable and intelligent gentlemen in our community, men of enlarged liberal views, conjoined with superior practicable ability, after a careful survey of the field, entered on the work of reform. Among the subjects which earliest occupied their attention was the medical department of this institution. The result of these investigations was a return to the old system, dispensing with the office of chief resident, and placing the hospital in charge of a medical board, consisting of twelve members, to act as physicians, surgeons and obstetricians, and who were to visit the institution four times a week. The election for these officers took place on the 8th of August, 1859, at which Drs. J. L. Ludlow, William F. Maybury, Charles P. Tutt and Robert Luckett were selected to constitute a medical staff; Drs. S. D. Gross, Richard J. Levis, Robert Kenderdine and D. H. Agnew, a surgical staff; and Drs. R. A. F. Penrose, John Wiltbank, William D. Stroud and Lewis Harlow, an obstetrical staff. It was in August of this year that the professors of the Homeopathic College proposed in a communication addressed to the guardians, to take the entire charge of the medical department, and furnish all the medicines for the sick without any charge whatever.

On the 27th of December, 1859, the medical board underwent some changes, in consequence of questions connected with the



political state of the country, and which have since inaugurated a revolution of unparalleled magnitude, the issues of which, on the destinies of race, nation, and the world, no human mind can foresee. Dr. Luckett, espousing the southern view of the question, induced a large number of medical students to abandon the medical colleges of Philadelphia and enter the institutions of their own states. The doctor becoming the medical Moses of this exodus left his place in the board, to which Dr. J. M. DaCosta was elected in December, 1859. In the same month Dr. Wiltbank resigned, and to supply the vacancy Dr. George Ziegler was elected. Again on May 7, 1861, Dr. Maybury was compelled by the extent of his professional duties to withdraw from the board, to which place Dr. O. A. Judson was elected.

Since the new organization of the board of guardians, by which in a great measure this house has been rescued from the vortex of politics, its medical prosperity and popularity have been steadily increasing, until it may now be pronounced the great clinical school of the country. The change was not accomplished without a struggle. There is a class of persons who can only exist in the seething caldron of political agitation, and who cling to official places like the barnacles to a ship's bottom. Of such there were some who lost no opportunity to prefer charges of mismanagement, in order to shake the confidence of the public in the administration of the present organization.

On the 25th of June, 1860, it was stated in Common Council that a great increase had taken place in the mortality of the institution since the change in the medical system, and a committee was appointed to investigate the facts of the case.<sup>1</sup> In the report of these gentlemen it will be seen that instead of the mortality being increased it had been greatly diminished. They took the last year of the old board of guardians, which expired on July 1, 1859, and contrasted it with the first year of the present board, which terminated on July 1, 1860. By examination it appeared the year ending July, 1859, the average population of the house was 2,513, and the deaths for the same period were 657, or 26.15 per cent. of the average population. For the year ending July, 1860, the average population was 2,520, and the deaths for the same time were 589, or 23.30 per cent. of the average population.

<sup>1</sup>Journal of Common Council, from May to November, 1860, page 121.



This showed a decrease of 68 in the number of deaths, or 11 per cent. on the mortality of the previous year.

In the insane department, in 1859, with an average population of 400, there were 96 deaths, or 24 per cent. on the above average. In 1860, the average population was 425, and 72 deaths, or not quite 17 per cent. of the average population; a decrease of 38 per cent. in the mortality of the previous year. They go on further to state that it must be remembered that only a part of the population of the almshouse is under medical treatment, and that the proper basis to determine the mortality among the inmates should be taken from the hospital. For this purpose the committee took the last published report of the late chief resident of the former board for 1858. Its author declares during that period the institution shows a smaller mortality than had been known for many years. By that report, in the various wards of the hospital, children's asylum, and nursery, there were treated 5,335 cases of disease, of which number 548 died, or 10.29 per cent. The books of the present board showed 6,176 cases treated, and 478 deaths, or 7.74 per cent., exhibiting a decrease of 25 per cent. on the mortality of the former year. This, then, was a vindication of the wisdom of the guardians in establishing the present medical organization, and rested on a mathematical demonstration, which even its enemies dared not gainsay.

On the 10th of September, 1860, the medical board addressed the guardians on the propriety of throwing open the wards of the hospital for free clinical instruction. This proposition was considered from a liberal and intelligent standpoint, in its broader and more general bearings, and on the 24th of September, 1860, received their cordial sanction; and its doors have been opened to this time, and it is to be hoped through all time to come, its doors may never be closed against or a fee craved from those who enter its halls in search of that knowledge, which can alone render them qualified to discharge the functions of a divine art.

In the month of April, 1861, the guardians furnished another proof of the confidence which they reposed in the medical board by authorizing the construction of the present lecture room, which for elegance and convenience has no superior; and which was formally inaugurated on the 16th of October, 1861, in an able address by Dr. J. L. Ludlow, on "The Rise and Progress of Clinical Instruction."



## MUSEUM.

On the 25th of November, 1814, the first efforts were made to establish a hospital museum. The board required every resident pupil to leave in the house a preparation made by himself. That the rule was enforced for a time there can be no doubt, for on the 26th of February, 1822, I find the acknowledgment of the following anatomical preparations: A corroded kidney, by J. T. Sharpless; a side view of the head, with the vessels injected, by J. M. Fox; a specimen showing the anatomy of scrotal hernia, by Edward L. DuBarry; and a foetal preparation showing the vessels peculiar to circulation. Where are these now?

The 23d of November, 1840, Dr. Burden, one of the guardians, presented a resolution to fit up a room in the centre building of the hospital for a museum, which was to be placed under the charge of the apothecary, to whom all the morbid specimens were to be given for preservation. The first museum contemplated was evidently to be only a depository for normal anatomical specimens; this last may be considered as the inception of a pathological cabinet. There were three things which, of course, rendered it impracticable. First, the curator was to be the apothecary, who knew nothing of pathology; second, there were no provisions made for dissecting the specimens; and last, at this very period the subject of post-mortems was embarrassed by more formalism than would be necessary to ratify and induct an archbishop into his holy calling.

On the 10th of September, 1860, the present board of guardians, acting on the recommendation of the medical board, authorized the founding of a pathological museum, to which the writer was assigned as curator. For the perpetuation of this important undertaking an annual appropriation of two hundred dollars is made, which, if judiciously expended, will serve to preserve a large amount of pathological material. The work has begun; already a considerable collection has been placed on the shelves of this museum, some of them quite unique of their kind, and all most valuable illustrations of morbid structure. Although much of this work has been done at considerable personal inconvenience, yet I assure you that it is with no ordinary feelings of personal pride and pleasure that I regard the association of my name with an enterprise which, if prosecuted with ordinary



industry and intelligence, will in a few years secure to the Philadelphia Hospital the most valuable collection of morbid anatomy to be found anywhere in the country.

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#### LIBRARY.

Among the wants specified by the board in 1805, when they went before the legislature for aid, was a room to be appropriated for a library. About the beginning of the year 1808 this work commenced, and on the 9th of May one hundred and fifty dollars were appropriated by the managers for the purchase of books, to be selected by the physicians of the institution. Rules were reported shortly after for its management, and the senior resident student appointed librarian, at which time the books were labelled and numbered. In 1810 another appropriation of one hundred and fifty dollars was made for the same purpose. On the 28th of December, 1812, a committee was appointed to draft rules for the management of the library, and at this date there was an unexpended balance to its credit of four hundred dollars, which was money received from the house pupils.

In 1813, a rule was passed conferring a life privilege of the use of the library for the sum of thirty dollars. This year three hundred dollars were expended on books, duplicates of all the elementary works being ordered. In 1815 free access was allowed to physicians and students who should attend the practice of the house for two years, and also to private pupils of the medical officers of the institution. In 1816 the apothecary was appointed librarian and the library catalogued.

On the 18th of August, 1818, by a report of Dr. McClellan, the library contained 1,022 volumes, and 597 different works. On the 8th of November, 1824, the managers passed a resolution making an annual appropriation of two hundred dollars for the benefit of the library. In 1827 Dr. Horner presented the institution with one hundred and twenty theses from Edinburg. In 1831, it was again catalogued by Dr. Rivanus, one of the resident physicians, and contained some very valuable works.

In November, 1836, Dr. Charles Pickering applied to the board for certain works in their possession for the use of the United States exploring expedition, which were not attainable in this country, offering a large advance on the importation price as an



inducement to sell. The matter was referred to the medical board and refused. Accessions were made from time to time, by appropriations made out of the proceeds resulting from the sale of clinical tickets, until it numbered over 3,000 volumes, the finest collection of ancient medicine and surgery probably anywhere to be found.

For the last fourteen years very little attention has been bestowed on this important appendage to a great hospital. On the contrary, it has been plundered by the vandalism, to which it has been exposed, of much valuable matter. At present, however, it has been placed under the care of Dr. Tutt, and having been removed from the lunatic department is being rearranged in an excellent room appropriated to its use, in the north end of the hospital building. An appropriation is now annually made by the present board of guardians for its improvement and preservation, and we may hope to see it again growing in value every year.

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#### INSANE DEPARTMENT.

The almshouse buildings, as first constructed, were not adapted to the reception of insane patients, especially if laboring under a violent type of mental disease. The managers, therefore, were in the habit of placing such cases in the Pennsylvania Hospital, whose arrangements were safer and better for the care of lunatics. The expense of supporting them in this institution was an item of much complaint on the part of the managers of the almshouse, and on July 4, 1803, the physicians had a meeting on this subject. They recommended in order to accommodate the insane poor, to convert as much of the new range of buildings (at Eleventh and Spruce streets) as could be spared into cells for their accommodation. The board not thinking this locality altogether safe, fitted up the cellar under the west wing of the house, then occupied as a dining-room. This improvement was completed in December, 1803, and thither to this subterranean prison were ten persons removed from the Pennsylvania Hospital—the number of the violent class then under the care of the managers. The names of these first ten occupants were John Savage, Robert Crawford, George W. Odenheimer, John McClean, Stephen West, Mary McFall, Catharine Erringer, Christiana Griskey, Sarah Tomb and Abbe Conly.



The portion thus set apart in a few years became insufficient, some of the cells containing two maniacs. The medical officers again pressed the necessity of additional buildings, as a measure enforced by every consideration of humanity. These underground cells were damp, chilly caverns, with insufficient light and imperfect ventilation; they were close to the sick and surgical wards, and the noise of these creatures bereft of reason, howling like caged beasts, exerted not only an unpleasant influence on the sick, but even shocked the public ear. In 1833, the insane were removed in common with the other poor, to the present building, a part of which had been constructed for this unfortunate class, that is furnished with those mechanical contrivances which were deemed essential to their treatment.

Among the results of scientific medicine, there are none gentlemen, which have been fraught with so much blessing as those which have crowned the rational study of mental disease. The damp and gloomy cells of the old almshouse on Spruce street, and the walls and subterranean vaults of the present, furnished familiar demonstrations of the frightful armamentarium at their command, not indeed for restoring reason, but to scare her forever from her seat in the soul. You have but to cross the area of this enclosed square, to see still the iron hooks in the floor where they were tied down hands and feet, the rings in the outer wall where they were chained like wild animals, when led from their gloomy abode to enjoy for a little while the pure air and sunshine of heaven. There too, may be still seen the traces of blood, the marks of the teeth, as they have in their agony vainly endeavored to gnaw through the doors which restrained their liberty, and not the least horrible of these inquisitorial mechanisms, there still stands the composing chair in which the doomed lunatic was secured, his head supporting a capacious box of ice, which melting, poured its chilling contents adown his person for hours together.

In 1835, the hospital committee authorized the purchase of books, prints and musical instruments for the use of the lunatic department, and more than usual interest for a time was manifested in improving its condition. In the beginning of 1845 a ball was given for their amusement, and with such satisfactory results, that Dr. Dunglison in the following April asked its repetition.



On the 17th of September, 1849, Dr. Henley was appointed assistant physician to this department and to the smallpox hospital at a salary of five hundred dollars. In this position he continued until February, 1852, when he resigned, and was succeeded by Dr. J. H. Benton. Shortly after, however, Dr. Benton was superseded by the re-appointment of Dr. Henley to his old post, with a salary increased to seven hundred dollars. This office was abolished, I think in 1854, and from that time forward the asylum until a recent period, was lapsing rapidly into disorder and decay. Among the noblest acts of the present board of guardians, was the reorganization of this department. None but those who were conversant with the house, can form any conception of its utter inefficiency to fulfill the purposes contemplated by such an institution. It was visited for the most part by sightseers, attracted by the same motives as one visits an exhibition of animals. The hallucinations and eccentricities of these poor God smitten creatures were the subject of thoughtless sport, and became strengthened and confirmed by being maintained in a state of constant activity. It was a burning shame on the good name of this Christian community, that such a cage of idleness, uncleanness and disorder should have been tolerated for a moment in their midst.

On the 24th of September, 1859, the insane were separated from the hospital department and placed under the charge of a medical officer, Dr. S. W. Butler, at a salary of one thousand dollars a year. Since this event a new state of things has been introduced. An air of order, comfort and cheerfulness is noticable on every side; industry has taken the place of idleness; and there may be seen numbers of the inmates busily engaged, some cultivating with judgment and evident gratification a garden of vegetables; some sewing and making up garments of various kinds; some working at shoes, and some enlivening the ear with the delightful sounds of music, executed with no ordinary taste and skill. By the last year's report it will be seen that nearly all the vegetables used by the house have been cultivated by the insane, amounting in money value to nine hundred and fifty-eight dollars and sixty-three cents. They will soon, it is further stated, make all the clothing and shoes consumed by the department. Another ameliorating and salutary feature is the revival by Dr. Butler of the musical entertainments, when the inmates at the sound of the violin and piano, select their partners, and with all the decorum



and conventional proprieties of rational society, tread the giddy mazes of the dance, exhibiting the most striking expressions of mirth and enjoyment. Such a regimen is well calculated to introduce new trains of thought, which serve either to substitute those which constitute the phenomena of their insanity, or enable the individuals to correct, by a legitimate induction, the delusions under which they may labor.

I am indebted to Dr. Butler for the tables which furnish the following results. From 1834 to 1861 (inclusive) there have been received into the men's department, 3,858 insane persons, whose social state was as follows: 1,803 single, 1,054 married, 332 widowed, and 669 unknown. Of the habits of the number, the following may be stated: 449 were temperate, 371 moderate, 528 intemperate, leaving 2,510 unknown. In the women's department, from 1835 to 1861 (inclusive) there have been received 3,473, the social and habits of whom, however, were not compiled later than 1845, and are as follows: 329 single, 299 married, and 222 unknown; 214 temperate, 14 moderate, 67 intemperate, and 635 unknown, in a total of 928.

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#### APOTHECARIES AND HOUSE PUPILS.

Until June 6, 1788, there is no evidence that the medicines requisite for the sick were prepared in the house, or that persons instructed in medicine resided in the institution. The apothecary shop was established at the date stated, and John Trust, being recommended by the physicians, was appointed to that office. The duties were both pharmaceutical and medical, and this officer was required either to be a graduate or an advanced student. Under the first he was to prepare and dispense the prescriptions of the attending physicians; and under the second, he was to attend to the ward dressings, keep a record of the name, date of admission, sex, age, disease, event of each inmate, and preserve an account of the women delivered in the obstetrical ward. The remuneration was board, washing and lodging. In 1789, an additional one was deemed necessary, and we find the name of John Davidson mentioned as apothecary and house pupil. In 1802 the number was increased to three, and the system of juniors and seniors first introduced.

The eldest was styled the senior student, the next the junior student, and the third called the apothecary to the infirmary.



The senior was to attend the sick, keep a history of all the cases which the medical student might direct, with a register of the name, date of admission, age, sex, disease and event. The junior was to dress, cup, bleed in the surgical wards, visit the working wards daily, and if any were sick report the same to the senior, and keep in order the surgical instruments and apparatus of the house. The apothecary, besides preparing the prescriptions, was required to cup and bleed in the medical ward. Each of these house pupils was to pay eighty dollars and serve, the senior two and a half, and the others three and a half years.

In 1811, the number of house pupils, or apprentices as they were occasionally termed, was increased to four during the winter and three in the summer season, each to pay one hundred dollars into the treasury for the benefit of the house. In 1813 the number was fixed at four for the entire year; two seniors and two juniors. All candidates to be eligible for election must have been under the instruction of some practitioner for two years, must have attended one course of medical lectures, and were required to pay before entering on service one hundred dollars into the hands of the treasurer, and to give bonded security for the faithful performance of his duties. The seniors rotated monthly in the different departments of the hospital, the juniors every two months. The obstetrical cases were attended alternately by both juniors and seniors. The juniors prepared all prescriptions, kept a careful record of the same, and were present with the seniors in their stated rounds with the sick.

In 1816, the house pupils' fee was increased to one hundred and fifty dollars, and the term of service reduced to twelve and six months. This year, at the suggestion of the visiting physicians, the managers believing there were ample duties to employ one person constantly in the apothecary's shop, disconnected the office of apothecary to the infirmary from that of house pupil and established it as a distinct position, with a salary of three hundred dollars a year. After a single year's trial the office was abolished, but so injudiciously that on the 2d of February, 1818, they were compelled to re-establish it again. Gerald S. Marks was appointed to this office and continued to occupy it until his death in 1832. He was succeeded by his son, Samuel P. Marks, and next by James N. Marks, first as an assistant and afterwards as principal, which position he continued to fill with unexampled ability until March 8, 1852—seventeen years. Mr. James N. Marks was for



many years a member of the board of guardians, a man of practical ability, whose record I have no doubt stands unimpeached. After the resignation of Mr. Marks the board elected Mr. Huffnell apothecary, in which capacity he continued to act until 1856, when Mr. Bender, who had been acting as assistant, became principal.

In 1817, the population of the hospital had so increased that it was found necessary to provide a larger number of resident pupils, and to meet the wants thus arising eight were elected, to serve six and twelve months. In 1820, the title by which these gentlemen were called was changed from house pupil to that of house surgeons and house physicians. The following year, 1821, the resident fee was increased to two hundred dollars. In November, 1822, the managers believing that fewer residents could meet all the demands of the institution reduced the number to six, and the next year, 1823, in consequence of a civil strife between some of the managers and the house physicians, the medical board advised a change in the mode of attending the sick, by dispensing altogether with resident under-graduates, and electing two graduates in medicine of known ability, who were to receive, instead of a salary, an honorarium in the form of a piece of plate, with a proper inscription, not to exceed one hundred dollars in value. The plan proposed was adopted without the contemplated plate, but could not have met the expectations of the board, as the resolution was rescinded the same year and resort had to the old plan.

On the 8th of November, 1824, the medical board recommended the examination of all candidates for the medical service of the hospital, that they might be able to secure the best qualified talent, and this received the sanction of the managers. Another suggestion of the medical board, which was endorsed by the same gentlemen, was the election of two additional pupils to be called recorders, whose duty it was to keep an accurate history of all cases of disease in the institution, a work which, had it been carried out in good faith to this day, would have constituted a treasury of medical knowledge unequalled in value in any country. Nothing practical or important, however, emanated from this office. Here and there among musty, defaced papers, I discovered a few histories, as one searching among ancient ruins meets with broken pillars and fragments of dismembered



arches. They never can be gathered together from amidst the dust of time and decay and framed into symmetrical pieces.

In 1828, the seniors, by a resolution of the board of guardians, were styled resident physicians, and the juniors resident students. In 1835 the fee exacted from those elected to either position was two hundred and fifty dollars, which seems to have so remained until September, 1839, when it was reduced to fifty dollars and the price of board. From that period to the present, the number of resident physicians has been eight, boarded and lodged at the expense of the institution, and required to deposit one hundred dollars as a collateral assurance for the fulfillment of their contract, to be returned at the expiration of their term of service or when honorably discharged. There have been since 1788, the year in which it may be said the system of residentship was established, three hundred and fifty pupils, or physicians officiating in this capacity, among whom the names will be found of the most distinguished physicians and surgeons, dead and living, from the north and south, for the last quarter of a century. Here is one of those examples of moral reaction or compensation, as noticeable among the groups incident to the social state, as between the kingdoms of nature elsewhere. Poverty, misfortune and sickness, universally regarded as evils, yet counterbalanced by yielding, as fields for scientific observation, a rich harvest of solid, practical medical knowledge.

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#### EPIDEMICS.

In an institution giving shelter to the destitute, decrepid and broken-down, the existence of epidemic and malignant disease may very naturally be anticipated, and this house has proved no exception to the rule. In the early period of its existence, very little satisfactory information can be gathered in regard to the details of its prevailing maladies. During the spring months of 1776, the inmates suffered very severely both from smallpox and putrid sore throat. Many cases of the worst character were taken from the house and quartered in private lodgings, with the hope of staying their fatal progress. No mention is made either of the number of cases or the deaths, and therefore the extent of the mortality can only be approximately arrived at. The cost of burials, with a population of two hundred, and in the ordinary



health of the institution, was about eighteen pounds. The year under consideration, 1776, the expense of burying amounted to forty-seven pounds, sufficient to show that the mortality had been doubled.

In 1779, a form of intermittent fever prevailed during the month of April, concerning which it is said, "there were deaths daily, and much distress in the house." For nine years following 1779, the institution appears to have enjoyed a wonderful exemption from fatal diseases, or until 1788, when a person in the month of February was admitted from Southwark, indisposed from some undeveloped affection. Shortly after, his disease proved to be smallpox which spread with great rapidity among the inmates. This was among the most terrible scourges, as vaccination had not been discovered, and against inoculation there was a wide-spread prejudice.

In 1793, Philadelphia was visited by yellow fever, and this institution was doomed to pass through the severest ordeal which it had ever sustained. It is quite impossible for us at this day to form any just conception of the panic which seized the public mind at the appearance of this desolating plague. There is something very appalling in the moral effect of those unseen agencies with which God sometimes scourges a city or a nation. Men can preserve their composure on the field of battle, where the mail-clad hosts of contending armies, struggle for victory amid the roar of artillery and the shouts of their captains; but let the angel of pestilence, that walketh in darkness or wasteth at the noonday, shake from his sable wings the invisible spores of infection and death, the merchant sinks at his desk, the artisan totters and falls at his bench, an acquaintance making a transient call suddenly grows pale and feeble, is borne home to his bed to struggle a little, gasp and die. I say, let men witness a few such scenes as these, and they soon betray the veriest cowardice and fear.

During the prevalence of the fever the whole face of the city was changed. There were then no funeral trains attended with the usual pomp and pageantry of mourning; no coffins of elaborate workmanship to contain the mortal remains of the dead and borne with formal steps to their last resting place. On every hand the beholder encountered open and unattended carts containing rude boxes, exposed to the public gaze and hurried with all despatch to be buried out of sight—not in single graves, but



numbers together in capacious pits. Men cared not to tarry on the street but hastened on with furtive glance, as though the fell destroyer followed on their track. There were no hearty, joyous salutations. Men exchanged the common civilities of recognition as though they never expected to meet again. The ties even of kindred blood lost their wonted power; families became a terror to one another, fleeing asunder as one would hurry from devouring flame. The song of the drunkard had ceased; the saloons of dissipation were closed; the haunts of vice were unfrequented; and even the shameless votaries of lust and lewdness slunk into their dens of infamy. As a means of protecting the inmates, the medical attendants recommended the board to grant no admissions whatever. Still the precaution proved unavailing; the disease broke out in the house and large numbers were attacked; very many were removed to the hospital on Bush Hill. There are no records or sources of information from which any statistical light can be drawn, either to determine number of cases or the mortality. That it was great there is little room for doubt. When the disease was at its height most of the managers infected by the common panic and widespread distress did not venture to attend the institution. But there were the medical attendants and the steward who never deserted their posts, but stood by this flock of decrepid, friendless poor, with a devotion and moral heroism, which I rejoice to say has ever been the glory of our profession.

During the prevalence of the epidemic the demand for graves was so great that the poor were unable to dig them with proper care. Potter's Field, now the beautiful Washington Square, was the public burying ground. The interments were so numerous and incomplete as to call forth a remonstrance against depositing any more bodies within the enclosure.

In 1801, there was a pauper, Thomas Wilkinson, in the house, who during the epidemic assisted in placing in coffins and burying 1,500 victims of yellow fever; and in consideration of his having accomplished so unparalleled an office of danger and humanity, he was pensioned with a little extra food and clothing. Here was a man possessed of a wonderful degree of fortitude. I should have given much to know such a one: for depend upon it, had such a nature been properly understood, it could have been taken by the hand and conducted into some nobler sphere



of activity and duty than is usually found within the walls of a public charity. On the 30th of December, the disease having disappeared, the doors of the house were again thrown open to persons entitled to its aid.

The managers after witnessing the horrors of the late epidemic, had become exceedingly sensitive on the subject of what they considered contagious diseases; and in 1795, when the city board sent to the institution cases of dysentery, which was then prevailing both in the wards of the hospital and throughout the town, they remonstrated strongly against their actions.

In August, 1798, Drs. Pleasants and Boyce communicated to the managers the unpleasant intelligence of the re-appearance of yellow fever in the city, and asked the adoption of additional precautionary measures to avoid the introduction of any affected person. The steward was accordingly directed to allow no admissions whatever without a certificate from one of the attending physicians. The subject of ventilation began at this time to receive some attention. The windows were so altered as to lower from above—and I may add here, in passing, that this subject has not yet been exhausted even in the present palatial building. Frequent conferences took place at this time between the managers and the board of health, and between the former and the managers of the marine city hospital, with a view to provide accommodations and sustenance for the poor of the city and districts, and to aid such persons who desired to remove from the city limits. It was certainly a period of the most deplorable suffering among the poor. On the 10th of September, 1798, they concluded to solicit a loan on subscription, to be reimbursed out of any fund designated by the legislature. During the month of November, between two and three hundred children, utterly destitute, were sent to the managers, their parents having fallen victims to the fever. Some idea may be formed of the state of the public mind when it is stated, that during the fever of 1793, 17,000 persons fled from the city; and during that of 1798, 50,000, leaving only something over 3,000 persons in Philadelphia; and that from August 8th to October 3d of these two visitations, 4,625 individuals fell victims to the disease.<sup>1</sup>

This year the whooping cough prevailed to an unparalleled degree; it visited almost every house, and in order to isolate the

<sup>1</sup> Hazzard's Register, Penn., Vol. 10, p. 112.



children, Luke Morris, one of the managers, took a house some distance from the institution.

In July, 1802, great apprehension was again entertained of another visitation of fever. The doors were closed against the admission of any paupers; no stranger was allowed to visit the house; the use of the hearse was not permitted for any burial but such as took place from the institution; nor were the resident pupils allowed to visit anyone in the city. This interdict was maintained until the 9th of November, and whatever influence it may have exerted, certainly the house enjoyed a comparative immunity from disease. Again in September, 1803, another alarm prevailed in consequence of the re-appearance of fever in the city; and again were admissions refused except to the officers of the house. The board, with the consent of the governor of the state, took the Pennsylvania arsenal as a temporary accommodation for the poor. They afterwards procured a house on the banks of the Schuylkill, at Race street, belonging to Dr. Curry, which was supplied with twenty-five bedsteads and bedding, a horse-cart and other necessary appliances. This proved to be the last visit which the almshouse received from the yellow fever.

During the month of August, 1807, an epidemic of influenza broke out in the institution, attacking both inmates and officers, and prevailing in so violent a form and so general, as to interrupt the ordinary routine of business.

The health of the institution appears to have been generally good after this until 1811. In August of that year a violent type of dysentery made its appearance in the wards, and proved so extensive and malignant that the board had many of the worst cases carried out of the house and quartered in a barn, which stood on a vacant piece of land near by, called the pasture lots, and which it appears was followed almost immediately after by salutary results.

In order to isolate the cases of smallpox which from time to time made their appearance, a house was taken in 1815, directly opposite the institution on Spruce street, into which such patients were placed.

The fall of 1817, was one of much sickness, distress and mortality in the almshouse. The ordinary diseases of the house all tended to assume an adynamic type throughout the winter, and after the commencement of the new year 1818, in January, typhus fever



prevailed to such a degree as to invite inquiry into the sanitary state of the wards from the board of health. The disease commenced about November 1, 1817, and as near as I can ascertain, up to January 5, 1818—two months—there had been eighty-six cases; sixteen had died, twenty were discharged, fifty remained, and twenty-five of these were considered to be convalescing. What number of this remaining fifty died it is impossible to learn. This statement was made by Dr. James, after which there is a record of nine cases of which six died. By February, the number and malignancy of the cases increased to such an extent that the managers requested the general board to issue no more admissions, and accordingly on the 28th, the latter concluded to send all cases of undeveloped disease to the quarantine house, until their character was declared; should they prove to be typhus, they were sent to the sugar-house, an old building which stood on the almshouse grounds contiguous to the institution. It was about this time the general board framed an address to the medical officers, asking their opinion on the contagiousness of the fever then prevailing. Their answer was like some oracular response, characterized by a degree of caution and non-committal which would have done credit to the most adroit politician of 1862; yet it might be gathered from the counsel which they gave, urging "the separation of the affected from the others," that they all believed what they did not care to express. Among their recommendations was the increase in both quality and quantity of the diet of the poor, as calculated to enable these helpless beings to resist the morbid influences. The managers thought it better, however, to refuse this, and to regale them by highly nutritious and stimulating beverages of molasses, ginger and water.

In 1823, cases of smallpox becoming numerous, it was thought best to take the hospital at Bush Hill, the superintendence of which was committed to Dr. John K. Mitchell on the 2d of December of that year, who continued to discharge his duties with devotion, alike creditable to his goodness of heart and his well-known professional ability, until February 2d, 1824, as long as the necessity for his services existed, at which time he received the complimentary thanks of the board, and was voted a piece of plate, which his son, Dr. S. Weir Mitchell, has informed me was a pitcher bearing an appropriate inscription.



I find also a report containing the results of his service, from which it appears that there were one hundred and fifty-eight persons received into the hospital. Of this number one hundred and fifteen cases were unprotected, and seventy of these died; twenty-five had been vaccinated, all of which recovered; five had been inoculated, of which two died; and of the remaining nine, nothing of their previous history was known. Eighty-four of the cases occurred in males, of whom forty-seven died; seventy-four in females, of whom thirty died. The greatest mortality was among the males, and curious as it may seem, the fatality among those previously inoculated, or who had had variola, was greater than among those vaccinated. On June 21, 1824, the thanks of the guardians were tendered to Dr. John Bell, who was associated with Dr. Mitchell, for his humane and faithful attention to such as labored under this loathsome disease. Dr. Bell's name continued to be associated with the smallpox hospital until very lately when it was closed.

