

surgical testimony of an expert nature, it would do much to elevate the so-called "expert testimony" from the position of disrepute which it now occupies.

DR. RICHARD DEWEY, Wauwatosa—One point was not mentioned by the essayist, namely, the suggestive effect of the injury itself upon the patient, and, even more, the suggestive effect of an examination of the patient by the physician, especially if the latter asks him leading questions as to certain symptoms. The symptoms complained of by these persons may not be genuine, and still may not be dishonest. I have observed more than once a tendency to regard as dishonest all symptoms which are of a subjective nature and which can not be proven by objective means. Even in cases where the question of damages did not enter I have seen, as has every one experienced in these matters, serious impairment of function without demonstrable structural lesions.

DR. J. G. BILLER, Cherokee, Iowa—I have been unfortunate enough in two or three instances to be imposed upon by persons who claimed damages for feigned injuries, and who at once recovered when the damages were paid. I recall the case of a farmer whose reputation for honesty was excellent and whom I had known for years. He met with a railway accident, and I examined him, with the chief surgeon of the company, and in view of his symptoms, which had evidently been prompted by his attending physician, we made a favorable report. The railway company paid him \$7000, and a few days after he had received the money the man was in town buying cattle. We should have some definite way of getting at these cases. They are often a disgrace to the profession. In the case I have referred to we made a very thorough examination, but we were unable to obtain any definite proof that the symptoms were feigned.

DR. HERMAN GASSER, Platteville, Wis.—So long as we cling to our present indefinite method of defining pain as subjective and objective, it will be impossible to formulate any system that will lead us to definite conclusions. There is no such thing as subjective and objective pain; there is only one kind, and that is pain. It is a psychical product. It always has some pathological basis for its production. In some instances the pathological lesion is easily discoverable; in others it is not. The reader of the paper referred to an increased pulse-rate as an indication of pain. Bichat showed long ago that this was a valuable sign as indicating the presence or absence of real injury or of pain. The significance of the pulse as an indication of health or disease can not be overestimated. If we see a sick or injured patient whose pulse is good and strong, no matter how badly he may claim to feel—he may even be in convulsions—still we can rest assured that there is no immediate danger. As regards the occurrence of symptoms, feigned and real, after the receipt of injuries, I recall the case of a girl who fell into an excavation while walking along the street. She was apparently not injured. Her relatives suggested that she ought to put in a claim for damages. She soon afterwards began to complain of pain in various parts of the body, and this was subsequently followed by the development of mental disturbance. She was examined by a number of physicians, and all of them, with one exception, thought she was hysteric. She finally recovered \$2300 damages without the case going to trial, but this did not cure her, and she is still in a very poor condition both mentally and physically. She had a hysteric nervous organization and the advice of her fool friends made it chronically active, and she is now paying a severe penalty.

DR. F. SAVARY PEARCE, Philadelphia—I do not think the suggestions made by Dr. Ott regarding the methods of trial in these cases can ever be carried out, for the simple reason that the physician has nothing to do with the judicial side of the question involving the damages. The physician simply has to decide whether the person is injured or not, and this is often a very difficult question for the neurologist to answer. Having determined that the plaintiff is or is not suffering from a traumatic neurosis, either functional (which I do not believe in) or organic, then the evidence is given to the jury and the latter should make the award of damages.

DR. JOHN LEEMING, Chicago—My experience in the West confirms the experience of the essayist, and is not in accord with that of Dr. Crafts. The difficulty in ascertaining the condition of the patient previous to the occurrence of the accident has not been referred to. In cases where we can demonstrate the presence of structural lesions by actual measurement or by electrical tests there can be no suspicion of malingering, but the difficulty we have to deal with is to exclude positive shamming, or what I call "involuntary simulation," in persons who have received a trivial injury and who claim to be suffering from very serious neuroses. The nature of the injury is frequently out of all proportion to its effects, and these effects do not occur in cases where no litigation is pending. We should try to form a positive opinion regarding the true nature of these cases, and not hesitate to express it.

