FIFTH FOUNDATION OF UMDNJ LECTURE

The fall meeting of the Medical History Society of New Jersey will be held Wednesday, October 25th, at The Nassau Club in Princeton. T. Jock Murray, MD, president of the American Osler Society and chair of Medical Humanities at Dalhousie University, Halifax, Nova Scotia, will present the fifth Foundation of UMDNJ Lecture. Dr. Murray’s presentation is entitled ‘What is the Medical Response to a Major Explosion in Your City? The Case of the Halifax Explosion of 1917.’ Dr. Murray, a leading Canadian neurologist, is the author of Multiple Sclerosis: The History of a Disease (2005). MHSNJ past president, Frederick C. Skvara, MD will display medical philately related to the program. Registration begins at 3:30 p.m.; the program begins at 4 p.m.

MHSNJ Business Meeting
Alan J. Lippman, MD, President

Pseudohermaphrodites Past and Present: Pope Joan and the Turkish Village
Norman Ertel, MD

UMDNJ Special Collections: A Very Special Place
Lois R. Densky-Wolff, M.A.L., UMDNJ-University Libraries

Greek, Latin, English, and All That: The Languages We Live In
Allen B. Weisse, MD, UMDNJ-NJMS

Arthur Conan Doyle, Typhoid Fever, and the Boer War
Vincent Cirillo, PhD

Cocktails and Dinner (6-7:30 pm)

Medical Stamp Exhibit – Frederick C. Skvara, MD

Fifth Foundation of UMDNJ Lecture:

What is the Medical Response to a Major Explosion in Your City? The Case of the Halifax Explosion of 1917.
T. Jock Murray, MD, President, American Osler Society, and Chair, Medical Humanities, Dalhousie University, Halifax, NS

Members, students, and friends are invited to attend the dinner meeting. Cost is $40/members, $50/guests; advance registration is required. For information, contact MHSNJ, c/o UMDNJ Special Collections, G.F. Smith Library, 30 Twelfth Avenue, Newark, NJ 07101-1709, (973) 972-7830, densky@umdnj.edu.
William C. Campbell, PhD presented a poster session entitled “Sulfaquinoxaline: 60 Years Old and Still Working” at the International Congress of Parasitology, Glasgow, Scotland, on August 7.


George Hill, MD, D.Litt. reports that he is revising an article for Diplomatic History entitled “Intimate Relationships: Secret Affairs of Church and State in the U.S. and Liberia, 1925-1947,” which draws upon the history of a devastating yellow fever epidemic in West Africa in 1929 and other tropical infectious diseases in Liberia. Dr. Hill will present two historical talks in October: “Master and Commander, Surgeon and Spy: Naval Intelligence and Naval Medicine in the Royal Navy ca. 1800: A Commentary on the Best-Selling Novels by Patrick O’Brian” to be given to the National Reconnaissance Office Alumni Association in Virginia, and “The Impact of Thomas Alva Edison on Sussex County, New Jersey,” which are readings from Edison’s Environment: Invention and Pollution in the Career of Thomas Edison (his forthcoming book) at artekk Gallery, Sparta, NJ.

Richard A. Marfuggi, MD, DMH has been devoting a lot of time teaching medical humanities. Dr. Marfuggi was reappointed as a Visiting Fellow of Medical Humanities at the University of Richmond for the 2006-2007 academic year. He will be teaching one course each semester dealing with the medical humanities, including medical history, entitled “The Healing Arts and Reality Medicine.” Plans are underway to create a minor in Medical Humanities at UR that will use his two courses as part of the core curriculum. Dr. Marfuggi was recently appointed to the adjunct faculty at the Caspersen School of Graduate Studies at Drew University, where he will be teaching a course entitled “Medical Transgressions.” The course will cover topics of medical history, such as the Tuskegee Experiments and the administration of Dr. Henry Cotton at the New Jersey State Hospital at Trenton. The University College of Rutgers University has asked Dr. Marfuggi to participate this fall in the Post-baccalaureate Pre-health Program, “Special Topics in Medicine & Health Issues.” Additionally, he was appointed to the adjunct faculty of University College to teach the first course devoted to the medical humanities at Rutgers.

