The Journal of the American Medical Association

VOL. XXVI.

CHICAGO, ILL., APRIL 4, 1896.

No. 14.

ADDRESS.

LIFE AND TIMES OF DOCTOR REUBEN D. MUSSEY.

Public address, by invitation, to the Graduating Class of the Ohio Medical University, Columbus, Ohio, March 17, 1896.

BY JOHN B. HAMILTON, M.D., LL.D.
CHICAGO.

Mr. President, Ladies and Gentlemen:—I thank you for this gracious reception and your kindly words of introduction. But I do not feel like a stranger in this great State of Ohio. My great-grandfather, a Revolutionary soldier, settled at Point Harmar, subsequently helped defend the Territory against the Indians, and was a member of the Second Legislative Assembly of this State. My mother was born on the beautiful banks of the lower Muskingum, and my grandmother on my father's side was the daughter of Captain Benjamin Brown, one of the earliest settlers of Athens County, and whose numerous descendants still inhabit the Ohio River Valley. Therefore, in speaking in this famous Capitol, to this distinguished audience, I feel that I have a closer personal interest in this people than my friend Dr. Reed was aware of when he asked me to address you on this occasion.

Nothing interests the average man so much as himself, or the affairs of his immediate neighbors, and I have therefore chosen as the subject of my address this evening, the life and times of one of the most learned and distinguished of the sons of the Buckeye State, namely, that of Professor Reuben D. Mussey, of Cincinnati. It is true that he was only an adopted son of Ohio, but he was one of the earlier educators of the medical men who now constitute the glory and pride of its medical profession. His teachings and his example have therefore become a part of the intellectual property of his immediate pupils; their associates and successors.

Biography has ever been considered one of the most fascinating branches of historical study, not only on account of the particular life chosen as the topic, but on account of its ennobling and stimulating effect on those within its influence. We naturally desire to emulate the virtues of our hero, and the record of his achievements stimulate the ambition to the performance of greater deeds, if possible.

The life of a great surgeon is full of scenes of pathos, of memories of triumphs over disease, of critical and anxious moments, of occasions where human life literally depends upon a thread and of times when boldness, courage, skill and gentleness are each in turn called into play. In lauding the science of biography, the elder D'Israeli takes exception to the statement of a periodical critic, that there was "something melancholy in the study of biography, because it is a history of the dead." He designated as "sentimental biography" that variety of biographic writing

which seeks only eulogy, which is usually compiled "by some domestic friend, or by some enthusiast who works with love." It is distinct from a *chronologic* biography, for it searches for the individual's feelings amidst the ascertained facts of his life; so that facts which occurred remotely from each other are at once brought together. This "sentimental" is distinguished from the *autobiography* which being in the hands of an interested, if not a suspected witness, is not always trustworthy history.

To point the moral of the story of such a life as that of Professor Mussey it is not necessary to be either sentimental or unduly eulogistic. The period of his life covers the most interesting period of the history of surgery, and he himself was a factor in the speedy popularization of the greatest discovery in its relations to practical surgery, of any in all antecedent history, namely, that of anesthesia. The famous Professor South, of London, writing a postscript to *Che- lius' Surgery* in 1847, says:

"The year 1846 seems in a fair way to be known as the *annus mirabilis* of surgery. The profession and the public in both hemispheres are in a complete ferment, consequent on the discovery by Morton, an American dentist, of a mode of producing insensibility during which an *operation may be borne without pain*, nay, even rendered so agreeable as to induce a desire for its repetition."

What a change was brought about! Before the days of anesthetics no operation of election was performed without a long course of preparation; spare diet, purging and frequent blood-letting were the means resorted to, to prepare the patient for the ordeal; laudanum or morphia the night before, and large doses of brandy during the operation, and not unfrequently the cries and groans of the patient added much to the terrors of the operation itself. The blood-letting practice had perhaps reached its maximum height in 1832-33, when Mr. Wardrop, a noted London surgeon, in his lectures on surgery published in *The Lancet* gravely proposed that to prevent suffering during an operation a patient should be bled to faintness, and the operation performed during the swoon! Hypnotism, or, as it was then called, mesmerism, was frequently made use of, but South characterized it as "foolery." But starvation diet was then, as now, a favorite hobby, and Sir Astley Cooper told an excellent story of Abernethy, who is said to have prescribed blue pill and ipecac for everything, and "ordered his patients to eat only three ounces a day, and not to drink when they eat. A patient of his said to me, 'I am a proselyte to his doctrines; does he practice what he recommends?' I said, 'I will give you a faithful account of his dinner to-day, for I dined with him at the Free Masons' tavern. I sat next to him. He took turtle and punch, fish, venison, champagne, pastry, cheese and 'now,' said he, 'waiter, give me a glass of brown stout.' 'After this,' said Sir

