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MEMOIR OF

Prof. Otis Frederick Manson, M.D.

BY THOMAS F. WOOD. ✓

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OTIS FREDERICK MANSON, M.D.

BORN IN RICHMOND, VA., 1822—GRADUATED IN MEDICINE 1840—MOVED TO NORTH CAROLINA IN 1841—MARRIED 1843—JOINED THE MEDICAL SOCIETY OF NORTH CAROLINA IN 1854—A MEMBER OF NORTH CAROLINA BOARD OF EXAMINERS IN 1859—REMOVED TO RICHMOND IN 1862 TO ESTABLISH MOORE HOSPITAL—PROFESSOR IN MEDICAL COLLEGE OF VIRGINIA IN 1869—DIED JANUARY 25, 1888.

Where medical education conducts one to a degree, his medical education is but fairly begun. If one's teachers have done their duty the principles of known truth are thoroughly indoctrinated, the young physician's powers and methods of observation are educated, and when he comes to the bedside of the sick he does so with some sense of responsibility, with some degree of independent thought, and with a mind open to the reception of truth. He looks back at his master's teachings, he looks forward to the unfolding of more truth, and a new stage of medical education is begun. Difficulties arise in his mind, if he be honest with himself, and upon these he must ponder and keep his own council, and seek the aid of his silent friends in his library. Here are dangers to the student, dangers to the doctor, but silent education the outcome. Should he have no thoughts of his own, if incidents do not set his own fertile brain to work, he may fall into the servility of author worship, and this is not bad should he master a great work, or a few of them: but otherwise shallow routinism follows, and the public he serves detects the lack of conviction, and so a career is ended before it has fairly begun.

The style of medical education half a century ago was that of dogmatism. When the master in a certain branch laid down a rule, it was expected to be followed, and following it to the bitter end



was a safeguard against hostile criticism and law-suits in the event of disaster. Clinical demonstrations, physiological demonstrations and the inculcation of original work were not taught. Such things were beginning to be talked about, and highly praised, but the men who dared to indulge in them must be screened behind their professional prerogatives, or expect to be snubbed and pilloried by very sedate and proper reviewers. A degree of intolerance, of which the profession was hardly aware, stifled the thoughts and actions of men who had much of the true spirit of science of to-day. When Dr. Horace Green, of New York, dared to treat a patient by applications to his larynx, he was savagely assaulted by the most renowned surgeon of the day, Dr. Valentine Mott, and his procedures pronounced malpractice, and it was declared to be an impossibility to apply medication to the larynx by means of an instrument. Its demonstration by the discoverer in the presence of competent witnesses mitigated but little the harsh sentence which the medical public had pronounced against him. Dr. William C. Norwood, of South Carolina, following some individual experiences, found that *Veratrum Viride* lowered the temperature in pneumonia, relieved the dyspnoea and cut short the disease, and reasoning from this too enthusiastically that he had found a substitute for the lancet in that disease, drew down upon his head such intemperate criticism that we read at this day with surprise. Dr. Marion Simms, after working out the difficult problem of curing a vesico-vaginal fistula, when his opponents could no longer assert that he was unsuccessful, proved, to their satisfaction, that the position in which he placed his patient for examination, his speculum, his silver wire, his wire-twister and all of his method had been stolen from so many sources that they could see nothing in the whole procedure that deserved the name of originality. Gifted men who had gathered some facts about our indigenous remedies and were applying them with practical success, found no room in our too respectable branch of the profession, but gave to Eclecticism such time, proved drugs as podophyllin and the numerous resinoids. Ephraim McDowell's cases of ovariectomy shocked and incensed the dignified surgeons of the day, and the eager men who dared to follow him were denounced as "belly-rippers."

Such was the spirit of the profession when Dr. Manson gained his M.D. from the Medical Department of Hampden-Sidney in 1840.

That all of the profession were not believers in the perfected knowledge of the masters, is exemplified in his career.

The gifts which education had developed in Dr. Manson were essentially those of independent observation. He entered upon his field of work as one who had caught the glimpse of the scientific method of to-day, and his observation and his studies were at once directed to practical things. Theories learnt had to be tested by practical application at the bedside. If they were false they were mercilessly discarded, but if true, then all zeal, all powers of concentration were brought to bear to extend the truth to its ultimate end.