In 1827, Dr. Thomas Brinckle had the care of this hospital; a report was made in September of that year, from which it would appear there were received one hundred and seventy-six patients, sixty-one of whom died and one hundred and fifteen recovered. In eighteen of these cases the patients had passed through a previous attack, three of whom died; fifty-three cases had been vaccinated, and eight died; a result corroborating the report of Dr. Mitchell, and tending to establish what I believe is at present asserted, that vaccination is a better protective than either inoculation or variola itself. As early as 1818, the subject of erecting a building for contagious diseases, or pesthouse, as it was termed, had been agitated by the board, and while it was the conviction of a majority of the members, that the matter of providing for contagious diseases did not legitimately belong to the guardians, yet as a necessity, the construction of such a building was recommended. On the 5th of June, 1835, a resolution to the same effect was passed, but never carried into effect, while the almshouse stood on the east side of the Schuylkill, the old sugar-house being used for that purpose. In 1841, however, after consultation with the medical board, a site was selected on the west side of this institution, on which a building was erected and called the outer hospital, for cases of an infectious nature. This was afterwards occupied as the residence of the physician-in-chief, having been moved in



its totality to its present situation on the Darby road, at the very trifling cost of about two thousand one hundred dollars, and is now occupied by Dr. Butler, the physician in charge of the lunatic department. To provide for cases of smallpox, the guardians have been in the habit of using the old mansion-house between the institution and the gate of entrance from Darby road. The liability of the board of health to take charge of cases of smallpox, has been, and I believe still continues to be, a point on which a wide difference of views exist. In 1850, the solicitor of the board of guardians was requested to frame a petition to the legislature, praying their body might be relieved of this duty; still in 1852 an act was passed giving to the board the right to charge three dollars a week for every case of contagious disease for which their body provided. The hospital on Islington lane having been closed on the 1st of April, 1860, strange as it may appear, in a community proverbial for its wise and liberal provisions for almost every species of physical, moral and mental destitution and suffering, Philadelphia is to-day without a public place where either citizen or alien could command the services of a physician or nurse if overtaken by contagious disease.

In 1832, Philadelphia was visited by the cholera, which produced an alarm only equaled by that of the yellow fever in 1793 and 1798. In July the medical staff advised the non-reception of cases, and an immediate provision for such as occurred within their jurisdiction outside of the house. The physicians to the out-door poor held a meeting, at which Dr. Condie presided, and recommended the establishment of temporary hospitals to be placed under their care, and to receive all such cases as were not thought proper subjects for admission to the house. At that time the present almshouse was in process of erection, the present lunatic department being almost completed. About the 21st of July a case appeared in the infirmary of the institution, then in charge of Dr. Hodge, and it was at once resolved to remove all the healthy paupers over the river to the west building, designed then for a hospital, and these were the first occupants of the new institution. The guardians next made application to commodore Baron for the privilege of removing others still remaining to the naval asylum, but this was declined, as the commodore did not feel authorized to allow its occupation by civil authorities other than as a hospital. A subsequent resolution empowered the



president of the board of guardians, Mr. Lippincott, with the mayor of the city, to arrange for the admission of a number of cholera patients into the asylum.

In the house the cases increased daily, until a general panic took place. Nurses became clamorous for an increase in wages, which was granted. These, between terror and a want of moral sense, were seized with a kind of mad infatuation. They drank the stimulants provided for the sick, and in one ward, where the pestilence raged in its most fearful forms, and where between the dead and the dying the sight was most appalling, these furies were seen lying drunk upon or fighting over the dead victims of the disease.

Persons rescued from shipwreck have furnished histories of some very singular mental phenomena, the product of utter, hopeless despair, disarranging the complex machinery of the intellectual and emotional organization, so that while the great hulk freighted with living souls was settling down into its grave of waters, some would laugh as though in the ecstasy of joy, and others command in vehement tones of authority the billows to roll back and the tempest to hush. We call all such extravagant exhibitions hysterical, but the mental and physical reactions are none the less curious to either the metaphysician or the psychologist.

In this state of disorder, application was made to Bishop Kendrick for sisters of charity. The request was granted, and these devoted ministers of mercy at once entered on their mission of danger, restoring order and diffusing hope by the calm and self-possessed manner with which they moved among the diseased. These sisters remained at their post until the 20th of May, 1833.

During the epidemic the utmost attention was given to the study and treatment of the disease. Dr. Hodge has informed me that at the suggestion of Dr. Horner the saline solution was thrown into the veins, in order to provide for the blood lesion which was alleged by several prominent authorities to exist, but in no case were any good results obtained. Large double tin cases were likewise constructed, in which the patients were placed, while external warmth was communicated by filling the interval between the case and its metallic lining with hot water. Little, if any, benefit was experienced from this mechanism.



In 1849, the cholera returned; and in July a meeting was called by the mayor to consult on the best measures for the exigency again likely to be forced on the community. This meeting took place at the office in the city, and was attended by Drs. Benedict and Page from the institution; and Drs. Harris, Meigs, Pearce and Dillingham of the city. The board of guardians, after receiving all the light possible from an interchange of views, concluded to appoint a committee to carry out any medical suggestions made by the medical officers of the house. The cases increased rapidly in the institution. The wash-house which stands in the centre of the hollow square was occupied first as a cholera hospital, and I remember well passing through the building and witnessing with sad interest the poor victims in every stage of the disease. It was an excessively hot day, yet they were all as cold as a block of ice, and the lines of death were legibly traced on every face. Dr. Massenburg, from Hampton, Virginia, was appointed temporary resident at the hospital at this time; a most amiable and intelligent gentleman, one of the first medical acquaintances I made after coming to the city. He was attacked with the disease while absent a few hours on a visit to the town and died in great agony, notwithstanding that the most untiring efforts were made in his behalf.

The earliest case of disease in the house was on the 27th of June, 1849. A colored man, William Jones, was brought into the black medical from the city on that day and died before night. The second case was likewise a negro, Isaac Wood, who was brought from the city on the 29th and died the same day. Between this date and the 1st of July nine other cases occurred. At this time the second story of the building, called the wash-house, was arranged for a hospital, and patients conveyed there as soon as attacked. For several days after this the cases were so numerous and fatal that in the alarm and confusion no register of admissions was kept. After the 7th of July there is an account of ninety-nine males admitted, eighty-seven of whom died; and one hundred and one females, ninety of whom died.

On the 13th the medical attendants recommended the erection of two temporary hospitals outside of the walls. The workmen commenced on the 16th, and by the 23d had up two board tents in the field by the gate as you enter the lane from Darby Road. They were occupied the same day by twenty males and eight



females. Of the former seventeen died; of the latter three died. Sixty-eight additional cases were treated in the tents, of which number thirty died. From these data, which I believe from personal observations to be far short of the truth, the total number of cases was 307, and the deaths 229.<sup>1</sup> The disease disappeared about the 20th of August, at which time these provisional hospitals were taken down. During much of this time the guardians could not raise a quorum for the transaction of business, but no record remains of any medical officer having left his post, except poor Massenburg, the stranger, who was called I hope from probation to fruition.

The sanitary committee of the board of health, under the impression that the virulence of the disease in the hospital was due to improper diet, sent a communication to the board of guardians on that subject. The statements made in their answer showed that any trifling impropriety of this nature had little to do with its prevalence. The mode of burying the dead was changed for a time; trenches were dug so as to hold only four coffins, two abreast, and twenty-four inches apart. This space was filled in with dirt, twenty-five pounds of chloride of lime was added to each grave, and the whole covered with four feet of earth.

In 1854, a third epidemic of cholera prevailed. It commenced on the 7th of July, and attained its greatest fatality the last days of this month and the beginning of August. Straggling cases of it appeared as late as the 7th of November. During this period there were about 300 cases, most of which were treated in the small-pox hospital near the gate, with the addition of a wooden tent. On examining the sources calculated to throw light on the result, it would appear 150 cases of the number attacked proved fatal.

During the months of January and February, 1849, a very fatal epidemic of puerperal fever prevailed in the lying-in department of the house. I have not been able to ascertain the number of cases, but am told by a very reliable and intelligent nurse of the house that almost all attacked died. For four weeks the wards were vacated and every means used to disinfect the place.

In 1855, the disease again appeared and lingered in the wards for three months, carrying off almost all puerperal women attacked. Dr. Penrose, who has some valuable tables in course of

<sup>1</sup>A careful examination made after writing the above shows 255 deaths to have taken place.



preparation, informs me that there have been cases of this formidable disease in the obstetrical department every year, from 1841 to 1858, except the years 1844 and 1845; and that since the change in the medical administration of the institution he is not cognizant of a single case having occurred. This exemption he attributes to the sanitary measures advised by himself and colleagues.

The children's asylum has often been invaded by destructive epidemics. The first one recorded was in April, 1835, the year after the children were moved to the present house. This was *cancrum oris*. That the mortality was large may be inferred from a single allusion, in which it is stated twenty children had died in nine days from the disease. The existence of the affection and the fatality were in a great measure due to the very imperfect organization of the department. Dr. Hodge, who declined this year to attend the asylum any longer, addressed the managers on this subject, advising as an act of imperative humanity an immediate attention to the interests of this department. Among the suggestions made were the appointment of a resident physician exclusively for the asylum; the selection of experienced and conscientious nurses; more room and ventilation; and more hospital convenience.

The other diseases peculiar to this period of life, which have frequently from time to time existed, are ophthalmia, measles, and scarlet fever.

On the 26th of November, 1804, the managers arranged for the first time a diet table for the use of the house. By this table every pauper in the medical, surgical and incurable wards was allowed for

BREAKFAST.

1 pint of coffee or 1 pint of chocolate;  $\frac{1}{4}$  lb. of bread.

DINNER.

$\frac{1}{4}$  lb. of meat; 1 pint of soup; 1 lb. of potatoes;  $\frac{1}{4}$  lb. of bread

SUPPER.

1 pint of tea;  $\frac{1}{4}$  lb. of bread.

Every other pauper on Sunday, Tuesday and Thursday received:

BREAKFAST.

1 pint of coffee or 1 pint of chocolate;  $\frac{1}{4}$  lb. of bread.



DINNER.

$\frac{1}{4}$  lb. of bread;  $\frac{1}{2}$  lb. of meat; 1 pint of soup; 1 lb. potatoes.

SUPPER.

$\frac{1}{4}$  lb. of bread; 1 pint of tea.

Every pauper on Monday received:

BREAKFAST.

1 pint of coffee or 1 pint of chocolate;  $\frac{1}{4}$  lb. of bread.

DINNER.

1 lb. potatoes; 1 qt. of hash;  $\frac{1}{4}$  lb. of bread.

SUPPER.

1 pint of tea;  $\frac{1}{4}$  lb. of bread.

On Wednesday and Friday:

BREAKFAST.

1 pint of coffee or 1 pint of chocolate;  $\frac{1}{4}$  lb. of bread.

DINNER.

Mush at pleasure; 3 gills of molasses to ten persons.

SUPPER.

1 pint of tea;  $\frac{1}{4}$  lb. of bread.

For the lying-in wards every day in the week:

BREAKFAST.

$\frac{1}{4}$  lb. of bread; 1 qt. of coffee or chocolate.

DINNER.

$\frac{1}{4}$  lb. of bread; 1 lb. of potatoes; meat as ordered by physician.

SUPPER.

$\frac{1}{4}$  lb. of bread; 1 qt. of tea.

In this table there is a fair amount of food to each person, but very little variety. There is no subject connected with the administration of an institution of this kind more important than the one under consideration. It is adopted by many as a foregone principle that the objects of public charity should be confined to the simplest, coarsest fare in quality; and in quantity as moderate as may be consistent with their needful support. (I may add here in parenthesis, that I do not make any charge of such views against the board of guardians.) Connected with this subject, I conceive there are very nice questions of moral ethics and



political science involved. I presume, both as regards clothing and food, the justification is drawn from the fact that the inmates of these public charities are compelled in consequence of their misfortunes being self-inflicted, the result of their own vices and evil habits, and therefore they surrender any claims to the protection of society beyond that of a mere support. This is not the place to discuss a subject of such ample nature. Let me only throw out a few thoughts in passing which may aid us somewhat in its proper treatment. What is it which makes us differ from the most degraded inmates of this house? Nothing; really nothing, but the grace of God. Will any one doubt that the chief instrumentalities concerned in giving him position, reputation, moral and social standing in society, were the influential operations of parental care and tenderness, extended during those years when the human character is as plastic as the clay in the hands of the potter, and still later, when the forecast of friends had provided for personal comfort, and aided in the formation of associations salutary and restraining? These, gentlemen, more than any natural endowments, have made you what you are. Now look on the other side of the picture. The vast proportion of the inmates of this house have never enjoyed such all-controlling agencies. Born most of them in humble life, with perhaps a vicious training, thrown on the world to their own resources during the most impressible period of existence, with unformed characters called to struggle with all the temptations incident to a life of obscure want and toil, and without the sympathy of either men or government, is it a marvel, that with such a moral organization as the race carries with it, these creatures should be driven to shipwreck by the tempests which come up from the human heart? These considerations at least commend them to our generous sympathy and charity, and to this end God has wisely implanted in the human heart a principle to compassionate misery and misfortune in all their multiform aspects. Whenever, therefore, disease or decrepitude, either of mind or body, the result though it be of vicious habits, compel such to seek an asylum at the hands of their fellow beings, whatever other claims they may have forfeited from law or society, that to the support of life they have not. The diet, therefore, it would seem reasonable should be in quantity, quality and variety, such as is capable of maintaining the best possible health consistent with a broken-down con-



stitution. The diet should be determined after a careful study of the constitutional characteristics of the population, prevailing disease, and their usual complications. Looking at the subject in an economical point of view, that regimen will prove the most desirable which exerts the largest influence in keeping the inmates out of the hospital, as by the report for 1862 it will conserve the difference between seventy-two cents and two dollars.

In conclusion, gentlemen, it is difficult to over-estimate the importance of this institution, to either the profession or the community. To say nothing of the multiform types of destitution and want which it meets and relieves, look at the field which it offers to the disciple of medicine, and which no man will lightly esteem who contemplates the prosecution of his profession with a conscience void of offence towards God and man. There is a hospital, in which over eight thousand cases of disease are treated annually; a children's asylum, offering illustrations of all the complaints incident to this period of life; and there is an obstetrical department, in which as many as seven cases of labor have occurred in twenty-four hours, and where in the last thirteen years over two thousand six hundred children have been born. One year industriously spent in this institution will yield in medical experience, the fruits of ten years gathered from an ordinary practice. But to place the statement in another form: a graduate of medicine faithfully improving for a single year his opportunity for study of disease in the wards of the Philadelphia Hospital, will be better fitted to assume the responsibilities of his profession, than one who labors ten years in an ordinary city or country practice.

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## REMINISCENCES OF THE PHILADELPHIA HOSPITAL.<sup>1</sup>

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BY ALFRED STILLÉ, M.D.

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GENTLEMEN:—Let me thank you for the compliment you have paid me in making me the first president of your association. I hope that it may flourish for many years to come, and bind all its members to sustain the past, present, and future reputation of the great hospital in which we have all had the honor and advantage of cultivating the art of all arts, the “art of healing.” I shall make no attempt to present to you the history of the almshouse hospital, for this work was thoroughly done by Professor Agnew in an introductory lecture to his clinical course at the hospital in 1862; nor shall I pretend to do more than retrace for you an outline of some of the features of the institution as I knew it more than half a century ago. The memories of youth are apt to outlive those of middle age; and certainly many events of my first hospital experience are as clear and vivid in my mind to-day as if they had occurred but a year ago, while not a few of the intervening ones have faded quite away.

In 1836, the buildings composing the almshouse, except the additions to the southernmost one, were substantially the same as now, but the uses of some of them were different. The southern building was then entirely occupied by the hospital—its eastern half by the male, its western half by female patients—while in the centre was the lecturing and operating amphitheatre. The east return wing was filled with insane males, and the west with insane females. The apothecary’s shop was on the ground floor of the same building. The lying-in wards were in the west end of the building forming the northern side of the quadrangle, and the children’s asylum in the corresponding part of the east end.

<sup>1</sup>Address made by Dr. Stillé, as first president of the association of the ex-residents of the Philadelphia Hospital, December 6, 1887, at the dinner given by them at the Bellevue Hotel, Philadelphia, at which sixty were present. A brief account of this association will be given later.



I lived in the children's asylum, of which I had special charge, although I had also charge of medical and surgical wards in the hospital itself. If I were asked what half-year in my professional life was the happiest, I should reply the period that I lived in that asylum. I occupied a vast chamber that looked out upon green fields and a fair river, with a view of the city beyond them. I had no companions to disturb me; I was aflame with the desire of knowledge, and all my time was eagerly devoted to the study of disease and of books.

The board of managers of that day was certainly not composed of very refined men, but they were, according to their lights, competent, and very different from the vulgar, corrupt and venal body which in later years mismanaged the institution. I can recall several of them who were conspicuous for exhibiting their power in season and out of season, not only over the paupers and patients, but over the medical residents also. Ignorance and coarseness have a natural repulsion for knowledge and refinement, and the feeling is more or less reciprocated. Very seldom, indeed, is there a cordial harmony between hospital managers and resident physicians. The exercise of power is as dear to the one as intolerance of it is natural to the other. The one lacks sympathy and the other humility.

It would hardly be credited, were it not unquestionably true, that this great clinical school was closed for nearly ten years, because in 1845 the resident physicians were shocked by a cockroach upon their dining table, and not obtaining redress for their offended delicacy, they incontinently resigned. One cannot but pity a susceptibility that would allow such an incident to imperil the success of a professional life. But we cannot expect to find old heads on young shoulders, nor even the most righteous cause to be temperately promoted.

Another incident may be used in illustration. The president of the board of guardians was the bugbear of the whole establishment, from the steward down to the most abject pauper who had no home but the almshouse. It was natural that some of the quick-tempered and high-minded house-physicians should resent the pompous tyranny of this man, and occasions enough for doing so occurred. Of these I may recall one or two. South of the hospital in those days was a large flower and fruit garden which the guardians reserved for the sole enjoyment of



their senses and appetites, and which all other persons, including the resident physicians, were as strictly forbidden to enter as were Adam and Eve to return to the garden of Eden. One of the residents it seems, not having the fear of the guardians before his eyes, had the audacity to enter the sacred precincts and appropriate a few peaches and roses. A mighty clamor followed, only to be compared to the outburst of Mr. Squeer's wrath when Oliver asked for "*more*." I do not remember what the upshot was, but certainly not "the brown paper parcel full of groans" which was the net result of the English school boy's flogging. My impression is that a special edict was issued against trespass upon paradise, and signed with the vermilion pencil of the great Mogul of Blockley almshouse.

In those days the residents boarded at the steward's table; the meals were always good, and on Sundays and on the days when the board of guardians met, they seemed to us both sumptuous and abundant. On Sunday, when everything and everybody is later than usual, it happened that the residents were not always punctual to the dinner hour; but the president of the board and some of his colleagues, who were not apt to be behindhand at the feast, were so annoyed by the young men's unpunctuality, that they issued an ukase proclaiming that all the residents who did not arrive within a certain time should be denied a passage through the gates in the yard fences, and be thereby compelled to reach the steward's quarters by passing through the paupers' outwards. This indignity was hotly resented, and one summer day a resident physician, being detained by his duties, found the yard door closed between him and his dinner, and was told that he must reach the steward's apartments through the paupers' wards. After parleying for some time, and then sending a request to the president of the board to permit his passage, which was denied, he retreated a little, and with a rush, kicked the door open, and made his way to the dining-room, where he reported to the president of the board what he had done. This gentleman was so amazed that he made no reply, and the combative resident was never called to account for taking the law into his own hands.

As I have said already, I had special charge of the children's asylum, and lodged in it. It was a very interesting field for me from a humanitarian as well as a medical point of view. A hundred or more children were sheltered there on their way to the



early grave to which most of them were destined. Illegitimate and other outcasts formed the majority, and ophthalmia, that curse of children's asylums, made of them a blear-eyed, puny crowd, most pitiable to see. I soon became convinced of the causes that produced the crippling and mortality of these outcasts and waifs. I pointed out to the committee of the board how the disease was disseminated by the children washing in the same basins and using the same towels, and how it was maintained by their having no shaded places for exercise in the open air, and also by the insufficient food permitted them; for if the soup which they received one day was nutritious, the meat of which the soup had been made, and which formed their dinner on the following day, must necessarily be nearly devoid of nutriment. But, of course, the committee on the children's asylum and the guardians knew better than I, and at the time, at least, nothing was done to correct this wrong. In my day Dr. Joseph Pancoast was the attending physician of the children's asylum, and it is pleasant to me to recall the cordial relations which I there began with him.

I might digress here to speak of my colleagues in the hospital, and of some of those who immediately preceded or followed me. The list of them as I remember it was the following: Asa Frisby, of Mississippi; Thomas J. Turpin, of Maryland; John H. Fromberger, Robert R. Porter, and Louis P. Bush, of Delaware; William Elmer, of New Jersey; William P. Johnston, of Georgia, and later, of Washington, D. C.; Robert Morris, Benjamin Stillé, Joshua M. Wallace, Henry S. Patterson, Charles Bell Gibson, Edmund C. Evans, Charles N. Egé, and John B. Biddle, of Philadelphia; and Joseph Walker, of Bermuda.

Of these there survive only Dr. Bush, Dr. Elmer, and Dr. Morris. The last never became a practitioner, and after a few years pursued literary rather than medical studies; but Dr. Bush was long a leading practitioner of his native town; and Dr. Elmer, of Bridgeton, N. J., and the surrounding region. Of the rest, Johnston, Wallace, Gibson, Patterson and Biddle obtained distinction as teachers of medicine, and the others were successful in practice. I have never doubted that they all owed their success in a very large measure to two of the gentlemen who were then attending physicians to the hospital, and I, for my own part, am happy to recognize my share of this standing debt. These two physicians were William Woods Gerhard and Caspar



Wistar Pennock. Both had studied in Europe with great distinction, and had enjoyed unusual opportunities for clinical study at home and abroad.

Dr. Pennock by his experiments upon the physiological action and sounds of the heart, and by his clinical researches in cardiac disease, preceded other American physicians in this field, and inspired with his own noble enthusiasm all who became his pupils. No nobler, purer, more unselfish man ever lived; but he was lost to medicine many years before his death by the steady progress of a disease of the spinal marrow. His colleague, Dr. Gerhard, had been a resident physician of the almshouse hospital while it was still in the centre of the city, and the great clinical school of Philadelphia. In its wards he made numerous important investigations, and among them experiments on the endermic action and absorption of medicines. Thence he went to Paris well accoutred for the study of clinical medicine under Louis; and among other fruits of his Parisian studies he contributed largely to the pathology of tubercular meningitis.

His familiarity with typhoid fever gained in Paris, and with typhus fever which he studied in Great Britain, prepared him for a thorough investigation of them on his return to this country, and especially for becoming the historian of the epidemic of typhus, which furnished hundreds of patients to the Philadelphia Hospital in 1836. In spite of the extreme contagiousness of the disease, and the great mortality which kept everyone busy with examinations post-mortem, the enthusiasm of master and pupils knew no bounds. The history of this epidemic was afterwards published by Drs. Gerhard and Pennock, and to this day remains the earliest, as well as one of the most perfect and original demonstrations of the specific differences between typhus and typhoid fever.

Dr. Gerhard's bedside instruction in physical diagnosis was also followed with zeal, and happy did his pupils esteem themselves in having as a teacher one who had drawn his knowledge from the very fountain head in Paris. For in those days there was a far greater gulf than now fixed between those whose knowledge had been gained abroad and those whose education had been domestic only.

At that time also, and through Dr. Gerhard's skill, a radical reform occurred in the treatment of *mania-a-potu* and *delirium tremens*. Indeed, to him and to the wards of the Philadelphia



Hospital is due the abandonment of the murderous use of opium in those affections and the substitution for it of well seasoned food and alcohol, generally in the form of porter. He was enabled to prove that both the primary and the secondary effects of drunkenness tend to terminate in cure, and that they ought never to be fatal in uncomplicated cases.

Among the patients who came periodically under his care for such effects of intemperance was a certain M.D., a man of good education and some wit, who was so charmed by the new method that he exhaled his pleasure in the following doggerel verses.

### THE WONDERFUL BOOK,

OR JIM CROW, DAVY CROCKETT, AND MAJOR JACK DOWNING SWEEP FROM THE READING  
WORLD IN A BLAZE OF SCIENCE BY A. C. DRAPER, M.D.

Ye knights of the lancet for knowledge prepare ;  
A brother of talents and learning most rare  
Has determined no longer his fingers to crook,  
But enlighten the world with a wonderful book.

Six months is the time he has wisely assigned  
To usher to light this great birth of his mind ;  
Some granny bookseller accoucheur will act,  
As deliv'ring a doctor requires much tact.

In a fit of the horrors the book was begot,  
That from mania-a-potu will rescue each sot,  
And save almshouse doctors the trouble and care  
Of prescribing for those mania fills with despair.

And who can dilate on disease of the Cells  
Like him who so oft in their solitude dwells,  
And worships fair science within their bare walls,  
Unmindful of home or his patients' loud calls?

Ye men of cold water, avaunt ! quit the field !  
To brandy and porter he'll force you to yield ;  
And as to the swill you have christened hop tea,  
With the stomach he swears it will never agree.

'Bout hops he is certain you're sadly at fault ;  
'Twere better to brew them at once with good malt,  
The prescription no patient would ever bewail  
If it came in the shape of good Albany ale.

Should the doctor once more for humanity's sake  
Get blue, on his system more lessons to take,  
It is hoped the physician who 'tends to his case,  
To cure him with brandy the chance will embrace.



And who, to teach others, such perils would court,  
Treating life as a thing only given for sport?  
Not one out of twenty his studies would try,  
Not one in a thousand for science would die.

When he's quite convalescent and home would retreat,  
Never try to regale him with tea made of meat;  
For nought to his stomach affords such relief  
As a bottle of porter and a pound of good beef.

And the names of the doctors who please him will grace  
In letters of gold his book's learned preface;  
Prescribers who value a medical fame  
Must feed him with brandy to get a good name.

At the period of which I am speaking blood-letting was still in vogue. The absurd theories of Broussais were still dominant, and the "hand-over-hand bleedings" of Bouill I soon afterwards witnessed in Paris. I may truly say that when I think of blood-letting at the Philadelphia Hospital fifty years ago, I shudder—*horresco referens*. Adults were bled in all manner of diseases by venesection, cups and leeches, and even the miserable cachectic children did not escape the bloody sacrifice. I have seen a chronic lunatic strapped in a so-called "tranquillizing chair" and bled *ad deliquium*. To this day I have on my own person a scar that attests my own ignorance and the presumption of one of my equally ignorant colleagues, who bled me for some trifling ephemeral fever that did not even confine me to bed. From the beginning of my own private practice in 1841 to the present day, I have not practised venesection a dozen times.

The management of the insane department at the time of my service was as devoid of medical knowledge and humanity as was possible, and there, as also in institutions that falsely laid claim to being pioneers in the humanitarian treatment of the insane, cruel repression took the place of rational and humane management. I have still vividly in my memory pictures of raving maniacs in straight-jackets strapped to their bedsteads or bound to massive chairs, while bladders of ice were applied to their shorn scalps. I still see before me the narrow shelterless yards of the hospital filled with a mingled crowd of gibbering lunatics, many of them wearing leather muffs, while others wandered in melancholy vacuity around their narrow prison—with nothing to occupy, nothing to amuse, nothing to improve them.



So profoundly and painfully was I impressed by these inhuman horrors, that I prepared for the grand jury of the time a paragraph for insertion in their presentment, urging the legislature to provide for the better accommodation and treatment of the insane in the almshouse. It was only many years afterwards that any efficient measures were instituted for even lessening this blot upon the name of a city that piques itself on the abundance of its good works.

I have but lightly touched upon some of the points that are most prominent in my memory of my first hospital residence. Many others are recalled by them—events, names, persons, that had apparently been forgotten; but I resist the temptation to make the procession pass before you. I have already trespassed too long upon your time; and so, thanking you for your courteous patience, I leave to others the sad but pleasing duty of piecing out my reminiscences and continuing them with their own.



## ADDITIONAL REMINISCENCES OF THE PHILADELPHIA HOSPITAL.<sup>1</sup>

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BY ALFRED STILLÉ, M.D.

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MR. PRESIDENT AND GENTLEMEN:—I rise to respond to the toast you have heard read, but let me add, it is under compulsion—moral compulsion I mean, which is sometimes more constraining than physical force. Your committee of arrangements was good enough to say that my semi-centennial reminiscences of last year gave pleasure to the guests, and they founded thereon a suggestion that more of the same sort would be acceptable. But they probably forgot that there is a natural limit to such recollections; that they cannot be produced at will, and that between my friend and ancient colleague, Dr. Bush, and myself, the garner had been pretty thoroughly emptied. Indeed, it seems to me that any slight addition I might make to the picture will be flat and meaningless if torn from its original connections, just as a garment would be if removed from the body to which it belongs.

And yet all of you who have passed through the discipline of our great hospital, even recently, must have observed that besides the atmosphere of science and art, and besides the discipline and the comradeship, which together constituted its training as a professional school, and which cannot fail to shape and color your whole career, there are some others which cling to the memory and even to the senses, and are strangely powerful to resuscitate impressions long ago received and apparently extinct. Philosophers have contended that our sensations are most numerous and permanent, some when we receive them through the sight, and others through the hearing; but I am disposed to

<sup>1</sup> Address made by Dr. Stillé at the association of the ex-residents of the Philadelphia Hospital, December 4, 1888, at the dinner given by them at the Bellevue Hotel, Philadelphia. Response to the toast, "The Residents of Auld Lang Syne."



think the olfactory sense retains longest of all the impressions made upon its organs.

It seems to me that the almshouse smell must be immortal, or can only "by annihilation die." It is, or was, a smell *sui generis*, for every hospital has its specific smell. Certainly it has no resemblance to the smell of rose, or violet, or lily, nor, on the other hand, is it borrowed of *asafoetida* or *cacodyl*. It is a smell that one may recognize as a familiar acquaintance in the prisons of Naples or in the Edinburg infirmary. The smell of a civil or military hospital has its characteristics, but the effluvium of a pauper almshouse hospital has a much intenser quality. It is compounded of the exhalations of the habitually great unwashed; of effluvia generated by the decay of the sick, and the decomposition of their excretions; of the stale or rotting food that has been accumulated surreptitiously and hidden away; of steam from the meat caldron and emanations from the bakehouse or the fresh bread; from the heaps of musty old boots and festering garments thrust out of sight and fermenting in unopened closets; and then, mingling with and overlaying all of these, a certain medicinal odor which may be traced to the accumulation of tinctures, and mixtures, and unguents, and plasters, upon the bedside tables of many patients. It is not what perfumers call a bouquet, which plays a gamut of delight upon the olfactory sense, but an acrid, fœtid, sickening, musty, fusty, and above all, frowsy smell, more complex in its combination than the most ingenious compound of the perfumer's art. It is the pervading *genius loci*, and never is to be encountered outside of the walls of a pauper hospital. You cannot sweeten it; you cannot altogether expel it.

"You may scrub, you may ventilate wards as you will,  
But the smell of the almshouse will cling to them still."

It can "only by annihilation die;" by a fire that should consume the whole building. But the remedy is too costly.