Astley, "he took his wine moderately as we all did." The patient on receiving an account of this dinner of Abernethy's, refused any longer to starve himself, and ate and drank to his heart's content ever afterward.

Reuben D. Mussey, M.D., LL.D., was born near Rockingham, N. H., June 23, 1780, and was the son of Dr. John Mussey, who resided in Pelham Township. While yet a child his father removed to Amherst, N. H., and he had the benefit of some instruction in the winter at the district school. His father taught him elementary Latin, and when he was fifteen years old he entered the Aurean Academy at Amherst. In 1801 he entered the junior class in Dartmouth College and was graduated therefrom in August, 1803. He then began the study of medicine as a pupil of Dr. Nathan Smith, the founder of the Medical School of New Hampshire, the father of Nathan R. Smith.

REUBEN D. MUSSEY, M.D., LL.D.

Fourth President of the AMERICAN MEDICAL ASSOCIATION.

Dr. Smith was a man of more than ordinary ability, and one of his biographers states that "no physician either before, during, or since his time has had so wide a sphere of popularity, and he was as well known in our times almost as the resident physicians and clergymen are." His career was characteristic of the times. When he was a youth he enlisted in the Vermont militia and served in the Indian campaign, and by accident having seen a surgical operation, became deeply interested in it and desired to become a surgeon. Consulting Dr. Josiah Goodhue, then considered the most eminent surgeon of the locality he was informed that if he would place himself under the tuition of a person competent to instruct him and obtain as much literary information as would enable him to enter the Freshman class of Harvard College, he would accept him as a student. He followed the ad-

vice, placing himself under the care of the Reverend Mr. Whiting, of Rockingham, Vermont, until qualified to comply with the conditions raised by Dr. Goodhue. After studying three years under his preceptor, he began to practice, but finally suspended it and attended medical lectures in Harvard College. Here he received the degree of Doctor of Medicine, and in the organization of the medical institution in connection with Dartmouth College the appointment of Professor of Medicine was conferred upon him. Several years after, he went to Edinburgh and attended medical lectures under the illustrious Monro and Dr. Black. On returning he continued his instruction and practice at Hanover, N. H., until the autumn of 1813, when he was made Professor of Theory and Practice of Physics and Surgery in the Medical Institution of Yale College, established in that year at New Haven. Dr. Smith also lectured on the same branches at Dartmouth College, the University of Burlington, Vt., and the Medical Institution of Brunswick College in Maine. So active a professor, and one so popular as Dr. Smith, must have impressed his personality upon Dr. Mussey very strongly, and there is no question but the bent of Dr. Mussey toward surgery was in no small degree influenced by association with Dr. Smith.

Dr. Mussey received the degree of Bachelor of Medicine in 1805 from the Medical Institution of Dartmouth, and began the practice of medicine in Essex County, Mass., at Ipswich. After three years he went to Philadelphia and became a private pupil of Prof. Benjamin S. Barton and attended his botanical lectures, as well as the lectures in the medical course proper. In 1809 he was graduated M.D. from the University of Pennsylvania. He heard the lectures of Drs. Benjamin Rush, Physick, Dorsey, Barton, Woodhouse and Chapman. Dr. Mussey being an indefatigable student and a hard worker, was not inclined to accept all the theories that were offered him without more thorough investigation, and among them he had been taught by Dr. Rush that there was no absorption from the skin. Young Mussey immersed himself in a bath in which three pounds of madder were diffused in sufficient water to cover the body and limbs, and he found this coloring matter in the urine. He repeated his experiment and finally wrote his thesis on the subject of "Skin Absorption," which was received with pleasure, but not with entire approval, for Professor Rush, not willing to be caught in error by one of his own pupils, had several experiments made with the result of only partially proving Dr. Mussey's theory. Dr. Mussey then continued for a long time to conduct experiments for the purpose of proving his theory. Among others, on one occasion he immersed himself for three hours in a strong solution of nutgall, and afterward in a strong solution of iron for three hours more. But this experiment was negative, for no ink was found in the excreted urine. He then opened a vein in his arm for the purpose of testing the blood, but could not discover it, although some peculiar appearances were found which indicated that a change had taken place, due to the absorption of the iron; but he had already proved his main proposition.