Almost the first trial of professional manhood was a conflict with small-pox, if it be right to call it a conflict when one boldly enters in and conquers a monster when he has buckled on an armor in which he was confident. The work was loathsome, and to go from the atmosphere of a library where the young physician was waiting for work, into the disgusting atmosphere of negro cabins, where the air was laden with the foul odors of the foulest small-pox, was to be a test of fitness for his pursuit—a trial of his armor. Lives were to be saved for humanity's sake, for the dollar's sake—medical principles which had only been accepted on faith from the teachers were to be vindicated. Such work for elder confrères was distasteful—was repulsive—was rejected. Reasoning could not show it to be their duty, for the sake of a few negro slaves, to risk carrying the pestilence to their own homes and to the homes of their reliant patients. Were they not the guardians of the health of the wives and children of their generous patrons? and would it not be unpardonable to risk carrying pestilence among them? So the rejected work fell to the hands of the fledgling doctor, and lo! he was no fledgling. The mantle of Hippocrates had fallen upon the young doctor, and his youthful strength proved equal to the task. Dr. Manson at this period of his life had barely reached his nineteenth year. He was of spare figure, faultless in the neatness of his dress, his eyes black and animated, his face and forehead bearing the impress of intellectual endowments, his manner dignified and courteous, but ever joyous and attractive. If the young stranger made any impression at a casual glance upon the people in his new home, it was that he was dainty and genteel; if any boy-doctor ever took a community by surprise he did it when he threw off the garb of the city gen-

tleman and nobly took charge of loathsome cases of small-pox among negroes, which meant that he scorned his ease and was willing to isolate himself from his friends, to deny himself comforts, to endure the effluvia of pestilential bodies in being both nurse and doctor.

It was here the young doctor worked out for himself some of the practical problems of his profession. Probably he was now seeing his first cases of small-pox. There was no access to friendly counsel now, his patients must live or die by the advice and treatment he was able to offer them. In 1841 vaccination was a well established principle and practice, but supplies of vaccine could not be commanded at short notice, and there must be no delay. He resorted with promptness to inoculation, and with all the keen relish of a born physician he treasured up the lessons he was working out by experience. The writer of this has heard him relate the story of this first battle of his life, and recognized in it the fruits of a victory which served as the key-note of his after life—"Prove all things, hold fast that which is good." Ever after Manson was an authority on small-pox—its diagnosis, its treatment, its prophylaxis—and, above all, he was master of himself. When he came forth from the seclusion of the atmosphere of pestilence, he came as a full-grown doctor, the peer of the worthiest in the community.

An early success is not always the best thing for a young physician, indeed it often stunts professional growth by creating a false estimate of one's powers and enticing one to rest with the pride of one who had "already attained." Not so with young Manson—he was only beginning to learn himself, and the applause of his new friends only awoke the student's ambition to prepare for more solid achievements. Two years had now elapsed since he came into his new home a stranger, professionally, and he had won the daughter of a highly influential family for his wife at the early age of twenty-one.

As early as 1846 he began contributions to medical societies, and his studies from about this date, to the day of his death, were largely upon diseases of our malarial climate. At the date above given the use of quinine was in its infancy. Nearly all of the textbooks of the day were English, and this, together with the lectures from Northern teachers, who knew very little of our fevers, constituted the prevalent basis of practice. Quinine was given in doses,

for malarial fever and pneumonia, that we now know were almost inert. Indeed quinine for pneumonia was not a prevalent treatment. The stereotyped way in administering the drug was to give a teaspoonful of the official solution, containing a grain to the dose, every two hours, or, for more marked cases, two grains were given every two hours. The sedative effect of quinine was then just barely hinted at, and that only by a few physicians of the South-west—Cartwright, McPneeters, Perrine and Metcalf—whose voice was not authoritative enough in that early day to impress the rank and file of the profession educated in the English text-books, and by professors who had little experience with the severe types of fever known to the Southern doctors practising in the river bottoms of the new Southern country. Diseases of a malarial character then constituted the bulk of Dr. Manson's practice, as it did that of all his contemporaries. To his own cultivated perceptions he began at an early day calling around him the silent counsel of books and periodicals, and storing his mind with all that was best. While he was learning men with a keen insight, so was his discriminating mind grasping the valuable and rejecting the trash. He had looked with unsatisfied longings to his old teachers, they had shown no evidence in their clinical portraitures that they had seen the malignant diseases now confronting him and carrying off patients in a few days, and as he stood sometimes aghast at his helplessness, he redoubled his studies of all these death-working processes, and boldly thought and acted for himself.