Sandra S. Moss, MD, MA presented ‘Yellow Fever: New Jersey Response to a Deadly Epidemic’ on September 21 at the UMDNJ-George F. Smith Library of the Health Sciences. Dr. Moss will give the same lecture in November at The Hermitage Museum in Ho-Ho-Kus.

Michael Nevins, MD spoke twice in October commemorating the 80th anniversary of Dr. Francis W. Peabody’s famous Harvard lecture when he spoke the memorable words “The secret of the care of the patient is caring for the patient.” His talk is entitled “The Caring Physician” and was given at Grand Rounds at St. Barnabas Hospital on October 18 and then at Bergen Regional Medical Center on October 25.

Benjamin Rush, Jr., MD will present “Korean War Experiences in a MASH, 1951-1952” on November 16 at the UMDNJ-George F. Smith Library of the Health Sciences.
At the turn of the last century, 1900, the mental sciences regarded the troubled thoughts and deviant actions of individuals as “alien” to their “actors” (in legal parlance), and conversely, regarded those troubled and antisocial individuals as “alienated” from their true selves (whatever they may have been). The mental health professional whose job it was to help those troubled individuals achieve balance in their inner and outer worlds, and to uncover forensically who these troubling individuals were, were called “alienists.” In a popular recent book with that title, the author, Caleb Carr, wrote that “Prior to the twentieth century, persons suffering from mental illness were thought to be ‘alienated,’ not only from the rest of society, but from their own true natures. Those experts who studied mental pathology were known as ‘alienists.’”

The history of alienists does not exactly follow the history of their parent mental science professions—especially of psychiatry. Similarly, the history of the sub-specialty of forensic psychiatry does not exactly parallel the evolution and development of its alienist practitioners. In that vein, in criminal law, although physicians had played a role as medical experts and educators in the legal process since Fourteenth Century Bologna, it was not until 1760 that the first recorded instance of “psychiatric” expert testimony occurred in a criminal trial. In that case in England, Rex v Ferrers, Dr. John Monro, the physician superintendent of the Royal Bethlehem Hospital (commonly called “Bedlam”) testified against the Earl of Ferrers, who had shot and killed his steward in a fit of rage (arguably, a psychotic mental state). The Earl conducted his own defense, which was the custom in English law at the time, lost, was found guilty, and was executed.

In this paper, I will focus on historical trends in forensic psychiatry from the Nineteenth Century to now which have guided the methodology of forensic psychiatry; and show how, like its parent field of psychiatry, “alienists” have attempted to return to the initial premises of evidence-based empirical clinical science in applying their findings and opinions to legal issues; and will raise questions concerning “forensic psychiatry” as a “legitimate” medical subspecialty.

The Recent History of Alienism

“...the history of forensic psychiatry is, in effect, the history of the intersection of the enduring legal and societal problems of establishing competency and imputing responsibility...”

The modern period for alienists began in Europe in the Sixteenth Century in Germany (Bamberg) and France (Paris), where forensic expertise and court testimony were considered indispensable. Both diagnostic and treatment approaches to mental illness, and the disposition of the insane in the court of the time had evolved past the “humors” of the Middle Ages and the role of the crown in England, for
example, in deciding if criminal defendants were “insane.” Thomas Willis, the anatomist, distinguished between a “universal type” and a “particular type” of “melancholia” (which we now call “depression”), in which he suggested that the prevalent and overbearing effects of the former may adversely affect the judgment (and criminal responsibility) of the defendant, but that the latter would not. Matthew Hale, following on the earlier concepts of “mens rea” and “actus reus” of Bracton and Coke, translated Willis’ medical concepts into legal ones, positing “perfect madness,” or “total alienation of the mind” as a basis for what we now call the exculpatory “insanity defense.”