After his graduation in Philadelphia, Dr. Mussey returned to Massachusetts and practiced in Salem five or six years, and in 1814 was appointed Professor of Theory and Practice of Physics in the Medical School of Dartmouth College, succeeding his preceptor, Dr. Nathan Smith. Here he gave a course of lectures on chemistry for one session, and in 1819 was appointed

¹ The Life of Sir Astley Cooper, Bart., by Bransby Blake Cooper, London, 1843.

to the Professorship of Anatomy and Surgery, and in knowing Dr. Mussey one could well understand that at this time he conscientiously began anew the study of anatomy in order to give two daily lectures to the pupils during the term.

In 1829 he visited Europe, spent several weeks in London and attended clinics in Paris. Dr. Mussey also lectured in the Medical School of Maine, and in 1836-7, after the close of the session of the College of New Hampshire, he went to Fairfield, N. Y., to give lectures on surgery in the College of Physicians and Surgeons there. This school was subsequently removed to Geneva and afterward became a famous institution.

In the fall of 1838 Dr. Mussey accepted an invitation to become Professor of Surgery in the Medical College of Ohio, at Cincinnati, founded in 1821, and he with his family removed to that city. At this time the means of travel was by canal to Pittsburgh and from Pittsburgh to Cincinnati via boat. Climatic reasons alone induced the popular professor to cross the Alleghenies. His health had become delicate and he, somewhat worn by a long, laborious practice in the cold and rigorous climate of New England, looked favorably on the balmy air of the Ohio Valley and looked forward with pleasure to his new field of labor. For fourteen years Professor Mussey practiced, lectured and taught in the Medical College of Ohio, and during this period had charge of the Marine Hospital in Cincinnati, but at the end of that time he resigned. A few months later he was asked to become Professor of Surgery in the Miami Medical College, founded in 1853, which he accepted, and at this time also had charge of the surgical wards of St. John's Hospital.

Dr. Mussey's first remarkable operation was the ligation of the carotids for aneurysmal tumors of the head in which the operation was successful. He repeated the operation 1854.²

This is hardly the place to repeat the brilliant record of Dr. Mussey's important surgical operations. He was one of the early operators for ovarian disease. He removed an hypertrophied tongue in the case of a boy of thirteen, the tongue at the time of operation measuring eight inches in circumference where it issued from the mouth.

Another case of Dr. Mussey was one of osteosarcoma which necessitated the performance of an operation for the removal of the entire shoulder blade and collar bone. This was the second case on record, the first operation having been performed by Dr. Dixie Crosby in 1836. The date of this operation was October, 1837. It was repeated in 1845. He removed the lower jaw without implicating the facial nerve, and it is said by his biographer³ that "while in charge of St. John's Hospital, then having numbered considerably beyond three-score and ten, we saw him ligate the carotids with the same nerve as when in the prime of life."

An ardent temperance lecturer and one much interested in hygiene, there is no question of the value of his influence and example on the young men of his adopted city and State, not only those who attended his own lectures, but as well those to whom the influence of his pupils reached.

He died in Boston in 1866 at the advanced age of 86 years—years full of fruitful labor, of conscientious

work. He was the fourth President of the AMERICAN MEDICAL ASSOCIATION, and always took an active interest in its meetings.

Dr. Mussey was an early advocate of the bilateral operation for stone, and according to the report of the Committee on Surgery in Vol. 1, Transactions of the AMERICAN MEDICAL ASSOCIATION, as early as 1848, he had reported a series of sixteen surgical operations under the use of chloroform,⁴ "without its being followed by a single unpleasant symptom."