In 1856 the Medical Society of North Carolina, after a period of incubation, was emerging into active life. The best young physicians of the day were coming to its support. The yearly meetings were drawing nearer together the individuals of a scattered profession, and the annual interchange of thoughts and methods, and personal attrition of mind with mind, was building up a spirit of study and research which is bearing its fruits in our day. Dr. Manson had been but a short time a member of the Medical Society when he presented a paper on "*Remittent Fever*," and in the succeeding year, 1857, he followed it by one on "*Malarial Pneumonia*." Perhaps no paper is so well known in the literature of the medical profession of the State as this one. Dr. Manson was then thirty-five years of age, and had matured decided opinions about the pathology of pneumonia and the therapeutic action of

quinine in its treatment. To most of his hearers the doctrine of malarial pneumonia was not orthodox. The current belief was that Manson had made a new disease of an old one, and what he designated as malarial pneumonia was simply the concurrence of the latter disease with malarial fever. The controversy which ensued between Dr. W. T. Howard, in opposition of Dr. Manson's theory occupied the pages of the NORTH CAROLINA MEDICAL JOURNAL of its second and third volumes.

Dr. Howard's ability as a physician of large research and retentive memory, and his qualifications as a controversialist, were eminently demonstrated, but at this day, thirty years from the date of controversy, it is an undoubted fact that the practice set forth by Dr. Manson's original paper has been accepted as the best practice of the day, and his theory as to the existence of a pneumonia having its origin in malarial poisoning is practically accepted by a large number of the most intelligent physicians in the country. Nosological terms and systems change, indeed may even have their fashions, so that in one section of our country a physician speaking of malaria does not mean marsh miasm, but emanations from decomposing sewage. It is not infrequent either that one may have a preferred system of nomenclature, which, when attempted to be applied at the bedside to actual cases, could not be at all distinguished from that of another physician holding opposite views, inasmuch as the practice of the two, if they were equally well educated, would differ but little. This controversy, viewed from the present standpoint, was largely about terms and nosological differences, but demonstrated clearly that both parties were learned in medicine and skilled in polemics.

Practically, though, the two papers of Dr. Manson on "*Remittent Fever*" and on "*Malarial Pneumonia*" had a widespread influence. The writer of this then, for the first time, heard remarks in households that the doctors had brought back from the Medical Society a new way of giving quinine. Instead of the small doses strung along in the day, in cases of malarial fever, five-grain doses were carefully administered to anticipate the paroxysm of fever. The style of Dr. Manson's address was rather florid, not now common to scientific medical writers. But in that age of the Medical Society, when arts were being employed to attract the interest of the general public in the movement for better medical education, and when the

audiences were usually of a mixed character, fine writing was affected more than now. In fact, Dr. Manson had much of the flame of poesy in him, and the ardor of his nature often led him into ornate expressions, which, however, were never at the expense of the logical strength of his writing. Perhaps more than once was the flowing exordium of his paper on "*Malarial Pneumonia*" borrowed to grace the addresses of younger writers before our local societies. One instance is fresh in the mind of the writer, when an essay to be read before a medical society was looked forward to with some pleasurable expectation, it not only being upon "Cholera," a few cases of which had occurred in the community, but it was the maiden effort of a new-comer. Imagine the surprise of his audience when the speaker "approached his august theme with awe," "like an intruder into some sacred temple," using the very words of the familiar exordium of Manson. To all, these fine sentences were familiar, and the knowing glances which passed from eye to eye among the audience must have convinced the young essayist that the ear-marks of his paper were well-known, as he modestly framed an excuse which evaded the courteous invitation to allow a copy for publication.

