

Letters written by Dr. Nathaniel Barber Hall to medical publications during the 1880s



Dr. Hall (ca. 1901)



Dr. Hall as a young man

From Google Books
The Medical Bulletin: A Monthly Journal of Medicine and Surgery
Published by F. A. Davis, 1889
Original from Harvard University

MEDICINE AS A SCIENCE—A FEW SCATTERING THOUGHTS

BY N. B. HALL, M.D.,
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That medicine is a science is generally admitted, but very incomplete, and, as used, is too often quite unscientific, as shown by practice, each practitioner having his own notions about the therapeutic value of drugs and modes of administering them, each claiming to be governed by science. It is an obvious fact, however much we may boast of science, that much of our practice is empirical, no matter to what school of medicine we belong.

The profession of medicine, like all other business callings, requires a natural talent for the business. Many young men who are unfortunate enough to have rich parents, and no natural talents for the high and noble calling, are induced to enter the medical profession because of its respectability. Some have natural talents for music, others for mechanics, mathematics, poetry, painting, oratory, or military science. There must be natural proclivities in order to attain to anything like success. A man having five talents for mechanics and only one for medical science will most certainly fail of success—a good mechanic lost and a very poor doctor gained. Common sense is very necessary to all business, yet many brilliant speakers and voluminous writers are very deficient in that commodity.

They have what is sometimes termed uncommon sense—not practical. While attending lectures in the Charleston, S. C., Medical College, 1845-46, the professor of physiology was wont to use all the technicalities and high-sounding phrases that he could crowd into his lectures, which were frequently more mystical than edifying. One student remarked to another "that he could not comprehend the professor." The other replied, "That is quite natural. You have only common sense, while the professor has the uncommon."

I learned during my college course that the most polished lecturers in the faculty were the most unsuccessful practitioners; they either had too many remedies, or were deficient in common sense or judgment in administering them. Since that time there has been many changes. Many new remedies have been discovered, modes of treatment altered, and some sound and useful progress made in medical science.

Manufacturing chemists and pharmacists have ransacked creation to find something new by way of a curative, each striving to excel his fellows in getting out and offering to the profession something superior to anything that had gone before, claiming to have supplied a long-felt want. The average druggist, to keep pace with the sharp competition in trade, has resorted to adulteration in order to undersell his competitor, until it is almost impossible to obtain an honest tincture or other compound, and when needed in emergency they fail to produce the desired effect, thereby causing unnecessary suffering to the patient and loss of reputation to the doctor.

Again, I am pained to notice the same sharp competition existing among the doctors. Instead of working in unison, trying to build each other up, they seem to be trying to pull each other down. That diabolical spirit of selfishness seems to pervade the whole human family. Even the ministers of the Gospel are not exempt, but many of them are wounded if another's talents and usefulness are spoken of in complimentary terms.

To sum up the whole matter, good judgment and prompt action are necessary to success; internal drugging and more external applications; good nursing and building up with suitable nourishment. Keep the circulation equalized, and give nature a fair chance to assert her prerogative. Cease to make apothecary shops of weak or diseased stomachs.

Among the valuable preparations that have been offered to the profession during the last decade I might mention Peacock's bromides; actopeptine; hypophosphites by Fellows, Vliine, and others; lithiated hydrangea, Lambert's, as well as the many prepared foods for children and invalids.

Now, in closing this clumsy and hasty communication, I feel that you will be disappointed, and probably consign it to the pile of rubbish that always accumulates in an editor's sanctum, but indulge an old man in his whims.

I accord to each regular practitioner the charity to believe that he has acquainted himself with the specific and therapeutic effects of all remedies he uses, as well as that he has a full knowledge of their toxic effects.

