During the early decades of settlement in Wisconsin, no disease took a greater toll than malaria, commonly called ague. In the summer of 1830, three-fourths of the men stationed at Fort Crawford in Prairie du Chien became infected with malaria, which killed 80 of the 600 residents of Lake Muskego in 1841.1

The influx of the Europeans had a devastating effect on the native population. “Measles, influenza and venereal diseases felled countless victims, but smallpox proved to be the deadliest of all.”1 The Potawatomi, who had dominated the western shore of Lake Michigan from the mid 17th Century until the early 1800s,1 “died off like sheep.”2 Some Chippewa may have avoided infection in earlier epidemics because of vaccinations given by Dr Douglas Houghton, who had been on an expedition the upper Mississippi country in 1832.2

These are some of the health problems faced by newcomers to Wisconsin, one of whom was Dr John K. Bartlett who arrived in Milwaukee in 1841. Born in New Hampshire in 1816, he graduated from Yale College in 1836 and the New Haven Medical School in 1840. Forty years later, he gave an address to the Milwaukee County Medical Society summarizing many of the events of those decades. His talk is still available in the files of the Milwaukee Academy of Medicine.

Bartlett left New Haven in a covered wagon drawn by two horses that carried the mail and a few passengers. Stops were made only to change horses. The trip, which took 13 days, was via Baltimore, Pittsburgh, Indianapolis, Michigan City and Chicago. The Chicago to Milwaukee trip was slower, usually limited to 30 miles a day, since they stopped nightly to rest the horses.

Bartlett recalled, “It was near the close of the afternoon of a bright February day that the stage, with a solitary passenger, descended the steep bluff at Walker’s Point to the ferry, which took him across the Milwaukee River.” Despite his February arrival, there was no snow on the ground.

At that time, Milwaukee’s population was estimated at almost 2000.

There was only one brick building in the city, located on what would now be Third and Juneau Streets. Bartlett vividly described a host of other buildings in the area, structures long since gone. He noted the distinct points of settlement. Walker’s Point with scattered dwellings lay to the south. The east side or “Juneau town” abutted on a marsh where “snipe shooting” was good “till some years after.”

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John Plankington’s butcher shop was nearby. To the west was the residence of Byron Kilbourn. The only bridge across the river at this time was on Chestnut Street (now Juneau), then called the Red bridge.

According to author Robert Nesbit, “Hogs ran loose in Milwaukee’s residential districts until the time of the civil war. Efforts to control this nuisance were resisted by people who argued that the hogs were efficient street cleaners and a cheap source of meat for the city’s poor. Opponents argued that the animals sometimes grew mean, were a hazard to children, and that no one ever owned a dead hog.”1 The central district of Milwaukee developed a rudimentary sewerage system after 1845, but the residential districts had none.
After his arrival, Dr Bartlett joined Dr William Proudfit in his practice. Proudfit had been in Milwaukee for three years, and his building on Third and Juneau also housed his drug and seed store. He died of pneumonia in 1842 at age 37. Bartlett noted that there were six doctors in Milwaukee, and their practice included the surrounding region. Patients as far away as Racine and Waukesha depended on them for medical aid. It was not unusual for the physicians to travel up to 30 miles in cases of “ordinary illness and midwifery, as well as surgery.”

At that time, the medical profession enjoyed no particular respect nor advantages of income. In 1846, a group of physicians in Waukesha County agreed to charge uniform rates for their services. Verbal advice or an ordinary office prescription cost 50 cents. Amputation of the foot cost $50. In 1868, the Milwaukee City Medical Association adopted a Fee-Bill. An office prescription became $1. A foot amputation remained $50.

**Public Health**

“Consumption (tuberculosis), lung fever (pneumonia), diphtheria and other respiratory afflications were not common in the 1840s, thanks to isolated conditions, but among families stricken with these infections, mortality was high,” wrote author Alice Smith. Children were especially sensitive to diphtheria, and the disease rapidly spread to siblings. The resultant multiple mortalities often devastated a family.

Smallpox made its appearance in Milwaukee in the spring of 1843, and the cases increased and “assumed a more virulent form” as the summer evolved.

Dr Bartlett and his new partner Dr Walker Bean rented a cabin on Oakland Avenue to serve as a “pest house” for patients. A “pest house” was a less-than-euphemistic name for a quarantine site for patients with contagious diseases. Medical student J.B. Selby was placed in charge of the unit, which housed up to 40 patients. Selby later practiced in Milwaukee and was actively engaged professionally in the cholera epidemic of 1850, which resulted in almost 200 fatalities.