Tests for exculpatory insanity followed. The “wild beast test” was anticipated in Rex v Arnold (1724), used (unsuccessfully) in Rex v Ferrers (1760), and incorporated the current concept of a delusion as part of a disease process in Rex v Hatfield (1800). Two strands of the “right-and-wrong” and “mental disease or defect” (in current parlance) tests were brought together in the landmark Rex v M’Naghten case in 1843. In this case, which is the current basis for the insanity defense in most jurisdictions in the United States and the United Kingdom, Daniel M’Naghten, while in a delusional mental state, mistakenly shot and killed Edward Drummond, the private secretary to Sir Robert Peel, the English Prime Minister at the time, believing that he was the Prime Minister. Nine psychiatrists testified as expert witnesses to M’Naghten’s mental state at the time of the shooting. He was found legally insane, even though testimony indicated that he might have generally been able to conduct his life rationally and have been able to understand the difference between right and wrong. The amorphous quality of M’Naghten’s mental condition described by the experts in this case which permitted a successful insanity defense left the Victorian crown, government, and public uncertain. This uncertainty resulted in a subsequent ruling by a commission of fifteen Queen’s Bench judges giving the following well-known language—which in various iterations continues to define the psychiatric “legal insanity” defense in English-based legal jurisdictions to this day—for that defense:

“...to establish a defense on the ground of insanity, it must be clearly proved that, at the time of committed act, the party accused was labouring... under such a defect of reason, from disease of the mind, as to not know the nature and quality of the act he was doing, or, if he did know it, that he did not know what he was doing was wrong...”

In Colonial America, determinations of insanity continued to be made by civil authorities without “alienist” input. Later, however, in the fledgling United States, institutions for the mentally ill (beginning with the Pennsylvania Hospital, founded by Benjamin Franklin in 1752) had become a large network of public and private asylums by 1844. The new concepts of “Moral Insanity” and “Moral Treatment” at that time both had important effects on forensic psychiatry, evaluation and treatment, following the works and writings of Ray (American), Chiarugi (Italian), Tuke (English), and Pinel (French), in connecting mental abnormality to reduced criminal responsibility and in bringing kindness and understanding to the limited contemporary treatment modalities of the mentally ill. The phrenologists Gall and Spurzheim lent support both to the idea of localization of certain mental faculties (e.g. the “moral control” area, in contrast to the “recognition of right and wrong” area) and to the idea of dysfunction of those areas by mental illness as a “cause” of criminal behavior. The idea that mental illness could “produce” antisocial behavior came to be known as the “New Hampshire Rule,” or the “Product Rule,” which, along with its progeny, is one of the several bases for legal insanity in the United States (although the insanity rules of most states are based on the M’Naghten Test). This rule requires that the offensive act must have been a product of a mental disease or defect, beyond the actor’s simply not having understood that what s/he had done was wrong (i.e. the “cognitive” M’Naghten test). In US v Brawner (471 F. 2nd 969, DC Circuit 1972) much later, the present version of the “Product Rule”—the rule articulated in the American Law Institute’s (“ALI”) Model Penal Code—was quoted in the report of that decision, as follows:

“A person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity to appreciate the criminality.
Late in the Nineteenth Century, the “Gilded Age” in America, on July 2, 1881, Charles Guiteau assassinated President James Garfield at Union Station in Washington, DC, as the Secretary of State, James G. Blaine, looked on in horror. Although Guiteau’s reasons for the shooting were not clear, an insanity defense was brought at this trial, which involved an array of prominent contemporary “alienists,” neurologists and psychiatrists alike. The debate between camps of experts concerning whether “moral insanity” could be compartmentalized, or localized, to one part of the brain or applied to one offensive act of an individual constituted much of the argument in this landmark case. Eventually, Guiteau was found guilty, and was executed the following year (1882).

Much like the Hinckley case one hundred years later in 1982, the Guiteau case galvanized popular and professional (i.e. alienists’) sentiment into dissatisfaction at the confusing roles, clinico-scientific bases, and testimony of the experts. In the professional community of the alienists, stimulation from the Guiteau case resulted in the formation and development of forensic organizations and conferences, educational programs, journals, and other such efforts. From a clinico-scientific perspective, however, “alienism” during those years was criticized as attempting too much for too many though its reformers and broad efforts much as clinical psychiatry in the 1960’s and 1970’s was criticized for being overbroad in its scope, diffuse in its clinico-scientific bases, and unable to meet its many commitments.