DR. LAMBERT OTT, in reply—Those who do not believe there is much rascality in connection with accident cases in large cities, I would invite to spend a brief period in Philadelphia and watch the jury trials, and I am sure they will become convinced. My suggestions regarding the method of trying these cases may not be practicable under our present statutes, but if they were adopted I believe the results would be far more satisfactory and just than by the present methods. I have studied this class of cases closely in Philadelphia and other large cities and the prevarication, distortion of facts, complaints of extreme suffering, with no visible evidence of disturbed tissue, associated with a history of trivial injury, make up the complexus of fraud presented for the purpose of mulcting corporations. I regret to say that in the trial of injury cases involving a large amount of damages you will often find the well-paid specialist on the side of the plaintiff with his biased statements giving strength and substance to their side. Large corporations are more just in the settlement of claims against them than individuals and whenever it is shown that they are justly liable they seek an amicable and fair settlement. Our courts in Philadelphia groan under the burden of such cases and only recently a band of conspirators were arrested and convicted for purposely meeting with accidents and subsequently feigning injury in order to extort damages from street railway companies. It is within the power of the medical profession to stamp out this rascality by condemning the maligner and compelling all others to confine themselves to the truth.

SAMUEL FULLER—PILGRIM, DOCTOR AND DEACON.

I. N. DANFORTH, A.M., M.D.

CHICAGO.

"The names of those which came over first, in ye year 1620, and were by the blessing of God the first beginners and (in a sort) the foundation of all the Plantations and Colonies in New England; and their families." So reads the quaint caption of Governor William Bradford's list of the *Mayflower* passengers, appended to his "History of Plimouth Plantation." Among the passengers, we read the name of "Mr. Samuell Fuller, and a servant caled William Butten. His wife was behind, a child which came afterwards."² Bridget Fuller, the wife of "Samuell," with a child who soon died, came over in the ship *Anne*, and landed at Plymouth in August, 1623; hence, both Samuel Fuller and his wife are properly classed among the "old comers" or the "forefathers," as the forefathers included all those who came in the first three ships; the *Mayflower*, the *Fortune*, and the *Anne*.³ Referring again to Bradford's history, we read that "Mr. Fuller his servant dyed at sea; and after his wife came over, he had tow children by her, which are living and growne up to years (1650); but he dyed some 15. years agoe" (in 1633).⁴ With these brief and quaint remarks, Bradford dismisses Samuel Fuller and his family.

Samuel Fuller's servant, William Butten (who was probably a student-assistant), who died at sea, November 6, 1620, as recorded by Prince;⁹ and Bradford writes: "In all this viage ther died but one of ye passengers, which was William Butten, a youth, servant to Samuell Fuller when they drew near ye coast."⁶

There can be no doubt, I think, of the correctness of Packard's statement that "the earliest practitioner of medicine in Massachusetts was Samuel Fuller, who was among the passengers on the *Mayflower* in 1620."⁷ It is probably also true, as stated by Packard, that "he held no medical diploma, nor was his position officially recognized"—i. e., by the "merchant adventurers," who were the financial backers of the pilgrims. Although, according to Palfrey, he came from London, it is not likely that he had pursued the study of medicine systematically. He must have joined the pilgrim company in Holland, as Palfrey states that he followed the occupation of a silk-weaver while the pilgrims lived in Leyden.⁸ But they were all compelled to accept such employment as they could find in Holland, and they found it hard and up-hill work to earn even a scanty maintenance; in fact, this was one of the most persuasive reasons which led them to cross the then unknown ocean, and found the tiny republic, so memorable in the annals of civil and religious liberty. But diploma or no diploma, with or without "official" recognition, Fuller was practically and gladly recognized as the physician of the pilgrim colony, and was even called in a similar capacity by Governor Winthrop to the then infant colony of Massachusetts Bay on several occasions.

On reaching Leyden in 1611, according to Goodwin,⁹ Fuller was chosen deacon in the pilgrim church, and was from that time forward a trusted leader and counselor in all matters relating to the pilgrim church—spiritual, medical and secular. He also had a hand in the negotiations which resulted in the purchase of the *Speedwell* as one of the transports for the company across the Atlantic, as shown in the correspondence recorded by Bradford.¹⁰ Goodwin states—I do not know upon what authority—that Fuller was one of the first "Board of Assistants to the Governor of Plymouth colony, continuing in office many years."¹¹ He was probably "assistant" in 1631, but this conjecture is based upon rather feeble evidence.