Smallpox epidemics recurred in 1846 and again in 1868. A minor outbreak was also reported in 1892. The disease was more common among recent immigrants, who had shunned vaccination. Cholera appeared periodically in the 1850s. Typhus affected some Milwaukeeans in the late 19th century.

**Mid-19th Century Therapeutic Options**

In the 1840s to 1860s and likely beyond, patent medications were available to patients and physicians alike, and they were highly advertised. However, “Bleeding, vomiting and purging the patient were standard therapeutic procedures. They drugged them with Epsom salts, calomel and jalap (a violent cathartic) to purge the bowels. Laudanum, a tincture of opium, was used for pain, quinine to reduce fever; and a combination of opium, ipecac and antimony known as Dover powder to generate sweat.”

One of Dr Bean’s patients, a newspaper editor, described his therapy. “He bled me, cupped me, and gave me three doses of strychnine a day for three days.” Strychnine was given as a stimulant. It was usually prescribed as nux vomica, obtained from the seeds of an Asian tree and containing the medicinal alkaloids strychnine and brucine. As its name implies, it was also used as an emetic.

Cupping was the application to the skin of glass cups, partially evacuated by heating, in an attempt to draw blood towards or into the skin.

Physicians’ equipment in the 1840s was simple. Most had a horse and saddle bags. Home-made splints and bandages, crockery or pewter hot water bottles, a few drugs and a small assortment of instruments were standard. After 1860, most had stethoscopes and perhaps a few obstetrical instruments. Tooth forceps were common, since dentistry was usually practiced in conjunction with medicine.

Surgery was rudimentary. Antisepsis lay in the future, so infections were the rule, rather than the exception. Gangrene was common. Compound fractures often led to amputation. Chloroform was used, soon to be followed by ether anesthesia. Because of the high incidence of puerperal fever after deliv-
ery by a physician, many women chose to have a family member or midwife assist them at delivery. Semmelweis pointed out the need for simple hand washing to prevent post-delivery infections as early as 1850. But even so noted a surgeon as Theodor Billroth was a slow covert to Lister’s concepts.\(^8\) In Milwaukee, Dr Nicholas Senn was an early proponent of antisepsis, but this approach during surgery did not become standard until the 1890s.

Surgery was making rapid strides in the latter half of the 19th century. In Milwaukee, Wolcott did the first nephrectomy in 1861. In Switzerland, Emil Kocher performed the first thyroidectomy for goiter in 1876. He later received the Nobel prize for his advances in this area.

Despite advances such as these, pioneering added to the already considerable health hazards of the time. The practice of medicine and regulations for public health were at a low level in the half century before the Civil War. Medical practice was in a state of near anarchy in which anyone could practice who felt a call. “No form of charlatany seemed too blatant. The state of the medical fraternity was as low as the knowledge of matters of public health and personal hygiene would imply.”\(^3\)

Certainly, one of the most egregious examples of the therapy of the time was reported by Dr H.B. Willard of Jefferson County. His patient, a 3-year-old boy ill with typhus, seemed more apt to die from the treatment than from the disease. The therapy included calomel and rhubarb extract, followed by camphor, ipecac, opium, and soda. The nape of the neck was blistered and mustard poultices were placed on his ankles. A day later balsam and turpentine were given, followed by an enema. Despite this, the boy survived!\(^9\)

Another alarming case was noted in an address before the Milwaukee Academy of Medicine in 1922 during which Dr Curtis A Evans recounted the history of Milwaukee Medical Societies and some of the clinical cases discussed at their sessions.\(^9\) It is not for the queasy. In 1848, Dr Spaulding presented a man who had two fistulous openings on either side of the epigastrium, which “extended several inches below the skin and cellular tissues.” Various therapies had been tried including infusion of silver nitrate, packing, hot fomentations of warm milk, warm beef and liver, and incisions with a knife, all of which were fruitless. Spaulding was induced to try “at the suggestion of a learned Doctor of the Emerald Isle” the application of warm puppy. The animal was “first beheaded and then split through the spine and applied at blood heat. This application was soon followed by the most intense pain, but when it was removed, 40 worms, varying in length from a half inch to 3 inches, perfectly white and round, were found adhering to and greedily devouring the canine morsel. The next three applications of this dry poultice were followed by similar results so that 83 worms in all were removed. This novel and curious therapy restored the patient to health.” I will leave it to the parasitologists to identify the culprits, likely nematodes.

The constitution of the Milwaukee Medical Society was adopted in 1868. Less esoteric presentations included the demonstration of an ophthalmoscope by Dr Bartlett in 1871, at which time members were able to see fundi of a kitten and one of the society members.

References

A sample of “therapies” available in the mid-nineteenth century!