From Google Books
The Medical World
Published by Roy Jackson, 1886
Original from the University of California
Pneumonia

Editor MEDICAL WORLD:

This is one of the inflammatory diseases produced generally by suppression of perspiration from sudden changes, disturbing the equilibrium of the circulation, producing engorgement of the lungs, which soon develops into inflammation, with all the attendant symptoms, pain, fever, hurried respiration, etc. To every intelligent physician the symptoms will point out the nature of the attack, whether it affects the pleura most, or the substance of the lung; the latter by dull aching, the former by sharp pains. The first indication is to restore that which is lost, a balance in the circulation, by hot applications to the extremities, non stimulating diaphoretics, if much pain, fomentations over the painful parts, cloths wrung out of hot water and frequently changed, turpentine fomentations, salt and ashes moist and warm, pepper mush, etc. If mustard is used, it should not be strong enough to injure the skin so as to destroy its healthy action. Internally, calomel and Dover's powders, three grains of each every two hours until three or four doses are taken. Calomel acts on the internal secretory organs and counteracts inflammation, while the Dover's powder allays pain and determines the blood to the surface, causing moisture of the skin. The lungs being one of the great de-purgatory organs, with its functions deranged, the others, kidneys and skin, should not be allowed to fall below their normal condition, but rather stimulated to increased action; asclepias tuberos, and spts. nitre dulc. will fulfill both indications. Now to reduce the fever and allay the cough, or make expectoration free and easy : Sat. tinct. veratrum viride, if a genuine preparation, commence with 4 drops doses for an adult every two hours until the frequency of the pulse is diminished to the natural standard, about 70 per minute, and held there by small doses repeated as occasion requires for 34 hours, by which time all the symptoms will show improvement, cough loose, head easy, skin soft, temperature normal. If bowels need moving or checking, use the necessary remedies. If the diseased lung becomes indurated as evidenced by percussion or auscultation, blister over the indurated portion, I seldom use quinine in pneumonia unless in complicated cases with well marked periodicity. The above applies to an ordinary case, but in all cases of lung fever I have found veratrum most reliable and quinine least so. This like all other diseases must be treated according to pathological conditions.

N. B. HALL, M.D.

FAIR MOUNT, Ga.

From Google Books
The Medical World
Published by Roy Jackson, 1885
Original from Harvard University

Obstetrical Record.

Editor MEDICAL WORLD

Dr. Palmer, of Colorado, gives his obstetrical record and calls on his brother practitioners to say whether he has been more fortunate than others. I have not, like him, kept a record of cases, but have been in the business of "baby catching" for thirty-nine years, altogether in the country, and largely with the colored population on plantations in antebellum times. As many of my old day books have been destroyed, I will have to depend on memory. I have had two pairs of twins, two hour-glass contractions, two breach presentations, one footling, two slight lacerations of the perineum, many post partum hemorrhages, some of them alarming, which would not yield to ergot, astringent irrigations, cold water, abdominal pressure and manipulations, but was arrested by internal friction with the hand within the uterus, causing it to contract. Have found cord around the neck often, sometimes twice round, several still born, one adherent placenta requiring the use of the fingers to detach it. Have used forceps twice, and performed craniotomy once for others; had one case of puerperal peritonitis, several cases of lateral obliquity, which I adjust generally from the outside through the abdominal walls, holding the position firmly until a pain comes on, when the head will enter the superior strait. Also, occasionally, I have had to contend with a rigid os, which prolongs labor, but can be overcome generally by a full dose of Dover's powder.

I must say that Dr. Palmer's record is—if not marvelous—very uncommon. I am fully convinced that unnecessary interference is sometimes resorted to, disappointing nature in her important work, mostly for the want of information, but sometimes, I have feared, to gain notoriety. In the year 1857 there lived in my neighborhood a French doctor, a new arrival from Belgium. He was employed in an obstetrical case; told the woman she could not be delivered without instruments (throwing the accent on the last syllable); that if he had them he could relieve her, etc. Her pain ceased from alarm. The husband, becoming uneasy, sent for me, and to bring instruments. When I arrived the family and neighbor women seemed to be awe-stricken. I examined the condition and, to my surprise, found the head in the inferior strait, perfectly natural, labor having been suspended from fright.