The first record of his professional work occurs in August, 1621, when in a scrimmage with the Indians "ther was 3. sore wounded; these they brought home with them," i. e., to Plymouth, "& had their wounds drest & cured and sente home."¹² This act of kindness had an excellent effect in the way of winning the friendship of their savage neighbors. In June or July, 1622, came the *Charity* and *Swan*, two ships sent by "Master Thomas Weston"—from whom the pilgrims suffered so much ill-usage—having in them some 50 or 60 men, and a very undesirable crowd they were. In fact they appear to have been a gang of tramps, chiefly interested in living without work, and they succeeded in foisting themselves upon the pilgrims for nearly two months, making sad havoc with the ears of green corn, which they stole and roasted and devoured, night and day, to the great damage of the growing crop, upon which the pilgrims were so dependent for the coming winter. During their unwelcome sojourn at Plymouth several of their number became "sick and lame,"¹³ and these they left at Plymouth under Dr. Fuller's care, "although they had a surgeon of their own," Mr. Salisbury.¹⁴ In the winter of 1628 an epidemic appeared among the

newly arrived colonists at "Naumkeag" (now Salem), in Massachusetts Bay, caused "by infection that grue amonge ye passengers at sea, it spread also among them a shore of which many dyed, some of ye scurvie, other of an infectious feaoure" (fever), "which continued some time amongst them, though our people," i. e., at Plymouth, "through God's goodness escaped it."¹⁵ Lieut.-Gov. Endicott of Naumkeag, having heard of Dr. Fuller of Plymouth, wrote Gov. Bradford "for some help, understanding here was one that had some skill yt way & had cured diverse of ye scurvie, and others of other diseases, by letting blood & other means."¹⁶ Accordingly, Dr. Fuller was sent to the Bay colony, where he attended to the bodily ailments of the settlers, and also took occasion to make some explanations concerning the form of worship in use among the pilgrims, which removed some previous misunderstandings on that point. As a result of this visit, Gov. Endicott writes to Gov. Bradford, May 11, 1629: "I acknowledge my selfe much bound to you for your kind love and care in sending Mr. Fuller among us, and rejoyce much yt I am by him satisfied touching your judgments of ye outward forme of God's worships."¹⁷ In the summer of 1630 Dr. Fuller was again called to Massachusetts Bay on account of the great prevalence of sickness, occasioned, says Gov. Winthrop, by "ill diet at sea." Therefore, on July 8, he went to Matappan (now Dorchester), "and let some 20 of these people blood." On August 4, he was at Salem, and a little later at Charlestown, probably still "letting blood" and discussing theology, for our good Doctor was quite as well versed in the theological squabbles of the day as he was in medicine. Soon after (in August?), we find him writing "the sadd news here is that many are sick and many are dead. I here but lose time, and long to be at home. I can do them no good, for I want drugs and things fitting to work with." Shortly, perhaps immediately, thereafter, Fuller returned to Plymouth, accompanied by Lieut.-Gov. Endicott. These visits of Dr. Fuller were potentially instrumental in initiating and cementing the close friendship which from that time forward existed between the "Old Colony" and the Colony of Massachusetts Bay.

In January, 1631, Henry Harwood, "a goodly young man" from Boston, was taken to Plymouth from a shallop wrecked on the Cape, and Dr. Fuller was obliged to "extend surgical treatment to him," says Goodwin, although the nature of the treatment is not specified.

This is the brief but suggestive history of Dr. Samuel Fuller's professional life so far as I have been able to trace it. But, of course, the quaint old records show us but an infinitesimal fraction of the work he actually did. We must picture him traveling back and forth from Plymouth to the sparse settlements of Massachusetts Bay, either on foot or in an open boat; or ministering to the manifold wants of the pilgrims during that first terrible winter (when half their number died), and for thirteen years afterwards; or visiting their savage neighbors, among whom a fearfully fatal epidemic raged for several years prior to and following the landing of the pilgrims and puritans. How primitive must have been his practice; how limited his medical and surgical armamentaria; how few and incapable the nurses at his command; what a lonely, isolated, depressing and dispiriting condition of things, for a physician burdened with such grave responsibilities! It is impossible for us physicians, situated as we are to-day, to apprehend or justly appreciate the poverty of knowledge and

methods by which he was environed. One can not help questioning whether those bold, hardy, fearless and resolute, yet self-denying and self-forgetting pilgrims, ever realized what vast and momentous results hung upon the success or failure of their wonderful experiment of self-government in church and state. Happily for us they triumphed; but who can estimate the consequences to civil and religious liberty, if they had failed!

