

STUPIDITY IN 19TH CENTURY MEDICINE

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1. Introduction

In the mid-19th century, medical sciences offered the world a pair of unfortunate examples of stupidity in the development of the germ theory, which can be traced back to Girolamo Fracastoro, who suggested in his **De Contagion** (1546) that illnesses were spread by “Seeds of disease”. [1] Unfortunately, in the early 19th century, the attitude of Western civilization to cleanliness was such that the use of the bathtub in Philadelphia in 1832 was prohibited by a local ordinance on sanitary grounds, and their use in Boston was prohibited in 1845 except on the advice of a physician. [2]

At that time, cleanliness and the germ theory of disease were very much at odds with popular theories that illness was an expression of God’s wrath against a sinner and/or caused by the breathing of bad air. The only thing poisoned by bad air was objectivity, which hardly could thrive in such a hostile atmosphere.

Enter Dr. Ignaz Semmelweis, who briefly introduced sanitary measures in a maternity hospital in Vienna, only to be vituperously denounced. Until he insisted doctors wash their hands between performing autopsies and examining patients, mortality rates stood ca. 15%. Within a month they dropped to 3% and a month later to 2%. [3]

A year of success by Dr. Semmelweis was one too many for his medically consonant critics—who directed their ire at him for actually doing what they all were supposed to be doing: saving lives. His contract was not renewed, although he was appointed to a teaching position in obstetrics, as long as he restricted his practice to leather mannequins. [4] Instead, he went to Budapest to repeat

his performance with the same conclusive results. In 1861, he published a book codifying his methods and analyzing his data statistically— which compounded his problem of acceptance: He was the first to use statistics to analyze clinical results, thus confounding his critics. Both book, author and his arithmetic methods were ignored, rejected and disdained by physicians, who resented being correctly fingered as spreaders of disease. Ten years of Hungarian sarcasm were all he could endure; his mind snapped, and he died in a mental institution. [5]

The septic cause was also taken up in America by Dr. Oliver W. Holmes—father of the future Justice of the Supreme Court. He suggested some diseases were contagious and that surgeons should sterilize their instruments, only to find his ideas laughed out of the operating theater by his (e)steam-ed colleagues. [6]

Because such efforts and reactions to them, in 1880, it was still possible to debate the validity of the germ theory as a functional explanation of disease. However, during the next twenty years, the work of Koch, Pasteur and Lister silenced such debate and established the germ theory as an explanation for cause of disease. [7]

Lister’s case is particularly instructive for schema-busters. He had studied Pasteur’s work and concluded that if germs could be excluded from wounds, fatal infections could be prevented. Until his time, “Laudable pus” had been accepted as a sign that Galenic humors were being excreted from the body, whereas Lister deemed it a sign of germ-induced infection. Soon, his policy of washing hands before an operation, [1] bathing the area of the wound in a disinfectant and applying a post-operative sterile dressing was

widely adopted. After he moved from Glasgow to London in 1877, the mortality rate for operations at Newcastle Infirmary dropped from 60% to 1%.^[8]

Unfortunately, there is something singular about the human mind, in that *an* explanation for a phenomenon usually cannot be accepted as just that but comes to be regarded as *the* explanation for it. In this case, once the germ theory was established, it served to block recognition that vectors like mosquitoes could spread malaria (meaning "Bad air") and yellow fever.^[9]

Fortunately for untold millions, Drs. Ronald Ross and Colonel William Gorgas learned their medicine far from the established medical schools^[10]

centers not of higher learning but of higher orthodoxy.^[2] Once again, fact battled fancy, as heretics had to demonstrate time and time again that mosquitoes, not filth, conveyed these two dread diseases.^[11]

By 1900, the formerly heretical, unorthodox germ theory had become enshrined as the sacred bastion of medical beliefs,^[3] so it was only with phenomenal persistence that Dr. Ross was able to convince his colleagues that more than one theory might be right^[12] and Dr. Gorgas (along with Dr. Walter Reed) to show how the spread of these diseases could be controlled. A mosquito control program was instituted in Havana, which in 1900 had 1400 cases of yellow fever: Two years later, there were none.^[13]

a] With some reversion. In 1992, the American Medical Association announced that *less than one third* of physicians washed their hands between visits with patients. (McWilliams. p. 565.) Italics added. However, in the annals of medical ignorance, nothing can top the fact that in 1376, one John Arden published an article detailing how he used opiates to deaden patients' pain while performing operations. Apparently, no one read it. (Lacey. p. 134.)

b] This is another example of the principle proffered by Bernard Baylin—that the heroic leaders of the American Revolution and Constitutional Convention received their formative experiences far from the encrusted centers of European po-

litical power so they were free to conceive of and create a new form of government. (Baylin. 2003. p. 326.) Like-wise, the marginality of Freud (Jewish), Einstein (Jewish) and Proust (half-Jewish) contributed to their originality (Watson. 2001. p. 137.) and perhaps that of Jonas Salk (Jewish) as well. (Ayers. pp. 94-96.)

c] In the 20th century, another case of medical stupidity confronted a Dr. M. C. Li, who advocated extreme dosages of anti-uterine cancer drugs that worked slightly in low dosages. Incredibly, Dr. Li was fired from the National Cancer Institute in the late 1950's although (or because) he cured his patients. The prevailing orthodoxy of the day was if a drug does not work in low dosages, try something else. For undercutting that bit of dogma, he had to go. (Gladwell. 2013. p. 158f.)

2. Notes

1. Mortimer, I. **Millennium**. Pegasus; NY. 2016. p. 241.
2. Langdon, W. **Everyday Things in American Life 1776-1876**. Scribner's; New York. 1954. p. 232.
3. McMillen, S. 1968. **None of These Diseases**. Fleming H. Revell Co.; Old Tappan, NJ.
4. Evans. R. **The Pursuit of Power**. Viking; New York. 2016. p. 420.
5. McMillen. **op. cit.**
6. Carroll A. 2013. **Here is Where**. Three Rivers Press; New York. p. 270.
7. McCullough, D. 1977. **The Path Between the Seas**. Simon and Schuster; New York. 410-411.
8. Evans. **op. cit.** p. 421.
9. McCullough. **op. cit.** p. 442.
10. **Ibid.** p. 410.
11. **Ibid.** p. 414.
12. **Ibid.** p. 410.
13. Boot, M. **The Savage Wars of Peace**. Basic Books; New York. 2002/2014. p. 132.