Dr. Mussey himself made the report of the Standing Committee on Surgery in 1849, and in that report we find an account of a vaginal hysterectomy performed by Prof. Paul F. Eve on April 16, 1850. This is believed to be the first operation of its kind on record. One of the most elaborate papers of Dr. Mussey was that on "The Effects of Alcoholic Liquors in Health and Disease," which will be found in Vol. 8 of the Transactions for 1855. In this paper there is shown an intimate knowledge of physiologic chemistry as then understood and also of the toxic effect of alcohol, very remarkable for that period. He was the first to demonstrate the possibility of bony union taking place in intracapsular fractures of the humerus. In his trip to Europe, which I have already mentioned, he carried with him a specimen of a femur which had been sawn through showing bony union. He showed the specimen to Sir Astley Cooper among others, who asserted his disbelief that the bone had ever been fractured. His reception by Sir Astley was afterward quoted by Dr. Mussey as showing the intolerance and bigotry of one of the great masters of the profession.

As a writer Professor Mussey was not prolific, but what he did write was characterized by clearness of expression, accuracy and entire truthfulness. He did not find it necessary to go into specious case-writing that might be called Arabian Nights' literature, wherein, judging from the number of cases reported by one author, he must have averaged from ten to fifteen a day for a period of several years, an utter absurdity, but when Mussey reported a case, there was no earthly doubt in the mind of anyone who heard the report that the case actually existed. I need not say to you, young gentlemen, who are now leaving this institution, that next to faith and trust in God, a virtue which most becomes a practitioner of our noble calling is that of *truth*; and we have, I regret to say, arrived at a period in our literature when we must either throw out a large mass of the statistics that are furnished us, or else accept them only from men of known probity in such matters.

As a citizen Dr. Mussey was deeply interested in the political affairs of his time, and as all good citizens should do, took a personal interest in the affairs of his city, his State and his country. I have little respect for the false sentiment that keeps the physician out of touch with the remainder of his fellow citizens on political questions. He need not and ought not to be offensive to his clientele, but he should have a clear view of what the best interests of the country require, and throw his influence in favor of those interests.

I do not know exactly how it came about, but there has been a great change in the feelings of our countrymen since the days of Dr. Joseph Warren and Dr. Benjamin Rush.

In those times, those great men of our profession addressed public meetings on public affairs. One

² See Eve's remarkable cases in surgery, p. 650.

³ Transactions AMERICAN MEDICAL ASSOCIATION, Vol. 18, p. 347.

⁴ Transactions AMERICAN MEDICAL ASSOCIATION, Vol. 1, p. 234.

sealed his devotion to his country with his life's blood at Bunker Hill, and the other gave his time and talents to the organization of the Continental Congress, and signed our immortal Declaration of Independence. Now, I regret to say that our profession, in common with many other of our well to do parlor-patriots, especially in the great cities, do not take the interest they should; as if love of country, and interest in its affairs, were private sins to be kept as a profound secret in the breast of the unfortunate possessor.

No! young gentlemen! Take the stand in regard to public affairs in the community that your education entitles you to take; give your influence freely to that party you deem to be right. When all educated men, the clergy, and the medical profession, join the profession of law, in giving suitable and dignified expression to their views on public matters, all will be well with the Republic.

There is another side to the character of Dr. Mussey which I have only lightly touched upon, and that is his patriotism, his generosity and constant services to the poor, and his secret benefactions. He seemed always to have in view the Hebrews, xiii, 16: "But to do good and to communicate, forget not, for with such sacrifices God is well pleased." Cicero says: "Nothing is greater proof of a narrow and groveling disposition than to be fond of riches; while nothing is more noble and exalted than to despise money if thou hast it not, and if thou hast it, employ it in acts of beneficence and liberality."

Such, ladies and gentlemen, were the characteristics of one of Ohio's great surgeons; one of those who made his mark in the history of medical literature; one who as much as any other helped to develop higher medical education in this Western country. He lived his well-rounded life as an example for the graduating class to look upon with pleasure, to follow with enthusiasm, and to emulate according to the best of their ability. He was one of those virtuous men who, in the annals of Western medical education, made his name immortal.