But Dr. Fuller, as we have already seen, was also Deacon Fuller, and he was quite apt to have a hand in the theological squabbles which were so common in pilgrim and puritan days. In 1611, while the pilgrim church was still in Leyden, Deacon Fuller became involved in an epistolary controversy with one Daniel Studley—whom an old writer calls “that hypocritical chameleon”—and said Studley¹⁸ “grinds his teeth against Samuel Fuller, a Deacon of Master Robinson’s company; whom with his friends he describes as being ignorant idiots, noddie Nabalites, dogged Doege, fair-faced Pharisees, shameless Shemites, malicious Michiavellians”—rather a choice assortment of alliterative expletives, from a “Ruling Elder” (Studley), to a Deacon (Fuller). It illustrates the fierce and uncompromising spirit of the times.

Deacon Fuller also had an eye to business, especially in the matter of the church collection, even in the presence of distinguished guests, as shown in the following description, by Governor Winthrop, of a church service in Plymouth in 1632: “On the Lord’s Day,” in the forenoon, “there was a sacrament which they did partake in; and, in the afternoon Mr. Roger Williams (according to their custom) propounded a question, to which the pastor Mr. Smith spake briefly; then Mr. Williams prophesied; and afterward the Governor of Plymouth (Bradford) spake to the question; after him Elder (Brewster); then some two or three men of the congregation. Then the Elder desired the Governour of Massachusetts (Winthrop) and Mr. (Rev. John) Wilson to speak to it, which they did. When this was ended, the Deacon, Mr. Fuller, put the congregation in mind of their duty of contribution; whereupon the Governor and all the rest went down to the deacon’s seat, and put into the box and then returned.”¹⁹ How this contribution business would have delighted the soul of old John Wesley if he had been present!

According to Rev. Edward Everett Hale, Dr. Fuller was one of the capitalists, or one of the “persons of largest means in the Leyden group of the emigrants”;²⁰ but Dr. Azel Ames, in his recent work, says that “the good Doctor”—Hale—“is clearly in error.”²¹ * * * But Dr. Ames concludes that Dr. Fuller was “one of the Leyden chiefs, connected by blood and marriage with most of the leading families of Robinson’s congregation. He was active in the preparations for the voyage * * * and doubtless one of the negotiators for the *Speedwell*.”²² In fact, he commenced the voyage in the *Speedwell*, but was transferred to the *Mayflower* after the *Speedwell* broke down, as the prospects seemed to warrant the conclusion that there would be an increase of “pilgrims” before long, and that a physician would be a rather important factor in the ship’s company. With characteristic pilgrim forethought, Mistress Susannah White—sister of our Dr. Fuller—provided herself with a strong, solid, serviceable oaken cradle before leaving Leyden, and she took good care that the cradle (as well as her brother the Doctor), was safe aboard the *Mayflower* when at last she sailed away from the old to the New Plymouth. This cradle, after having rocked

Peregrine White—first-born of American pilgrim babies,—and we know not how many other pilgrim babies—has descended to this day, as one of the few veritable and genuine *Mayflower* relics.

Dr. Fuller evidently did not believe that it was good for “man to be alone,” as he was married three times. His first wife was Elsie Glascock, whom he must have married in England, but we have no certain data; she probably died in England prior to the removal of the pilgrim church to Holland. On April 30, 1613, he was married in Leyden to “Agnes Carpenter, maid, of Wrentham in England,” daughter of Alexander Carpenter, but she did not live long, and, so far as I can learn, left no children. May 27, 1617, he was married to Bridget Lee, maid, of England, accompanied by “Joos” Lee, her mother,²³ the name “Joos” being the Dutch recording-clerk’s spelling of some English pronomen, but what it was we can not now ascertain. Bridget Lee Fuller, as we have seen, did not accompany Dr. Fuller in the *Mayflower*, but followed in the *Anne* in 1623, bringing also their child, probably three or four years old; but this child died soon after they landed. Two other children, Samuel and Mercy, were born in Plymouth. Dr. Fuller’s wife, Bridget, survived him many years, and was highly respected in Plymouth. She became quite famous as a nurse and midwife, and her services were much in requisition in this capacity.