In the Twentieth Century, organized psychiatry fostered the evolution of forensic psychiatry through the increased emphasis and attention of medical education to psychiatry and through the efforts of such figures as Karl Menninger, William Menninger, William Alanson White, and Bernard Diamond who had become sufficiently interested in forensic psychiatry to have full and part-time forensic psychiatrists as faculty members. In the continuing evolution of forensic psychiatry—characterized by some as Twentieth Century alienism—and as the next step in medical specialization and specialization in the subspecialty of forensic psychiatry, formal training programs and additional professional societies, ethical guidelines, and finally subspecialty certification through mainstream organizations came about in the United States and Canada.

Is Alienism Legitimate?

From the perspective of scientific methodology, the extent to which a hard-and-fast “rule” (in lawyers’ parlance) or “litmus paper test” (in clinico-scientific parlance) for such forensic psychiatric issues as criminal responsibility (in criminal law) and causation and extent of damages (in civil law) can ever be found will of necessity always be limited, since clinical science and legal concepts are different disciplines, which exist for different reasons, and which are not fungible. The metaphor of “comparing apples to oranges” comes to mind, since a disconnect between clinical science and the law necessarily exists. This raises the fundamental question of whether the very applied subject of “alienism” – forensic psychiatry – should be considered a legitimate clinico-scientific specialty (For a refreshing contrast between law, medicine, and social policy implications of both, Samuel Butler writes in his classic Erewhon, a nineteenth century utopian novel, that “…if a man forges a cheque, or sets his house on fire, or robs with violence from the person... he is... taken to a hospital and most carefully tended at the public expense...” [page 79], but that “...Disease is a crime punishable by imprisonment...” [page 242]).

Nevertheless, as an organized body of information about underlying inferred human mental states in legal contexts and applications, “alienism” – pre-Twentieth Century forensic psychiatry – has evolved into a codified, modified, bonafide, academified, typified, fortified, mummified, personified, beatified, ratified, indemified, reified, and certified subspecialty of another evolving field of medicine—psychiatry—with all of the trappings of a legitimate “science.” The general acceptability of this field, both professionally and in the public eye, will unfold over time, as it did from Guiteau (1882) to Hinckley (1982).
Internationally Recognized Physician’s Medical Illustrations on Display at UMDNJ
Exhibit Features the Works of Dr. Frank H. Netter, Medical Illustrator Extraordinaire

NEWARK--The public is invited to visit University of Medicine and Dentistry of New Jersey between Sept. 1 and Nov. 30 to view a free exhibit of illustrations created by an internationally recognized physician whose artwork highlights various aspects of the medical and dental professions.

The exhibit entitled, “Frank H. Netter, M.D.: Medical Illustrator Extraordinaire,” will be held at the UMDNJ-George F. Smith Library of the Health Sciences, 30 Twelfth Avenue in Newark, on Monday through Thursday between 8 a.m. and 10 p.m.; Friday between 8 a.m. and 9 p.m.; Saturday between 9 a.m. and 4 p.m.; and Sunday between 10 a.m. and 8 p.m.

In addition to the exhibition, on Thursday, Oct. 5, at 3 p.m., UMDNJ’s library will sponsor a lecture entitled “Teaching with a Sable Brush: The Life and Art of Frank H. Netter, MD,” which will be held at the UMDNJ-New Jersey Medical School, 185 South Orange Ave., Newark.

Dr. Netter was a prominent illustrator of medical literature for the New Jersey based pharmaceutical company, Ciba-Geigy. He developed illustrations for the well-known anatomical atlases entitled, The Ciba Collection of Medical Illustrations, and contributed hundreds of illustrations to the company’s journal, Clinical Symposia.

“We are excited about presenting this exhibit of 35 gouache paintings by Dr. Frank Netter, who is known as the ‘Dean of Medical Illustration.’ Dr. Netter is hailed as the foremost medical illustrator whose volume of work expresses humanity in art. Most 20th century medical students and resident physicians used Dr. Netter’s atlases in pursuit of their medical education,” said Lois Densky-Wolff, head of the Department of Special Collections at the UMDNJ-George F. Smith Library of the Health Sciences. “Dr. Netter’s medical illustrations of the human body help explain how the body works.”