I assured her there was no cause for alarm; that everything was right, and it would soon be over. After I gained her confidence the pains returned and completed the labor, the new comer greeting the anxious company with a vigorous squall.

I think that in the above case the doctor wanted to create fame by the use of instruments, as he sent for them and not for me, and was surprised when I entered the room. In my earlier practice I always adjusted the bandage around the abdomen as soon as the placenta was delivered; but now I direct it to be done before the woman leaves the bed.

N. B. HALL, M.D.
FAIRMOUNT, Ga.

From Google Books
Medical Brief
Published 1889
Original from the University of Michigan

Veratrum Viride

Since the published therapeutical value of veratrum by Dr. Norwood, about forty years ago, it had its friends and its enemies, but it is very probable that those who object to it have not used it properly, or have not persisted in its use long enough to give it a fair trial. Its effects vary with different persons, and with the same persons under different pathological conditions.

That it is an arterial sedative is almost universally admitted. That it will reduce the frequency of the pulse is an established fact. Hence its adaptability in all inflammatory fevers, particularly in pneumonia, in which it shows its most marked effects. I have used it about thirty-five years, and never omit it in pulmonary inflammation, when I can obtain it.

When I have a genuine saturated tincture, commence with four drops for an adult, repeat once in three hours until an abatement of frequency occurs, then in less quantity until the pulse becomes normal in frequency. Continue at proper intervals in sufficient doses to keep the pulse at, or near, the natural standard in frequency, being timed. After holding them down twenty-four hours the unpleasant symptoms will yield. Expectoration becomes loose and easy, skin soft, pain abated, if not entirely gone. Sometimes it is best when the pulse is small and weak, to unite it with equal portions of aconite, or aconite alone.

This is not all the medication needed in pneumonic fevers, but one of the most important remedies.

I find in the articles on pneumonia, published in the BRIEF, that quinine is almost universally administered. I have long since left it out of my prescriptions in these cases, I am almost willing to assert that quinine *kills* more cases of pneumonia than any other remedy cures. It is so commonly believed to be anti-pyretic, when it is principally anti-periodic.

If pneumonia was the subject under discussion I would give my treatment, of which veratrum is only one of the remedies. It can be used to advantage in all febrile diseases. I never leave it with the nurse in its concentrated form, but mix it with water to be used by the tea-spoonful.

It is very difficult, in these degenerate times, to get an honest preparation of veratrum, "Norwood's" name on the bottle is no guarantee. Oh, for a return of ante-bellum honesty.

As a proof of my appreciation of the BRIEF I enclose a dollar to renew my subscription.
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From Google Books
The Medical Brief: A Monthly Journal of Scientific Medicine and Surgery
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Letter to the The Medical Brief (1893)

Reply to Dr. Gregory

I read report of Dr. Will Gregory's obstetrical case in the January BRIEF, page 58. Thought then that some contributor would notice it, but as none have up to this time, I take the liberty of complying with his request.

In the first place, he should not have rotated the body of the child at risk of injuring the cervical vertebra. Then he should not have made such strong traction as to cause him to "get out of breath " at the expense of the spinal column of the child ; and, as if that was not enough, he called in an assistant and "both together made heavy traction." Possum hunters confine the head of their victim, and make heavy traction on the hind legs to break its neck.

The golden bowl is provided with sutures which permits the bones to overlap and diminish the size in passing through a narrow aperture, but when the silver chord is loosed, then the victim goes to its " long home," whether it be done by heavy traction or otherwise. Nothing strange that the child was dead born.

In the management of footlings, there should be great care exercised in using traction. A slight upward movement until the hips pass, then bring down the arms and wait for the expulsive force of the womb to bring the head into the inferior strait. If the head remains in the upper strait long, pressure on the cord may cut off circulation, causing a still-born child; but, by proper manipulations, using the arms as pump bandies, and the application of warmth over the region of the heart, breathing will soon be established.

I think the young brother will scarcely be satisfied with his management after a sober, second thought.