In the year 1633, says Bradford, “it pleased ye Lord to visite them” (the pilgrims), “with an infectious fevoure, of which many fell very sicke, and upward of 20. persons dyed, men and women besids children, and sundry of them of their ancient friends which had lived in Holand; as Thomas Blossome, Richard Master-son, with sundry others, and in ye end (after he had much helped others) Samuall Fuller, who was their surgeon and phisition, and had been a great help and comfort unto them; as in his facultie so otherwise, being a deacon of ye church, a man godly and forward to do good, being much missed after his death; and he and ye rest of their brethren much lamented by them, and caused much sadness & mourning amongst them; which caused them to humble themselves & seek ye Lord; and towards winter it pleased the Lord ye sickness ceased. This disease allso swept away many of ye Indeans from all ye places near adjoining, and ye spring before, espetially all ye month of May, there was such a quantitie of a great sort of flies, like (for bignes) to wasps or bumble-bees, which came out of holes in ye ground, and replenished all ye woods, and eate ye green things, and made such a constante yelling noyes, as made all ye woods ring of them, and ready to deaf ye hearers. They have not by ye English been seen or heard before or since.*

But ye Indeans tould them sickness would follow, and so it did in June, July, August, and ye cheefe heat of somer.”²⁴

Thus died Samuel Fuller the pilgrim “phisition” and deacon. It is much to be regretted that we can not know more of this pioneer physician of the “Old Colony.” His will seems to indicate that he was a teacher as well as a doctor and deacon, as he directs that “Elizabeth Cowles, who was submitted to my education by her father and mother at Charlestown, to be returned to her parents;” and the same disposition to be made of “George Foster being placed with me by

* Bradford here describes a visitation of the cicada septendecim, or seventeen-year locust, the first account of its appearance in New England.

his parents still living at Sagus" (now Lynn); and "Widow Ring submitted to me the oversight of her son Andrew." He gives vent to his affection for Roger Williams as follows: "Whatsoever Mr. Roger Williams is indebted upon my books for physic, I freely give him." We also find this curious bequest: "I give to the Church of God at Plymouth the first cow-calf that my brown cow shall have."²⁵ While there are some uncertainties regarding this gift, when we realize that heifers were then (1633) worth £13 in Plymouth, and that the purchasing power of a pound sterling was four times greater than it is now, we shall see that the church might be pardoned for "indulging a hope" of fruitfulness on the part of Deacon Fuller's brown cow after all.

He left a library of twenty-seven volumes, says Goodwin, but does not enumerate them. Dr. Azel Ames remarks: "One is surprised and amused that the library of the good Dr. Fuller should contain so relatively small a proportion of medical works (although the number in print prior to his death in 1633 was not great, while rich in religious works pertinent to his function as a deacon" (Loc. Cit. p. 216); and then with provoking reticence, he fails to mention the "medical works" which Dr. Fuller did possess.

"Indications show that he was a man of intellect and good presence, it not being improbable that he was of regular education. He is among the noblest and most interesting of the pilgrims, and the regard of his descendants should secure him a fitting monument on that sacred hill where he prayed, and now sleeps in a grave of which 'no man knoweth.' Surely the zeal of his successors in the healing art might well provide some memorial of the good physician's excursions of mercy to the pestilential cottages of infant Salem, Dorchester and Boston."²⁶

In conclusion, I append a facsimile of the autograph of Dr. Fuller, for which I am indebted to that monumental work, "Winsor's Narrative and Critical History of the United States." In place of an initial capital "F" he uses "ff," as was the frequent practice in those days.



REFERENCES.