Dr. Netter was a trained commercial artist before entering medical school and he graduated during the great depression. To supplement his income in a new surgical practice, he accepted commissions from publishers and physicians to produce a wide range of medical illustrations. As his freelancing activities increased, he developed second thoughts regarding his medical career and eventually transitioned from practicing medicine to pursuing his medical career in art. Netter’s genius was in melding artistic expression with medical knowledge to produce a body of work that was clear, highly accurate, and beautiful to behold. In a fifty-year career associated with Ciba-Geigy, Netter produced more than 3,600 paintings.

The “Teaching with a Sable Brush: The Life and Art of Frank H. Netter, M.D.,” lecture on October 5 will be presented by Ann Wood Humphries, an independent curator who is an authority on Dr. Netter’s work. Drawing on research conducted using Dr. Netter’s personal files, Ms. Humphries’ presentation tells the story of his career. Dr. Netter’s career is put in the context of the artistic and cultural climate of his life and times, beginning with his art academy years and influences, his medical training, various special projects and commissions, and culminating in the research methods used to produce his life’s work, the famous Netter Collection of Medical Illustrations. Personal anecdotes and illustrations convey the vivid personality of the man behind the legendary Ciba Collection of Medical Illustrations, known as the “green books.”

In 1996, Sandoz and Ciba joined to form Novartis in one of the largest corporate mergers in history. The Novartis Pharmaceuticals Corporation in East Hanover, N.J., has loaned this portion of the Netter Art Archives to the UMDNJ-George F. Smith Library of the Health Sciences for display.
Fall History of Medicine Lectures

Three free, history of medicine lectures will be presented by MHSNJ members at UMDNJ-George F. Smith Library of the Health Sciences, 12 p.m. – 1 p.m.:

September 21, Sandra Moss, MD, MA, 'Yellow Fever: New Jersey Response to a Deadly Epidemic'

Yellow fever epidemics killed thousands of people in New York and Philadelphia in the 1790s and caused many to flee to New Jersey. Dr. Moss looks at original sources, including diaries and letters, to examine the medical, social, political, and ethical responses to this “destroying scourge.” For ordinary citizens as well as trained medical personnel faced with crisis and personal danger, courage often consists of “showing up,” acting humanely, and doing one’s job.

November 16, Benjamin Rush, Jr., MD, ‘Korean War Experiences in a MASH, 1951-1952’

In July 1951, Dr. Rush was inducted into the Army Medical Corps and sent to Fort Sam Houston for basic medical training. After a month of learning such essentials as how to march and salute, he was given two weeks of leave, transported to Japan by air, and from Japan to Pusan, Korea and then Taegu. Dr. Rush was assigned to the 8225 MASH near Inje, about 15 miles above the 38th parallel in Eastern Korea. He will detail his experience in the MASH from September 1951 to March 1952, during which time his unit supported battles at the Punch Bowl, Bloody Ridge and the Spring Offensive.


It has been said that within every one of us there lurks the makings of a good book. Such a belief should prove tempting for those making occasional contributions to the field of medical history to expand beyond the specialized journals we inhabit and enter into the domain of general journalism and book publishing.

This is a very different world from the strictly academic arena and one that Dr. Weisse has dealt with over the last 25 years, accumulating a wealth of experiences, good and bad, that he believes might be helpful to share. Making appearances along the way will be Samuel Johnson of London and John Johnson of Ebony; Jerzy Kosinski and Doris Lessing; William Saroyan and David McCullough; James Joyce and James M. Cain; Charles M. Schulz and Snoopy among others less well known. It is hoped that this will emerge as a cautionary tale yet instructive and tinged with hope as well as bemusement.

New Acquisitions in the History of Medicine

A small manuscript collection that includes two diaries was acquired. The diaries created by Guy Payne, Jr., MD (1907-1978) while he interned at Newark City Hospital (1932-1934) contain approximately fifty original black and white photos, and news clippings. The diaries document his reactions to his internship training, as well as medical cases and hospital staff. The collection also includes daybooks of personal and professional accounts. Dr. Payne had an office in Cedar Grove, NJ, before relocating with his family in 1962 to Vermont, where he was licensed in anesthesiology. He was a 1932 graduate of Columbia College of Physicians and Surgeons. This is an excellent group of records documenting a New Jersey physician’s early practice in the first third of the 20th century. The acquisition of this collection was funded through an anonymous donation.