In 1859 Dr. Manson was chosen by the Medical Society of North Carolina as a member of the first Board of Medical Examiners organized in that year. His associates were the following: Dr. James H. Dickson, of Wilmington, the scholar, the philanthropist, the Christian gentleman, the martyr to yellow fever; Dr. Charles E. Johnson, of Raleigh, the great-hearted philanthropist and author of a work on the Jurisprudence of Insanity, Surgeon-General of North Carolina; Dr. W. H. McKee, of Raleigh, the beloved physician who carried sunlight and comfort into so many homes of suffering and sorrow; Dr. C. Happoldt, of Morganton, who fell in the yellow fever epidemic in 1878; Dr. J. Graham Tull, of New Berne, who united his fortunes with the North in the great civil war, and Dr. Caleb Winslow, of Hertford, whose contributions grace the pages of the old NORTH CAROLINA MEDICAL JOURNAL. Alas! all are now numbered with the dead, but they gave the impress of their character to the work inaugurated with so many misgivings, and blazed out the way which has been followed with increasing success since their day.

The outbreak of the civil war found our people utterly ignorant

of the great duties which the havoc of battles would bring upon them. There were military leaders enough and of great skill, but the means for the care of the wounded after a great battle, even for the sick from the camps, were rudimentary. The medical profession of the South had all been accustomed to the peaceful lives of general practice, and surgery was confined to amputations, occasional lithotomies, needle operation for cataract, and Marion-Sims' operation for vesico-vaginal fistula. Dexterous surgeons were very few. North Carolina organized with commendable promptitude, having its own separate medical department under the Surgeon-Generalship of the beloved Dr. Charles E. Johnson. There was a great lull in the South after the Battle of Manassas, during which time both armies were reorganizing, preparing for the great contest which was to be waged for the possession of Richmond. All the power of the Confederacy was concentrated around its new Capital, and that city was becoming a huge collection of hospitals. The Seven Day's Battles around the devoted city in June, 1862, had filled every hospital and private house with wounded men. Governor Vance was then presiding over the destinies of North Carolina, and was rapidly developing those abilities which placed his State foremost among her sisters for far-sighted care of her troops in the field and for the wounded of her army in the hospitals. It was determined to establish a hospital for North Carolina soldiers in Richmond, and Governor Vance selected Dr. Manson for this important position. In July of 1862 he came to Richmond on that mission, and selected a tobacco warehouse on Main street just above Rockets, naming it the Moore Hospital in honor of the Surgeon-General of the Confederate States. The building is now standing. It was a three-story brick structure, and, like all the numerous houses of the sort in Richmond, abundantly lighted by windows. The organization of this Hospital was proceeded with vigorously. The State poured out its supplies as lavishly as the growing scarcity of material would permit, and beyond what the State could do, the patriotic women sent of the luxuries an abundant supply, denying themselves everything for the sick and wounded.

In July 1862 the writer of this reported at the Moore Hospital as a convalescent from Chickahominy fever. He found the organization in an incomplete state, but noticed with pride the ardor of the Surgeon-in-charge, and the skill with which he was overcoming the

difficulties of his new position. He had purchased the entire dining outfit of the "Curtis Peck," a passenger steamboat which once plied between Richmond and Norfolk, and had secured the services of Captain Freeman as victualler and general caterer of the eating department. On the lower floor were the offices of the Surgeon and the Hospital Steward, and bed-rooms and linen rooms and provision rooms partitioned from the main space. This main room served as a general dining-room for the sick and convalescent, and around its well-filled board the soldiers of North Carolina were fed in a style that rivalled the best hotels of the day. The Hospital had a capacity for about 150 patients—entirely too small for all of our wounded, but admirably conducted in all its details.

The name of the Hospital was chosen by Dr. Manson to compliment Surgeon-General Moore, but in doing this he had defeated the intention of the Surgeon-General to name a larger hospital, probably Camp Winder, after himself. This, together with some conflict of authority on the part of North Carolina as to the commission of medical men appointed and holding her commission, engendered a strife which was exhibited on sundry occasions as the war progressed. The Moore Hospital was abundantly supplied with everything needful, which led the Surgeon-General to send a demand that from these supplies there should be contributed a certain part to go to other hospitals more needy. In all the strife and conflict Dr. Manson bore his part with firmness and dignity.