No doubt in progress of time this odor has lost something of its acrimony, for during my service as a visiting physician (1866-72) its pungency had perceptibly declined. This improvement was immediately due to two members of the board of guardians. One was its president, John M. Whitall, a plain man of strong common sense, an expert in the art of ventilation, and a guardian, who, with some of his colleagues, kept the board



from plunging into the quagmire of politics. The other was Mr. Parker, an iconoclastic reformer, whose zeal sometimes outran his discretion, but whose efforts to reform were so persistent that he came to be felt as a thorn in the guardians' side. They could not tolerate his continual pricking, and when his term of service expired they took efficient means to prevent his re-appointment.

As everybody knows, one gets used to foul smells, and at last ceases to notice them. Indeed, some persons seem rather to thrive in a contaminated atmosphere. So it is said that scavengers and night-soil workers acquire an immunity to certain diseases. In like manner, the inhabitants of the Nile and the Mississippi basins are said to prefer the muddy water of those streams to clear and sparkling mountain brooks. But it does not follow that the ignorant and stupid and careless should be allowed to sacrifice either themselves or those who are under their care. I cannot doubt that the day will come when it shall no longer be thought any more consistent with humanity and benevolence that almshouse paupers and hospital patients and their physicians and attendants should breathe a noisome and pestilent air, than it now is to chain maniacs to their cell walls, or strap them in "tranquillizing chairs," as was not long ago the custom.

Looking back at the far distant period when I was a resident physician of the Philadelphia Hospital, I am as much surprised at the definite portraits in my memory of certain of the inmates of that time, as I am at the distinct impressions retained by my olfactory senses. Although I have seen scarcely any of them for half a century, I think that if I were a draughtsman, I could outline the faces and figures of many among them, beginning with steward Stockton, whose grave and weary, but benevolent features, were hardly ever lighted by a smile, and ending with the "Captain," who reigned in the region of the dead, and enlivened his lugubrious occupation by frequent trials of strength with Bacchus, in which the man was uniformly worsted by the fiery god. It would seem that there must be some natural connection between dead-house men and spirits, for I remember that one winter, while I was a visiting physician, the river was full of ice, and the dead-house official of the time not clearly distinguishing between it and terra firma, plunged into the water and was drowned. His body was brought to the house the next day. It



had a bright, ruddy color, and all the limbs were placed as if the man had died in the act of climbing. So life-like a corpse I never beheld.

Among the nurses, I most distinctly remember the matron of the children's hospital, where I lived. She was a quiet-spoken, motherly person; but the zeal of her office did not eat her up. She had a too wholesome dread of daring to have an opinion in the presence of the committee of the board. She had two acolytes, Nancy, the nurse, who nearly lost her sight by contagious ophthalmia, and afterwards entered the service of one of the physicians of the house and brought up all his children; and Jane (I think that was her name), who had that stupid, astonished good nature peculiar to some of her country-folk.

Then there was the big, burly, apoplectic looking head nurse of the male insane department. He enjoyed the monopoly of leeching and cupping all over the house. It shakes my faith in medicine to think what sanguinary floods we then believed it necessary to shed! This man ruled his own particular kingdom with an impartiality of severity most edifying to those who believed that maniacs are possessed with devils.

I think I can see old mother Hardy of the female venereal ward peering through the big, round glasses of her spectacles; a stern, yet kindly shepherdess of poor sheep that had gone astray, and found more thorns than flowers in the primrose paths of pleasure.

Ah well! these reminiscences are, I know, less interesting to you than to him who gathers them, for he was himself a part of them. They have been woven into his life, and none but himself can understand or thoroughly feel them.

And let me be allowed to say to my younger brothers, do not let the impressions of your hospital life ever grow dim. Recall them for the entertainment of your friends and for your own solace. Preserve them for the time when you, like myself, shall have rested from the more active and arduous labors of your profession; and then

*"Forsan et hæc olim meminisse juvabit."*

[During the last few years the almshouse smell has almost disappeared, a result due to the earnest efforts of the governing board, the superintendent, and physicians-in-chief, aided by the medical board and the nurses' training school. The erection of improved water closets with proper sewer connections has had a most wholesome effect.



REMINISCENCES OF THE PHILADELPHIA HOSPITAL,  
AND REMARKS ON OLD-TIME DOCTORS  
AND MEDICINE.

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BY LEWIS P. BUSH, M.D.

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MR. PRESIDENT AND FELLOW-MEMBERS OF THE ASSOCIATION OF EX-RESIDENT AND RESIDENT PHYSICIANS OF BLOCKLEY HOSPITAL:—One year ago we met to talk over the scenes and incidents, "grave and gay," of the Blockley Hospital within the last half of the century; some fresh and strong in memory, others fading into the dim vista of a "long time ago." A few of 1837 still remain—how many of the years before, if any, I have no knowledge. Should the roll of 1836–37 be called, who could respond but Stillé and Elmer, and I presume Morris, the former of whom I am happy to find with us this evening. What shall we say of Frisby, Johnson, Fromberger, Gibson, Egé, Walker, Wallace and Boyer? They are not here—most of them, as I believe, gone beyond the sound of human call. Whether joyful or sorrowful, may I not spend a few moments in passing a simple tribute to the memory of several of them?

William P. Johnson, of Savannah, Georgia, was graduated in the University of Pennsylvania in 1836, settled in his native place, but afterward in Washington, D. C., where he became engaged in a large and successful practice, and became professor of obstetrics in the Washington College, which place he filled for twenty years. He died about the year 1880, broken down by the labors of his profession, and lamented by a large circle of friends, acquired by kind and unremitting professional attention.

Address made by Dr. Bush, of Wilmington, Delaware, at the dinner of the association of ex-resident physicians of the Philadelphia Hospital, December 4, 1888. Dr. Bush and Dr. Stillé were resident physicians in 1836, and are probably among the oldest, if not the oldest, living ex-residents.



Asa Frisby was a sober and solid Mississippian, who also was a graduate of the University of Pennsylvania in 1836; he was elected the same year to the hospital staff; he passed with us through the typhus period, of which both he and Johnson had an attack, the former severely, the latter lightly; and went to Natchez at the end of his service, where he died a few years afterwards of yellow fever.

John H. Fromberger was a graduate of the same school in 1835, and became an interne of Blockley; he settled in Delaware, was successful in obtaining a large practice, and died in Florida, where he had gone on account of ill health.

Charles Bell Gibson, son of professor William Gibson of the University of Pennsylvania, was graduated there in 1836, and was an interne of Blockley previous to and after his graduation; he removed to Richmond, was elected professor in the medical school of that city, and died at the early age of fifty. Of the remaining confrères of that company I have but little knowledge.

John F. H. Patterson, a graduate of the University of 1835, an interne of Blockley, a professor in the medical college, died about the age of 50—an energetic, earnest, bright man.

Joshua M. Wallace, brother of Ellerslie, a University student, graduate of 1836, a genial, whole-souled fellow, was an interne but for a short time, when he was transferred to the staff of the Pennsylvania Hospital; he died early of pneumonia.

It is unnecessary to go over the ground which was brought before us a year ago. As usual, in the checkered scenes of life, there were many things which we recalled with pleasure, growing out of our intercourse with each other; others with emotions arising from what we considered a want of appreciation of what was due to us, for no doubt the most of the board esteemed us a parcel of fellows of no particular status, either in the medical or political world (and perhaps they were not far from wrong), while we, of course, thought ourselves of far more consequence than the most of them—elected as they were by either the whig or the loco-foco party—and who, we supposed, cared more for the monthly or quarterly dinner than anything else that pertained to the institution. I allude now to our sentiments after our election—of course previously we had treated them with profound respect. Altogether we have the confident conviction that we there laid up an amount of pathological and practical knowledge



which has served as a reserve during all the subsequent period of our lives. While we look back with due appreciation of what was gathered up at that time, we are far from acceding to the sentiment so charged, and not always unjustly, to that fragment of our race who have attained the three score and ten limit, "that the old times were better than the present;" nor yet do I feel quite ready to subscribe to the dictum of a medical friend, "that we were born fifty years too soon." As for the future, it is wrapped up in an impenetrable scroll; and the reveries of those who assume to make out the progress of the coming century are vain and vapid—it is enough for us who can look back for more than half a century to admire with grateful and fervent hearts the wonderful progress of human ingenuity and research; the power of the human mind in compelling the acknowledgement of the rights of man; the elevation of the down-trodden at home and abroad, and the increasing instability of tyrannical thrones.

Is it possible that the coming half century can offer more glorious exhibits to the wondering minds of its inheritors than the past has shown to us? But we are here as physicians, not merely as citizens of this great republic, from whose heights we overlook not only what is taking place immediately around us, but can take in from most favorable positions the aspect of the whole world panorama.

Long before the dawn of life upon any of those now present, our profession experienced the slow advance made by theory and empiricism, not only from ignoble, but also from noble minds in their earnest gropings after scientific truth and its application to the healing art. Foremost among the latter stands the "father of medicine," whose name shines forth brightly amidst the dim and obscure clouds of ignorance and superstition which enveloped the age of Hippocrates. It was a true philosophy which he inculcated; a philosophy founded upon observation and induction, rather than upon mere theories; but it is not now proposed to speak of that age, that we had over and over again from the lips of our venerable professor in the University, Dr. John Redman Coxe. Having passed the stormy days of 1845, *requiescat in pace.*

Let us come far down the stream of time towards the present century. We now meet with such men as Sydenham, Cullen, Huxham—strong, original thinkers, who used all the knowledge



they gathered to the best advantage, and left traces, not yet obliterated, upon the broad field of literature.

Misty and obscure enough were the notions even of those upon whom we still look back with a degree of reverence as being in the front rank of their contemporaries. Doubtless they themselves felt that great darkness surrounded them, and that their vision penetrated it but feebly; and that it was after all but imperfect experience and worse theory which they were obliged to promulgate.

When Dr. Samuel Jackson was asked why he did not publish another edition of his work on physiology, a work written in that graceful and pleasing style which marked all the productions of his elegant mind, he replied, "It is sufficient that I state my views in my lectures—they will last as long as they are worthy to be remembered." "Don't tell me," said John Hunter, "that my teachings last year were different from what you have just now heard—these are my present opinions." Such men were true philosophers; they were aware of the imperfection of the deductions of their day; and were wide awake to scrutinize every new fact; and even peered longingly into the future for the developments which their minds but feebly anticipated. No one perhaps of Dr. Jackson's period felt more sensibly than he the dimness of the light of that period, or longed more earnestly for the evolution of more truth in medicine than he could command.

If we would judge of the men of those days, we must, if possible, come down from our advanced position, and take place among the fogs and obscurities which surrounded them; and putting on their spectacles, carefully scan the scene which would then present itself. For myself, a feeling of sadness comes over me when I reflect upon the disadvantages of the true philosophers in medicine of even half a century ago, and doubtless some of us will be the subjects of the same sympathetic sentiment by those who will live a century hence, when many of the works which have been built up with so much labor in our time, will have had written upon them "TEKEL."

But I have said that it is not a subject of regret to some of us, that we are not just now entering upon the stage of life. We have had the satisfaction, which the younger members of our profession can never fully appreciate, of watching the wonderful developments of science—we have seen the rise of theories and empiricisms, as each in turn called out its followers, "Ho, here's the



throne of truth!" We have seen the light of these false prophets, which was but little better than darkness, melt away into its own proper realm of utter obscurity; while we have also observed the chariot of truth slowly advancing, dimmed at times by the clouds of error, but again and again coming into brighter vision, as around it glowed the true light of scientific research.

We need but to revert to the student days of some of us, and consider what were the teachings and the notions regarding fevers which were advanced from the rostrum, where stood the fine form of Chapman, setting forth in beautiful style and language the varieties, causes, treatment, etc., of these diseases. In nothing was both teacher and student more perplexed than in these forms of disease. If you look into the treatises of those days, you will perceive how difficult it was to arrive at a diagnosis at all satisfactory. They brought before the reader all the theories from the days of Hippocrates down to their own times, and discussed them laboriously, and when they had arrived at the end of their travail, they brought forth only another theory.

Chapman divided his fevers into intermittent, remittent or bilious, and continued, which included synocha, synochus, and typhus. In Dr. Christison's arrangement we have primary fevers, synocha, synochus, mixed or nervous fever, and typhus or adynamic, and continued and intermittent. Is it surprising that the student should have been puzzled to vexation by an arrangement which afforded no standing point, nor any definite boundary at the ending, for, says Dr. Chapman, "as synocha passes by insensible shades into synochus, so the latter passes insensibly into typhus." With such a spectre as that before him, what wonder if the student should have been as much confounded as was Hamlet upon the appearance of the ghost of his father.

The treatment was always hampered by the idea of inflammation, no belief being entertained that such temperatures could exist without that basis, and as inflammation required depletion, emetics, venesection and purgatives were of course necessary. By various practitioners bleeding was resorted to in various degrees, from one to six pounds of blood at a dash. This was proposed as Dr. Chapman says, by Dr. Jackson, in his practice of medicine. I presume he means Dr. Jackson of Boston, as I am not aware that Dr. Samuel Jackson of Philadelphia, ever published a work on practice. All this was done under the impression that these



continued fevers, as they were then called, could be arrested. Says Dr. Chapman again in glowing language, "Could I for a moment believe in the doctrine of our incompetency to cure fever—that all our efforts to arrest its progress are unavailing, that we must remain inactive and patiently watch the operation of the *vis medicatrix naturæ* till the disease spontaneously subsides, I would at once strike the flag of the profession, and cease to cheat the public by pursuing any longer a system of fraud and imposture." It would seem that with our present views of the self-limitation of typhoid and typhus fevers, we should be as honest as Dr. Chapman asserts himself to have been; but there is no necessity for that, enough remains to be done, even with as much empirical treatment as yet remains with us, to conduct a case of typhoid fever through its slow and tortuous course, even though we adopt the wise course "to give nature a chance."

If we go on a little further we find that typhoid fever was altogether unknown as a distinct disease. Even after the light which had been thrown upon it by Brettoneau, Louis and Chomel, many of those both in England and in this country who had been imbued with the old notions could not bring themselves to believe that typhoid fever was anything else than one form of continued or synochus fever. When we of that day, in the Philadelphia Hospital, stood by the bedside of our typhoid fever cases with Drs. Gerhard and Pennock, and had pointed out to us their diagnostic symptoms; and had disease in the glands of Peyer verified in the autopsy; and when the petechial typhus came among us from the ships from Ireland and from Philadelphia's summer streets, and we had shown to us the differences and the differential diagnosis of these two diseases, with the confident assurance that, in the typhus cases, we should find no disease in these glands, a new and clear light dawned upon us as to the specific and distinct character of the two affections. At once was dissipated the obscurities which had hung around us in regard to these fevers, and each stood out before us—individualized. No argument or description could so effectually have convinced us of the truth of the diagnosis, as did such demonstrations from the book of nature.

I think that I am not mistaken, and, if I am, can be corrected by my friend Dr. Stillé, that Dr. Samuel Jackson and Dr. Lawrence were the first in this country to describe the ulcerations in



the intestines, which they found in their patients who had died of an epidemic fever which prevailed along the Schuylkill about the year 1824; but they could go no further than to describe what they had seen, without, however, arriving at any conclusion as to the meaning of the pathological appearances. I may state that Dr. Jackson frequently expressed his regret that the record of the autopsies made by Dr. Lawrence had been irrecoverably lost. Dr. Lawrence fell an early victim to his devotion to pathology.

These certainly were very important steps; but having gone thus far we are met by the recent microscopic investigations into the causation of disease, not only of those fevers of which we have been speaking, but of various other zymotic diseases, and have before us new fields opening which promise to yield rich fruit, both in pathology and therapeutics. Here, indeed, we are amazed not only at the scientific problems which seem to be in course of solution, but also at the anticipation of practical results which, if realized, will throw into the shade all that has been heretofore accomplished.

If I might be permitted to go a little further in an exposition of the difficulties which surrounded those who immediately preceded us, I would cite those connected with diseases of the chest. Dr. Chapman, whose acquaintance with the literature of the profession will hardly be challenged, had come to the conclusion that pneumonia and pleurisy were the same disease, requiring about the same treatment. He remarks: "of all the diseases to which the human frame is liable, with the exception of cynanche trachealis, this is perhaps the best understood and most easily managed." If that were true at that time, our knowledge in respect to this disease has woefully degenerated. Our diagnosis we insist is incomparably superior to his, for we can look, as it were, into the lungs and pleura, and define precisely their condition, but we cannot adopt his words. His heroic treatment by profuse and repeated bleedings we utterly discard, while at the same time it may be fairly doubted whether in all cases venesection is an improper measure, even admitting the ordinary tendency of pneumonia to terminate by crisis or lysis. It is easy to understand how superior our diagnosis is by the use of auscultation and percussion, to which the ear of the world was deaf



until Laennec explained the language of thoracic sounds. While great advances have been made in medicine, we are yet upon the threshold of investigation and discovery.

We have appliances in the microscope and the laboratory for assisting us in questioning the anatomical and pathological structures of the human system, of which our predecessors knew nothing. As has been remarked, we have seen the gradual development of experiment and observation in this direction, and have admired the persistent devotion and enthusiasm with which observations have been conducted, which have added honor to human intellect; and we have rejoiced in the prospect of seeing still further developments of science and of practical results. Whatsoever cavil may have been made in former times as to the propriety of the use of the term "medical science," there ought to be none now, if careful and extensive investigation and wise generalization contribute toward such a claim.

We have seen the system of auscultation unfolded by the genius of Laennec, brought to such a degree of perfection that the recesses of the bony thorax are laid open even more satisfactorily than the contents of the abdomen, although the latter seems so much more accessible. Both heart and lungs speak to us of their pathology in a language which is as intelligible to the initiated as is French and German; but only intelligible when carefully studied as a language.

Then we are indebted to Dr. Bright for evolving the secrets of the kidneys, and we have learned something of the extensive influence which those organs exercise over the operations of the human organism. Still further, we have watched the wonderful advances in gynæcology (which can be appreciated only by those who had merely such light as from the lectures of Dewees, which was almost darkness); we have also learned much of the power of the uterus and ovaries over the nervous system; and have had placed in our hands such means and appliances as have enabled us to bring health and comfort to women, instead of the sadness and sorrow which they hopelessly endured for so many centuries—a relief which is only second to the moral and social elevation brought about by the divine agency of Christianity in raising her out of a woful degradation into the full dignity and honor of man.



Last, but not least, we see the efforts now being made to demonstrate that of the great causes of the mortality of the human race, the greatest is the want of pure air, pure water, and physical cleanliness, all of which we know have laid the foundations for disease and death, whereas before we could only imagine some latent and undiscoverable energy at the bottom of the whole trouble.



## HISTORICAL MEMORANDA OF THE PHILADELPHIA ALMSHOUSE.

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BY CHARLES K. MILLS, M.D.

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The most important medical facts relating to the period which his essay covers are given by Dr. Agnew, but to many events of interest he simply alludes, and to some of the details connected with the history of the almshouse system in Philadelphia, which are in a broad sense part of its medical history, he does not refer. In the following pages, therefore, some of the facts given will be in the nature of addenda to his history of the hospital. Some of the documents relating to the almshouse are of importance to an exact knowledge of the history of the institution; such, for instance, are: the act of 1828, for the erection of a new almshouse; the original deed of the property purchased by the city in Blockley township; the act of 1861 for the sale of the almshouse grounds or any parts thereof; and the ordinance of councils of 1883 setting aside a portion of the almshouse property for a public park. We have, therefore, at the expense of space, considered it worth while to give these documents, or large extracts from them. The history of the Philadelphia Hospital, with which this volume is particularly concerned, is so intermingled with that of the almshouse system in general, and with numerous official acts for the relief of the poor, that a knowledge of these is necessary to an understanding of the hospital and its relations. Descriptions of the almshouse at its three locations may prove of future as well as present value, as may also a consideration of the history of the various forms of government of the poor and of the institutions concerned with their care and treatment.

Dr. Agnew began his history at 1742, with the general statement that the Philadelphia Almshouse was at that time fulfilling a varied routine of beneficent functions, including hospital and



asylum work. One of the first acts for the better provision of the poor in Pennsylvania was passed in 1700, and repealed by the Queen in council in 1705. A year later the assembly directed that the justices of the peace should annually appoint two overseers of the poor for each township; and also that a levy of one penny a pound should be made upon all real and personal estate of citizens, and four shillings a head not otherwise ratified.

In 1712, the common council ordered that a workhouse be hired for the employment of the poor, and the overseers were empowered to attend to this business. It is not certain that these directions were carried out. In 1713, however, the first almshouse was established, but it was strictly confined to the relief of the poor of the society of Friends. In 1717, the assembly passed an act authorizing the erection of a workhouse in Philadelphia, Chester and Bristol.

In 1729, in answer to a petition made to the assembly by the overseers of the poor and recommended by the city, one thousand pounds were loaned to the mayor and commonwealth for the purchase of ground and the erection of a building for the poor of the city. This money was received in 1720, and in 1721 or 1722, ground was bought from Aldran Allen for two hundred pounds; this was bounded by Third, Fourth, Spruce and Pine streets, referred to by Dr. Agnew as the "green meadows." The building was of brick and probably completed in 1731 or 1732. In it, besides an asylum for paupers, was established a hospital with accommodations for the sick and insane. From 1732 we can, therefore, properly date the history of the Philadelphia Hospital.

The immense growth of this hospital is well shown by reference to two facts. In 1767, according to Scharf and Westcott, 284 persons were admitted into the almshouse, and afterwards the number increased to 368. December 31, 1889, by the report of Mr. Robert Laughlin, president of the board of charities and correction, the entire population of the almshouse, including the hospital, insane department, men's and women's outwards, and the children's asylum, was 3,207. In 1888, according to the report of the chief druggist, 110,875 prescriptions were filled, a number, as remarked by Dr. J. W. White, then president of the board, probably greater than the business of any ten of the largest drug stores in the city. In 1889, the number of



prescriptions compounded was 101,539. Large as is this apparent increase, however, it is not great in proportion to the increase in the population of the city.

#### BIBLIOGRAPHY AND LITERATURE OF THE PHILADELPHIA HOSPITAL.

With the exception of the medical history of Dr. Agnew no extended account of the Philadelphia Almshouse has been published; but facts with reference to it may be found in various volumes which deal with the local, medical, legal and official history of Philadelphia. We will give here a list of works, and a statement of some sources of information, which have proved of advantage to us and may to others.

LECTURE ON THE MEDICAL HISTORY OF THE PHILADELPHIA ALMSHOUSE. Delivered at the opening of the Clinical Lectures, October 15, 1862. By D. Hayes Agnew, M.D. Philadelphia: Holland & Edgar, printers, 54 North Eighth street, 1862.

A HISTORY OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA. By Joseph Carson, M.D. Philadelphia: Lindsay & Blakiston, 1889. In this well-known work of Dr. Carson the references to the Philadelphia Hospital are taken chiefly from Dr. Agnew's pamphlet, but a few additional facts of interest are mentioned.

INTRODUCTORY LECTURE TO THE CLINICAL COURSE OF THE PHILADELPHIA HOSPITAL FOR THE WINTER OF 1855-56. By Robert K. Smith, M.D. Published in pamphlet form. Philadelphia, 1855.

SUMMER MEDICAL TEACHING IN PHILADELPHIA. An introductory lecture, delivered before his class in pharmacy, April 13, 1857. By Edward Parrish, M.D.

THE PICTURE OF PHILADELPHIA. Giving an account of its origin, increase, improvement, etc. With a compendium of the societies, police, institutions, etc. By James Mease. Philadelphia, 1811.

PICTURE OF PHILADELPHIA. Or a brief account of the various institutions and public objects in this metropolis. Being a guide for strangers. With addenda of all the improvements to the present time. E. L. Cary and A. Hart, 1835.

ANNALS OF PHILADELPHIA AND PENNSYLVANIA IN THE OLDEN TIME. In two volumes. By John F. Watson. Philadelphia, 1857.

HISTORY OF PHILADELPHIA. 1609 to 1884. In three volumes. By J. Thomas Scharf and Thompson Westcott. Philadelphia, 1884.

A HISTORY OF MUNICIPAL DEVELOPMENT. Philadelphia, 1681-1887. By Edward P. Allison and Boies Penrose. Baltimore and Philadelphia, 1887.

In the Philadelphia Library are eight volumes of POULSON'S NEWSPAPER CUTTINGS, search of which will reveal some notes relating to the almshouse and hospital.

Rev. C. F. Pearson, who, ripe in years and good works, is still connected with the almshouse, published a volume in 1875, religious in tone, entitled, SPARKS AMONG THE ASHES. Including reminiscences of nineteen years of labor in the



Philadelphia Almshouse. With an introduction by Mrs. Dr. Bell. Some interesting reminiscences of Blockley characters are to be found in this volume.

Among other sources of information are the published Annual Statements or Reports of the board of guardians of the poor, and since 1887 the Annual Reports of the department of charities and correction. Bound volumes, from 1844 to 1854, are to be found in the Philadelphia library; and in the library of the Philadelphia Hospital from 1853 to 1883, the latter presented by a former president of the board of guardians, Mr. Edward F. Hoffman; also several bound volumes are to be found at the office of the bureau of correction, Harmony and Hudson streets.

At various periods, rules for the government of the board of guardians, of the medical board, and of the department of charities and correction have been published, and afford much information. Among these are the following: Rules for the Government of the Board of Guardians, 1828; Laws for the Relief and Employment of the Poor, 1844; Rules for the Guardians of the Poor, 1861; Rules for the Guardians of the Poor, 1868; Rules for the Medical Board, 1870; Rules for the Department of Charities and Correction, 1890.

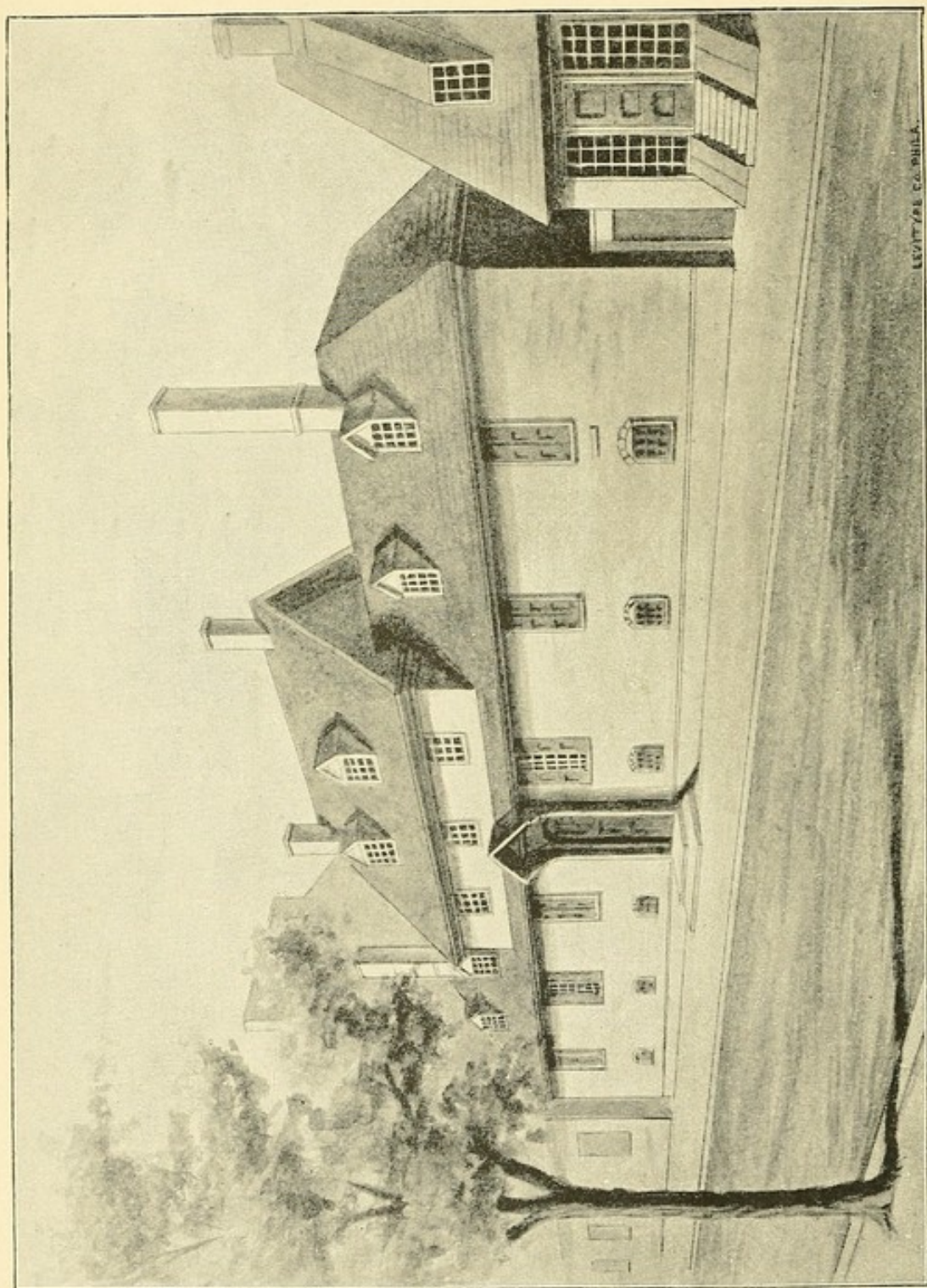
In the preparation of historical notes and memoranda we have made use of these and also of the written minutes of the board of guardians of the poor, and of the bureau of charities, which, with much other material, have been placed at our disposal through the kindness of Mr. Robert Laughlin. To Mr. Robert C. Floyd, secretary of the bureau of charities, and to Mr. Edwin Palmer, secretary of the bureau of correction, we are under obligations for valuable information and documents. We have also consulted the written minutes of the medical board of the Philadelphia Hospital, which have been placed in our hands by the secretary, Dr. Louis W. Steinbach. At the almshouse are documents, minute books, records, etc., to which we have had access through the courtesy of Mr. George Roney, the superintendent, to whom great credit is due for the manner in which he has collated and arranged these archives of the almshouse, formerly in extreme confusion.

This is an appropriate place to say a word about the literature of the Philadelphia Hospital, or rather about the contributions of the members of its various medical boards to the literature of the profession. These constitute a large portion of the literature of Philadelphia medicine. It would be an interesting task to collect the contributions which owe their existence to work done within the walls of the Philadelphia Hospital. In the notes on the epidemics of the hospital, references are made to a few valuable contributions; as to the monograph on epidemic meningitis, by Dr. Alfred Stillé, to the paper on the same subject by Dr. W. H. H. Githens; and to that on puerperal septicæmia as observed at the hospital, by Dr. W. H. Parish. On pathology the hospital has furnished contributions without number, and some of great value, particularly during the last fifteen years. The medical societies of Philadelphia—the college of physicians, the









FRIENDS' ALMSHOUSE, 1713-1841.



county medical, the pathological, obstetrical, neurological society, etc.—have drawn largely from this hospital for their material, as a search of their transactions will at once make evident. The record of the pathological society of Philadelphia, as indicated in its volumes of transactions, would be meagre indeed, if the material supplied by the Philadelphia Hospital were omitted.