The Department acquired several rare books funded through the Saffron Book Endowment. GA Otis and JJ Woodward’s Reports on the extent and nature of the materials available for the preparation of a medical and surgical history of the rebellion (Philadelphia, 1866) was acquired. The first edition folio includes full-
page chromolithographs of gunshot wounds to the abdomen, amputation at the hip joint, malaria, an ulcerated colon, Lincoln General Hospital, Washington, DC, statistical tables, graphs, and other wood and steel engravings, including one-horse ambulances. This work precedes the massive six-volume, The Medical and surgical history of the war of the rebellion (1861-65), published by the same authors (1870-1888), which is owned by the Library.

Lewis A. Sayre’s A practical manual of the treatment of club-foot (NY, 1869), C. Turner Thackrah’s The effects of the principal arts, trades, and professions, and of civic states and habits of living on health and longevity: with a particular reference to the trades and manufactures of Leeds: and suggestions for the removal of many of the agents, which produce disease, and shorten the duration of life (Philadelphia, 1831), and Edward Trevert’s Something about X rays for everybody (Lynn, 1896) were also acquired. Trevert’s work completes the four earliest known 1896 American imprints on Roentgen’s monumental discovery.

Announcing “New Jersey Health Statistics from 1877 to 2000: An Historical Electronic Compendium of Published Reports”

New Jersey Health Statistics from 1877 to 2000: An Historical Electronic Compendium of Published Reports, a new electronic resource in the history of medicine in New Jersey, compiled and annotated by Dr. Mark C. Fulcomer and Dr. Marcia M. Sass has just been released by the University of Medicine and Dentistry of New Jersey (UMDNJ)-University Libraries on its Web site <http://www.umdnj.edu/librweb/speccoll/njhs/>

This is the first complete electronic compendium of all documented New Jersey Department of Health and Senior Services annual reports and health statistics.

Mark Fulcomer, PhD, and Marcia Sass, ScD, created an electronic PDF data file by photocopying and scanning all 141 volumes of the New Jersey State Department of Health annual reports and health statistics. This unique resource was offered to the University Libraries for wide dissemination. A new Web site was created which makes this valuable resource widely available. This partnership with the UMDNJ-University Libraries created the distribution channel necessary to make this unique data freely accessible to researchers in New Jersey, the United States and worldwide.

The resulting electronic files contain 1.6 gigabytes of information on historic New Jersey public health issues. The PDF files are reproduced in black and white, with color graphics as included in the original printed reports. While the files are not searchable, volumes 1-92 (1877-1969) are indexed and provide subject access to a wide array of health and disease topics, events, and organizations documenting New Jersey’s state of health. Examples of topics covered are the impact of the flu pandemic of 1918 on New Jerseyans, concerns over tobacco use among New Jersey’s youth in 1892 and a probe into hygienic conditions of factory life in 1878. The complete electronic file covers a one hundred and twenty-three year period.

The new Web site includes an introductory essay providing organizational background and an overview, sample texts and graphics, the PDF data files with annotations, a bibliography of source data in a variety of formats, and author biographies. The web guide has been cataloged in the University’s online catalog and provides additional access points through the catalog citations of the Libraries’ hard copy holdings.

The UMDNJ - University Libraries are grateful to Drs. Fulcomer and Sass for choosing us to host and make available to the world this important historical resource. Dr. Fulcomer, former director at the Center for Health Statistics for the State of New Jersey (1990-1999), now retired, is active in statistical and public health organizations, and teaches at Richard Stockton College of New Jersey and at UMDNJ-School of Public Health in Stratford. Dr. Sass is an Assistant Professor, Health Systems and Policy Division, UMDNJ-New Jersey Center for Public Health Preparedness in New Brunswick. Drs.
Fulcomer and Sass worked many years to compile the electronic data files, and its development was partly an outgrowth of Dr. Fulcomer’s teaching and professional activities. They searched a number of New Jersey repositories to identify all the needed volumes as no New Jersey library holds a complete print run of the annual reports and health statistic publications.