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From Google Books

The Medical brief: A monthly journal of scientific medicine and surgery

Published 1882

Original from the University of Michigan

Editor Medical Brief :

Dr. T. L. Kabler wants treatment for haemorrhagia purpura. I would suggest fluid extract hamamelis virg. in twelve drop doses, repeated every six hours for several days, then increase or diminish dose according to effect. In addition, take soft pine resin and work into it enough carb. iron to make a tough mass, from which give a common size pill morning and evening.

Dr. J. E. Plummer wants treatment for ardor urines. For many years I have used the following:

K. Spts.Nit. Dulc 1 ounce.

Balsam Copaiba 1 drachm.

Tinct. Mur. Ferri 1 drachm.

M. Sis: Teaspoonful in water, milk, or wine. Repeat in three hours, then at longer intervals according to effect.

Dr. C. E. Q. Warren will find the above mixture to answer his purpose in incipient gonorrhoea, given four or six hours apart for a few days. No injections needed.

Dr. Nat. E. Hyder wishes to know what will neutralize the poison of snakes and other venomous reptiles. The best that I have ever used is the alcoholic spirits, whisky, brandy, etc., which will not intoxicate while there remains any poison unneutralized. I once gave a delicate lad a half pint of strong French brandy before the poison of a spider bite was neutralized, without any intoxication.

Dr. Kilinger wants to know what to do with a felon. If he is very felonious, it might be well to execute him by plunging a sharp instrument into his cavity. If incipient, binding him firmly may prevent further progress. Keeping the orifice open with a slippery elm tent, injecting the cavity with solut. nit. silver, holding the painful member over the warm smoke of burning wool will mitigate suffering.

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Adulteration
Editor MEDICAL WORLD :

I promised that I would answer Dr. Putnam's 20 questions, but so many contributors have done so in the January number, covering all the points, that I think best not to occupy valuable space in cutting stubble over well-reaped ground. Therefore, will pen a few thoughts on another subject—adulteration.

It is often said by old people that "times are not now as they used to be." Well, I am glad they are not in some respects, but in others we have fallen badly behind the generation of our fathers. The advance of science and knowledge has carried with it an advance in duplicity. Men are using brain instead of muscle to gain a subsistence. Competition is sharp. Many frauds are resorted to outstrip others in the same line of business. In the woolen manufactory, much of the so-called wool is grown in the cotton field. The grocer avails himself of inert and cheap substances to increase weight. The dairy man, of water, chalk, and inferior animal fats; tea is often largely mixed with timothy, hay and other adulterants, dyed green to give it a rich appearance; ground coffee is often a mixture of oats or other grain. Such adulterations are deleterious to health, and totally unfit to use in the sick-room. Dealers in liquors have become so expert that it is almost impossible to get an article of brandy, wine or other spirits that is fit for medical use, being mostly a compound of slops and poisons. So universally is the fraud practiced that to say "an honest liquor dealer" would be almost a misnomer. Nor does it stop here. Druggists come in for their share of censure. Medicines, of all things in use, ought to be pure and true to name that they might be administered with confidence in their therapeutic value to meet the indications present. But alas, how oft is the faithful and anxious physician foiled in consequence of adulterations! After repeated trials and gradual increase of dose, while much valuable time is lost to the injury of the patient, and reputation of the doctor and anxiety of friends, at last the proper dose is arrived at, being four times the quantity of an honest dose. The avaricious druggist having sold a 25 per cent, tincture for a saturate, with a lie on the label. Who, during the last decade, have been fortunate enough to get pulverized medicines and tinctures that can be depended upon? *Veratrum viride pulv. rhii*, etc., although warranted to be genuine—"none genuine but such as have my name on it," etc., nearly on par with "look out for pickpockets," "stop that thief." With provisions and medicines where health and life are at stake, our lawmakers should pass stringent enactments, and officers enforce them, to protect the innocent against such frauds. We ought to grow better as we grow greater, and do in many respects; but that great root of all evil, "the love of money," seems to be on the increase.