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#### EARLY HOSPITALS AND ALMSHOUSES OF PHILADELPHIA.

From Watson's Annals, Scharf and Westcott's History of Philadelphia, Allison and Penrose's History of Municipal Development, and other sources, we will give a few notes and citations with reference to the hospitals and almshouses of early Philadelphia, and the methods of caring for the poor, both well and sick, to assist by comparison, to a better knowledge of the position, history and work of the great institution with which we are particularly concerned in these pages.

While the Philadelphia Hospital is the oldest in the city, the Pennsylvania Hospital was the first separate institution of this kind, that is, the first distinct from an almshouse or other institution. In 1751, Dr. Thomas Bond projected a plan for a general hospital for Philadelphia, and obtained the support of Franklin; and this was the origin of the Pennsylvania Hospital. A charter was granted in May, 1751, and the first trustees were elected in the July following. Judge Kinsey's house on the south side of Market street (then called High street), above Fifth, was rented, refitted for the reception of patients, and opened in 1752. In 1754, the managers bought the ground upon which the hospital still stands, between Spruce and Pine and Eighth and Ninth streets, and the corner-stone of the first building here was laid May 28, 1755.

The Friends' Almshouse of Philadelphia, which ante-dated by a number of years the first institution of the kind under the municipality, is described by Scharf and Westcott.

"In 1713 the first almshouse was established. It was determined by the city council in July, 1712, that, as the poor of the city were daily increasing, a work-house should be founded for employing the poor; the overseers to hire the house, and the council to determine the rent and pay of superintendence. The mayor, aldermen Hill and Carter, and councilmen Carpenter, Hudson and Teague, were appointed to take the matter in charge. In the meantime, however, before the councils acted finally, the Friends had founded their own almshouse. It was established in a small house on the south side of Walnut street, between Third and Fourth streets, where, in 1729, the ancient, well-known building, called the Friends' Almshouse, was built, to stand till 1841. The lot belonged to John



Martin and contained a small tenement.. Martin was poor, and gave his property to the society of friends upon condition that they would take care of him for the remainder of his days. A cluster of small houses was built to John Martin's tenement, and this was the Friends' Almshouse. In 1729, a front range of buildings was put up connecting with the previous structures. It was a quaint pile with an arched entrance, and all about the buildings looked antique and primitive. The Friends' Almshouse, at first in general public use, soon became a private retreat for indigent persons of the Quaker faith. Each family was separately lodged, and if any had a trade or calling, he was expected to do what he could at it and so lessen the burthen of his expense to the society."

Watson describes the first almshouse under city control:

"The original poor-house for the city was located down town on a green meadow, extending from Spruce to Pine streets, and from Third to Fourth streets. Its front was to the east and nearest to Third street. Its great gate was on Spruce street, and its entrance on Third street was by a stile. The house was much such a structure as to height and general appearance as that of the Friend's Almshouse in Walnut street; it had a piazza all round. It contained the sick and insane as well as the poor. There were also some parts of the necessary buildings formed near the corner of Union and Fourth streets, on the site now occupied by Dr. Physick, from which cause, I find, in 1758, it was called 'the almshouse down Fourth street,' and 'the almshouse square.' It was completed, as already stated, in 1731 or 1732."

"At and before the year 1740," says Watson, "it was the practice when sick emigrants arrived to place them in empty houses about the city. Sometimes diseases were imparted in the neighborhood, as once occurred, particularly at Willing's alley. On such occasions physicians were provided for them at public expense. The governor was induced, in 1741, to suggest the securing of a pest-house or hospital; and in 1742 a pest-house was erected on Fisher's Island, called afterwards Province Island, because purchased and owned by the province for the use of sick persons arriving from sea."

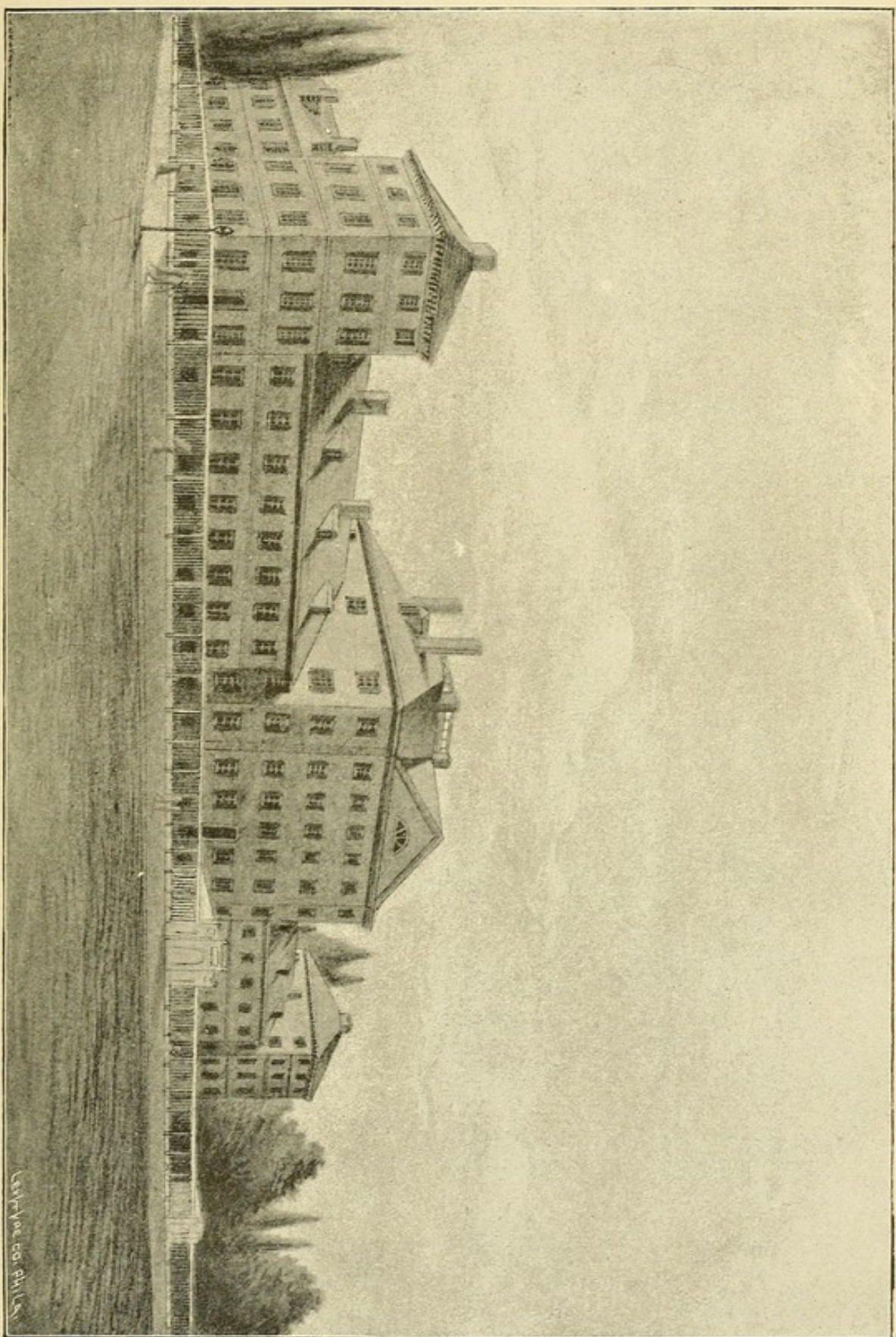
The same authority has an interesting note with reference to hospitals for soldiers during the Revolution:

"In the time of the war, as has been told under its appropriate head, they made use of several empty private houses for the reception of the sick soldiery by the camp fever. The house of the present Schuylkill bank, at the southeast corner of Sixth and High streets, then deserted by the tory owner, lawyer Galloway, was filled with these feeble men of war. At the same time, the large building in Chestnut street (late judge Tilghman's) was also so used."

The following is the description by Scharf and Westcott of the second city almshouse opened in 1767 on the Society Grounds, between Spruce and Pine, and Tenth and Eleventh streets:

"The buildings were opened in October, 1767. The almshouse was laid out in the form of an L, 180 feet by 40, two stories in height, joined by a turret 30 feet square and four stories high. The house of employment was on the west side of the lot running south from Spruce, fronting Eleventh street, also in the shape of





PHILADELPHIA ALMSHOUSE, 1767-1834.







an L, so that the entire range of buildings inclosed on three sides a quadrangular space. A large central building was erected on Spruce street, which stood between the L's. The first story of the almshouse and house of employment on the interior was a cloister of open arches. The buildings on Tenth and Eleventh streets occupied two stories and a garret. The main central building when finished was three stories in height, with a hip-roof, surmounted by a small cupola."

Evidently the central building was erected some time after the others, as in Watson's Annals, Vol. III, page 332, is a picture of this almshouse without the central building. Dr. Agnew locates the institution of this date wrongly between Eleventh and Twelfth instead of between Tenth and Eleventh streets.

Scharf and Westcott also describe the Blockley buildings first occupied in 1834:

"Upon this lot were erected four distinct buildings disposed at right angles with each other, and enclosing an interior space of seven hundred by five hundred feet. The men's almshouse fronted the southeast. The main building contained a portico ninety feet front, supported by eight columns, in the Tuscan order, built of brick, and roughcast, and was flanked by two wings, each two hundred feet in length. The portico being elevated on a high flight of steps, rising beyond the basement story to those of the principal story, gave to this group of buildings a commanding appearance. The women's almshouse was directly opposite the department for males, on the northwest side of the quadrangle. Between these buildings, on the sides, was the hospital, five hundred feet front, and the house of employment, of the same dimensions, immediately opposite. Court yards and yards of labor, gardens and walks, were allotted to each building for the accommodation of the inmates, the departments being separated by walls. In time, however, the inclosure became filled up with buildings absolutely necessary for the use of the establishment. The group of buildings was considered sufficient to accommodate four thousand persons, and the cost was about \$900,000."

Later we will give a description of the present almshouse and hospital buildings and grounds, the main structures being practically the same as when they were erected between 1830 and 1834. We will also describe the position and arrangement of the different departments, offices, quarters, etc.

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#### "EVANGELINE" AND THE PHILADELPHIA ALMSHOUSE.

The old Philadelphia Almshouse and its hospital wards have not escaped the gentle attentions of the poet. The readers of Longfellow will remember the pathetic ending of the story of Evangeline; how in the wards of the old almshouse hospital in the time of one of the terrible plagues, so eloquently referred to by Dr. Agnew, after years of troublous wandering, the two lovers, now grown old in years and suffering, again met for a few brief hours



before death parted them forever. Evangeline, who had become a sister of mercy, recognizes her old lover Gabriel in one of the fever stricken patients. As it was in 1755, that the French Acadians of Grand Pré, nineteen hundred peaceful, happy souls were dispossessed of their homes, and began their wanderings, the event idealized by the poet can probably be referred to the epidemic of yellow fever in 1793, and to the almshouse building at Tenth and Spruce streets, first occupied in 1767. This incident has been described as occurring in the old Fourth and Spruce streets almshouse, occupied from 1732 to 1767; but as Gabriel and Evangeline had grown old and gray, the meeting evidently should be located in the institution on the Society Grounds between Tenth and Eleventh streets.

"To that delightful land which is washed by the Delaware's waters,  
Guarding in sylvan shades the name of Penn the apostle,  
Stands on the banks of its beautiful stream the city he founded.  
There all the air is balm, and the peach is the emblem of beauty,  
And the streets still re-echo the names of the trees of the forest,  
As if they fain would appease the Dryads whose haunts they molested.  
There from the troubled sea had Evangeline landed, an exile,  
Finding among the children of Penn a home and a country.  
There old René Leblanc had died; and when he departed,  
Saw at his side only one of his hundred descendants.  
Something there was at least in the friendly streets of the city;  
Something that spake to her heart and made her no longer a stranger;  
And her ear was pleased with the Thee and Thou of the Quaker,  
For it recalled the past, the old Acadian country,  
Where all men are equal, and all were brothers and sisters.

The end of the romance within the walls of Blockley is thus told:

"Then it came to pass that a pestilence fell on the city,  
Presaged by wondrous signs, and mostly by flocks of wild pigeons,  
Darkening the sun in their flight, with naught in their craws but an acorn;  
And as the tides of the sea arise in the month of September,  
Flooding from silver streams, till it spreads to a lake in the meadows,  
So death flooded life, and o'erflowing its natural margin,  
Spread to a brackish lake, the silver stream of existence.  
Wealth had no power to bribe, nor beauty to charm, the oppressor;  
But all perished alike beneath the scorn of his anger;—  
Only, alas! the poor, who had neither friends or attendants,  
Crept to die in the almshouse, home of the homeless.

"Suddenly as if arrested by fear or a feeling of wonder,  
Still she stood, with her colorless lips apart, while a shudder  
Ran through her frame, and forgotten the flowers dropped from her fingers,



And from her eyes and cheeks the bloom of the morning.  
 Then there escaped from her lips a cry of such terrible anguish,  
 That the dying heard it, and started up from their pillows.  
 On the pallet before her was stretched the form of an old man.  
 Long, and thin, and gray were the locks that shaded his temples ;  
 But as he lay in the morning light, his face for a moment  
 Seemed to assume once more the forms of its earlier manhood ;  
 So are wont to be changed the faces of those who are dying.  
 Hot and red on his lips still burned the flush of fever,  
 As if life, like the Hebrew, with blood had besprinkled its portals  
 That the Angel of Death might see the sign, and pass over.  
 Motionless, senseless, dying he lay, and his spirit exhausted  
 Seemed to be sinking down through infinite depths in the darkness,  
 Darkness of slumber and death, forever sinking and sinking.  
 Then through those realms of shade, in multiplied reverberations,  
 Heard he that cry of pain, and through the hush that succeeded  
 Whispered a gentle voice, in accents tender and saint-like,  
 'Gabriel ! O my beloved !' and died away in the silence."

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The Society Grounds in those days were well in the outskirts of the city, but before the removal to Blockley the march of improvement had reached this location.

"Then in the suburbs it stood, in the midst of meadows and woodland,  
 Now the city surrounds it ; but still with its gateway and wicket  
 Meek, in the midst of splendor, its humble walls seem to echo  
 Softly the words of the Lord :—'The poor always have ye with you.'  
 Thither by day and night came the Sister of Mercy. The dying  
 Looked up into her face, and thought, indeed, to behold there  
 Gleams of celestial light encircle her forehead with splendor,  
 Such as the artist paints o'er the brows of saints and apostles,  
 Or such as hangs by night o'er a city seen at a distance.  
 Unto their eyes it seemed the lamps of the city celestial,  
 Into whose shining gates ere long their spirits would enter.

"Thus, on a Sabbath morn, through the streets, deserted and silent,  
 Wending her quiet way, she entered the door of the almshouse.  
 Sweet on the summer air was the odor of flowers in the garden ;  
 She paused on her way to gather the fairest among them,  
 That the dying once more might rejoice in their fragrance and beauty.  
 Then as she mounted the stairs to the corridors cooled by the east wind  
 Distant and soft on her ear fell the chimes from the belfry of Christ Church,  
 While intermingling with these, across the meadows were wafted  
 Sounds of songs that were sung by the Swedes in their church at Wicaco.  
 Soft as descending wings fell the calm of the hour on her spirit ;  
 Something within her said, 'At length thy trials are ended ;'  
 And with light in her looks she entered the chambers of sickness.

\* \* \* \* \*

Vanished the vision away, but Evangeline knelt by his bedside.  
 Vainly he strove to whisper her name, for the accents unuttered  
 Died on his lips, and their motion revealed what his tongue would have spoken.



Vainly he strove to arise ; and Evangeline kneeling beside him,  
 Kissed his dying lips and laid his head on her bosom.  
 Sweet was the light of her eyes ; but it suddenly sunk into darkness,  
 As when a lamp is blown out by a gust of wind at a casement.

"All was ended now ; the hope, the fear, and the sorrow,  
 All the aching of heart, the restless, unsatisfied longing,  
 All the dull, deep pain, and constant anguish of patience !  
 As she pressed once more the lifeless head to her bosom,  
 Meekly she bowed her own, and murmured, 'Father, I thank thee !'"

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#### METHODS OF CARING FOR THE POOR AND SICK OF PHILADELPHIA FROM EARLY TIMES TO THE PRESENT. FORMS OF GOVERN- MENT OF THE ALMSHOUSE AND HOSPITAL.

We will rapidly summarize the history of the different bodies or boards which have managed the city almshouse, the hospital, and other connected departments.

On February 8, 1766, the assembly passed an act for the better employment, relief and support of the poor within the city of Philadelphia, district of Southwark, and the townships of Moyamensing, Passyunk and the Northern Liberties. By this law, every person who contributed ten pounds toward the almshouse became thereby a corporator, with power to elect twelve managers, a treasurer, etc. This body was known as "Contributors to the Relief and Employment of the Poor within the city of Philadelphia." The contributors were authorized to erect a commodious building, and the managers purchased a lot of ground bounded by Spruce and Pine, Tenth and Eleventh streets, for eight hundred pounds, and the buildings located on this ground were opened to the public, as already stated, in October, 1767.

During the revolution the "Contributors" were impoverished and their membership reduced, and a law was passed in 1781 investing the overseers of the poor with all the powers of a corporation under the title of "Guardians of the Poor of the City of Philadelphia." In 1803, the assembly ordered that the guardians should be elected annually, sixteen by the corporation of this city, six by Southwark corporation, eight by the justices of the peace of the township of the Northern Liberties. Outside of these limits the poor were attended by their own overseers. By an act passed March 5, 1828, the number of guardians from Southwark and the Penn townships were reduced to twelve.

This plan for the appointment of the guardians of the poor, or one similar to it, remained down to the time of the consolidation of the county into the city in 1854. After consolidation the guardians were elected, one by the voters of each ward, except in certain boroughs in the outskirts of the city, and excepting also that no election was held in the 21st, 22nd, and 23rd wards. The board of guardians elected their president and other officers ; numerous duties and powers were vested in them, and they were required to report annually a statement of their expenses and receipts. Many abuses seem to have existed during the administration of the board thus elected, particularly in its latter days, when it became known derisively as the "board of buzzards." It was abolished by an act of assembly of



April 7, 1859, which directed that the board of guardians should thereafter be appointed, three by the district court, three by the court of common pleas, and three by the common council; one every year for three years; and in case of vacancy the appointing powers were to fill such vacancy.

By an act of June 2, 1871, the election of the guardians was placed entirely with councils. They elected four persons annually to serve three years, the minority party being represented in the board, which was to be a department of the city, subject to the act of 1858, and could not make a contract which would bind the city unless an appropriation for the same had previously been made by the councils. The management of the almshouse and hospital continued under the board of guardians thus elected until the act entitled "an act to provide for the better government of cities of the first-class of this commonwealth," familiarly known as the "Bullitt bill," came into force on the first Monday of April, 1887. Under this act the executive power is vested in the mayor and certain departments, one of which is known as the department of charities and correction, which is under the charge of a president and four directors, to whom are confided the care, management, administration, and supervision of the almshouse, hospital, house of correction, and other similar institutions, the government of which is intrusted to the city, except the municipal hospital or lazaretto, or institutions under any board of directors of city trusts now existing.

During the tenure of the board of guardians much of the work of the almshouse, including the supervision of the hospital and of the insane department, was intrusted to standing committees. According to the rules of the board published in 1861, for example: standing committees of three members were appointed on outwards, children's asylum, hospital, insane department, classification and diet, manufacturing department, supplies, farm and garden, accounts; and a committee of five members on support and bastardy cases. These committees had much to do with the practical work of the hospital and other parts of the institution, and with a few changes and modifications in authority, the same plan of committees continued during the administration of the different boards of guardians. The hospital committee in particular was vested with great power, and was practically the executive committee for the control of the hospital and medical matters in general. Although invested with much authority, at different periods its range of power varied.

The board of charities and correction is sub-divided into two bureaus, appointed by the president, one known as the bureau of charities, the other as the bureau of correction. The president of the board is ex-officio a member of both bureaus. The bureau of charities makes a report furnishing information to the board at its monthly meeting, and the members of the bureau are expected to visit Blockley once a week, while all the members each of the board are expected to visit the almshouse at least once a month.

The first board of directors of the department of charities and correction was composed of James W. White, M.D., president; and Robert Laughlin, Richard A. Cleemann, M.D., Richard C. McMurtrie, and James Stewart, treasurer. Dr. White had been long connected with the management of the maternity hospital and other charities. Mr. Laughlin had been for many years one of the managers of the house of correction. Dr. Cleemann was a



member of the board of health. Mr. McMurtrie and Mr. Stewart had been members of the board of guardians, where their services had been of great value to the poor and sick of the city. The president, and the directors who were appointed on the bureau of charities, gave to the work the closest personal attention.

In May, 1889, Dr. White was succeeded as president of the board of directors by Mr. Laughlin, and Mr. Galloway C. Morris was appointed a director to complete the board. Mr. Morris resigned in December, 1889, and Mr. John Roberts, a well known member of the bar, and a former member of the board of managers of the house of correction, was appointed in his place. The board as at present constituted, therefore consists of Robert Laughlin, president; Richard A. Cleemann, M.D., Richard C. McMurtrie, John Roberts, and James Stewart, treasurer. With boards so constituted, the affairs of the almshouse have been conducted with great efficiency, and great advances and improvements have been made. An account of many of these improvements will be given later.

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#### CHIEF EXECUTIVE OFFICER OF THE ALMSHOUSE.

The present superintendent of the almshouse, Mr. George Roney, assumed the duties of his position January 1, 1886, and has served from that time to the present, under the last board of guardians, and the department of charities and correction, energetically carrying forward for these boards many of the improvements to be hereafter detailed.

For many years the chief executive officer of the almshouse was known as the steward. According to the rules of 1861, under the direction of the board, he was to have entire supervision of the institution in all its various departments, except those under the immediate charge of the medical board and resident physician of the insane department. The details of his authority are given in the rules printed in this and other years. In 1876, the office of steward was abolished, and that of superintendent, with some enlargement of powers, was substituted. The superintendent supervises all the departments of the institution, and reports any inefficiency of the employees to the board; he also makes suggestions as to repairs on the buildings, and is invested with much power and many duties, as detailed in the rules published at various periods.



## REMOVAL OF THE ALMSHOUSE TO ITS PRESENT LOCATION.

The name "Blockley," which is so commonly applied to the Philadelphia Almshouse is taken from the township in which it was located. Before 1854, Philadelphia, like other counties of the State, was divided into townships, and that known as Blockley was situated on the west side of the Schuylkill. While familiar to most residents of the city, the name is not always understood by others, and we have been asked about its origin by students and physicians.

As early as February, 1810, an effort was made to remove the almshouse to a farm; and that year a report was made to the assembly, but without apparent result. In February, 1811, the guardians memorialized the legislature for authority to sell the property between Tenth and Eleventh, Spruce and Pine streets, and buy a farm. They also desired that the keeper of the Arch street prison should be obliged to receive all drunken, idle and disorderly persons. The committee reported against the desired sale, and it was not until the passage of an act, March 5, 1828, that authority was given to build accommodations suitable for a hospital, an almshouse, etc., on a site not exceeding two miles from Market and Broad streets. In a volume printed in 1828, containing the rules for the government of the board of guardians, and also the laws relating to the relief and employment of the poor in the city of Philadelphia, etc., the full text of this act is to be found, and from it we will cite one or two of the most important paragraphs.

The act states that immediately after the election of guardians of the poor, on the third Monday in May, the select and common councils of the city of Philadelphia and the commissioners of the neighboring districts, shall elect twelve respectable citizens, within the bounds of their respective jurisdictions, who shall be styled the "Commissioners for erecting buildings for the accommodation of the poor." These commissioners were to form a board and make one of their own number president.

The act goes on to say, "It shall be the duty of the said commissioners, having first obtained the approbation of the board of guardians to purchase a suitable site, not exceeding two miles from Market and Broad streets, the title whereof shall be vested in said corporation, for the erection of buildings suitable for a hospital, almshouse, house of employment and children's asylum, and to cause as soon as practicable, the necessary buildings as aforesaid, to be erected and constructed, upon such plan or plans as a majority of said commissioners may think proper for the purpose contemplated, such plan or plans having first been submitted to, and approved by, the said board of guardians, having due regard to the full and comfortable provision for all such persons as may require medical or surgical aid, and also such as may be



unable, through age or other infirmities, to procure subsistence, and for the employment of all those who may be able to work, and also for the health, convenience and instruction of the children ; to make all necessary contracts for materials, etc."

\* \* \* \* \*

"In order to carry the objects and provisions of the law into complete effect, it shall and may be lawful, and said guardians of the poor are hereby authorized and invested with full power to negotiate and contract for and upon the faith of the said corporations of the guardians of the poor, any loan or loans, from time to time, according to their discretion, not exceeding two hundred and fifty thousand dollars, upon the best terms, and lowest rate of interest, payable half-yearly ; and the said corporation of the guardians of the poor shall receive the amount of said loans, and are hereby authorized and required to issue certificates of the stock, duly attested by the president and secretary of the board of guardians, under the corporate seal, for any sum or sums not less than one hundred dollars each, as may from time to time be necessary, in pursuance of the contracts for such loans, etc."

We have had the opportunity of examining a copy of the original deed or "written indenture," conveying the Blockley property from Henry Beckett, and Mary, his wife, to the board of guardians, and we will quote as much of this as indicates the price paid and exact boundaries of the land bought—with the capitals, and entire want of punctuation as in the original.

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#### "THIS INDENTURE

"Made the first day of January in the year of our Lord one thousand eight hundred and twenty-nine between Henry Beckett of the City of Philadelphia Merchant and Mary his wife of the one part and the Guardians for the Relief and Employment of the Poor of the City of Philadelphia the District of Southwark and the Townships of the Northern Liberties and Penn Witnesseth that the said Henry Beckett and Mary his wife for and in consideration of the sum of Fifty-one Thousand Five Hundred and Twenty-eight Dollars Twelve and a Half Cents lawful money to them in hand paid by the said the Guardians for the Relief and Employment of the Poor of the City of Philadelphia the District of Southwark and the Townships of the Northern Liberties and Penn at the time of the execution hereof the receipt whereof is hereby acknowledged have granted bargained sold released and confirmed and by these presents do grant bargain sell release and confirm unto the said the Guardians for the Relief and Employment of the Poor of the City of Philadelphia, the District of Southwark in the Township of the Northern Liberties their successors and assigns All that Certain Tract Plantation and parcel of land situate on the west side of the River Schuylkill in the Township of Blockley and County of Philadelphia in the state of Pennsylvania Being part of a certain larger tract of land known by the name of the Woodlands bounded and described agreeably to a resurvey thereof lately made by Enoch Lewis Esquire as follows Beginning at a Post on the margin of the River Schuylkill at low water mark in the mouth of a



small creek and at the corner of land belonging to John Hare Powell and Edward S Burd Esquire thence up the creek by the land of the said Powell and Burd north thirty-six degrees and two-thirds of a degree west nineteen perches and one-sixteenth of a perch to a post north fifty-three degrees west twenty-three perches to a post thence leaving the creek but still along the line of Powell and Burds land north forty-nine degrees and a half west, one hundred and eight perches to a post on the southern side of the Darby Road south sixty-two degrees and a quarter west one hundred and three perches and a quarter of a perch to a corner of Thomas Fleming's land thence by the said Fleming's land south twenty-six degrees east seventy-nine perches and four-tenths to a post in a small stream of water thence south ten degrees west twenty-one perches and five-tenths of a perch to a post thence south one-quarter of a degree east fifty-one perches and seven-tenths of a perch to the low water mark of the River Schuylkill and thence up the said river by the several meanders thereof two hundred and sixty-two perches more or less to the place of beginning Containing one hundred and eighty-seven acres and sixty perches of land Being the same tract of land and premises which Jacob Strembeek Esquire High Sheriff of the City and County of Philadelphia by Deed Roll stated the eighth day of December last past granted and conveyed with the said Henry Beckett, in fee seized and sold by virtue of legal proceedings issued out of the District Court for the City and County of Philadelphia as the property of William Hamilton Esquire deceased at the suit of Margaret Hamilton as in and by the said recited Deed Roll duly acknowledged and entered among the Records of the said Court in Book E page 231 and will more fully appear together with all and similar the buildings improvements marsh cripple landing landing places ways waters, water-courses rights liberties privileges hereditaments and appurtenances whatsoever thereunto belonging or in any wise appertaining and the Reversions Remainders rents issues and profits thereof and all the estate right trite interest property claim and demand whatsoever of him the said Henry Beckett and Mary his wife etc."

Just when the work was begun on the Blockley Almshouse, the time taken to complete the buildings, the order in which they were finished, and exactly when they were first occupied, is not on record in any publications to which we have had access. The statements made generally are that the buildings were occupied about 1833, 1834 or 1835. Dr. Carson in his history of the University of Pennsylvania, page 201, says that the hospital department, the first portion of the pile of buildings, afterwards completed on the west bank of the Schuylkill river, was in sufficient readiness upon the first visitation of cholera in 1832, to receive patients. The correctness of this statement seems to be doubtful. A search of the manuscript minute books of the board of guardians from 1828 to 1835, inclusive, indicates that work probably began late in 1830 or early in 1831, and was carried on steadily until 1835. May 27, 1833, the building commissioners reported that two buildings would be ready for their inmates



on October 1, 1833, and that the two others then erecting would be finished during the course of the next season, 1834.

From the minutes of the board of guardians we learn that the final removal commenced on the Monday following July 7, 1834, and continued, under the supervision of three committees of the board, until July 28th, when the "Old Almshouse" was finally vacated and the new one actually taken possession of, as the following records, from the minutes, July 28, 1834, proves:—

"Resolved, that the president cause public notice to be given, in the daily papers of the city, of the occupancy of the new almshouse and the removal of the office."

"On motion the board adjourned to proceed over the Schuylkill to meet in the new almshouse."

"The board met agreeably to adjournment, July 28, 1834, being the first regularly organized meeting of the board on the west side of the Schuylkill."

The following is a copy of the card of the first inmate of the "New Almshouse," or at least of the oldest admission card preserved, which is kept framed at the institution:—

"Mary Cannon, Blk.  
Age 23. Lewiston, Del., Aug. 22, '33. J. Huley.  
Surgical. N. D. B. 1840. J. Huley.  
Asst. Hosp. 6-29-66.  
Medical 1-15-67. Willard. C.  
Discharged 8-21-67. Curtin. C.  
Asst. Hosp. 8-31-67. R. H. B.  
Medical 3-22-78. Vogler.

Died 1878."

It is possible that this woman may have been transferred from Spruce street when the transfers were made, and a new card made out under the original date of admission in the old almshouse, or she may have been admitted to Blockley before the completion of the building.

January 19, 1835, the commissioners sent a communication to the guardians that they would surrender the new almshouse buildings, completed, March 1, 1835.

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#### TRANSFERS AND SALES OF ALMSHOUSE LANDS.