It was ordered by the Surgeon-General that the names of hospitals should be dropped and that they should hereafter be designated by numbers, and in this numbering, Moore Hospital was made No. 24.

It is fresh in the remembrance of the writer what an atmosphere of comfort prevailed in the office of Surgeon Manson. His fine library had been brought to Richmond and set up in his office, and to a private soldier who had been enduring the dirt and misery and dangers of the camp and field, and who also once had a taste of the literature of medicine, the sight was a rare one. It is not exaggeration to say that this was the finest medical library ever in North Carolina at that day, and it was then doubtless the richest one in the city of Richmond, where were congregated the best medical men of the South. Authors the writer had often seen cited in the foot notes of his text-book were here displayed in all the

amplitude of their neat bindings—Louis, Andral, Grisolle, Giacomini—French, English, Italian and Latin tomes, which his agents in Paris, Bailliére & Bros., poured in upon his shelves, until there were twelve hundred volumes. The writer remembers how he fairly gloated over the handsome folios of Lebert's "*Traité d'anatomie pathologique*," and "Bernard and Huette's Surgery," and hundreds of others known to fame, but seldom within the reach of medical students—most of them strangers even to the old practitioner. It was in this library that a friendship sprung up on the part of the scholar who had brought these choice volumes together and the writer, a friendship which continued until his last days. Always ready to encourage young men who desired to study, he opened up the treasures of his books to the writer, and made him welcome on every occasion where knowledge of medicine was to be gained. How he adopted him into his medical family, how he secured from the Secretary of War a detail for him to attend lectures at the Medical College of Virginia, and finally his invitation to go before the Army Board for a medical appointment, is recorded here with gratitude as one of a few of the many acts he found pleasure in bestowing upon the young aspirants for professional honors.

The library of which we have spoken as being so rich and complete, was not a vain show. Although the turmoil of war was enough to engross the attention of most men, he found pleasure and profit in his books day by day, applying himself to study, and in addition to professional matters kept his knowledge of Latin and Greek fresh by pursuing a course of study with his eldest daughter, a handsome and gifted young lady.

Even in that city, where there was a large collection of doctors from all parts of the South, Dr. Manson was well known. He made no claims to special dexterity as a surgeon, but a successful resection of the shoulder-joint, performed on the person of a young Virginia soldier—Billy Rickets—was among the first of this afterwards fashionable operation, and was contributed to the *Army and Navy Surgeon's Medical Journal*, then conducted in Richmond by the learned Dr. Middleton Michel, of Charleston.

Dr. Manson's views of the therapeutics of quinine were soon known in Richmond, and were met with much warmth of opposition, as may be evidenced by the fact that Dr. David H. Tucker, then Professor of Medicine at the Virginia Medical College, said in one of his lectures :

"Why, gentleman, there is a North Carolina doctor here in this city who, I am told, says he can cure pneumonia with quinine," a piece of sarcasm which showed that Dr. Manson was an innovator in the use of this drug in the treatment of pneumonia, a practice which has since become well established.

So well were the interests of the State subserved by Dr. Manson, that Governor Vance appointed him Medical Agent for North Carolina, under which commission he founded a refreshment house for the soldiers of this State going to and from the army. This excellent institution was under the immediate care of Dr. S. W. Murphy, a young man who had been under the friendly tutelage of Dr. Manson, who had served as Ward Master at Moore Hospital, finally graduating at the Medical College in Richmond. Dr. Murphy afterwards became the founder of the Rugby Academy in Wilmington, Delaware, where he achieved success. The economy of management, the satisfactory way in which food was prepared for hungry travellers going to and from the battle-fields, won for Dr. Manson the admiration of the whole State, and Governor Vance publicly expressed the great satisfaction which he felt for his eminent services.

When the war ended he remained in Richmond as his permanent home. He was elected Professor of Physiology and Pathology to succeed Dr. Levin S. Jones, in 1869. He afterwards became Professor of the Practice of Medicine, continuing his connection with the College until 1882. During all his busy career as army surgeon, college professor and private physician, he was a student. His library was his favorite resort, and his graceful pen was ever devoted to recording his experience. As a student he was exhaustive, as a penman all of his motions were graceful and elegant, as his manuscript lectures and letters show.