The distinguished surgeon whose life I have outlined died just before the opening of that vista upon the new field of bacteriology which has perhaps surpassed anesthesia in the wonderful changes it has wrought in the practice of surgery; and with anesthesia and bacteriology to its credit this nineteenth century will go down into history as leading all other centuries in the record of glorious achievements for the benefit of the human race and the relief of human suffering.

LECTURE.

RETROVERSIO UTERI AND PERIUTERINE INFLAMMATION.

Clinical lecture delivered at the Jefferson Hospital, Feb. 18, 1896.

BY E. E. MONTGOMERY, M.D.

PROFESSOR OF CLINICAL GYNECOLOGY IN THE JEFFERSON MEDICAL COLLEGE; GYNECOLOGIST TO JEFFERSON AND ST. JOSEPH'S HOSPITALS; PRESIDENT PHILADELPHIA OBSTETRICAL SOCIETY.

PHILADELPHIA, PA.

Gentlemen: This patient is 22 years of age, puberty occurred at 16, menses were regular, periods lasted four days and were without pain. She has been married four years and three years since had one child. The labor was normal. She had one abortion near the third month of gestation, two years ago. This abortion, owing to retention of the fetal envelope, was followed by pelvic inflammation. Since then she has

complained of dull, aching pain in the back and left side, aggravated at the menstrual periods. Micturition is normal. She has had no leucorrhea, appetite is fair, and the bowels are regular. On examination the uterus was found retroflexed, the body of the organ large, a certain amount of fixation upon the left side, and more or less tenderness. In this patient we have a history of suffering from puerperal inflammation of the uterus, and the inflammation has extended from that organ to the surrounding parts, particularly to the left ovary and tube. I have not been able, by superficial examination, to determine the relation of the ovary and tube, but the thickening and fixation leaves me in no doubt of their involvement. You will remember that we have said to you, inflammation may extend from the uterus in three ways: By continuity through the mucous membrane, thus reaching the peritoneal cavity; by the lymphatics, and by the blood vessels. The most frequent form, it is true, is that through the mucous membrane. These inflammations are always microbic in origin. The inflammation through the uterus, reaching the tube, gives rise to a salpingitis which may be simple in character, but if the infection be virulent, results in extensive inflammation and the formation of pus. Simple inflammation may lead to thickening of the mucous membrane, to desquamation of its ciliated columnar epithelium and to more or less obstruction of the canal of the oviduct. In such cases the passage of the fecundated ovum is arrested, and we have occurring what is known as an ectopic gestation. You can readily understand that where menstruation takes place every month, a Graafian follicle is ruptured, the ovum is thrown off, and hemorrhage takes place into the rupture, forming what is known as a corpus luteum. This corpus luteum in cases in which the individual becomes pregnant, is larger and is much slower in undergoing organization and contraction. Such a corpus luteum may afford a vulnerable point for the entrance of infection from the tube and lead to the development of an abscess in the ovary. Indeed, the corpus luteum may frequently afford an explanation of the occurrence of ovarian infection. I saw a patient a few years ago, in whom the ovary had become infected through the tube without any disease of the latter, and an ovarian abscess resulted which very seriously threatened the life of the patient. The muscular structure of the tube is arranged in longitudinal and circular fibers. Inflammation affects the action of these fibers, interference with the peristalsis, or obstruction of the caliber of the tube, increasing the predisposition to ectopic gestation. Some of you have recently seen a patient operated upon in this house, in whom rupture took place at the end of eight weeks, a large quantity of blood escaped into the peritoneal cavity and the life of the individual was thereby endangered. When we came to operate we found between one and two quarts of blood in the peritoneal cavity, which produced so marked an exsanguination of the patient that her life was despaired of. When the inflammation is limited to mucous membrane, it may be known as salpingitis or endosalpingitis. It is rarely, however, that we find it confined to the mucous membrane. The subjacent tissues, the muscular, and even the peritoneal tissue, become involved, producing perisalpingitis. These fine distinctions, however, have no special reference to the diagnosis or treatment, for we do not have one for a length of time without association of the other. The result of inflammation is to pro-