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ADDRESS.

ADDRESS ON THE FOUNDING OF THE ILLINOIS HOSPITAL.

Delivered in Central Music Hall, June 12, 1895.

BY SETH SCOTT BISHOP, M.D.
CHICAGO.

The purpose of this pleasant meeting, held under the auspices of the gallant Columbian Knights, is not a mercenary but a merciful one. There are some good people who entertain the idea that doctors are like ministers—in one respect—that they are always asking and receiving. These are the excellent citizens who pay their bills. There is another large class who realize that doctors are persistent askers but poor getters. These are the beneficiaries of our good-natured Esculapians, but they would have their doctors work for nothing, board themselves and go to the Chicago River to drink. Medical men have learned, perforce, that it is more blessed to give than to receive, and we are not here to ask more than we are willing to give.

Every prosperous citizen owes a certain obligation to the community to which he is indebted for his prosperity. There may be poetry but there is no romance or fiction in my remark that doctors work for nothing. I speak from experience. During the past fifteen years I have served on the staffs of more than half a dozen of our charity hospitals and dispensaries, and, like all the other attending physicians, have never been paid a dollar by any one of them. But once in a while the sweet, strange melody of "thank you" tickles the auditory nerve. I am often asked: "Why do you work without pay?" I will tell you our secrets. First of all, we love our work. No other citizen endures more trying ordeals, or subjects himself to greater personal sacrifices for the pure love of his labor than the conscientious charity physician. By this means, also, he becomes perfected in his art and known for his skill. There is a satisfaction, a fascination about the medical and surgical treatment of large numbers of our fellow beings that words can not portray. Who would not be a valiant knight, the general of an army, or even a colonel—if he could? Who would not risk his ease and comfort to save a man or helpless horse from death?

Do we need another hospital? If you have tried to secure the admission of poor patients to our hospitals since the World's Fair you will answer this question in the affirmative. It is difficult for influential physicians to open the hospital doors to their own patients, and next to impossible for you to find an empty cot for your sick or injured friend. The city has outgrown its hospital facilities. The county institution is over-full. There ought to be a district hospital in every populous ward. Much suffering and many lives could thus be saved. The chances

of the sick, and of the wounded who are subject to shock and bleeding, are imperiled by long jaunts in ambulances over jolting pavements to far-distant hospitals.

The 16th and 17th wards have no hospitals. In the 17th ward alone we have 30,000 people, enough to constitute a city of importance. Over one-half are foreign-born, mostly Scandinavians, and more than one-third are under 21 years—our rising generation. And here, young ladies, is a pointer for you: there are 3,200 more males than females. An army of stalwart young men is encamped in the boarding houses in the eastern half of this ward.

The 17th ward is about a mile and a quarter square, bounded on the north and east by the river, on the south by Lake Street and on the west by May and Carpenter Streets. It contains eighty-five factories, half a dozen railroads, an elevated road and numerous street car lines with their many accidents. Our young Illinois Hospital is situated in the heart of this district on the six corners of Milwaukee and Austin Avenues and North Union Street. A cable car line passes the door and three other car lines are within a square. There is no other hospital nearer the center of this busy little world than two miles distant. The people are poor and need our help. The strong should lend a hand to the weak. It is good political economy to give aid to the ailing in time to restore their health, save their injured limbs and restore them to their vocations in the capacity of producers, rather than to allow them, through neglect, to become perpetual paupers, beggars or criminals. To a business man this is a proposition that appeals to good sense if not to sentiment. It is a paying investment for citizens to combine their efforts with the doctors' work in such humanitarian institutions. Physicians contribute their time, their talent and their strength, and as much money as they can afford. Is it just to ask them to go farther and bear the entire burden of these charities for the community whose duty it is to provide housing, board and nursing for their sick poor?

We have made a discovery in the 17th ward. We happened upon a determined little band of noble souls who had imposed upon themselves the duty of living in the midst of this colony for educational purposes. They are there as brothers and sisters to help those who need help, to teach those who want to learn, to promote cleanliness, purity and peace—in a word, to make intelligent, patriotic American citizens. Without sect or sectionalism they cultivate the spirit of universal brotherhood and practical Christianity. The founding of a dispensary and hospital in this neglected spot is due to the open arms that welcomed us to this self-sacrificing settlement—the Chicago Commons. Long life and success to the Chicago Commons! They need and merit your help. They are our willing allies. Our interests are mutual.

We appeal to the people to rally to our aid. The love of humanity should call forth the generosity of our fortunate few. The memory of Newberry, Crenshaw, Jones and Lewis shall live when their tombstones are no more. The high examples of Rockefeller and Field should not be lost on those who wish to witness the blessings of their benefactions while they live. Who will be our Scoville of great heart, and our Dr. Pearsons of many noble deeds? Or who will be our Mrs. Pearsons with her \$10,000 gift to Anatolia College, presided over by my classmate?