While the main buildings have remained much the same, great changes have taken place in the distribution and ownership of the original one hundred and eighty-seven acres and sixty perches of land which constituted the old almshouse farm. Under an act of the legislature approved May 1, 1861, much of the property has been sold or transferred. The full text of this important act is as follows:—



SECTION 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same, That the city of Philadelphia is hereby empowered to make private or public sale, and convey in fee simple or reserving ground rents, the present almshouse grounds, or any part thereof, situate in the twenty-seventh ward of the city, containing one hundred and eighty-seven acres, more or less, and the buildings thereon erected, subject to the following conditions :—

1. That the city of Philadelphia shall reserve a part of said ground, not exceeding forty acres, to be laid out and maintained as an open public place forever, for the health and recreation of the people.

2. That the said city shall also reserve at Pine and South streets, on the river Schuylkill, pieces of ground sufficient, in the opinion of the chief engineer and surveyor of said city, for abutments and approaches thereto, for a bridge or bridges, which may be lawfully authorized to be erected at either of said streets.

SEC. 2. That the city of Philadelphia is hereby empowered to purchase land and erect thereon an almshouse or poorhouse (with or without a house of correction and employment, as may be deemed expedient), and in payment thereof to create a loan which shall be exempt from state tax.

SEC. 3. That the proceeds arising from the sale of the grounds and buildings specified in the first section of this act shall be specifically applied to and pledged for the purpose of payment of the loan authorized by the second section of this act ; and if ground rents shall be reserved, or mortgages taken in payment, the same, when sold or paid off, shall be applied to and for the same purpose.

Approved May 1, 1861.

Under the conditions of this act which required that Philadelphia should reserve a portion of the almshouse grounds as an open public place forever, an ordinance was passed by councils in July, 1883, of which the following is the first section.

The select and common councils of the city of Philadelphia do ordain, that all the almshouse property in West Philadelphia, bounded by South street, Spruce street, Thirty-fourth street, Vintage avenue, on to the southern boundary of the city property, and thereto to the Schuylkill river, be, and is, hereby set apart for the purpose of being improved, for the health and public welfare of the citizens of Philadelphia.

In 1870, a tract of ten and a half acres was sold by the city to the University of Pennsylvania for \$8,000 per acre. In 1872, six acres were donated for \$500 for the hospital of the university, on condition that fifty free beds should be reserved for the sick and wounded of the city.

In 1882, the city, under an agreement with the trustees of the university, deeded to that institution fourteen acres more of the almshouse land, in consideration for which the city was to be paid ten thousand dollars and was to be entitled to fifty free scholarships in the university forever. These free scholarships have since been distributed among the pupils of the high and other public



schools of Philadelphia, those being selected who have passed best in competitive examinations. In 1888, the city gave to the university three-fourths of an acre opposite medical hall, on Thirty-sixth street, on condition that a free public library of reference be erected on the university grounds. In 1889, the university purchased of the city another large tract of almshouse ground, chiefly situated between Thirty-fourth street, the Philadelphia and West Chester railroad, Locust and South streets, paying for this property \$149,000. Owing to these purchases by the University of Pennsylvania and the erection of numerous buildings by this institution; also because of the construction of railroads, the cutting through of streets, the tearing down of some buildings and the erection of others on the almshouse property, the topography and appearance of the grounds have greatly altered.

The Pennsylvania railroad claims a lot of ground formerly belonging to the almshouse property, which is included within the curved tracks of the Philadelphia and West Chester railroad, the Delaware extension of the Pennsylvania railroad and the curve upon which is built the southern track connecting the two railroads. This ground was put up at public sale under an ordinance of January 11, 1882, and one of April 4, 1882. The transfer was authorized to the company, on condition that a bridge should be built over Thirtieth street whenever it was required for public use. The company refused to accept the conditions for the sale, and claimed to have taken the ground by eminent domain, but no conveyance of the property above mentioned from the city to the Pennsylvania railroad company can be found in the office of recorder of deeds. In January, 1890, a resolution was passed by the select and common councils of the city to inform the proper officials of the company that no settlement had been made for the land taken from the almshouse park, and that if reasonable proposals were not made, the city solicitor was authorized to apply to the courts for a jury to assess the value of the property and damages to be paid the city.

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#### SOME STATISTICAL AND HISTORICAL FACTS.

In the Annual Statement of the guardians of the poor for 1867, and for a number of years following, are given under the head of "addenda," some valuable statistics and historical facts in small



compass, which we will quote, and will then follow with a description of the grounds and the buildings as they are at present.

1853. Amount of damages received for crossing the almshouse grounds by the West Chester Railroad Company, \$5,951.00.

1857. Gas introduced. Cost of pipes, meters, fixtures, etc., \$5,992.35.

1859. Bakehouse erected; cost \$1,983.12.

1859. (July.) Date of the present organization of the board, the guardians of the poor being appointed by the courts and councils.

1860. Workshop erected; cost \$4,465.43.

1861. Clinic room, rear of drug store, erected; cost \$2,765.05. The old clinic room in insane department floored over, and divided into doctor's office, lecture room, etc.

1862. Sale of old copper roofing, yielding \$35,070.78; of this amount there has been expended for re-roofing \$12,496.28, leaving a balance for the erection of a new children's asylum of \$22,574.50.

1863-67. Heating by steam, and also ventilation, introduced generally.

1865. Amount of damages paid by Junction Railroad Company (connecting with New York and Washington) for crossing the almshouse grounds, \$10,000.00.

1867. Soap-house erected.

The number of shade and fruit trees on the almshouse grounds is 771. See statement of accounts for the year 1861.

The quantity of land purchased for the almshouse is 187 acres, 1 rood and 20 perches. The almshouse and yard within occupies 10 acres of this, the remainder in farm and garden.

The farm cost \$51,761.81; the buildings cost \$859,743.84. Total, \$911,505.65.

Present valuation (see report made by the guardians of the poor to the commissioners of the sinking fund for the year 1867).

Ground value at \$1,700,000.00; buildings valued at \$500,000.00. Total, \$2,200,000.00, being an excess of cost of \$1,288,494.35.

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#### DESCRIPTION OF THE PRESENT ALMSHOUSE GROUNDS.

For a short distance from Thirty-fourth street the present almshouse enclosure is bounded on the north by Pine street; and a street called Guardian avenue, runs from Pine street to the eastern border of Woodlands cemetery, in a line parallel with the northwestern of the four main structures, therefore bounding the enclosure on the northwest. A street, called Cleveland avenue, is marked on the city plan between Woodlands and the almshouse. From Pine street, for about a block, Thirty-fourth street bounds the enclosure on the east. Vintage avenue runs from Thirty-fourth street to Woodlands cemetery (or Cleveland avenue), in a line parallel with the front or southeastern building, forming the southeastern boundary of the almshouse enclosure.



Beyond Vintage avenue spreads out a large field—riverward as far as the railroads, to the east as far as almshouse lane, and to the west to Woodlands. On the city plan, but not yet cut through, is Meadland avenue, situated between the railroads and Vintage avenue, and parallel with the latter. Beyond the fields are the tracks of the old West Chester and Philadelphia, the Junction railroad, and special tracks connected with the Pennsylvania railroad system. Between these numerous railroad tracks and the river, is a large area, formerly like the ground now occupied by the tracks—a swamp or marsh, but now nearly filled to the river front with the ashes and dirt, which under a city ordinance, have been hauled and dumped here during several years.

A lane, lined on both sides by old trees, and known as "Alms-house Lane," leads from Vintage avenue, near Thirty-fourth street, to the river. It is the road to the old almshouse wharf, to which barges and vessels came with coal and other stores, and from which sometimes tugs, small boats and other craft started. When inmates of the house of correction are brought to work on the almshouse grounds, as they have been frequently during recent years, they are usually transported on a tug by the harbor police, and are landed at this wharf. To the east or left of this lane, not far from Thirty-fourth street, is an old frame building, now occupied by the clerk of the almshouse; and to its right or west, facing and very close to the railroad tracks, is an old stone building two stories and a half high, also usually occupied by some one connected with the institution. This house has stood for many years. It formerly marked nearly the line where the marsh or swamp land ended, which was first occupied by the railroad tracks. These tracks were built on trestles and the space afterwards filled in with dirt.

Between Thirty-fourth street and the river, and east of almshouse lane, are the old farm house and barn, with connected stables, sheds and buildings. This farm house, well built and roomy, stands on a knoll, and is now used as the children's asylum. The barn is a large substantial structure of stone, built like the great buildings of the quadrangle to withstand the ages. On the southeastern corner of Thirty-fourth and Spruce streets is a frame house of comparatively recent date, occupied by one of the officials of the almshouse. Between Almshouse lane and South street, beyond the barn and old frame house, is a large lot which is occupied by the water department, and is used for the storage of pipes



and other materials. A large city free bath house is situated along the approach to the South street bridge. Between the approach to South street and Alms house lane, and between the water department enclosure and the railroad, is an irregular area, at present used as a general thoroughfare.

The position of the South street bridge and its western approaches to the alms house buildings are somewhat misleading. The bridge has not been constructed on a line with South street as laid out on the city plan east of the river, but runs in a direction from northwest to southeast. Lombard and South streets, if cut through on the west side of the river in a line with the other streets, would run through the alms house property. On the west side of the river, however, the approach to the South street bridge is on the same line as the bridge itself until it merges into Spruce street near Thirty-fourth.

North of the alms house enclosure and grounds as just described, much of the old alms house farm, as already shown, is now in possession of the University of Pennsylvania. On a portion of a triangular lot bounded by Thirty-sixth street and by Spruce street and Woodland avenue where they cross at a sharp angle, has been erected one of the city police stations. On another part of this lot, facing Spruce street, still stands, in good condition, an old farmhouse with dormer roof, which was for a long time the residence of the physician-in-chief of the insane department. In 1888, as already stated, three-fourths of an acre from this lot was given to the university.

For many years the cemetery connected with the present alms house was situated in a part of the grounds which would, as the streets are laid out now, be between Locust and Spruce streets, and west of Thirty-second street. The present cemetery is situated west of the southeastern frontage of the buildings, between them and the Schuylkill. It covers about an acre; is surrounded on three sides by a close board fence, and on one, the east, by a pale-fence, in the centre of which is a gateway. The fences, and the cemetery in general, have a somewhat dilapidated appearance, but as I am informed by the superintendent, steps are about to be taken to improve this burying ground, in line with the general progress of improvement in the entire institution. This little plot has its full measure of weirdness and quaintness; two old trees, gaunt and gnarled, stand sentinel over the humble mounds and



waiting trenches. In all the enclosure, but one grave is marked—a solitary wooden tablet, with a brief inscription. Built against the board fence on the north side is a home-made hut about twelve feet long and half as many feet in width, the abode during the daytime of a one-legged Argus, who guards these sacred precincts, and regales visitors with harrowing stories of the place; but when night arrives betakes himself to his quarters in the buildings that his sleep may not be disturbed by visions of the scenes of which he is the custodian and narrator.

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#### DESCRIPTION OF THE PRESENT ALMSHOUSE BUILDINGS.

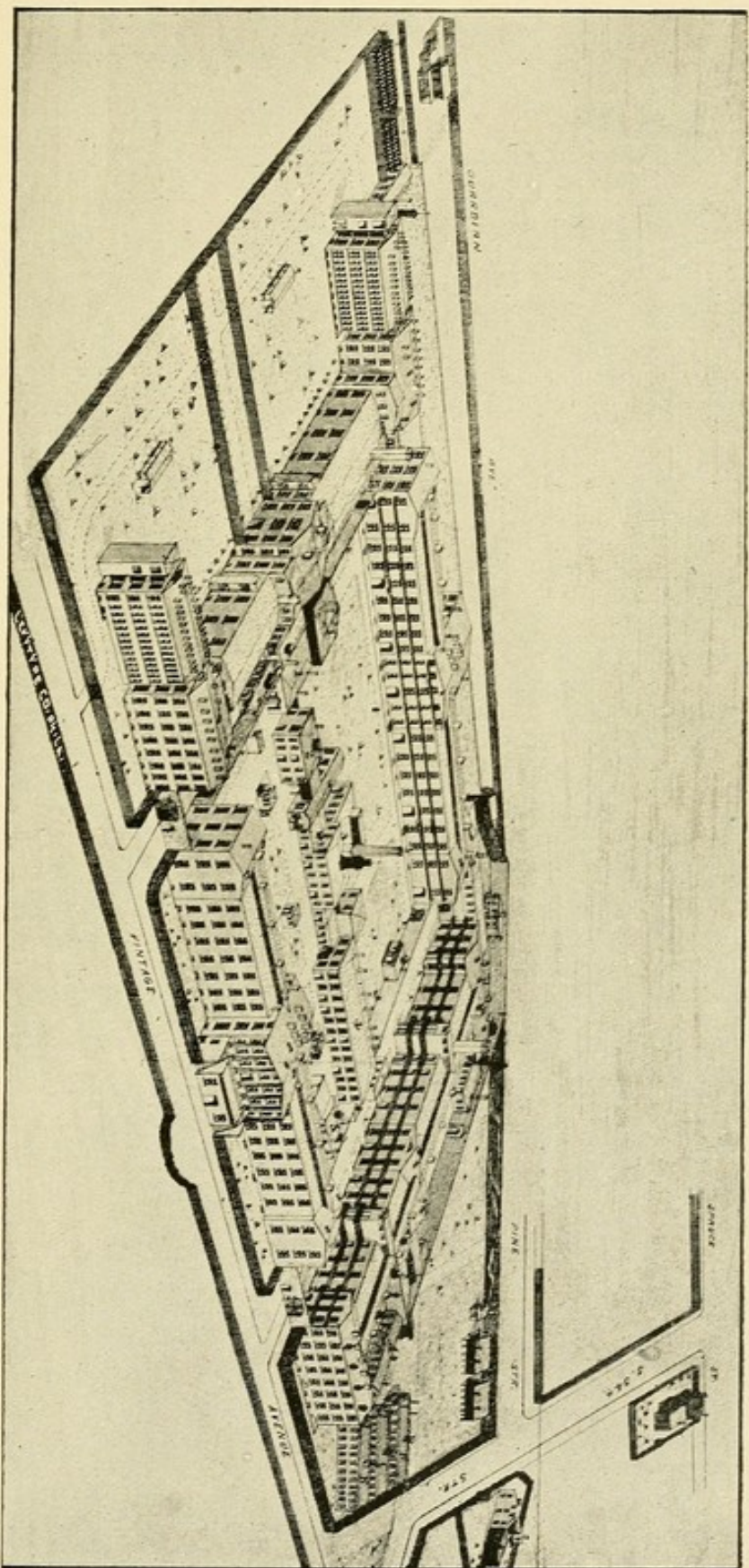
A general description of the present arrangement of the buildings of the almshouse, and also of the uses to which these buildings or certain portions of them are put, may be of value hereafter to those in search of information with reference to the history of this institution. The description is from personal observations and from data furnished by the superintendent of the almshouse, and the chief resident physician of the hospital.

The four main buildings of the almshouse surround a hollow square, leaving, however, a considerable open space between the ends of the buildings. They are built of stone; three of them are three stories high with dormer roofs. Formerly all were full three stories in height, but after the fire in 1885, which partially destroyed the insane department, the southwestern structure was only rebuilt to two stories, as will be hereafter described.

In describing the position of these buildings with reference to the Schuylkill river, and the city streets which have now been cut through and completed around the almshouse, mistakes might be made by a too hasty observer. Commonly the four great buildings which bound the quadrangle are described as north, south, east and west, but they are not located with the direct points of the compass. Instead of a northern, southern, eastern and western main building, we have in general terms a northwestern, a southeastern, a northeastern and a southwestern building, the southeastern being the main or front building, with the elevated portico in the centre. The river which runs nearly north and south just above the almshouse property, opposite and below it, or above and about the position of Gray's Ferry bridge, takes a sweep to the west or southwest.

The front or main building facing southeast, is 521.6 feet long by 60 feet wide. Its centre is chiefly used as an administration building, and as residences for the superintendent and others. The lower or first floor extends beneath the immense portico of eight columns, which is on a level with the second floor, and is approached by steep, stone stairways on the east and west. On this lower floor are the offices of the house agent, the dining-room for the officers and inmates, and a clothes-room for the men. The second floor of the centre is occupied by the offices of the president and directors of the board of charities and correction, and of the





BIRD'S EYE VIEW OF PHILADELPHIA ALMSHOUSE, 1890.







superintendent; the third floor by the private apartments of the superintendent, and the dining-room of the resident physicians. East of the centre, the first, second, and third floors are occupied by male pauper inmates or "outwarders," as they are sometimes called, many of them in this portion being able to work about the buildings and grounds in the different departments. West of the centre, the first, second and third floors are also occupied by male paupers or outwarders, but those congregated here are, in the main, the oldest and most infirm. The attic of this building is used as a store-room, and also as sleeping apartments for the officers and for the superintendent's servants.

The northeastern building bounding the quadrangle includes most of the departments of the Philadelphia Hospital proper. It is three stories high, with dormer roof, and is 540 feet long and 63 feet wide. The centre is occupied by female eye, skin and surgical wards, and by the men's surgical wards. The Protestant Episcopal chapel is also located there. In the yard east of the centre, and connected by a covered corridor with the main building, is the amphitheatre or clinical lecture room, 54 by 66 feet in extent, and having a seating capacity for about four hundred; it was built in 1861. The first floor at the north end of this northeastern building is occupied by the library, the offices of the chief resident physician, and the dining-room for nurses. Built eastward from this end is a one-story brick building erected by the Mary Shields' legacy fund. It is 76 feet long by 20 feet wide, and is used as a general kitchen for the hospital, and also as an apartment for special diet for patients. The first floor at the southern end of the northeastern building is occupied by the offices, recitation rooms and parlor connected with the training school for nurses, and also by the drug department. In the second story north are the female medical wards; in the centre are the men's venereal and skin wards; in the south the nurses' dormitories. The third floor, centre and north, contains the men's medical wards; south, the infirmary and dormitories for the nurses. The attic of this entire building is occupied as a sleeping apartment for attendants, and for convalescent patients of the men's medical and surgical wards.

The northwestern main building is three stories high, with dormer roof, and is 521.6 feet long and 60 feet wide. The first floor in the centre is occupied by the Methodist Episcopal chapel, the women's outward dining-room and a clothes-room; on the second floor centre, are the private apartments of the chief-resident physician and the office and sleeping-room of the matron; on the third floor are the sleeping apartments of the resident physicians. The first floor east is occupied by the women's nervous wards; the second by the nursery, and the third by the ward for diseases of women. On the first floor west are the women's outwards and the Roman Catholic chapel; on the second and third floors also the women's outwards; and on the third, in addition to the outwarders, the women-help for different departments are quartered. In the eastern attic of this northern building are the women's venereal wards; while in the centre and west attics are the quarters for the working women of different departments.

The southwestern structure bounding the quadrangle is the main building of the insane department, which was formerly three stories in height throughout like the other three buildings, but after the fire in 1885, only sixty-six feet of the centre was rebuilt to three stories, the extensions on each side from the centre being only carried up to two stories. The full length of the building is 298 feet; its width 63 feet. In the centre on the first floor are the offices for the physicians and the reception rooms for the patients and their friends; on the second floor the sleeping



apartments of the doctors and the sewing room ; on the third floor an amusement hall. The first and second floors to the north of the centre are occupied by female insane patients ; the first and second floors on the south side by male patients. Two wings built in 1870, from each end of this western main building, each extend 237 feet west, and have a width of 48 feet. They are built of stone and are three stories high. The north wing is occupied by female insane patients, and the south by male patients.

These buildings have the great advantages of room, strength and solidity. The walls of the four immense buildings which bound the quadrangle are of great thickness, and have been erected upon stone and brick archways with sturdy foundations. Whatever through mischance, abuse, or alteration may have occurred to the inside of these robust structures, the walls have stood unshaken, and they promise to stand through many generations.

In the centre of the hollow square formed by the four main buildings are located the boiler and engine rooms for generating steam for the entire establishment ; an electric light plant with dynamo ; a store house from which all the supplies are distributed ; the manufacturing department, the buildings for which contain a steam-fitting, tin, paint, carpenter, wheelwright, upholsterer, plumber, blacksmith, tailor and shoe shops ; shops for hand loom weaving ; and the bakery, tallow rendering, soap boiling and blanket scouring departments. The brick building used as a kitchen for the out wards, 93 feet long and 20 feet wide, built from the proceeds of the Mary Shields' legacy, is also located here. All the buildings of the entire institution are heated by steam.

Two large fire escapes built of brick are attached to the hospital or northeastern building, and are connected with the different wards by an iron balcony running the entire length of the same on each floor. A fire escape of the same kind is attached to each wing of the insane building ; these are connected by an open bridge from each floor. The northwestern and southeastern main buildings have also iron fire escapes, running from the ground to the top of the buildings. The grounds are beautifully laid out, well sodded, and with a large number of shade trees, shrubbery and plants.

East of the hospital buildings, to the left of the roadway which leads to the clinic hall are four brick pavilions. Three are two-story brick structures connected by a covered porch, and occupied, with the exception of one ward, which is the men's eye ward, by the men's nervous wards. Each of these three pavilions is 114 feet long by 28 feet wide. Between these and the main building is a one-story brick pavilion parallel with the northeastern main building ; this pavilion is used as a dining-room for many of the patients in the nervous wards. Opposite to the nervous wards to the north, across the roadway which leads from the clinic gate to the clinic hall, are two one-story brick structures with porticos in front. They are each 60 feet long and 33 feet wide, and are used as maternity wards.

North of the northern end of the northeastern and the eastern end of the northwestern main building, is the general laundry of the institution, a brick building, one-story high, 170 feet long and 24 feet wide.

A short distance north of this laundry and, therefore, northwest of the northern extremity of the northeastern building, are the two pathological buildings, the



laboratory and the museum. The most eastern of them is a two-story brick structure 40 feet long and 20 feet wide, the first floor of which is used as a dead-house and post-mortem room, and the second by pathological and bacteriological laboratories. Adjoining this building to the west is the pathological museum, just completed, 40 feet long, 40 feet wide, and 30 feet high. Northwest of these pathological buildings, but separated from them by a high fence, is a small "Pest House," or hospital for contagious diseases.

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#### ADDITIONS AND IMPROVEMENTS.

When the new board of guardians came into power in 1859, Mr. Mahlon H. Dickinson was placed on the committee on manufactures. At this time the manufacturing department was in bad condition, the goods made scarcely equalling the cost of material. The building used was a one-story wooden structure not fit to be used by old and infirm paupers.

Mr. Dickinson succeeded in getting an appropriation of \$5,000 from city councils for a new building which was erected in 1860. The stone was taken from an abandoned quarry on the grounds, and the work done by inmates of the institution. The gravel for the plaster was also obtained on the premises. In this way a building, worth \$8,000 or \$10,000, was erected at a cost of about \$5,000. After it was completed, the house was searched for mechanics, and carpenters, painters, tinsmiths, blacksmiths, tailors, weavers, etc., were found and put to work, these men sometimes being given a little extra tobacco, or some special privilege, as an inducement to do well. Old hand-loom were repaired by inmates, and after a time blankets were made for the house. The value of the goods thus manufactured in the institution, after a few years, amounted to many thousand dollars. This manufacturing department has continued to be an important department of the almshouse, as a study of the reports of the institution will show.

Councils, in 1870, appropriated \$70,000, and two new wings, with modern improvements, were added to the insane department, furnishing room for 180 additional patients. It was largely through the efforts of Mr. George L. Harrison that this work was accomplished - only one of a multitude of good deeds done by him for the insane and defective classes. For years, while a member of the board of public charities, Mr. Harrison devoted much time and attention to the insane department of the Philadelphia Hospital, to which Dr. Richardson in his annual reports gratefully refers.

In 1874, a committee of councils reported in favor of the erection of a series of temporary wooden pavilions for the medical, surgical, and insane departments. These were built in 1875—those for the insane in the space west of the department; the others, in the yard east of the northeast building of the quadrangle. The board of public charities called attention to the danger of fire from these buildings in 1879, and in 1880 the pavilions for the insane were removed. The other pavilions were used for various medical and surgical purposes, until the wards for nervous diseases were started in them in 1877. They continued to be



used as nervous wards until they were demolished one after the other ; the first in 1884, the last not until 1888. The maternity building and the new brick pavilions now occupy most of the space where they formerly stood. Long before they were destroyed they became rickety, vermin infected, unsightly structures.

We will rapidly glance at the most important of the many recent improvements in the almshouse and hospital. Such improvements are by no means confined to the erection of separate buildings or the enlargement of others. Some of the most valuable are with reference to lighting, ventilation, drainage, machinery, paving, painting, plastering, and similar important work.

Of all the inventions of the enemies of the sick and poor, one of the most atrocious was the series of blind rooms or cul de sacs, known about Blockley as the "cubbies." These were a series of small rooms constructed of solid masonry against the blind partition walls of the larger rooms or wards. They were in two rows, one a gallery above the other. The only opening in them was a low arched door in the masonry. In each of these was placed a bed ; and more than once we have heard Dr. Ludlow, familiar with the details of Blockley history, tell how they were regarded by their designer as an achievement for the poor of which Philadelphia might be justly proud, as they gave to each shipwrecked pauper his own bedroom. Strangely enough, many a poor Blockley outcast cherished his unlighted, unventilated cave with deep affection, and resented with execrations its destruction.

Active attention was directed to the removal of the cells and cubbies, already described, as early as January 31, 1870, at which time a letter was received from the outward committee showing the necessity of alterations for additional wards, enlargement of the female bathing tank, and above all, the removal of the cells and cubbies. Not much, however, was done in this direction until four or five years ago. In the report of the superintendent for 1886, he refers to the removal of some of the cubbies from the old men's outward ; in 1887, this work was continued with activity, as also in 1888, when the men's and women's outwards were largely relieved of these pest-holes.

In 1884, the southern end of the southeastern main building, formerly used as a nursery and children's asylum, was re-plastered and thoroughly fitted up as a home for the nurses of the hospital, and the old school room in the same building as a drug store. The former drug store was on the south side of the corridor, which led from the clinic hall through the centre of the south-eastern building.

After the removal of the women's nervous wards to the lower floor of the women's outwards, the maternity wards were erected. The first reference to them is to be found in the minutes of the board of guardians, May 2, 1884, when Dr. Thomas Biddle moved that a maternity ward should be erected on the space now occupied by the female nervous pavilion. On June 23, 1884, the house committee reported this ward well under way. It was completed during the year, and opened January 1, 1885.

In 1886, a new brick pavilion for the men's nervous wards was erected in the yard east of the southeastern main buildings, parallel with it, and between it and the wooden pavilions. In 1887, another one-story brick building was erected in the western side of the same yard, but at an angle with the first pavilion and the



main building. This was the first of a series of pavilions which had been provided for by councils and the department of charities and correction. During the year 1888, the last of the rickety and unwholesome wooden pavilions were removed and two additional two-story brick buildings substituted for them. In 1889, an additional story was put on the pavilion erected in 1887.

In 1886, the accumulated income of the Mary Shields' legacy was applied to the erection of a new kitchen-building, with complete apparatus for cooking of the best character. This was nearly finished at the time of the disastrous fire on the night of February 12, 1885, after which the work was rapidly pushed and completed, furnishing much needed accommodation, the old kitchen having been destroyed. A kitchen was also built and furnished for the general hospital in 1886, and during the past year, part of the cost of a third kitchen has been paid.

In 1887, the nurses' apartments and the quarters of the resident physicians were thoroughly renovated. The general laundry was enlarged, new machinery introduced, a drying-room for the laundry of the insane department was built, the outer walls of the buildings were rough-coated, the outside woodwork was repainted, balconies to the fire-escapes were completed, and pipes were laid for increased water supply to the institution.

In 1888, additional fire escapes were erected. Much paving in the hospital grounds was completed, the asphalt pavements which are now found in the streets of the quadrangle being first introduced. An important improvement during this year was the building of a trunk 450 feet long, connected with the sewer of the insane department, to carry the drainage beyond low water mark in the Schuylkill. This was built and the sewer cleansed of its contents. This sewer had not been cleansed for a period of fifty years, and from it were taken one hundred and forty-two cart loads of material.

During the discussion arising out of the great fire which partially destroyed the insane department in February, 1885, it was made apparent that one of Philadelphia's greatest needs was a State hospital for the insane, to be devoted entirely to the reception of patients belonging to this county, the city maintaining a small department at Blockley in connection with the general hospital for the reception of acute patients, or the temporary detention of doubtful cases. It was, however, finally decided to rebuild the burned structures on the old site. This was done the first half of 1887, but various alterations and changes in the old plan were made. The main building which formed the southwestern side of the original quadrangle was the one most completely destroyed by the fire. This was rebuilt and the northern wing repaved. In rebuilding it the centre was carried to three stories, but the extensions on each side from the centre were built to only two. Open ways were also left between this building and the wings. Fire-escapes were added to the structures in 1886.

In 1889, the removal of the cobble stone pavements of the quadrangle, and the substitution for them of the cement pavements, was continued. New and greatly improved water closets were erected in the outwards, the nursery, the obstetrical ward, and in the men's medical and venereal wards—a work of vital import-



ance to the health of the wards. During this year city councils appropriated money for the electric lighting of not only the buildings but the surrounding grounds; the appropriation included an item for an electrical plant at the institution. This work was placed under the supervision of the electrical bureau, and during 1890 was begun, so that now a portion of the institution and grounds is illuminated by electricity. The wooden door frames of the insane departments were also removed during this year, and replaced by others made of iron.

Connected with the hospital had long been a ward known as the drunkard's ward, or as usually designated, "the drunk ward." This was in the first instance set aside for the reception of those suffering from mania-a-potu, or for such cases as were indicated by the attending physician or by the medical board. It was also a custom to place in this ward patients who were temporarily disturbing or dangerous, or whose sanity was doubtful, sometimes detaining them here until an examination was made with a view of transferring them to the insane department. In 1889, this ward was changed into one which is now known as the detention ward, and since then doubtful cases in the general hospital, and similar cases received from the outside through the police department, have been detained in this ward until thorough examination into their mental condition has been made.

In 1890, city councils made an appropriation from the almshouse property fund to the department of charities and correction for the erection of additional buildings on the grounds of the almshouse. These buildings, a portion of which are now under way, are to be independent wings from the buildings now existing on these grounds. A competent architect was authorized to prepare plans for them, and these plans were drawn and eventually approved by the department of charities and correction and by the mayor.

The department had a survey made of a portion of the almshouse grounds, and found two available areas for building purposes, one on the west between the wings of the insane department and the west end of the property, a vacant space 635 feet in length, 362 feet wide in the centre, and 202 feet wide at each end; on this space it was recommended to extend the buildings of the much overcrowded insane wards. The real capacity of these wards is 600; the population when the recommendation was made, 883; and it was expected soon after to have returned from Danville 74 insane patients, sent there after the fire, making an excess of 357 beyond the real capacity.

The department also reported that on the north end of the property was a plot irregular in shape, 118 feet wide and 927 feet long, its greatest length being 1021 feet, on which it was suggested to erect ten two story pavilions, costing about \$5,000 each, which would be capable of accommodating 100 patients each, and would be better suited for hospital purposes than the present buildings. These additions were earnestly recommended, and it was believed if this was done the complaint of overcrowding, lack of accommodation, and their attendant evils would be removed, and the department would possess the required space and facilities to take care of its population for many future years.