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The Medical Summary: A Monthly Journal of Practical Medicine, New Preparations
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TREATMENT OF NEURALGIA

BY N. B. HALL, M. D., COLIMA, GA.

Neuralgia is a term applied to painful affections in some portions of the body, generally without fever, sometimes confined to a very small spot, seeming to be caused by the irritation of a sensory nerve. All effects are the result of a cause, but it is not always an easy or simple matter to ascertain definitely in what or of what the cause consists. When it is toothache, we very readily decide it is from exposure of the nerve, by the decay of the bony structure in which it has been incased. But the inquiry might go further, why does the pain cease for a time, and commence again on exposure to a draught of air, or a wetting from a shower of rain, or from indigestion, or from getting the feet cold or damp? Then it would seem to be not confined to the local exposure of the nerve in the decayed tooth to the action of the air. Probably the most painful kind is what is known as facial neuralgia, not necessarily dependant on decayed teeth. Then we have it as lumbago, sciatica, gastrodynia, uterine and visical, as well as intercostal and cardiac. Could it not be properly classed as nervous rheumatism, in which effete matter deposits on nervous filaments instead of muscular fibre, as in rheumatism proper.

Of what does this supposed poison consist? Authors tell us that arthritis is caused by deposit of urea and uric acid, and rheumatism by lactic acid; then there must be another poison of different affinity to produce neuralgia. As neuralgia is so often, if not always, accompanied with hepatic derangements, is it not probable that the specific poison is a product of the impaired functions of the liver, or remaining in the circulating fluid because not eliminated by that organ, deposits on nervous filaments, producing a neuralgic diathesis? It is a well-known fact that rheumatism is not produced by the common exciting cause of "cold and damp" unless there is a remote cause lying dormant ready to be brought into action. The same is true with "malaria;" after exposure the miasmatic poison may remain dormant until eliminated from the system, should there be no exciting cause to bring it into action. It is a recognized fact that there are predisposing as well as exciting causes.

During the war soldiers were exposed to all kinds of weather, slept in damp clothes and on damp ground, exposed to all the exciting causes; yet rheumatism and neuralgia were not more common in camp than around the fireside of the quiet home. To counteract the effects of an exciting cause affords temporary relief, but to remove the remote or predisposing cause is curative. To find out the exact pathological condition is frequently very difficult: *a posteriori* reasoning is generally the only means we have of arriving at a conclusion. Our practice must of necessity be partly, if not largely, "empirical." If we find by trial that a medicine or combination produces good effect, we will try it again regardless of the school of medicine to which we may belong, though we may not be able to fully ascertain in what way it acts—whether antidote or shield. Many years ago I commenced using carb. iron for neuralgia; finding some benefit, I added mur. ammonia to improve it, then made further additions of bromide and chlorate of potash. I now have a preparation that I keep on hand ready for use, as follows:

flr. Carb. iron . 3J-
Biom. pot 3J.

Chlorate pot 9J.

Muriate am 3J-

Thoroughly pulverize the salts, then add the iron. Ordinary dose, 6 *gr.* for adult, one in four hours. Other aids can be added *pro re nata*. When marked periodicity, quinine. When digestion is weak, pepsine or lactopeptine. To allay nervousness, morphine, spts. lav. comp, nit. ether. A small dose of calomel to commence with will generally correct the biliary secretions, notwithstanding the fight made against it by Dr. Goss and a few others. My combination is known as my red powders, and has gained quite a notoriety in my community; they have proved more satisfactory than any other remedy that I have ever tried, and if kept up for a sufficient length of time will not only be palliative but curative. For rheumatism I use an alterative compound, which I think both antidotal and eliminative, xanthoxylum carolianum, chionanthus virg., phytolacca dec, lappa maj., sarsaparilla, either smilax or Honduras. Take about equal portions of the roots, cover with water, and simmer for two hours, adding water to keep the roots covered. Strain and add sufficient spirits to prevent souring. Bottle for use. In chronic cases, some of the iodine salts may be added to advantage.