In 1882 he published a small volume entitled "*A Treatise on the Physiological and Therapeutic Action of the Sulphate of Quinine.*" This work embodies, in addition to the history of the introduction of quinine and the researches of the work of therapeutists of the various schools, the author's peculiar views on the action of the drug. He points out that the primary action of quinine is "upon that portion of the medulla oblongata from which the auditory nerve arises," and by studying these effects he was enabled to deduce the observation that that small space in the nervous centres, from

which the auditory nerve takes its origin, is "the hyperesthesimal region of quinal intoxication." Further he says: "It may be regarded as a self-evident proposition that malaria is a *materies morbi*, which, being absorbed by the blood and conveyed throughout the system, manifests a special affinity for the nervous system." He does not regard quinine as an antidotal agent against the toxic power of malaria, but as an agent which "obtunds, stupefies the impressionable centre, and renders the action of the poison ineffectual." This paralyzant effect being accomplished, the system is afforded time to eliminate the noxious agent. Only a brief hint is here given of the author's theories, but all through the excellent essay will be detected a thorough familiarity with Morton (1737), Werlhoff (1775), Torti (1821), Senac (1759), Cleghorn (1768), Chomel (1821), Gintrac (1853), Giacommini (1840), Bailly (1825), and all the older authors which abounded in his library, and scarcely a paragraph escaped him, which was written by Southern authors on the application and effects of quinine. He accords with frankness to Dr. H. Perrine, of Alabama, the first publication (1826) of the sedative effects of quinine, but it is evident from his writing that he had been employing the drug upon this principle for some years before he was aware of the writing of Dr. Perrine. Dr. Manson gave to his own child (nine years old) a sedative dose of quinine in scarlatina, on the principle of its known value in "diffusing animal heat, besides its calming and sedative effects," and had the satisfaction of seeing him recover from this severe fever, it being a practice not at all established by experience, and until he came across the item of its employment by Morton in 1737, he was not aware it had been previously employed in scarlet fever.

In 1886 Dr. Manson contributed an important "Treatise on Malarial Hæmorrhage," embracing all the hæmorrhages known to occur in the course of malarial seizures. His erudition on this subject was very remarkable, and it can be truly said that there are but few private libraries that could have furnished the volumes there quoted. In this essay Dr. Manson was of the opinion that the cause of renal malarial hæmorrhage was the presence of *Bilharzia*, a proposition which he had not had the means of demonstrating, although it is plausible and well worth careful investigation.

It will be seen by this sketch of the literary career of Dr. Manson that a large part of his studies were devoted to fevers of climatic

origin, their prophylaxis, etiology and treatment. Few students of his day were in hearty sympathy with him, as few of them had had so extensive an acquaintance with the venerable authors of the past, and consequently could not comprehend the accumulation of facts, new and old, which make up the sum of recorded knowledge. Intense application to one topic gave the impression to some that Dr. Manson was an unsymmetrical student, but this opinion did not gain ground with friends who had the privilege of knowing him more intimately. His powers of thought were deeply cultivated, and his versatility of learning was great. His independence of thought brought much opposition to his medical teaching, but in spite of lengthy controversies his theories, and especially his practice, have stood the test of time, and fairly rank him with Dr. S. H. Dickson, of Charleston, Dr. George B. Wood, of Philadelphia, and Dr. Daniel Drake, of Ohio. What he has done for the literature of medicine may not now appear, but in time to come the studies to which he devoted the best powers of his trained intellect will serve to shorten the labors of students, in furnishing a well digested view of the mass of learning which lies buried in volumes antique and little accessible except to the veteran book-hunter.

No attempt will here be made to complete a bibliography of his writings, but we trust that the large material which he so skilfully and laboriously collected towards "A History of Fevers from the Earliest Times" may be kept together until some student of equal ability may be found to complete the great undertaking.

North Carolina is proud of his distinguished abilities, which have left their impress upon her medical profession, and with the medical profession of our sister State we unite in placing this tribute of respect upon his fresh-made grave.

THOMAS F. WOOD.