Much work for the improvement of the almshouse and its hospital department is expected to be done during the year 1891. The additional wings for both male and female insane patients will probably be completed. Directly west of the centre of the



main building is to be built a refectory, or consolidated dining-room, 208 feet long and 50 feet wide, of a general height of one story, and 45 feet high to the top of the dome. This building is to be divided into two apartments, for male and female patients respectively, and will have a seating capacity for one thousand. It is to communicate with the wards by an underground passage lighted with electricity. Attached will be a two-story brick building, the basement to be for the kitchen; the first floor to be the sewing-room; and the second floor for the sleeping apartments for male and female attendants. It is also proposed during the year 1891 to construct from the Mary Shields' legacy, a steam elevator in the centre of the hospital building, capable of holding a cot to enable patients to be better transferred from floor to floor. An additional electric light plant is also to be established, with a dynamo to light incandescent lamps in all the hallways of the institution, the superintendent's office and the private apartments.

At various times, and particularly during the last five years, efforts have been made to remove the pauper element of the almshouse to some other place than its present location. On January 22, 1883, for instance, a request was sent by the medical staff to the board of guardians asking for this removal; also on November 24, 1884, a communication was made to the board concerning the desirability of removing the almshouse to the grounds of the house of correction. At a meeting of the board July 12, 1884, a committee of three was appointed to confer with councils as to the removal of the pauper element and the erection of a new almshouse.

Shortly after the great fire which resulted in the destruction of a large portion of the insane department, these efforts were renewed, and a committee was appointed by the medical board to circulate a petition for this removal, which was signed by a large number of physicians. In the report of the board of charities and correction for 1887, Dr. J. W. White again urged this removal and the use of the entire space at Blockley for the sick. So far, however, this step has not been taken.

The main reasons advanced for the separation of the almshouse and hospital have been the relief thereby of the great overcrowding, the removal from the sick poor of the stigma which attaches to the name almshouse, and the increased opportunities which would be afforded to improve and perfect both the hospital and the almshouse service.



The mayor, and the present board of directors, have not favored this separation for reasons given in the annual message of the mayor for 1889. The chief of these reasons are, that it will be necessary to build an additional hospital in connection with the new buildings to accommodate the cases of sickness constantly occurring in the institution; that the removal of the almshouse to Holmesburg would greatly add to the cost of conducting two institutions separated by nearly ten miles; that for reasons of convenience and expense, the almshouse should be near to the city; that nearly all the inmates of the almshouse are proper subjects for hospital care; that the separation would cause not only a large expenditure of money for the erection of a new building, but would make necessary large additional fixed expenditures for management, with inconvenience and injury to the patients required to be moved from one to the other.



## EPIDEMICS IN THE PHILADELPHIA HOSPITAL FROM 1862 TO 1890.

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BY ROLAND G. CURTIN, M.D.

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A continuation of the account of the important epidemics which have visited the Philadelphia Hospital since 1862, the date to which they were brought by Dr. Agnew in his history of the hospital, is here attempted. The following are the most important epidemics since that date arranged in chronological order.

Typhus fever, 1864-5, 1867, and 1881-2-3; cholera, 1866; cerebro-spinal meningitis, 1866-7; malignant measles, 1868, 1882, 1884, 1887; relapsing fever, 1869-70; typhoid fever, 1876; puerperal fever, 1876-7-8, 1881, and 1883; influenza, 1889-90.

The statistics of some of these epidemics are exceedingly meagre owing to the absence of some of the older record books.

*Typhus Fever.*—During the last year of the war of the rebellion and the following year, an epidemic of typhus fever occurred. This was attributed to infection from the soldiers who were sent to the northern military hospitals. The medical history of the war states that 2,501 cases of typhus occurred among the troops of the United States army, and of these, 850 cases proved fatal. During 1864 and 1865, numerous cases were treated in the Philadelphia Hospital, though it is impossible to state the exact number. In the women's medical ward alone, 154 were treated, of which number 27 died. Probably in all 700 or 800 cases were treated during these years (1864-5). It was during this epidemic that Dr. J. P. Tutt, at that time visiting physician, lost his life. Having made a post-mortem on a malignant case, a few days subsequently he took the fever and died in less than a week, after great suffering.

During the summer and autumn of 1867, about the time when the epidemic of cerebro-spinal meningitis subsided, another



virulent epidemic of typhus appeared, and 300 cases were treated. Many of these originated in the old cubbies in the outwards, and in the surgical garret, among the old men having leg ulcers and other chronic affections. The fatality was great owing to the type of the disease, the age; former habits, and generally broken-down condition of the patients. Again in 1881, typhus fever appeared, having been introduced from Europe by emigrants. In the Philadelphia Hospital during the years 1881, 1882 and 1883, in the men's and women's medical wards, 69 cases were treated and 27 of these died.

*Asiatic Cholera.*—During the summer and fall of 1866, while I was resident in the insane department, about 150 cases of cholera were treated in the old temporary smallpox hospital, which had been used for smallpox and other infectious and contagious diseases before the municipal hospital was built. The board of guardians at their stated meeting held May 19, 1862, appointed a committee of three to erect a building for smallpox patients. It was situated below the southern end of the eastern wing of the insane department, in the field near the West Chester railroad. I well remember the old pine barracks, with its unplanned boards, with cracks of sufficient width to allow the inmates to look out from their beds to view a pile of coffins placed outside, ready to receive the next victims. Eighty-two deaths occurred in this building. The old residents of the insane department furnished a large number of the cases affected, and among them the disease was particularly fatal. This was, I believe, the fourth epidemic of this disease which visited the hospital. The other visitations were in 1832, 1849 and 1854, as will be observed in Dr. Agnew's history.

At the stated meeting of the board of guardians held March 19, 1866, as appears from the minutes, a communication was read from Dr. Tutt in regard to certain rules and regulations necessary in the event of the appearing of the cholera, which was referred to the committee on hospital and diet. At the meeting of May 28th, the hospital committee presented a communication from the medical board signed by Edward L. Duer, secretary, in which it was stated that at a special meeting of the medical board, the following preamble and resolutions were adopted :—

“Whereas, it is the general opinion of the medical profession that Asiatic cholera is propagated from the sick to the well, and that isolation of the affected is of the greatest importance in the arrest of disease; therefore,

“Resolved, that the hospital committee be requested to procure suitable hospital tents to be immediately erected on an open field, on the very first outbreak of the disease, and that the patients be immediately removed thereto, as soon as they are seized with the affection.”



In the Annual Statement of the board of guardians for the year ending December 31, 1866, is the following report by a committee of the board :—

“Your committee beg leave to call your attention to the breaking out of the cholera at the almshouse the present year, and to the apparent effect, under the blessing of a kind Providence, produced by thorough ventilation from the floor, in its prevention and final disappearance from the institution. The disease first attacked four patients and a nurse in one of the wards of the women’s hospital, which ward, upon close examination, was found to be imperfectly ventilated. This was at once remedied, after which there were no more cases in the hospital.

“In the insane department for females the cholera occurred in several of the wards. These were ventilated by the old plan—from the ceiling, or by windows and doors. The ventilation in this department was not yet perfected, but on the appearance of the disease strong efforts were made to push it forward, and it is a remarkable fact, that as soon as thorough ventilation from the floor was established, the cholera disappeared from the institution. It may be proper here to remark that heat was introduced into the wards about two hours daily during the prevalence of the disease ; and it is also worthy of note that in no part of the almshouse, although crowded, was there any cholera where ventilation from the floor was thoroughly established ; and we would further state, where it has been fully perfected, no case of fever or dysentery, and a very few of erysipelas or gangrene, have originated in the hospital, or in any part of the house, and those patients brought from the city with those diseases mostly soon recovered, and the health of the inmates is at this time excellent.”

*Cerebro-Spinal Meningitis.*—In the fall of 1866, and the early part of 1867, an extensive outbreak of epidemic cerebro-spinal meningitis occurred. About 200 cases were treated in the hospital. The cases early in the epidemic were largely fatal, but later the mortality was much diminished. Dr. Alfred Stillé,<sup>1</sup> then one of the visiting physicians, published a valuable monograph on this disease. Dr. W. H. H. Githens,<sup>2</sup> a member of the resident staff, wrote an instructive paper for the American Journal of the Medical Sciences, giving data of 98 cases. Dr. Stillé’s monograph was dedicated to the clinical class of the Philadelphia Hospital for 1866–7, and in his introductory he speaks as follows :—

“As the epidemic meningitis, which has ravaged the United States for the last ten or eleven years, appears to be approaching the termination of its career, the present seems to be a fitting occasion for reviewing its course and studying its analogies with European and other American epidemics of the same disease, and

<sup>1</sup> Epidemic meningitis, or Cerebro-spinal meningitis, by Alfred Stillé, M.D. Philadelphia, Lindsay & Blakiston, 1867.

<sup>2</sup> American Jour. Med. Sci., July, 1867.



for guarding, if possible, future generations of physicians against misconceptions and mistakes, the confusion of ideas, and the still greater confusion of terms, which even now have not altogether ceased to have currency among professional teachers and writers. We have been the more strongly moved to attempt placing the subject in a clear light, by the practical acquaintance with it, which we acquired during the first quarter of the present year, while studying about 120 cases of the disease in the Philadelphia Hospital. Nearly 100 of them form the subject of a very valuable report contributed by Dr. Githens to the 'American Journal of the Medical Sciences.' In the corresponding term of the previous year we witnessed a still more extensive and fatal epidemic of typhus fever in the same institution, where, also, thirty years before, we had become familiar with that fever as a resident physician of the hospital during the great epidemic, the history of which is so honorably associated with the names of Gerhard and Pennock. Such opportunities were peculiarly fitted to reveal the grounds of the common error of confounding epidemic meningitis and typhus fever, into which physicians acquainted with only one of these affections have been prone to fall, as well as to illustrate the surprising variety of morbid phenomena which the former exhibits by virtue of its double character as a blood disease, and an inflammation of the cerebro-spinal membranes."

*Malignant Measles.*—In 1868, during the months of April, May and June, an epidemic of "black measles" occurred, of which Dr. DeForest Willard, then a resident physician, has kindly furnished me with some notes. The first cases were mild, but in a few days the extreme malignancy of the disease became so great that the patients sometimes died before treatment could be fairly instituted, and frequently within twenty-four hours after the appearance of the rash. Pulmonary complications existed in nearly all the cases. The number of deaths was about 80. In the foundling ward, 15 of the 16 inmates died within four days. In 1882, many cases of measles also occurred; in this epidemic it is stated that in the foundling ward 13 out of 14 children died. In January and February, 1884, malignant measles again invaded the children's wards. Dr. E. P. Bernardy, then a visiting obstetrician, has given me the following facts in regard to this outbreak:

Under his care were 73 cases, of which 21 died during the disease and convalescence, 2 of this number dying two weeks later of pneumonia. The cases at the commencement of the epidemic were of the malignant form; later they were of a milder type. Most of the fatal cases were complicated with pneumonia.

In 1887, from May to September, 16 cases were reported.

*Relapsing Fever.*—Some cases of this disease found their way into the Philadelphia Hospital in 1844, as also at its second visitation in 1848 to 1850, but in 1869 and 1870, between 200 and



300 cases were treated. Upon each visitation the disease was introduced from Europe. Drs. William Pepper and Edward Rhoads, visiting physicians, studied over 200 cases, and the results of their labors were later embodied in a paper by Dr. Pepper.<sup>1</sup> Dr. Rhoads contracted the fever, and so damaged a previously diseased heart, that he never recovered his strength. Dr. John S. Parry, one of the obstetricians of the hospital, also wrote an article<sup>2</sup> on the subject, giving his conclusions from the study of a large number of cases. Eleven hundred and seventy-six cases were reported in Philadelphia.

At the stated meeting of the board of guardians, March 28, 1870, a resolution was offered that the smallpox buildings be immediately fitted up for the use of relapsing fever patients, and this was referred to the committee on hospitals. At the same meeting the medical board was requested to investigate the alarming increase in the cases of fever prevailing in the hospital, and also if the bathing of the inmates once a week could have any possible influence on the same.

At the meeting of April 25, 1870, a committee of the medical board, consisting of Drs. A. Stillé, E. Rhoads, J. L. Ludlow and W. Pepper, reported to the hospital committee of the board of guardians, that at special meeting of the medical board a committee was appointed to examine the localities for the erection of additional buildings for the accommodation of acute infectious diseases, and make report, that having examined the premises, they recommend to the hospital committee that a building be erected immediately, and that in their opinion the most eligible site is in the space between the west wall and the hospital buildings.

At a meeting of the board of guardians held May 23, 1870, a request was made by the board of health to admit relapsing fever patients into the Philadelphia Hospital as the municipal hospital was full; accordingly at a special meeting held May 31, 1870, the request was complied with, owing to the exigencies of the case, and the old smallpox hospital building was offered for the fever patients.

The following occurs in the Annual Statement of the year 1870, in the report of John H. Parry, secretary of the medical board:

"During the year 1870, as you well know, the hospital has been taxed to its utmost by the epidemic of relapsing fever, which swept over the eastern part of the country. In March or April last the first case was admitted, and during the year 458 persons were treated for the affection.

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"The mortality of all the cases—thirteen and three-fourths per cent.—was high, and the excess of deaths was in the black men's medical ward. The disparity between this and the death rates in other departments is very striking, and particular attention is called to the fact that the lowest mortality was among colored women. The number of cases among the colored men was just double that among women, while the mortality, instead of being twice, was sixteen times as great."

<sup>1</sup> American System Pract. Medicine, Vol. I, p. 369.

<sup>2</sup> American Jour. Med. Sciences, Vol. LX. Oct., 1870.



"In regard to this fact I received the following communication from Drs. Stillé and Pepper :—

"In explanation of this apparently unaccountable excess of mortality among the black men, various circumstances may be advanced. In the first place, a very large proportion of the patients of this class were admitted in a dying state, and in more than one case death actually occurred before the patient could be placed in the bed. In very few instances, indeed, did they seek admission until a stage of the disease had been reached when the chances for successful treatment were greatly diminished. Again, it is a positive fact that relapsing fever, as occurring, presented a degree of gravity (indicated by intense jaundice, passive hemorrhages, suppression of urine, etc.) not met with in any other class of patients. We must call attention to the fact that the black men's medical ward, in common with other medical wards, and probably to even a greater degree, was overcrowded with these grave cases, and that ample space and most free ventilation are very important in the treatment of all zymotic diseases.'"

*Typhoid Fever.*—In 1876, during the centennial exhibition, typhoid fever was rife in Philadelphia, and the Philadelphia Hospital had many cases, but far less than might have been supposed, as the disease did not so generally affect the poor, but those in better circumstances, who did not, as a rule, seek the hospitals. Over 50 cases, however, were treated.

*Puerperal Fever.*—More or less of this disease has been present during many years.

In the Annual Statement of board of guardians for year ending December 31, 1865, appears the following report, by Dr. R. M. Girvin, recording clerk :—

"During the last quarter of the year, puerperal peritonitis made its appearance in the obstetrical department, threatening to be epidemic. The lying-in ward was immediately vacated, thoroughly scrubbed and whitewashed, and disinfectants employed. The physician in charge of the cases attended no confinement for two weeks. At the end of one month patients were again admitted to the ward, no return of the disease following. The prompt hygienic measures adopted seem to have arrested the spread of the disease, but three cases occurring, all of which were attacked within seventy-two hours of each other.

"Dr. J. S. Parry carefully examined such records as could be obtained of this ward, and reports as follows :—

"Cases of puerperal peritonitis occurred in the house every year from 1841 to 1858, except during 1844 and 1845. In January and February, 1849, the disease prevailed as an epidemic, at the end of which time the ward was vacated for four weeks. It appeared again as an epidemic about the middle of December, 1855. From this time to the 27th of February, the year following, twenty cases occurred, of which thirteen died and seven recovered.'"

Dr. W. H. Parish, December 10, 1879, before the Philadelphia county medical society, read a paper on "Puerperal Septicæmia,



chiefly as observed at the Philadelphia Hospital,"<sup>1</sup> from which we make the following quotations, which cover the history of about ten years.

"The following paper is based chiefly on cases occurring in the Philadelphia Hospital between January 1, 1870, and December 1, 1879, a period of about ten years. They are arranged in the books of the white obstetric wards, under the headings of puerperal fever, septicæmia, pyæmia, general peritonitis, pelvic peritonitis, pelvic cellulitis, metritis, phlegmasia dolens, and erysipelas. The sum total of these cases is 181, of which there have been 88 cases of puerperal fever, 8 cases of septicæmia, 2 of pyæmia, 35 of general peritonitis, 5 of pelvic peritonitis, 28 of pelvic cellulitis, 6 of metritis, 6 of phlegmasia dolens, and 3 of erysipelas. I have studied all recorded cases of these diseases, because I believe that nearly all such conditions occurring in lying-in women, either originate in septicæmia, or are modified in some part of their progress by septic influences."

"The record shows that in January, February and March of 1874, pelvic cellulitis and pelvic peritonitis were of unusual frequency, 12 cases of the former and 5 of the latter being so registered on the ward books, and a number of milder cases were not recorded."

"The most serious epidemic occurred during March, April and May of 1877. During these months there occurred 35 cases with the recorded diagnosis of puerperal fever. Most of them were successive cases of delivery, and in not one of them is there recorded an instance of interference or of abnormality during labor. The poison in these cases was transferred in various ways from patient to patient. They were all normal deliveries, but were preceded in the wards by cases of erysipelas, and by one case of fatal traumatic peritonitis, the result of dystocia. This epidemic corresponded in its general manifestations with endemics of so-called puerperal fever seen by various practitioners in practice, and often noticed in lying-in hospitals ever since the establishment of such institutions."

The following extract from a report made to the board of guardians April 26, 1886, is of great interest in connection with the subject of the mortality in the obstetrical wards, both at the time of epidemics or endemics, and at other periods. It also shows in a striking manner the great good accomplished by the training-school for nurses.

"Drs. W. H. Parish and Theophilus Parvin, of the obstetrical staff, submit the following summary, giving the total inmates, women confined, deaths of mothers, deaths of children, total deaths, percentage of total mortality, and mortality of mothers, from January 1, 1875 to April 1, 1886.

"It will be seen that this summary does not tally with the 'summaries' in the published Annual Statements for most of the years referred to. By reason of striking errors in the method of arriving at the rate of mortality, the summary of each published annual statement, excepting those prepared under the care of the resident physician-in-chief, has almost invariably overestimated the rate of mortality in the obstetrical wards. As an illustration of the divergence between the summary here-

<sup>1</sup> Philadelphia Medical Times, February 14, 1880.



with submitted and the summaries of the printed annual statements, it may be seen that the printed official annual statement for the year 1877 gives the total mortality in the white obstetrical ward at 41.75 per cent., and that of the colored obstetrical ward at 50 per cent., whereas in this summary, the total mortality, *i. e.*, the mortality among the mothers and infants for 1877, in the two obstetrical wards combined, is given as 11.74 per cent. The latter is as nearly correct as can be arrived at. The error referred to was the result of including the children along with the mothers in the number of inmates, and in determining mortality."

*Obstetrical Wards, Colored and White, Philadelphia Hospital.*

Years.	Total Inmates.	Women Confined.	Deaths of Mothers.	Deaths of Children.	Total Deaths.	Percentage of Total Mortality.	Percentage of Mortality of Mothers.
1875.....	751	266	11	32	43	5.72	4.13
1876.....	699	244	14	43	57	8.15	5.73
1877.....	775	277	30	61	91	11.74	10.83
1878.....	415	209	5	53	58	13.97	2.39
1879.....	{ Not ascertainable.	181	6	22	28	{ Not ascertainable.	{ 3.31
1880.....		183	11	18	29	6.11	6.01
1881.....	431	196	8	39	47	10.90	4.08
1882.....	228	102	4	25	29	12.07	3.92
1883.....	379?	205	15	30	45	11.87?	7.32
1884.....	427	219	7	27	34	7.96	3.19
1885.....	377	194	3	32	35	9.25	1.54
1875 to 1884, inclusive.....	4,579	2,082	111	322	433	9.45	5.37
From April 1, 1885, to April 1, 1886....	483?	247	2	18	20	4.14	0.80

"The training-school for nurses took entire charge of the maternity wards in April, 1885. It will be seen that the number of deaths among mothers and children combined has been since the introduction of the trained nurses, 4.14 per cent., to be contrasted with the former mortality over a period of eight (8) years, of 9.45 per cent.; and the number of deaths among mothers, after labor, since the introduction of the new nurses, has been 0.80 per cent., to be contrasted with the former mortality of 5.37 per cent. over a period of nine (9) years. The mortality during the twelve (12) months ending April 1, 1886, was less than during any year referred to in the above table."

"The new maternity buildings were occupied in January, 1885."



"The errors referred to as existing in the figures pertaining to the obstetrical wards affect, also, the total percentage of mortality from all diseases, but to a less degree than might, at first thought, be expected, because these figures merge with those representing the other departments. The printed figures indicating the average total mortality are, therefore, not so far astray as the printed figures indicating the mortality in the obstetrical departments, but for the sake of accuracy, we have substituted the correct ones. In this manner we ascertain the average mortality in the entire hospital, except in the insane department, to be:—

For the year 1875...	8.63 per cent.,	against	9.53 per cent.	in the printed report.
" 1876...	11.31	" "	12.29	" "
" 1877...	10.89	" "	11.83	" "
" 1878...	13.17	" "	13.70	" "
" 1879...	15.30	" "	15.30	" "
" 1880...	13.65	" "	13.70	" "
" 1881...	13.76	" "	14.80	" "
" 1882...	9.59	" "	9.59	" "
" 1883...	14.35	" "	14.35	" "
" 1884...	10.27	" "	10.27	" "
" 1885...	11.86	" "	11.86	" "

"It will be seen that no such striking diminution in the mortality of the entire hospital can be claimed for the obstetrical department in the past year. In fact the mortality for 1885 (11.86 per cent.) is 1.59 per cent. greater than that of the previous year, which was 10.27 per cent., which was, however, low as compared with the year before it. This may be partly explained by the fact that the burning of the insane department which occurred February 12, 1885, so crowded the wards of the hospital that hygienic conditions were correspondingly impaired, and this state of affairs continued late into the spring.

"In fairness, too, it should be stated, that generalizations dealing with so short a time as that during which our present system of nursing has been in operation, cannot have as much stress laid upon them as if they had been based upon a longer period.

"There are other points of view than the statistical whence our present system of nursing ought to be judged. By general acknowledgment of those in a position to know, our hospital from being the worst nursed in the city has come to be considered among the best, and other hospitals far more favorably placed as regards advantages of construction, the nature of diseases treated and social position of their patients, now look upon it as a model worthy of imitation. In one hospital, at least, a great revolution in its entire executive management is about to be inaugurated, which would not have been thought of for many years, at least,



if the system at the Philadelphia Hospital had not attracted the attention of those in charge and secured their approval. Further, one of our graduate nurses has recently been appointed chief nurse of the Pennsylvania Hospital.

"Finally, our present system of nursing has produced results in a direction which was scarcely contemplated in its conception. Not only are our patients better cared for and more comfortable, but a refining influence is also exerted upon them of which at first thought they seem hardly susceptible, and a degree of self respect is engendered which contributes to the better discipline which characterizes the wards throughout.

"Respectfully submitted by order of the medical board,

W. H. Parish, M.D.,  
Theophilus Parvin, M.D.,  
J. William White, M.D.,  
George McClellan, M.D.,

E. T. Bruen, M. D.,  
J. C. Wilson, M.D.,  
James Tyson, M.D.,  
Chas. K. Mills, M.D.,  
Committee."

*Influenza.*—This pandemic which swept over the world in 1889-90, was the cause of over three hundred severe cases being treated in the Philadelphia Hospital. The poor consumptives were very unfortunate, forty-five in the medical wards being hurried off during three months, from the middle of December, 1889, to the middle of March, 1890. During this period, sixteen deaths occurred from pneumonia, all largely due to the epidemic. The mortality was so great among the phthisis cases in the fall of 1890, that these wards presented to those familiar with their usual appearance a very noticeable diminution of the array of chronic cases. There were fourteen resident physicians and twenty-five nurses sick with the disease, thus damaging the service of the hospital. In the insane department fifty cases occurred among the patients.



## NOTES ON THE HISTORY AND ORGANIZATION OF THE PHILADELPHIA HOSPITAL SINCE 1860.

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BY CHARLES K. MILLS, M.D. AND ROLAND G. CURTIN, M.D.

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We will not attempt a continuation of Dr. Agnew's elaborate medical history of the Philadelphia Almshouse, as the allotted space in the present volume will not permit this to be done, but will simply note some of the most important historical facts of the last thirty years, and record the main changes and new departures in the organization of the medical board. The notes given would be much assisted by tables of the physicians and surgeons who have been connected with the hospital, but although, as stated in the preface, such tables have been nearly completed, their publication will have to be postponed to another volume of Reports, as the present has already extended to the full limits assigned in the authority given for its publication.

According to the rules of 1861, the medical board of the hospital consisted of four physicians, four surgeons, and four accoucheurs. The hospital was divided into three departments, medical, surgical and obstetrical, and the term of each physician, surgeon and accoucheur was three consecutive months, each staff regulating the order in which its different members served. It was the duty of each member of the staff in attendance to visit the institution four times a week, or oftener, if necessary.

At various periods since 1861, efforts have been made, sometimes successful and sometimes not, to increase or decrease the number of members of the different staffs of the hospital. Four on each staff remained the constitution of the board until 1874. During this year the surgical and obstetrical staffs were increased from four members to five, the medical staff practically remaining at four, although Dr. D. D. Richardson, superintendent of the insane department, made five, as he was regarded officially as a member of the medical staff. Those added to the staffs were Dr. S. W. Gross to the surgical, and Dr. J. R. Burden, Jr., to the obstetrical. A sudden jump was taken in 1875. The physicians and surgeons were increased to eight members each, while the accoucheurs remained at five. To the surgical staff were added Drs. N. L. Hatfield, J. William White and W. G. Porter; to the medical, Drs. John M. Keating, E. T. Bruen, J. C. Wilson and J. Guiteras. These new names appear in the Annual Statement of the board of guardians as full members of the medical



board, and were so recognized officially from the first ; but for a time the impression seems to have existed with some that the new members were to be regarded as juniors, not possessing all the privileges with reference to lectures and some other matters as the four seniors, a view which, for a time, caused some friction. Soon, however, all the members of the three staffs were considered as upon the same footing.

In 1876 and 1877, important changes were made. The staff of obstetricians was increased to eight members to correspond with the surgical and medical staffs. Of the staff of 1875, only Drs. Edward L. Duer and W. A. Warder remained. Dr. R. M. Girvin and J. R. Burden Jr., had resigned, Dr. J. R. Parry had died, and the new members added to the obstetrical staff were Drs. J. B. Walker, E. E. Montgomery, S. S. Stryker, J. W. Linn, M. D. Musser and W. H. Parish. In September, 1877, three new special departments were added to the hospital, namely, the neurological, ophthalmological and dermatological. Dr. Charles K. Mills was appointed to organize and take charge of wards for nervous diseases ; Dr. E. O. Shakespeare was made ophthalmologist, and Dr. L. A. Duhring dermatologist. Subsequent to this time the changes in the organization of the medical board have not been many, although some of them have been important. The membership of the neurological staff has been increased until now it numbers four ; the ophthalmological and dermatological staffs have each been enlarged to two members ; and in 1890, a laryngological department was founded, and two laryngologists, Drs. C. Jay Seltzer and George Morley Marshall were appointed. Several important changes have been made with reference to the positions of pathologist, assistant pathologist, curator and microscopist, and in 1890, a bacteriologist was appointed.

From 1880 to 1884, the medical and surgical staffs numbered nine. One reason for this abnormal increase was probably the great pressure brought upon the governing board in behalf of gentlemen who had command of powerful influence. When in 1884, it was suggested to decrease the staffs, the medical board united in opposition to this, possibly influenced to some extent by the uncertainty as to who would be selected for the axe. Notwithstanding this, however, at a meeting of the board of guardians, October 27, 1884, a rule was adopted reducing each staff to six. The rule in full was, that the medical board should consist of a medical, surgical and obstetrical staff, not exceeding six members each ; also of a neurologist, a dermatologist, a pathologist, who should serve as curator, a microscopist, and a physician to the insane department.

In December, 1889, numerous changes were made in the personnel of the medical board.

The rules for 1890 divide the hospital into four departments, viz., a medical, surgical, obstetrical and neurological ; the medical including the medical wards only ; the surgical, the surgical, venereal, eye and skin wards ; the obstetrical, maternity, gynecological and convalescent wards, the nursery and the children's department ; the neurological, the nervous wards and the insane department. In addition special wards are under the care of ophthalmologists, dermatologists and laryngologists. The terms of service of the visiting medical officers is fixed by their respective staffs.



The medical board under the present rules is elected annually in December, by a vote of the majority of the members of the board of charities and correction, and vacancies on the board are filled by a similar vote for the unexpired term, at the next stated meeting of said board, following the one at which the vacancy is declared. The medical, surgical, and obstetrical staffs are composed of eight members each; the neurological staff of four; in addition, the board consists of two ophthalmologists, two dermatologists, two laryngologists, a pathologist, with two assistant pathologists, and a bacteriologist. The board elects annually by ballot a president and a secretary.

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#### OFFICERS OF THE MEDICAL BOARD.

It may be of some interest to record the names of those who have been honored at various times by election to the offices of the medical board. The president of the board has, as a rule, been chosen from the older and more distinguished members. The record of these positions is not a complete one, but from the minutes of the medical board some facts in regard to them have been obtained. The minute book now in the hands of the secretary begins in 1859, but for several years no minutes appear.

At a meeting of the board, held August 13, 1859, Dr. Samuel D. Gross was nominated and unanimously elected chairman, and Dr. John Wiltbank was appointed secretary. Dr. Edward L. Duer subsequently became secretary; March 30, 1867, he resigned, and Dr. William Pepper was appointed in his place. January 15, 1868, Dr. Alfred Stillé was elected president, and was re-elected for several years, resigning March 8, 1872, when Dr. J. L. Ludlow was elected. January 4, 1869, Dr. Pepper resigned the secretaryship, and was succeeded by Dr. John S. Parry, who continued in this position until February 17, 1871, when he resigned and Dr. Harrison Allen was elected. Dr. Allen was succeeded by Dr. John Guiteras, October 7, 1878. The next year Dr. Guiteras having resigned from the hospital to go into the Marine Hospital service, Dr. E. T. Bruen was elected secretary, and continued to serve as such until his death in 1889. Dr. Ludlow was succeeded as president by Dr. James Tyson, March 10, 1885. Dr. Roland G. Curtin was elected president January 6, 1890. Since the death of Dr. Bruen Dr. L. Steinbach has been secretary.



## LIST OF MEMBERS OF THE MEDICAL BOARD.

WITH ADDRESSES, PLACE AND TIME OF GRADUATION, DATE OF APPOINTMENT TO THE PHILADELPHIA HOSPITAL, AND POSITIONS HELD IN OTHER INSTITUTIONS.