Medical Artifacts Collection at UMDNJ-RWJMS Goes Electronic

Selections from the Medical Artifacts Collection at the UMDNJ-Robert Wood Johnson Medical School have recently been scanned and compiled into an E-book accessible via the RWJMS URL, http://rwjms.umdnj.edu/about_school/medical_artifacts.htm or through Special Collections’ website, http://www.umdnj.edu/librweb/speccoll/special_collections.html. In order to view the E-book, users must first install the DNL reader, which will work with both Macs and PCs. It is an ongoing project and a great resource!

For additional information about medical history resources, please contact densky@umdnj.edu or call (973) 972-7830.

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MEMBERS’ RESEARCH IN PROGRESS, 2005

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<th>Name</th>
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<tr>
<td>Vincent J. Cirillo, PhD</td>
<td>A comparative study of fatalities from disease and combat in America’s principal wars -- from the Revolution to Iraq.</td>
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<tr>
<td>Nayan Kothari, MD</td>
<td>Medical history of Buddha; History of Saint Peter’s University Hospital, 1907-2007.</td>
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<tr>
<td>William Wardell, MD, PhD</td>
<td>For a book Dr. Wardell is writing, he is interested in documenting the history of standards (US &amp; World) for proving and/or regulating the efficacy of treatments [interventions] such as drugs and surgery, prior to about 1938, and going back as far as there are real data, both for US and worldwide. He would appreciate receiving suggestions of scholarly books, reviews, articles, etc. Please contact him at <a href="mailto:wardellassoc@cs.com">wardellassoc@cs.com</a>.</td>
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The Newsletter of the Medical History Society of New Jersey is published in May and October by the Society, and is a benefit of membership. Deadline for the next newsletter is April 1, 2007. Short articles (250 words) on medical history topics are especially welcome. Please send correspondence and submissions to:

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Typhoid fever is an acute, febrile illness caused by motile Gram negative bacteria (*Salmonella typhi* and *Salmonella paratyphi A*) and spread by water contaminated with human excreta. It is characterized pathologically by a diffuse enterocolitis associated with hyperplasia of intestinal and mesenteric lymphoid tissue often followed by necrosis and ulceration. Since it is a water-borne disease, it was often seen where a common water supply was shared without sanitary precautions—areas of high population density such as among armies during war or in the industrial towns of Europe in the eighteenth and early nineteenth centuries.

Although John Huxham (1692–1768) in his *Essay of Fevers* (1755) differentiated between typhoid and typhus fevers, it was an American physician from Philadelphia, William Wood Gerhard (1809–1872) who gave the first definitive separation of these two entities (1837). Up to then both were called among other names "continuing fevers". Pierre Fidèle Bretonneau (1778–1862), a French physician who espoused the doctrine of specific diseases, studied typhoid fever, which he called *dolhinenteritis*, by careful examination of numerous autopsies. He felt that the disease was epidemic and contagious and he located and understood the typhoid lesions in the Peyer's patches of the intestines (1820).

While studying the changes in the lymphatic glands, spleens and abdomens of typhoid patients, the German physician Carl Joseph Eberth (1835–1926) discovered the causative agent which he named *Eberthella typhosa* (later changed to *Salmonella typhosa*) (1880). In 1882 Paul Ehrlich (1854–1915), a German bacteriologist, introduced a "diazo reaction" of urine in the diagnosis of patients with typhoid fever. The compound responsible for the red color observed by Ehrlich in these patients is felt to be urochromogen which is absent from normal urine, but can be found in the urine in several conditions.

The Widal agglutination test, which is still used on a limited basis, is based on detection of the H (flagellar) and O (somatic) antigens of *Salmonella* that will agglutinate in the presence of specific antibodies that can be found in some typhoid patients. The test was introduced in 1896 by Georges Ferdinand Isidore Widal (1862–1929), a French bacteriologist. Widal had collaborated earlier with Andre Chantemesse (1851–1919), also a French bacteriologist, on an antityphoid serum (1888). Today, the laboratory diagnosis of typhoid fever relies mainly on the isolation and culture of the organism.

There have been numerous other individuals involved in the story of typhoid fever, but most of them have not been philatelically commemorated.

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1. Epidemic typhus fever is an acute, febrile illness caused by an obligately intracellular bacteria, *Rickettsia prowazeki*, and is spread among humans by the human body louse, *Pediculus corporis humanus* in explosive, deadly epidemics.