Great souls are these—products of this century and this civilization—superior to any other! Their memory shall bloom when monuments crumble to dust. Their spirits shall animate the coming generations when their fellow-mortals sleep forgotten. What other benefactor of our race shall rise to bless his fellow-men? Who will sow the seeds of a lasting charity by endowing this refuge—this restorer of the helpless to health and happiness? And what more fitting place to appeal for brotherly love and sympathetic deeds than this platform, hallowed by that poetic preacher who dwelt like sunshine in our midst, consecrated to the cause of humanity and a broad Christianity, whose features, cast in classic mold, smile sweet benedictions on our cause—that moral philosopher and Christian philanthropist, David Swing!

ORIGINAL ARTICLES.

HISTORY OF THE CASE OF THE HON. WALTER Q. GRESHAM, LATE SEC- RETARY OF STATE OF THE UNITED STATES.

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Secretary Gresham was taken ill on April 30, the earliest symptoms appearing while he was at a Cabinet meeting; on the following day he was suffering from acute epigastric pain, which was so severe as to require the use of morphia hypodermatically. On May 3 the pain changed its location to the right infra-axillary region. By reference to the thermometric chart it will be seen that during these days he had fever. At this time he was under the care of another physician.

Early on the morning of May 4, I received a note asking me to call and see Secretary Gresham at the Arlington. I was requested by him to take charge of his case. The chief symptoms which were presented to me, at my first visit, were fever, embarrassed breathing, his voice being broken during conversation, and his facial expression indicating suffering; the pulse was 100 and not very strong and his respirations were 36 to the minute. He had slept several hours during the night, but sleep had been much disturbed by the dyspnea and by acute pain in the right side.

Physical examination of the chest showed the presence of a considerable amount of fluid in the right pleural cavity, dullness on percussion and aegophony reaching as high as the lower edge of the scapula. There was diminished expansion and entire absence of vocal fremitus over the same region.

The diagnosis was made of acute pleurisy with effusion on the right side; this opinion was based

upon the symptoms and physical signs described; there was no symptom, noted by me at the time, which could not be explained by this lesion, and there was no symptom which indicated any lesion of any of the abdominal viscera. Neither then nor at any subsequent period was there any icterus or abdominal tenderness, or unusual tympanitic distension.

A cantharidal plaster, six inches square, was applied over the right infra-scapular region, a liquid diet of koumiss and milk ordered and absolute rest enjoined. A mixture was prescribed containing the liquor ammoniæ acetatis and tincture of digitalis. He was already under the care of a trained nurse, another one was secured to assist, and everything was done for his general comfort under the watchful supervision of Mrs. Gresham.

During the day the patient slept at intervals, and there was a good deal of discomfort in breathing; he was unable to lie on either side, but his symptoms did not change for the worse. The blister had vesicated well; this was dressed and the right side covered with cotton and oiled silk.

May 5. After 1 A.M. the night was comfortable; his temperature continued to drop until it reached 99.2 degrees at 6 A.M. At 9 A.M. an attempt to turn over, brought on a violent paroxysm of pain in the right side of the chest; for a time he breathed with difficulty, but as soon as the pain passed off, he was in no sense any worse than before. A water enema was followed by a large normal movement. At the morning visit the line of dullness on percussion showed the fluid was greater in amount, the respiration had increased to 40 and the pulse to 118 per minute, these being the maxima reached during this period of the illness; during the latter part of the day he was more comfortable, and slept three hours at intervals. Milk, koumiss and chicken broth were taken alternately and the ammonia and digitalis mixture was given, but not regularly.

May 6. During the night the patient slept in short naps; at 7 A.M. there was profuse perspiration, the temperature then being 98.2 degrees and he was nervous and restless. Later in the morning he felt better than before; a water enema gave him a small normal action and in the afternoon he slept three hours. The pleural effusion reached its maximum to-day, the dullness extending nearly to the spine of the scapula, but the breathing was not over 30 to the minute, the pulse 98; the greater ease in breathing seemed to be due to the relief from the constant and aggravated paroxysmal pains in the pleura which had been present up to this day, and which after this did not recur.

May 7. The patient slept moderately well during the night; in the early morning he was restless.

Mr. Gresham frequently, and generally in the morning, complained that he was suffering from indigestion, but there never was any objective evidence of this; his tongue was slightly coated and dry, and there were occasional eructations of gas, but as a rule digestion of the fluid food given was as well performed as it usually is in acute illness. During the day he had several short naps and seemed very comfortable, although he was at times anxious and nervous.

May 8. The patient slept between six and seven hours during the night, at times lying on his left side and breathing with no difficulty. He awoke

Transfusion mentioned on page 999 was made by Dr. Van Rensselaer.