In the main, this list as arranged represents the order of seniority of the different members of the medical board. In a few instances, however, it does not, as present members of the board are serving for a second period. Dr. James B. Walker was first elected in 1876. During a few months in 1885 he was not a member of the board, but was re-appointed during the same year. Dr. E. E. Montgomery was first elected in 1877; ceased to be a member of the board in 1885, and was re-appointed in 1886. Dr. James Hendrie Lloyd was elected to the neurological staff in place of Dr. Roberts Bartholow, who resigned January 1, 1888; he served until December, 1889, and was re-appointed in December, 1890. Some members of the different staffs have been elected during the same year, or even at the same meeting of the governing board, and practically the latter do not differ in seniority. In these cases we have taken the names in the order in which they appear in the printed Reports of the department.

WILLIAM G. PORTER, M.D., 1223 Spruce street. Graduate of Univ. Penna., 1868. Appointed 1875. Surgeon to the Presbyterian Hospital; Consulting Surgeon to the Philadelphia Dispensary.

JAMES B. WALKER, M.D., 1617 Green street. Graduate of Univ. Penna., 1872. Appointed 1876; served until 1885; re-appointed same year. Professor of the Practice of Medicine in the Woman's Medical College of Pennsylvania; Consulting Physician and Lecturer on Clinical Medicine in the Woman's Hospital of Philadelphia; Secretary of the American Climatological Society, etc.

E. E. MONTGOMERY, M.D., 1818 Arch street. Graduate of Jefferson Medical College, 1874. Appointed 1877; served until 1885; re-appointed 1886. Professor of Gynecology in the Medico-Chirurgical College; Gynecologist to the Medico-Chirurgical Hospital.

CHARLES K. MILLS, M.D., 1909 Chestnut street. Graduate of Univ. Penna., 1869. Appointed 1877. Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic; Lecturer on Mental Diseases in the University of Pennsylvania; Lecturer on Nervous Diseases in the Woman's Medical College of Pennsylvania.

E. O. SHAKESPEARE, M. D., 1336 Spruce street. Graduate of Univ. Penna., 1869. Appointed ophthalmologist, 1877; curator, 1880; pathologist, 1882; bacteriologist, 1889.

HENRY F. FORMAD, M.D., 3535 Locust street. Graduate of Univ. Penna., 1877. Appointed microscopist, 1878; pathologist, 1887. Demonstrator of Pathology in the University of Pennsylvania; Coroner's Physician, Philadelphia.



ROLAND G. CURTIN, M.D., 22 South Eighteenth street. Graduate of Univ. Penna., 1866. Appointed 1880. Consulting Physician to the Rush Hospital for Consumptives, and to St. Timothy's Hospital and the Midnight Mission; Visiting Physician to the Presbyterian Hospital; Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, West Philadelphia.

W. JOSEPH HEARN, M.D., 1130 Walnut street. Graduate of Jefferson Medical College, 1867. Appointed 1882. Visiting Surgeon to the Jefferson Medical College Hospital; Lecturer on Clinical Surgery in the Jefferson Medical College.

CLARA MARSHALL, M.D., 131 South Eighteenth street. Graduate of Wom. Med. Coll. Penn., 1875. Appointed 1882. Dean and Professor of Therapeutics in the Woman's Medical College of Pennsylvania; Attending Physician to the Girls' Department of the House of Refuge.

THEOPHILUS PARVIN, M.D., 1626 Spruce street. Graduate of Univ. Penna., 1852. Appointed 1884. Professor of Obstetrics and the Diseases of Women and Children in Jefferson Medical College, etc.

LEWIS W. STEINBACH, M.D., 716 Franklin street. Graduate of Jefferson Medical College, 1880. Appointed 1885. Surgeon to the Jewish Hospital; Professor of Surgery in the Philadelphia Polyclinic.

A. W. RANSLEY, M. D., 1222 S. Tenth street. Graduate of Univ. Penna., 1875. Appointed 1885. Surgeon to St. Agnes' Hospital.

JOHN H. MUSSER, M.D., N. E. corner Fortieth and Locust streets. Graduate of Univ. of Penna., 1877. Appointed 1885. Assistant Professor of Clinical Medicine in University Pennsylvania; Physician to the Presbyterian Hospital; Consulting Physician to the Woman's Hospital, and to the West Philadelphia Hospital for Women.

GUY HINSDALE, M.D., 4011 Chestnut street. Graduate of Univ. Penna., 1881. Appointed 1886. Assistant Physician to Presbyterian Hospital; Assistant Physician to Orthopedic Hospital and Infirmary for Nervous Diseases; Curator of the College of Physicians.

HENRY W. STELWAGON, M.D., 1411 Spruce street. Graduate of Univ. Penna., 1875. Appointed 1887. Clinical Lecturer on Dermatology in the Jefferson and Woman's Medical Colleges; Physician to the Skin Departments of the Howard Hospital and of the Northern Dispensary.

FRANCIS X. DERCUM, M.D., 636 North Eighth street. Graduate of Univ. Penna., 1877. Appointed 1887. Instructor in Nervous Diseases in the University of Pennsylvania; Assistant Physician to the Orthopedic Hospital and Infirmary for Nervous Diseases.

G. E. DE SCHWEINITZ, M.D., 1401 Locust street. Graduate of Univ. Penna., 1881. Appointed 1887. Ophthalmic Surgeon to the Children's Hospital, and to the Orthopedic Hospital and Infirmary for Nervous Diseases; Surgeon to the Dispensary of the University Hospital for Diseases of the Eye.

JOHN BLAIR DEEVER, M.D., 120 South Eighteenth street. Graduate of Univ. Penna., 1878. Appointed 1887. Professor of Surgery in the Philadelphia Polyclinic; Demonstrator of Anatomy and Lecturer on Surgical Anatomy in the University of Pennsylvania; Attending Surgeon to the German, St. Mary's and St. Agnes' Hospitals; and Consulting Surgeon to St. Timothy's Hospital.



## 122 HISTORY AND ORGANIZATION OF THE PHILADELPHIA HOSPITAL.

BARTON COOKE HIRST, M.D., 248 South Seventeenth street. Graduate of Univ. Penna., 1883. Appointed 1887. Professor of Obstetrics in the University of Pennsylvania; Obstetrician to the University and Maternity Hospitals; Gynecologist to the Orthopedic Hospital.

JAMES HENDRIE LLOYD, M.D., S. W. corner Walnut and Fortieth streets. Graduate of Univ. Penna., 1878. Appointed 1888; served until December, 1889; re-appointed December, 1890. Physician to the Home for Crippled Children.

EDWARD P. DAVIS, M.D., 250 South Twenty-first street. Graduate of Rush Medical College, Chicago, 1882. Appointed 1888. Professor of Obstetrics and Diseases of Children in the Philadelphia Polyclinic; Clinical Lecturer on Obstetrics in the Jefferson Medical College; Attending Physician to the Foulke and Long Orphanage, and to the Clinton street Boarding Home for Women.

FREDERICK P. HENRY, M.D., 1635 Locust street. Graduate of College of Physicians and Surgeons, New York, 1868. Appointed 1888. Physician to the Jefferson Medical College Hospital; Lecturer on Clinical Medicine at the Jefferson Medical College.

WHARTON SINKLER, M.D., 1606 Walnut street. Graduate of Univ. Penna., 1868. Appointed 1888. Physician to Orthopedic Hospital and Infirmary for Nervous Diseases; Manager of the Episcopal Hospital; President of the American Neurological Association.

J. M. ANDERS, M.D., 1637 North Broad street. Graduate of Univ. Penna., 1877. Appointed 1889. Professor of Clinical Medicine and Hygiene in the Medico-Chirurgical College; Physician to the Episcopal and to the Medico-Chirurgical Hospitals.

W. E. HUGHES, M.D., 3796 Baring street. Graduate of Univ. Penna., 1880. Appointed 1889. Secretary of the Pathological Society of Philadelphia.

SOLOMON SOLIS-COHEN, M.D., 219 South Seventeenth street. Graduate of Jefferson Medical College, 1883. Appointed 1889. Professor of Clinical Medicine and Applied Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine and Therapeutics in the Jefferson Medical College; Lecturer on Therapeutics in Dartmouth Medical College; Consulting Physician to the Jewish Hospital.

EUGENE L. VANSANT, M.D., 1632 Chestnut street. Graduate of Jefferson Medical College, 1884. Appointed 1889. Demonstrator of Histology in Jefferson Medical College; Visiting Physician to the Howard Hospital.

ORVILLE HORWITZ, M.D., 1115 Walnut street. Graduate of Jefferson Medical College, 1883. Appointed 1889. Demonstrator of Surgery in Jefferson Medical College; Chief of the Out-Door Surgical Department of Jefferson Medical College Hospital.

ERNEST LAPLACE, M.D., 1617 Arch street. Graduate of Univ. La., 1884. Appointed 1889. Professor of Clinical Surgery in the Medico-Chirurgical College.

WILLIAM EASTERLY ASHTON, M.D., 338 South Fifteenth street. Graduate of Univ. Penna., 1884. Appointed 1889.

C. S. BRADFUTE, M.D., 1336 Spruce street. Graduate of Jefferson Medical College, 1887. Appointed 1889. Demonstrator of Therapeutics in the Jefferson Medical College.



GEORGE M. GOULD, M.D., 119 South Seventeenth street. Graduate of Jefferson Medical College, 1888. Appointed 1889.

J. ABBOTT CANTRELL, M.D., 261 South Fifteenth street. Graduate of Jefferson Medical College, 1885. Appointed 1889. Adjunct Professor of Dermatology in the Philadelphia Polyclinic.

J. LEFFINGWELL HATCH, M.D., 3615 Locust street. Graduate of Univ. Penna., 1888. Appointed 1889. Lecturer on Bacteriology and Assistant Demonstrator of Morbid Anatomy and Pathological History in the University of Pennsylvania; Curator of the Pathological Society of Philadelphia.

HENRY WARE CATTELL, M.D., 3709 Spruce street. Graduate of Univ. Penna., 1887. Appointed 1889. Assistant Demonstrator of Chemistry in the University of Pennsylvania; Physician in the Children's Dispensary, St. Clement's Hospital; Assistant Surgeon to the Orthopedic Dispensary of the University Hospital.

JAMES M. BARTON, M.D., 1337 Spruce street. Graduate of Jefferson Medical College, 1868. Appointed 1890. Surgeon to the Jefferson Medical College Hospital.

C. JAY SELTZER, M.D., 23 South Sixteenth street. Graduate of Univ. Penna., 1881. Appointed 1890. Ophthalmic Surgeon to Howard Hospital and Southern Home for Destitute Children; Assistant Ophthalmologist and Surgeon to the Wills Eye Hospital.

GEORGE MORLEY MARSHALL, 1700 Girard avenue. Graduate of Univ. Penna., 1886. Appointed 1890. Attending Physician to St. Joseph's Hospital.

ROBERT H. HAMILL, M.D., 330 South Sixteenth street. Graduate of Univ. Penna., 1878. Appointed 1890. Obstetrician to Maternity Hospital; Gynecologist to the Howard Hospital.

GEORGE I. MCKELWAY, M.D., 116 North Seventeenth street. Graduate of Univ. Penna., 1889. Appointed 1890.

FREDERICK A. PACKARD, M.D., 259 South Fifteenth street. Graduate of Univ. Penna., 1885. Appointed 1890. Instructor in Physical Diagnosis University of Pennsylvania; Visiting Physician to the Medical Dispensary of the Episcopal Hospital.

RICHARD C. NORRIS, M.D., 1234 Spruce street. Graduate of Univ. Penna., 1887. Appointed 1890. Demonstrator of Obstetrics in the University of Pennsylvania.

J. CHALMERS DA COSTA, M. D., 2050 Locust street. Graduate of Jefferson Medical College, 1885. Appointed 1890.

Since the "Bullitt bill" has been in operation, certain rules and regulations adopted by the mayor and his heads of departments apply to the examination of some of the many who receive appointments in the Philadelphia Hospital. The mayor is chairman of the civil service board, which is composed of himself and the heads of departments. Boards of examiners are appointed for determining the fitness of all applicants for appointment or



promotion, by open, competitive examination. The separate boards are arranged under various "schedules." Under schedule E, for instance, comes the examination of surgeons, physicians, veterinary surgeons, chemists, druggists, superintendents, moral instructors, nurses, heads of training schools, matrons, housekeepers, helpers and attendants at the house of correction, alms-house and hospital. The board of examiners for this schedule is composed of three physicians or surgeons in good standing.

During 1887-88-89, for the examination of nurses, heads of the training schools, attendants, and assistant physicians in the insane department of the hospital, Drs. James Tyson, Charles K. Mills, Francis X. Dercum and Edward Martin served, Dr. Martin for part of the term, succeeding Dr. Tyson, who resigned. In 1890, the work was divided into two classes, and resident physicians as well as the other medical attendants were included in those to be examined under the first class. The board of examiners appointed for this class consists of Drs. Henry C. Chapman, William F. Waugh and Roland G. Curtin. For the examination of the second class, including superintendents, moral instructors, nurses, heads of training schools, matrons, housekeepers, helpers and attendants, the board appointed consists of Drs. James C. Wilson, Robert Dornan and Alexander W. Ransley.

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#### RECORDER OR REGISTRAR.

At various times in the history of the Philadelphia Hospital, efforts have been made to introduce an efficient system of keeping clinical and other records. Dr. Agnew refers to the fact that as early as 1824, the medical board advocated the election of two additional pupils as recorders, but, as he states, nothing of practical importance seems to have come of the creation of this office. To this day efforts in the same direction have not been rewarded with much success. In the hospitals abroad, notably in those of London, the position of registrar is ranked as one of importance; in some instances the office is sub-divided into senior and junior registrar. The positions seem to be sought after, and to be used to the great advantage, both of patients and physicians. No good reason exists why this should not be the case in the Philadelphia and in other American hospitals.



On December 10, 1851, the minutes of the stated meeting of the board of guardians show that a communication was read from Drs. DaCosta and Tutt, asking for the appointment of a medical recorder to aid the attending physicians and surgeons, but so far as we can learn this request was not granted. In 1885 the medical board of the hospital, after several meetings, adopted a resolution recommending the appointment of registrars, and soon after the position was created by the board of guardians, and four registrars were elected; one for the medical wards; one for the surgical, venereal, skin and eye wards; one for the obstetrical, gynecological and children's wards, and one for the nervous and insane wards. The duties of registrar have varied somewhat under different rules, but in the main they have been much the same as in the printed rules for May, 1890, of which the following are the chief:

"It shall be the duty of the registrar to see that a correct and sufficiently full history is written for each case within forty-eight hours after admission, and that on the discharge of such case, the diagnosis, treatment, and result of treatment, are properly observed on the history sheets.

"The registrar shall refer back to the resident such histories as are unsatisfactory, and on failure of the latter to return them properly filled within twenty-four hours, shall report, in writing, such failure to the chief resident physician.

"The registrar shall, at the end of each year, tabulate the cases in the respective wards for insertion in the annual report, and the labor of preparing this report shall chiefly devolve on the four registrars.

"The registrar shall visit the hospital not less than three times each week, recording in the proper book the time of arrival and departure. He shall see that the head nurse of each ward keeps a record of all the operations performed in that ward. He shall personally take the histories of such cases as are designated by his chiefs, and shall in the absence and at the request of the latter, after the other members of the staff have been asked to serve, act as their substitute in the wards."

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#### RESIDENT PHYSICIANS.

The system of resident physicians has changed a number of times in the history of the institution. Two forms of medical residency must be considered in recalling the facts—the administration under a resident physician-in-chief, and the service of resident physicians, usually recent graduates, elected for short periods. Dr. Agnew has given the history of the administration under chief resident physicians up to the period with which his lecture closes. From this record it will be seen that between 1845 and 1854, this position was in existence and was occupied by several doctors, each filling comparatively short terms. In 1854, a board of lecturers on clinical medicine and surgery was appointed, but the administration by a resident-in-chief was continued. In 1859, the office of chief resident was abolished and the hospital was placed in charge of a visiting medical board.



So far as we know, from this time until 1870, no resident executive position in the hospital was in existence. At the meeting of the board of guardians November 21, 1870, a discussion took place regarding the expediency of appointing a hospital warden, whose duties, salary, etc., were also considered. At a meeting of the board held December 28, 1870, L. D. Kemple was elected hospital warden. The name of this gentleman appears as hospital warden in the Annual Statement of the guardians for December 31, 1870. Neither the position nor the name of its occupant, however, appears in the Annual Statements for 1871, 1872, 1873, 1874. Probably the position only remained in force for a short time. If such was the case, in 1875, it was re-created and Mr. William Airey was appointed, and continued to hold the office until 1882. In 1882, Mr. T. S. Collins was appointed hospital warden, and was succeeded in 1883, by Dr. Thomas N. McLaughlin, who was at the time one of the staff of internes. In 1885, the position of hospital warden was again abolished, and that of physician-in-chief to the hospital created in its stead, Dr. McLaughlin being elected to the new position. On the re-organization of the hospital in 1887, Dr. George M. Wells was made chief resident physician, and the position was now made to include that of physician-in-chief to the insane department. Dr. Wells resigned January 13, 1890, his resignation taking effect about one month later. In a short time the present incumbent, Dr. Daniel E. Hughes, was appointed.

The duties of the resident-in-chief or chief resident physician have varied somewhat under the rules adopted at different periods; those of hospital warden were similar, but not as extensive, and did not include some of the powers which could only be exercised by a medical graduate. The following are the chief duties as prescribed in the rules adopted in May, 1890:—

He shall have the general supervision of the hospital in all its departments; he shall be physician-in-chief of the insane department of the hospital; he shall have full control of the resident physicians, and shall see that they faithfully perform their duties and conduct themselves with decorum at all times when within the institution, and shall report to the bureau any dereliction on their part; he shall have control and general management of all the nurses and attendants connected with the hospital. The library shall be under the superintendence and direction of the chief resident physician; and it shall be the duty of the person engaged for that purpose to see that all the books are catalogued, labelled and numbered.

Resident medical students or resident physicians serving for comparatively short periods have been a part of the medical service of the hospital as far back as 1808, and perhaps earlier. In 1788, as related by Dr. Agnew, an apothecary was first appointed, and he was required to be either a graduate or an advanced student, so that this might be regarded as the beginning of the office of resident physician. A little later, more than one resident student was deemed necessary, and the manner in which the number of resident pupils was increased, and in which they were sub-divided into seniors and juniors, is also related by Dr. Agnew. In 1823, a rule was adopted requiring the resident physicians to be graduates, and from that period to the present the house has



always had a corps of resident physicians, the number of which has gradually increased, until at the present time the maximum is twenty, to serve fifteen months each, and sixteen to be elected annually.

Our list of resident physicians, which has grown into hundreds and reaches back to the beginning of the present century, contains not a few of the names which have reached the highest distinction in American medicine. In 1862, Dr. Agnew said that among the names of the resident physicians of the Philadelphia Hospital will be found those of the most distinguished physicians, dead and living, from the north and south, for the last quarter of a century, and such a statement can be made with equal, if not greater truth of those who have occupied the position of Blockley internes since the year 1862.

At present and for a number of years the positions of resident physicians, filled by competitive examination, have been held, as a rule, by young men and women of the highest ability and character. The rules governing them are comprehensive and strict in character; they have great opportunities for improvement and advancement, and their duties are sufficiently arduous and exacting to call forth the best qualities of mind and body.

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#### ASSOCIATION OF EX-RESIDENT PHYSICIANS OF THE PHILADELPHIA HOSPITAL.

On October 25, 1887, a meeting of the ex-resident physicians of the Philadelphia Hospital was held in the lower lecture-room of the college of physicians, Thirteenth and Locust streets. Dr. S. W. Gross was elected chairman, and Dr. J. B. Walker temporary secretary. A committee of six was appointed to draft a plan for a permanent organization and a banquet. This committee consisting of Drs. H. C. Wood, William H. Parish, R. Wilmot Deaver, William G. Porter, William A. N. Dorland, DeForrest Willard and S. W. Gross (ex officio), was instructed to report at such time as it deemed suitable, and to present as complete a list of ex-resident physicians as possible. On motion it was decided that the organization should be composed only of the ex-resident physicians and resident physicians of the Philadelphia Hospital.

On November 16, 1887, another meeting of the resident physicians of the Philadelphia Hospital was called, the committee on organization made a report, and the following articles were adopted:—

1. That the association shall be composed of the ex-resident and resident physicians of the Philadelphia Hospital.
2. That the officers shall consist of a president, two vice-presidents, a secretary and an executive committee.



3. The executive committee shall be composed of seven members. The president, vice-presidents and secretary shall be ex-officio members of the committee.

4. That it shall be the duty of the executive committee to make all arrangements for an annual banquet, which shall be held on the first Tuesday in December.

5. That the president shall appoint a nominating committee, who shall report at the annual banquet the names of the officers and executive committee for the ensuing year, and that such report shall be equivalent to an election.

The following were the first officers elected : president, Prof. Alfred Stillé ; vice-presidents, Prof. S. W. Gross, Dr. S. S. Stryker ; secretary, Dr. W. A. N. Dorland ; executive committee, Drs. J. Ewing Mears, R. G. Curtin, J. W. O'Neill, J. H. Musser, R. W. Deaver, H. W. Elmer, J. H. Jamre.

On motion the executive committee was authorized to provide a banquet on the evening of the 6th day of December.

Each year since, the Association has held a meeting and had a banquet. Two addresses before the Association by Dr. Stillé and one by Dr. Bush are given in this volume.

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#### PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

The resident physicians on duty at the hospital in 1886, organized a society for the advancement of medical science, and the promotion of good fellowship among the resident physicians of the hospital. It is called the Philadelphia Hospital Medical Society. Its meetings are held every Wednesday evening at 9 p. m. The programme includes : 1. Minutes ; 2. Reading of formal papers and discussion of same ; 3. Reports of cases by members ; 4. Business. Once a month a physician not a member, addresses the society by invitation. At each meeting some member appointed for the purpose gives an epitome of recent medical literature.

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#### CHILDREN'S ASYLUM.

A few notes with reference to this asylum have been received from Dr. W. H. Wallace, formerly superintendent of the insane department of the hospital, and now in charge of the Mary Shields' almshouse fund.

According to these its first location was on Fifth street, between Pine and Federal streets, at the house of Joseph J. Wharton. This property was afterwards purchased by the guardians of the poor. Among the earliest physicians were Drs. J. G. Nancrede, William Price, Benjamin Coates, and C. D. Skerritt. In 1835,



Joshua M. Wallace was elected resident physician to the asylum. The obstetricians were also required to attend the asylum, but in April, 1835, Dr. H. L. Hodge, then obstetrician to the hospital, declined longer to attend the children, and a visiting physician was appointed for the asylum, with an assistant, who had to be a graduate and resident of the house. He recommended other important changes such as better nurses, and more conveniences for the rooms, which would be calculated to diminish the mortality of the children, which had been great. April, 1835, twenty children had died of measles and sore mouth. The recommendations of Dr. Hodge were acceded to and a former resident student, Dr. Anderson, was appointed physician to the asylum with a salary of \$200. He was required to visit the asylum daily, and Dr. J. M. Wallace was also elected resident physician; both were appointed on trial for one month.

The original asylum was sold in 1835, and the children were removed to the institution west of the Schuylkill. When they were first brought to the new almshouse they were placed in the east end of the northwestern range of buildings. In 1884, the asylum was removed to the old farm house on the east side of the present Thirty-fourth street, where it is at present located.

Among other resident physicians in 1836, was Dr. Alfred Stillé, who, in his interesting reminiscences published in this volume, makes some references to his experiences in the children's asylum.

In the rules of the guardians for 1828, is given a statement of the duties of the committee of the children's asylum. This committee consisted of four members, two from the city and two from the districts. They were to meet "on the fourth day, called Wednesday"; they were to authorize the purchase of all the articles; were required to examine into the state of the institution, and to transact such business as might be necessary for the comfort of the children. They were also required to keep record of all asking admission, and of all children received into the department, whether from the city or from the districts, also the names of the visitors, and a list of deaths, discharges, or elopements of children. The committee met monthly. On the fourth Monday in May of each year they reported to the board of guardians the bills for supplies, but before presentation they were required to be signed and certified to by the matron. The published rules for 1861, 1844 and other years, were materially the same as those for 1828.

In connection with the administration of the almshouse is an office known as visitor of children, the duties of which are largely concerned with the children's asylum. The rules which govern the administration of this office are to be found in copies of the printed rules published at different times, as in 1861, 1864, 1884, 1890. This office at present is filled by Mr. Geo. Milliken.

The visitor sees to all children coming under the care of the department of charities and correction whether admitted into the children's asylum or not. It is his duty to see that no child over two years of age remains in the house for a longer period than permitted by act of assembly.

It is also his duty to see that the children are bound out to families or institutions, and to see that they are cared for properly.



In case of application for children to be placed out, he makes careful investigation into the character, home and surroundings of the applicant; he sends the children out on trial and reports to the board of charities and correction any unfair or unkind treatment to the children that have been bound out. He is required to report to the board from time to time and also to present a report of his work to the department.

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#### THE INSANE DEPARTMENT.

Prior to 1859, as stated by Dr. Agnew, the insane department of the Philadelphia Hospital was not in an organized condition, although in 1849, Dr. Henley was appointed assistant physician to take charge of the insane, and also of the smallpox hospital. In 1852, he was succeeded by Dr. Benton, but was reappointed in a short time. In 1854, the office was abolished and the insane were under no one in particular until the selection of Dr. J. W. Butler, in 1861. From this time however, they have received especial attention, and at a meeting of the board of guardians, November 18, 1861, a resolution was passed that the part of the almshouse containing the insane be called the Insane Department of the Philadelphia Hospital. It was not until January 6, 1868, that the superintendent of the insane department was declared to be a member of the medical board.

In November, 1866, Dr. Butler was succeeded by Dr. D. D. Richardson who served steadily from this time to September, 1880 as physician-in-chief, when Dr. A. A. McDonald was elected to succeed him. Dr. Richardson at this time was elected superintendent of the State Hospital for the Insane, at Warren, Pennsylvania; he was recalled to Blockley in 1881, Dr. McDonald having resigned. In 1885, he was succeeded as physician-in-chief by Dr. Philip Leidy.

On May 26, 1884, the committee on the insane department of the board of guardians, recommended the appointment of consulting physicians to the department, whose duty it should be in connection with the resident physician-in-chief to make personal examination of the patients, and to report to the board making such recommendations as should be declared expedient. It was also further suggested that the medical staff should in no way be connected with the insane department. This was the initiation of the movement for the appointment of a consulting staff.

The first appointments of consulting physicians made December 29, 1884, were Drs. S. Weir Mitchell, Horatio C. Wood, and Charles K. Mills.



In 1885, Dr. Wood was succeeded by Dr. Andrew Nebinger. Dr. Andrew Nebinger died on April 26, 1886, before having an opportunity of making use of his position for the benefit of the hospital. Dr. James A. Simpson was elected in place of Dr. Nebinger.

December 27, 1886, Dr. S. Weir Mitchell resigned from the staff, and a vote of thanks was tendered to him for his valuable services. At the same meeting at which Dr. Mitchell's resignation was presented and accepted, the consulting staff submitted a report, calling attention to the over-crowding and to the need of more attendants, and the desirability of more trained nurses who had been systematically instructed in the work of the department. Dr. Mitchell was succeeded as consultant by Dr. Philip Leidy, who resigned about the same time as physician-in-chief.

Early in 1887, Dr. William H. Wallace was elected physician-in-chief of the department. Dr. Wallace continued to hold the position for a few months only, Drs. Mills, Simpson and Leidy acting as consultants, until the hospital was reorganized under the administration of the new board of charities and correction, in April, 1887. At this time the neurological department was enlarged to include both wards for diseases of the nervous system and the insane department. The position of physician-in-chief to the insane department as a separate office was abolished, and the chief resident physician of the hospital was also made chief of the insane department. The neurological staff which at the time of the change consisted of Drs. Mills and Bartholow, was increased to four, namely, Drs. C. K. Mills, H. C. Wood, F. X. Dercum and Roberts Bartholow.

In January, 1888, Dr. Bartholow resigned and Dr. James Hendrie Lloyd was elected in his place. During the same year Dr. H. C. Wood resigned and Dr. Wharton Sinkler was his successor. In December, 1889, Dr. C. S. Bradfute was elected a member of the staff in place of Dr. Lloyd. Dr. Bradfute resigned in the fall of 1890, and Dr. Lloyd was reappointed.

During the year 1890 the rules with reference to the organization of the insane department were again changed. The chief resident physician of the general hospital continued to act as physician-in-chief of the insane department, but the neurological staff of the hospital was made a consulting instead of a visiting staff to the insane department.

The insane department has experienced several great catastrophes. The two most remarkable of these were the falling in of a wall and a series of arches July 20, 1864, and the great fire which occurred on the evening of February 12, 1885. Both resulted in serious loss of life.

At the meeting of the board of guardians, August 8, 1864, a long communication was presented in regard to the catastrophe, condemning the safety of the building and the reckless manner in which alterations were made in 1849. The department was directed to be examined as to safety by competent persons.

Dr. S. W. Butler, the superintendent of the insane department in his report to the board of guardians for the year 1864, gives a clear account of the first of these accidents. "At a little before six o'clock in the morning of the 20th of July, the



foundation of a pier which was the central support of a series of arches, a chimney stack and walls on which rested the joists of the second, third and attic stories of a tier of wards, gave way, and without the slightest warning the whole division wall and chimney stack fell with a crash burying many of the patients in the ruins. Of these fifteen were killed outright or died soon after they were extricated, and twenty-five were more or less severely injured, of whom two subsequently died."

The terrible fire in the insane department, still fresh in the memory of the community, broke out at eight o'clock on the evening of February 12, 1885. Official investigation made later seemed to demonstrate that it was the act of a half witted or imbecile patient. Eighteen lost their lives in this fire; seven of these died from suffocation and eleven from burns and various injuries. A more than equal number were wounded, many of them seriously, and a large number of missing were reported.

Much that was interesting for the medical history of this institution occurred in consequence of this fire. Only a few weeks before its occurrence, the consulting physicians to the insane department, Drs. Mitchell, Wood and Mills had clearly indicated the deadly peril from fire to which the institution and its inmates were constantly subjected. After the fire many consultations were held between city councils or its committees, the board of guardians, the board of public charities, the consulting staff of the insane department, and members of the medical board, with the view not only of providing temporarily for the unhoused inmates of the hospital, but also to determine whether some measures of permanent value could not be taken for the relief both of the insane and sick poor at Blockley. Many of the patients were distributed to the various state hospitals; and many of the out-warders were sent temporarily to the house of correction, their places being taken by the insane who were still kept at the institution. The whole of the department with the exception of the two west wings, was destroyed by fire. In a short time these wings were put in condition for the reception of patients.

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#### PATHOLOGICAL DEPARTMENT.

