General Practice in Northern Wisconsin

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About one-sixth of the State Medical Society of Wisconsin is composed of men who have to deal with the peculiar conditions existing in Northern Wisconsin. During a residence there the past twenty long and eventful years, I have come to the conclusion that a general practice must be conducted on lines somewhat different from the practice in other localities...

Here we come in contact with diseases and conditions which must be met with procedures compatible with the vocations and surroundings of our patients. During the early days of our practice, asepsis and antiseptics, that priceless boon to the profession today, was an almost unknown quantity. Surgical operations of both a capital and minor nature were a daily occurrence, and the surgeon visiting a case in the lumber camps of those days was fortunate indeed if he reached his victim before the case had taken on a condition of septic fever. Wounds in my early experience in this locality were sometimes dressed with old socks. I have seen compound comminuted fractures dressed with ox manure and deer thongs...

...but happily, times have changed. Today the Northern Wisconsin doctor has a very different class of people to deal with than he had a decade ago. Today the people of Northern Wisconsin demand of the general practitioner the very best that there is in the practice of medicine. And we must be prepared to meet that demand. Today the successful physician must be “up to date” in all that the term implies.

Experience and pathologic research play an important part in the evolution of a general practice. From a crude state it has gradually been developed, through constant study and careful investigation, to an almost exact science. It is indeed a pleasure, as well as an honor to be classed among those who are constantly laboring in the interest of their chosen profession, and in the relief of suffering humanity. I do not agree with the majority of general practitioners in thinking that the man in general practice should assume the practice of the specialties. The ordinary man in general practice in Northern Wisconsin has all that he can do without entering the domain of the gynecologist, bacteriologist, neurologist, orthopedist, the abdominal surgeon, or any of the other accredited, or competent and thoroughly equipped specialists. On the other hand, I believe a man should not enter upon the practice of a chosen specialty until he is prepared to practice his specialty without encroaching on the grounds of the man in general practice.

In these days of social betterment, when all the civilized world is rapidly adopting Christian methods, the general practitioner of Northern Wisconsin cannot afford to recede from the prominent position he occupies in the State of Wisconsin and the entire Northwest, but must continue to be first in doing good, first in offering a preventative for the diseases which it is his duty to treat. We have been told to advise our tuberculous patients to shun Northern Wisconsin, as the climate there is too rigorous for them. This is entirely wrong. I would not wish to make Northern Wisconsin a popular Mecca, or dumping ground for the tuberculous world, but I believe that we have there a climate superior to Colorado, Arizona, or New Mexico, for the treatment of consumption, and I think we should by every honorable method in our power encourage the heroic efforts of our colleagues who are endeavoring to isolate the tuberculous family of Wisconsin in our own salubrious atmosphere.

In conclusion, I wish to mention a few methods and remedies that I have found serviceable in a general practice. Prior to the year 1898 the most difficult condition I found to control was that of spasmodic croup. Previous to this date I lost several little patients from this very trying condition in the treatment of which I had used nearly all the remedies known to the pharmacopoeia; since then I have not lost one case. Today when called on to treat a case of spasmodic croup I at once give the child a large dose of any oleaginous substance—preferably castor oil; this I follow with 6 to 10 drops of common balsam copaiba, repeat every ten minutes until spasm is aborted. The procedure is not original with me, but was given to me by Dr. Riddle of Chippewa Falls. If this much abused remedy has no specific action on the urethra, it surely acts as a paramount specific in spasmodic croup.

In puerperal convulsions I have had to return to our old standard, viz., chloral hydrate given per rectum in 15 grain doses while the patient is under chloroform anesthesia...

The treatment of gonorrhea with the usual strong germicides is, as Prof. Gross used to say, equivalent to forcibly ejecting a skunk from a drawing room. It is better in either case to use peaceful methods than physical strength.

In the treatment of diphtheria I cannot say which remedy has saved the patient, as all cases were treated with heroic doses of antitoxin together with the regular routine Klebs-Loeffler treatment. I have had to discard the use of nearly all the popular disinfectants, and many of the antiseptics. Now, I believe that formaldehyde is one of the safest and most reliable safeguards we have. In obstetrical and surgical work it seems to be the remedy pre-eminent.

We are no longer students. We all have made certain discoveries that will benefit us if these discoveries are only made known at our meetings...
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