1. Bradford's History of Plymouth Plantation, Deane's edition, 1836, p. 447.
2. Ibid., p. 448.
3. Chronicles of the Pilgrim Fathers of the Colony of Plymouth from 1602 to 1625, by Alexander Young, 1844, p. 352.
4. Bradford's "History," p. 451.
5. A Chronological History of New England in the form of Annals, by Thomas Prince, M.A. (Ed. 1736), p. 72.
6. Ibid., p. 76.
7. History of Medicine in the United States, by Francis Randolph Packard, M.D., 1901, p. 16.
8. Compendious History of New England, 1494 to 1697, by John Gorham Palfrey, 1884, i, 59.
9. The Pilgrim Republic, by John A. Goodwin, 1895, p. 34.
10. Ibid., p. 49.
11. Ibid., p. 159.
12. Bradford, loc. cit., p. 104.
13. Young's Chronicle (Winslow's Relation), p. 297.
14. Goodwin, loc. cit., p. 207.
15. Bradford, loc. cit., p. 263.
16. Ibid., p. 264.
17. Ibid., p. 265.
18. The Story of the Pilgrim Fathers, 1606-1623, A. D., as told by Themselves, Their Friends, and Their Enemies, by Edward Arber, F.S.A., 1897, p. 124.
19. The Story of the Pilgrims, by Morton Dexter, 1894, p. 296.
20. New England Magazine, Sept. 1889.

21. The Mayflower and Her Log, by Azel Ames, M.D., 1901, p. 8.
 22. Ibid., p. 28.
 23. Arber: Loc. cit., p. 164.
 24. Bradford: Loc. cit., p. 314.
 25. Goodwin: Loc. cit., p. 379.
 26. Ibid., p. 380.
- 905 W. Monroe Street.

ENFORCEMENT OF MEDICAL LAWS DEPEND- ENT ON AN ORGANIZED PROFESSION.

T. J. HAPPEL, M.D.

SECRETARY TENNESSEE STATE BOARD OF MEDICAL EXAMINERS.
TRENTON, TENN.

The question of medical legislation has been an open one for a time sufficiently long for thinking men of the profession to have become thoroughly conversant with it, but every member of an examining board soon becomes aware of the fact that many physicians in states having good laws by which to regulate the practice of medicine, know practically nothing about them. In some cases a few of the best men of the profession openly oppose medical legislation, laying down the broad proposition that every man should be allowed to do as he pleases in this free land of ours, employing if he wishes any one claiming to be a practitioner of medicine regardless of qualifications. Others take the position that the possession of a diploma from a medical college in so-called good standing and the registration of this diploma should be the only requirement demanded of them, taking the broad ground that the possession of such diploma is proof that the holder of it is better qualified for his work than the average member of an examining board.

These are samples of the objections presented. This diversity of opinion among physicians regarding medical laws interferes much with their enforcement. "In union there is strength," is more applicable to this condition of things in medical legislation and the enforcement of medical laws than any other possible thing. The old adage, "doctors disagree," is constantly flung in the faces of the medical profession when the enforcement of medical laws is urged. Violations of these laws are reported to the prosecuting attorney of the state or county, and he frequently replies that whilst Dr. M. desires the laws enforced, Drs. N. and P. do not want any such thing done and he is unwilling to enter upon the prosecution of the violators of medical laws.

This is especially the case when the prosecuting attorney is a salaried officer. His compensation is neither increased nor diminished by his enforcement of laws, and as the enforcement of any laws, new ones especially, and medical ones more particularly, may make him enemies and hence lose him votes in his next election, he is too well satisfied to do as little work along such lines as possible. In many instances these irregular and non-registered, law-infracting physicians live in a country district where they control a class of voters, or in a city they belong to the advertising class who pay the daily or weekly papers to exploit their wonderful skill as physicians and surgeons, and as a result it is the part of a business policy for the attorney to let them alone. These facts are set forth thus plainly that those who desire so to do may understand some of the difficulties met with by examining boards in having medical laws enforced. In other cases, a physician writes to the board notifying it that Dr. A. is violating the medical law, but that his name must not be used in prosecuting him as it would render him unpopular with Dr. A.'s friends, a thing that he can not afford to do as he expects to fall heir to Dr. A.'s work when he is driven by