Dr. Agnew has briefly recorded a few facts with reference to the museum and pathological department of the hospital. As early as November 25, 1814, an effort was made to establish a hospital museum, and a few specimens were collected; in 1840, a building was set aside for a museum, but nothing practical was done until 1860, when a resolution was passed by the board of guardians to found a pathological museum, and in 1861, Dr. Agnew was appointed curator.



Work was begun by him and was carried on with decided practical results, as may be seen by consulting the printed Annual Statements of the board of guardians. In the Report or Annual Statement of the board for the year ending December 31, 1864, for example, Dr. Agnew gives a list of the morbid specimens which comprised the contents of the pathological museum at that time. This list contains 107 prepared specimens, the names of which are given, most of them evidently of value for clinical and pathological teaching. He also gives in the same volume another list of 14 specimens in process of preparation for mounting.

On April, 1866, an effort was made to add a microscopist to the staff of the hospital. At a meeting of the board of guardians, April 16, 1866, a communication, which had been made to the hospital committee of the board, was presented from Dr. Charles P. Tutt, one of the attending physicians. Dr. Tutt referred to the fact that his duties as attending physician occupied so much of his time, that he was unable to make microscopical examinations of the structures found or supposed to be diseased at the autopsies, which should be done to complete the history of the cases. He requested to be allowed to invite Dr. James Tyson to make such examinations for the hospital, and also, in consideration for his services that Dr. Tyson should be permitted to give a course of lectures on the microscope in the lecture room of the hospital. At the same meeting of the board of guardians, a communication was signed by Drs. F. F. Maury, Alfred Stillé, W. H. Pancoast, and other members of the medical board and presented, recommending Dr. Tyson for the position of microscopist. Dr. Agnew also sent a letter to the board strongly commending the project and advocating the election of Dr. Tyson. These communications were referred to the hospital committee, with instructions to report at the next meeting and on May 14, 1866, this committee reported in favor of appointing a microscopist, whose duty it should be to prepare a written account of such subjects as might be required by the attending physician. The committee also reported in favor of the microscopist having the use of the lecture room for his course of lectures. The report and resolutions were agreed to, and Dr. Tyson was elected microscopist. Dr. Agnew still continued curator.

In the Annual Statement of the board of guardians for the year ending December 31, 1867, appears the first report of Dr. Tyson as microscopist. He speaks of reports on the various subjects having been prepared, with drawings in many of the cases. These reports made in 1866 and 1867 were seven in number, and from their titles were evidently of great practical interest.

On October 14, 1867, Dr. Agnew resigned as curator, and, at the same meeting, Dr. William Pepper was elected in his place. Dr. Tyson continued to hold the position of microscopist until January 22, 1872, when he resigned and on February 26, 1872, Dr. R. M. Bertolet was chosen for the vacant position. November 22, 1871, Dr. Pepper resigned as curator, and Dr. Tyson was appointed curator and pathologist. For a time he held the two



positions of curator and microscopist, until as stated, Dr. Bertolet succeeded him in the latter office. In March, 1872, Dr. Tyson was elected one of the visiting physicians of the hospital, but continued also as curator and pathologist until 1875.

In 1874, a catalogue of the specimens in the pathological museum was prepared conjointly by Drs. Tyson and Bertolet. This catalogue was prepared under unusual difficulties, as no attempt had been previously made to arrange, label and catalogue the specimens, some of which had been in the museum for years, while the nature of them had to be determined if possible without unsealing the jars or unmounting them. The total number of specimens was 322, as follows: Osseous 71; nervous 14; integumentary and connective tissue 4; digestive apparatus 71; respiratory 26; vascular 44; genito-urinary 70; unclassified tumors, 7; calculus, concretions, etc., 7.

In later years the valuable museum of the institution was allowed to degenerate, and most of the specimens mysteriously faded out of sight, but within a few years interest has been revived and many valuable specimens have been collected for the reorganization of the museum.

In the Annual Statement of the board of guardians for the year ending December 31, 1875, the name of Dr. Thomas B. Reed appears for the first time as microscopist. Dr. Bertolet during the same year had succeeded Dr. Tyson as curator. In 1876, Dr. Joseph Berens was appointed curator and pathologist, and the position of microscopist was apparently not filled. Dr. Berens continued until 1879.

In 1880, Dr. E. O. Shakespeare, already ophthalmologist to the hospital, was made curator, and Dr. H. F. Formad was appointed microscopist. Each of these gentlemen remained in these respective positions for several years. On October 30, 1882, however, Dr. Shakespeare was made pathologist, the office of curator apparently disappearing as a separate position. Dr. Formad continued microscopist in 1882, 1883, 1884, 1885 and 1886. In 1887 Drs. Shakespeare and Formad were both appointed pathologists and were assigned duty at different times, each taking half the year. In December, 1889, Dr. Formad was appointed pathologist, and Drs. J. Leffingwell Hatch and H. W. Cattell, assistant pathologists. At the same meeting the position of bacteriologist was created and to it Dr. Shakespeare was appointed.

According to the rules of 1890, the bacteriologist has charge, as a laboratory, of the upper floor of the dead house, except the north-east room. It is his duty to make investigations of infectious diseases in the hospital (using the hypodermic needle on the cadaver if necessary) and of hygienic questions which may be submitted to him by the bureau of charities or the medical staff. He serves without compensation, and acting with the sanction of the bureau and superintendent, can procure all the supplies necessary for the proper carrying out of his investigations, the cost of such supplies to be charged to the pathological item.

The first classes instructed directly in pathology at the Philadelphia Hospital were taught by Dr. J. Pendleton Tutt in 1865. Dr. Tutt, who died of typhoid fever contracted in the hospital, was a man of great energy, an indefatigable worker, thoroughly imbued with a scientific spirit. Dr. Tyson first taught classes in



microscopical and pathological histology in the spring of 1871. Since this time many classes have been taught not only by the curator, microscopist and pathologist, but by various members of the attending staff. Dr. Formad has for many years given instructions in the hospital to the students of the University of Pennsylvania. It would be hard to estimate how much the pathological department of this hospital has done for the students of medicine, and through the presentation of specimens at societies, for the profession at large.

The resident physicians of the Philadelphia Hospital have long been recognized as among the best equipped men in the profession, particularly with reference to gross pathological work, and their frequent opportunities of making post-mortem examinations under competent physicians and pathologists have helped to give them this enviable reputation.

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#### NEUROLOGICAL DEPARTMENT.

The neurological department of the hospital, which has now become co-extensive with the other great departments, had a slender beginning in 1877. Dr. Mills was appointed neurologist to the hospital and proceeded to establish a nervous department. The outwards were full of the richest material for the study of organic nervous diseases.

The wards for nervous diseases were started in the old wooden pavilions in the clinic yard. The number of patients at first was limited, and these were collected by Dr. Mills from the outwards, picking up here and there a case of hemiplegia, of sclerosis, or of some other form of organic nervous disease. Many such patients, in a deplorable condition were found, some of them in the cubbies or blind rooms. In the third-story of the men's outwards was also a room known as the "paralytic ward," in which were collected a number of helpless patients. This ward was included under the care of the neurologist, and after a long time its occupants were transferred to the pavilions. Gradually patients, both male and female, were added to the limited numbers first placed in the nervous wards, and as several of the pavilions were at that time unoccupied, no limit was put to the growth of the wards, until in 1890 the number of patients had reached two hundred and fifty or more.

The first arrangement was, that Dr. Mills should have charge of one-half of the whole number of patients admitted to the nervous wards, the care of the other half being distributed pro rata among the members of the medical staff on duty. In 1883, Dr. H. C. Wood was made an additional neurologist; and Drs. Mills and Wood remained in charge of the wards until 1887, when Dr. Roberts Bartholow was elected to succeed Dr. Wood. In 1887, the neurological department was re-



organized upon a new basis, and its staff was now increased to four—Drs. Mills, Wood, Bartholow and Dercum. In January, 1888, Dr. Bartholow resigned, and Dr. James Hendrie Lloyd was chosen for the vacancy; later, in 1888, Dr. Wood also resigned, and Dr. Wharton Sinkler was elected to his place. When numerous changes were made in the medical board at the election in December, 1889, Drs. Mills, Dercum and Sinkler were re-elected, and Dr. C. H. Bradfute was added to the staff in place of Dr. Lloyd. In the autumn of 1890, Dr. Bradfute resigned, and in December, Dr. Lloyd was re-appointed to his former position on the staff.

When the re-organization of the nervous department took place in 1887, the entire insane department was included in its jurisdiction, the neurologists being also made visiting physicians to the insane department. This arrangement continued until 1890, when the neurologists continuing in charge of the nervous wards, were made consulting instead of visiting physicians to the insane department.

The brick pavilions occupied by the men's nervous wards, are among the cleanest, best lighted and ventilated in the entire hospital, a striking contrast to the original quarters of this department. At one end of one of the pavilions a large room has been partitioned off to serve as a laboratory and ward lecture-room, and in it lectures are frequently given to small classes. It is also used for electrical and other forms of treatment, as suspension, the application of plaster jackets, massage and Swedish movements.

Possibly no hospital in the world has better facilities for the study of organic nervous disease and insanity than are to be found in this department, which has been the fountain from which has issued much of the literature supplied by Philadelphians to neurology. Clinical lectures on nervous diseases were about 1878 assigned to the neurologists for three months in the year, in the regular medical hour on Wednesday and Saturday, and such lectures have been delivered ever since. In addition, many classes from the University of Pennsylvania, the Philadelphia Polyclinic, and other institutions have been instructed in the nervous wards by various members of the staff.

One after another, as stated in the historical memoranda of the almshouse, the wooden pavilions were torn down, the first in 1884, when the women's nervous wards were removed to the lower floor of the women's outwards.

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#### OPHTHALMOLOGICAL DEPARTMENT.<sup>1</sup>

In the Annual Statement of the guardians for the fiscal year ending December 31, 1861, the first synopsis of the ward reports may be found. In this classification there is no mention of separate wards for either eye or skin diseases. In the Annual Statement for 1862, Dr. J. L. Ludlow, secretary of the medical board reports that in the eye ward, 99 were treated, 31 cured, 47 relieved, and no deaths. The attending staff of the hospital was at this time divided into surgeons, physicians and accoucheurs. Among the surgeons were Drs. Samuel Gross, D. Hayes Agnew, R. J.

<sup>1</sup> Notes on the ophthalmological and dermatological departments were furnished by Dr. G. E. deSchweinitz.



Levis and R. S. Kenderdine, and the duty of attending to the cases admitted for diseases of the skin and eye devolved upon these members of the staff. In 1863, fifty-seven cases were admitted, and seventy-three treated in the eye ward. After this date the reports are fuller, and contain each year tables indicating the various surgical and medical affections which come under treatment, the eye and skin diseases respectively comprising a table.

In 1877, Dr. E. O. Shakespeare was elected ophthalmologist. Previous to that time there was no special eye service in the hospital, although a separate ward for diseases of the eye existed for men and women. During the year, 111 cases were treated in the men's eye ward; mention is not made, however, in the classification whether separate wards were used for women, although this is known to have been the case. This separate classification does not appear to have been considered in the reports until 1878, when the sexes were divided. Before the election of Dr. Shakespeare, by common consent of those on duty, Dr. William Pancoast had treated all diseases of the eye. From 1887, when the eye department as a special and independent service was created, Dr. Shakespeare remained on duty, having the sole charge of this department until June, 1887, when an additional ophthalmological position was created, and Dr. G. E. deSchweinitz elected as ophthalmologist. From 1887 to December, 1889, during several prolonged absences of Dr. Shakespeare, his duties were performed by different members of the visiting surgical staff on duty at the time. In the summer of 1888, this work devolved especially upon Dr. Charles Hermon Thomas.

The men's eye ward was originally situated on the second floor of the main building next to the venereal ward, and continued to occupy this floor until the wooden pavilions, formerly occupied by nervous patients, were torn down, and the new brick structures, which have taken their places, were erected. The second floor of the first building was carefully constructed for the purposes of an eye ward, and the transfer made during November, 1888. This ward consists of a long room containing thirty-two beds, lighted by windows covered in by a movable curtain, whose adjustment suitably regulates the amount of light. At the western end of the ward, in addition to hot and cold water, bath-room attachments, closets for medicines, dressings, etc., is a large dark room, especially arranged for ophthalmoscopic purposes. The near proximity of this dark room to the nervous wards below and to the southern side of it, renders the study of medical ophthalmology easy of execution. In addition to the facilities afforded by the new ward for the treatment of various eye diseases, either end of it can be screened, and affords an excellent operating room, sufficient steady northern light being readily accessible through the high windows.

The women's eye ward has always been on the women's surgical floor. In 1886, it occupied ward 4, and was divided by a partition into two apartments for white and colored patients respectively. In 1887, the occupants were moved into the present women's surgical dining room, and in the latter part of the same year, or early in 1888, they were transferred into the present children's ward. In November, 1888, the cases were once more moved to the quarters which they now occupy, namely: ward 4 on the women's surgical floor. This has been especially prepared for the reception of eye cases, the windows and doors having been curtained to regulate the light. At the present time, in addition to the eye cases, one-half



the ward is devoted to the reception of patients suffering from diseases of the skin.

From June, 1887, to December, 1889, Dr. Shakespeare and Dr. de Schweinitz were the ophthalmologists of the hospital, each serving alternate terms of three months. In December, 1889, Dr. Shakespeare was succeeded by Dr. G. M. Gould. Dr. Shakespeare was appointed bacteriologist. Since this date, Dr. de Schweinitz and Dr. Gould have continued as the ophthalmologists, serving, as was before the case, alternate terms of three months each.

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#### DERMATOLOGICAL DEPARTMENT.

Previous to 1887, there was no special dermatological service, but cases in the skin ward, as those of the eye ward, were apportioned to the members of the visiting staff. In 1870, the late Dr. Maury had charge of this ward, and from that date to 1877 Dr. Duhring was practically in charge, becoming full dermatologist in that year by election by the board of guardians. Dr. Duhring continued in sole charge of this service until June, 1887, when an additional dermatological position was created, and Dr. Henry W. Stelwagon was chosen to conduct the service. From this time Dr. Duhring and Dr. Stelwagon were the dermatologists of the hospital until December, 1889, when Dr. Duhring was succeeded by Dr. Cantrell.

The dermatological cases are divided according to the sexes into two wards. The ward for the male patients is on the second floor of the hospital building, and the quarters are those which have been occupied from the date of the institution of this service. The diseases of the skin occurring among women are treated in half of the ward on the women's surgical floor, which is set apart for diseases of the eye.

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#### LARYNGOLOGICAL DEPARTMENT.

On February 24, 1890, a committee reported on behalf of the medical board to the president of the board of charities and correction, that the number of cases needing the services of a specialist in throat diseases was sufficiently great to make it important to add two laryngologists to the medical staff. Shortly afterwards Drs. C. Jay Seltzer and George Morley Marshall were appointed laryngologists.



THE MARY SHIELDS' ALMSHOUSE FUND.<sup>1</sup>

Mrs. Mary Shields, who died October 8, 1880, bequeathed to the city of Philadelphia, one twelfth part of her estate "to relieve and make more comfortable the sick and the insane poor at the almshouse in Philadelphia."

In November, 1883, the board of directors of city trusts, after conferring with the board of guardians of the poor, adopted a plan and regulations for the disposal of the fund. This plan required the appointment of "a physician of at least five years standing" to be superintendent of the "Mary Shields' Almshouse Fund," whose duty it should be to visit the almshouse frequently, and keep himself informed with regard to all matters relating to the sick and insane poor, to communicate as necessary with the guardians of the poor and their officers and agents, make estimates of necessary expenditure, etc. Dr. W. H. Wallace was appointed to this position.

The accumulated income was applied to the erection of a new kitchen building with complete cooking apparatus of the best character. This was nearly finished at the time of the disastrous fire on the night of February 12, 1885, after which the work was rapidly pushed and completed.

A kitchen was built and furnished for the general hospital in 1886, and during 1890, part of the cost of a third kitchen has been paid.

The income of the fund has been used to supply, as far as possible, such things as were necessary to the comfort and welfare of the patients, but which were not furnished in the usual way by the hospital authorities. Some of the articles supplied at various times have been an organ, a piano, banjos, accordeons, etc., settees and lawn seats, large water-coolers for the wards, rocking chairs, a large number of autotype engravings (framed and hung), numerous games of all kinds—cards, dominoes, checkers, chess, backgammon, etc., for indoor use; patterns and material for embroidery, crocheting, etc., for female patients; and for outdoor use such games as croquet, lawn tennis, football.

Subscriptions are made annually to numerous periodicals, the best of the illustrated monthly and weekly publications, a total amount of about 1100 numbers per year, and distributed to the patients. A carefully selected library, suited to the needs and capacities of the class of patients for whose use they are intended, was

<sup>1</sup> Notes furnished by Dr. W. H. Wallace, superintendent of the fund.



presented to the insane department, and to it, additions have since been made. Spectacles, water, and air beds, air cushions, bed rests and commodes have been supplied, and a large number of rolling and reclining chairs furnished to the insane department and to the general hospital.

On Christmas day, Thanksgiving and other holidays, additions are made to the diet of the patients in the department for the insane, and occasional treats of fresh fruit in season, strawberries, peaches, apples, watermelons, bananas, cranberries; turkey and mince pie for Christmas; turkey and pumpkin pie for Thanksgiving; oysters and plum pudding for Washington's birthday; lemons for the sick as required.

The general meeting room or entertainment hall was furnished with a large stage and furniture, chairs, tables, etc., including a pulpit for religious services and seats for the patients. On the completion of this on January 1, 1890, an entertainment was given, including a punch and judy show, an orchestral concert, etc., with cake and ice cream.

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#### THE TRAINING-SCHOOL FOR NURSES.<sup>1</sup>

One of the memorable events in the history of the Philadelphia Hospital was the establishment of the Training-School for Nurses by Miss Alice Fisher, and her friend and associate, Miss Edith Horner. This school was founded in the autumn of 1884. Mr. Edward F. Hoffman, president of the board of guardians and Mr. R. C. McMurtrie, Mr. James Stewart, Dr. Thomas Biddle, Mr. John Huggard, and others, were earnest and energetic in support of the movement.

At the stated meeting of the board of guardians, September 24, 1883, a special committee was appointed with reference to a proposed training school for nurses;

<sup>1</sup>Although the training-school for nurses was not established until 1884, some years prior to this time nurses from the training-school of the Woman's Hospital of Philadelphia had served at several periods in the hospital wards. At the meeting of the board of guardians, December 27, 1875, the managers of the Woman's Hospital appealed to the board to set apart one of the wards of the Philadelphia Hospital to be attended by a corps of nurses from their school. This communication was at first laid on the table, but subsequent to this time received favorable consideration, and arrangements were made to give six months of the novitiate instruction of the training-school in the wards of the Philadelphia Hospital. Some interesting facts in regard to this service are to be learned from the Reports of the Training-School of the Woman's Hospital for 1876-77-78.

For the suggestion that prompted this action, for the liberal offer of assistance that alone made it possible to carry out the plan, the managers express themselves indebted to Mrs. Pauline E. Henry, a lady of Germantown, deeply interested in nurse training. Owing to unexpected delays in finishing the pavilions of the hospital, these nurses did not enter into active service until July 28, 1876, when an efficient corps went on duty under the supervision of a head nurse appointed by the Woman's Hospital, subject to the direction of the physicians in charge at the Philadelphia Hospital. The woman's training-school had the care of four wards with fifty beds. Of the class of 1876, Amanda Taylor acted as head nurse; in 1877, Ellen Doubleday was head nurse.



Mrs. Harriet L. Clute of Blackwell's Island, N. Y., training school, was invited to visit the Philadelphia Hospital, and it was recommended, if possible, to engage her services to establish a training school at a salary not exceeding \$1,000 per annum. This effort was not successful.

At the meeting April 8, 1884, a long letter was read from the hospital committee on the subject of the training school for nurses. The object designed was to procure an efficient staff of competent nurses; a head nurse was desirable. It was also important that the vacancies when occurring should be filled by suitable persons, who make nursing a profession and occupation. Experience in New York had shown the great advantage of trained nurses. It was proposed to commence with twelve young women.

Among the new rules adopted at the stated meeting, March 24, 1884, was one that a competent and skilled head nurse should be appointed to have charge of the nurses and attendants, and that it should be her duty to have competent nurses and attendants under her, and to see if they diligently fulfilled their duties.

July 28, 1884, at the meeting of the board of guardians, the president, Mr. Hoffman, stated that for some time past efforts had been made to find a suitable person for head nurse of the proposed training-school. Mr. George W. Childs and Mr. Anthony Drexel having interested themselves in the matter, had submitted the name of Miss Alice Fisher, superintendent of the training-school at Birmingham, England, as one competent to fill the position, having first-class credentials from prominent physicians in England. Mr. Stewart offered a resolution, which was adopted, that the thanks of the board be tendered to Messrs. George W. Childs and Mr. Anthony Drexel, for their generous assistance in introducing a training-school for nurses in the institution, and that the president of the board be directed to notify Miss Fisher that the board would engage her as a superintending nurse.

The nurses sent from the Woman's Hospital to the Philadelphia Hospital were as follows:—

In 1876—Maggie H. Paxton, Martha M. Waldron, Maggie T. Miller, Sarah F. Harper, S. Jennie Philbrick, Anna Young, Lettie Hawthorne, Maggie C. Money, Lizzie J. McEwen and Amanda Taylor. In 1877—Ellen Doubleday, Emma Putnam, Lucy I. Lothrop, Anna M. Barkley, Anna P. Atkinson, Mary J. Deemer, Clara Hannum, Sarah Ann Haines, Jane McClure, Louise Mezger and Ann Norton. In 1878—Cora Florman, Lizzie Ettinger, Mary Bartley, Anna R. Bunting and Fanny May.

From "The College Story," by Rachel L. Bodley, A.M., M.D., we take the following interesting incident:—

"In 1856, Dr. Elizabeth G. Shattuck, a graduate of the Woman's Medical College of Pennsylvania, of the class of 1854, after vainly seeking access to the wards of the different hospitals of the city, in the capacity of physician—in order to more thoroughly prepare herself for practical work—applied for the situation of head nurse in the Philadelphia Hospital. This she obtained, the immediate care of the women's wards being assigned her. For seven years she served in this laborious position, and was about to leave it to occupy the chair of physiology and hygiene, and the post of resident physician at Vassar College, to which she had been appointed, when she was smitten with a fever at the time of the epidemic in the wards, and died an employee in Blockley Hospital, January 28, 1865."



In England Miss Fisher had held the appointments of lady superintendent of Addenbrooke's Hospital, Cambridge, the Radcliffe Infirmary Hospital, and the General Hospital, Birmingham. She was the daughter of an English clergyman of high position, and was well known for her literary as well as for her philanthropic work. She studied at the training school of old St. Thomas' Hospital, London. Soon after her election she furnished the board with a plan for the organization of a training school, and also with rules for the government of nurses in the hospital. She was further authorized to impart instructions to such applicants as were found competent, said instruction to be of no cost to the institution.

Miss Edith Horner came with Miss Fisher from England, and became her chief assistant in the hospital. She had acted as an assistant to Miss Fisher in two English hospitals, and had distinguished herself as a nurse in the Zulu war, receiving for this service the Victoria Cross. Miss Horner became engaged to Gen. Joseph R. Hawley, senator from Connecticut, having made his acquaintance on a voyage to England, where she went on a visit to her family. Gen. Hawley was married to Miss Horner in St. Clement's church, Philadelphia, November 15, 1888, in the presence of a distinguished company.

Miss Fisher instituted many reforms. She possessed the qualities important in one at the head of a work requiring executive ability; she impressed her personality upon everything to which she put her hand. At regular intervals she gave practical lectures to the nurses. Invitations were sent to ladies, doctors, nurses and others throughout the city, and often large audiences were present at these lectures. Miss Horner rendered invaluable assistance in the work of the school.

At the meeting of the medical board January 5, 1885, the first lectures to the training school by members of the medical board were arranged for by Drs. Tyson, White and Keating. Since this time regular courses of lectures have been delivered by members of the different staffs.

During the fire at the insane department, Miss Fisher and her assistants did good work in taking care of the insane women and moving them from their endangered quarters. She signalized herself also by organizing a hospital service at Plymouth, Pennsylvania, during a disastrous typhoid epidemic in the spring of 1885.

Miss Fisher remained at the head of the training school for nurses until her death, which occurred June 3, 1888, less than four years after she came to this country. She had suffered for years with cardiac disease, and died after a short illness from an acute exacerbation, although she had been sick for many months with rheumatism. She was buried in the beautiful Woodlands cemetery which adjoins on the west the hospital for which she did such noble work. The board of charities and correction adopted a memorial appreciate of the esteem and veneration in which they held Miss Fisher, and the medical board also adopted resolutions of tribute to her memory. On May 28, 1889, commemorative services were held in the hospital, in the reception room of the nurses' department. An oil painting of Miss Fisher, by Miss Alice Barber, was presented by a number of her friends, to the training-school.

July 1, 1888, Miss Marion Emily Smith passed the examination, and was appointed chief nurse in place of Miss Fisher. Miss



Smith had served one year with Miss Fisher in the Birmingham General Hospital, England; was one of the first pupils and graduates of the Philadelphia Hospital school, where she served for eighteen months, and for two years after this was chief nurse at the Pennsylvania Hospital.

Before the advent of Miss Fisher and the new training-school, the nurses and attendants of the hospital had no special qualifications for their work—at least none at the time of their appointment. They were often appointed as the result of personal or political influence. Even a good training-school cannot manufacture to order good nurses, but such a school can do much toward making those who have the natural qualifications better fitted for their vocation, and can even do much with the unfit by systematic education. The training-school of the Philadelphia Hospital has wrought a wholesome revolution in nursing at Blockley. Its establishment met with some opposition, but this was not persistent. Public-spirited citizens, not connected medically or otherwise with the hospital, have interested themselves in the school. Notably among these was Mr. George W. Childs, who offered a gold medal to the nurse graduating with the greatest distinction. This was first won by Miss Roberta M. West, who is now chief assistant to Miss Smith.

Miss Smith, in the Annual Report of Department of Charities and Correction for 1889, says:—

“During the past year 45 nurses were graduated. There are at present on duty 95; of these 8 are permanent head nurses and 87 are pupils. The school can now claim 159 graduates.

“Of those who have charge of other hospitals, either as superintendents or chief nurses, the following is a list:—

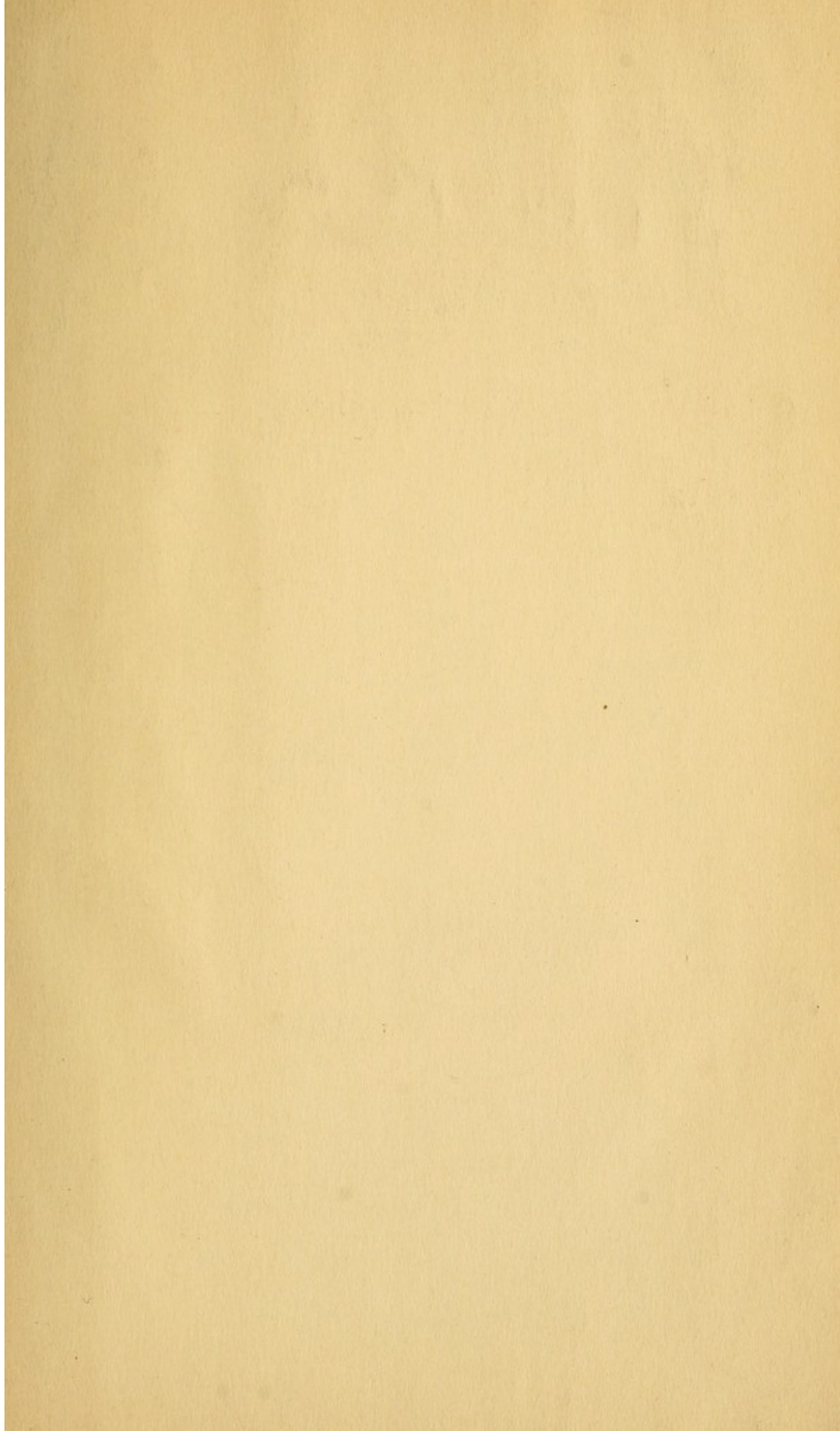
	Supt.	Chief Nurse.
University of Pennsylvania.....	1	0
Presbyterian, West Philadelphia.....	0	1
Orthopedic, Philadelphia.....	1	1
Municipal, Philadelphia,.....	0	1
Home for Incurables, West Philadelphia.....	0	1
Polyclinic, Philadelphia.....	0	1
Bradford, Pennsylvania.....	1	0
Allegheny, Pennsylvania.....	1	1
Reading, Pennsylvania.....	0	1
Birmingham, Alabama,.....	1	2
San Diego, California.....	0	1
Meadville, Pennsylvania.....	1	0
Sanitarian, Washington.....	0	1



Since the publication of this list graduates of the school have been appointed to several other important positions.

In his last report to the mayor, president Laughlin, of the department of charities and correction, presents some striking facts and figures to show the beneficial effects of the system of trained nurses at Blockley. Under the former system the mortality from puerperal fever was .04523; under the present it is .00536, or less than one-eighth.







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