

JAMES WILLARD McLAUGHLIN
(1840-1909)

by

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McLAUGHLIN

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by

Inci A. Bowman, Ph.D.

Gentlemen: We have gathered here to night very appropriately in honor of and out of respect to our distinguished fellow citizen, Dr. J. W. McLaughlin, who will very soon sever his ties among us and leave for a more important position of usefulness and distinction as professor of theory and practice of medicine in the medical department of the University of Texas at Galveston.¹

Thus spoke Dr. Thomas D. Wooten, Chairman of the Board of Regents, the University of Texas, at a banquet given in honor of James W. McLaughlin in Austin. Dr. McLaughlin, an Austin resident and physician for nearly three decades, had been appointed to the faculty of the University's only medical school as of 1 October 1897. Prior to his departure for Galveston, his friends and colleagues gathered at the Driskill Hotel to express their appreciation for his long years of service as physician and to bid him farewell. "Let us try and console ourselves with the thought that Austin's loss will be the State's gain," continued Dr. Wooten, "and with the fact that he has been . . . promoted to a more responsible position as teacher and instructor of the forthcoming doctors of the State of Texas."

When chairs became vacant upon the resignation of three professors from the Medical Department at Galveston in the summer of 1897, there was considerable concern that these positions be filled by members of the medical profession in Texas.² This demand was partially met when the Board of Regents

appointed James W. McLaughlin to the Chair of Practice of Medicine, and the news of his appointment was received with a great deal of enthusiasm in professional circles.

Dr. McLaughlin had practiced medicine in the state for over thirty years and had been affiliated with the Texas State Medical Association, serving in various capacities, since 1875. His publications on infectious diseases, especially dengue, and on immunity had gained him a national reputation. He was one of the founders of **The Texas Sanitarian**, which began publication in 1891, and served as one of its associate editors. When the journal changed its name to **The Texas Medical News**, McLaughlin became the co-editor. Further, his personal qualities, his popularity among colleagues, and his "ready command and easy flow of language" made Dr. McLaughlin a strong candidate for the professorship. As an editorial in the **Texas Medical Journal** noted, Dr. McLaughlin's appointment was "eminently fitting and proper."³

Born in 1840 in Springfield, Ohio, young James began studying medicine as an apprentice to his uncle, Dr. Andrew C. McLaughlin. He attended his first course of formal lectures at Cincinnati College of Medicine and Surgery during the session of 1859-1860, and subsequently took up practice in Tremont City, Ohio. When the Civil War broke out, McLaughlin joined the Confederate Army and served in Kentucky, Virginia, and Tennessee. Following the war, he came to Texas and assumed the practice of med-

icine near Columbus. The year 1867 was significant in the life of James McLaughlin, marking his graduation from the Medical Department of the University of Louisiana (now Tulane University) and his marriage to Tabitha Bird Moore of Fayette County, Texas.⁴ In January 1870, he moved to Austin where he lived until his appointment in 1897 as professor of medicine in the Medical Department of the University of Texas at Galveston.

During his long residence in Austin, Dr. McLaughlin became familiar with and treated a variety of infectious diseases. From his publications and from what is known about the medical history of the region, one sees that tuberculosis, influenza, pneumonia, diphtheria, malaria, and dysentery were among the common diseases afflicting the residents of Austin.⁵ Then there were occasional outbreaks of smallpox, cholera, scarlet fever, and dengue. Dr. McLaughlin's practice also included treating various female disorders, delivering babies, and performing certain surgical operations.⁶ In 1878, he and three other physicians opened the Austin City Infirmary, a small hospital which remained in operation until 1882. During that time it was the only hospital in the city. By the late 1870s, Dr. McLaughlin had become a leading medical figure in Austin, involved in the many facets of health care in the community.

Perhaps the most original investigation carried out by James McLaughlin, at least in the judgment of his contemporaries, was his work on dengue. In the fall of 1885, an epidemic of dengue spread through the state, ravaging the populations of Galveston and Austin. Almost every town along the railroads became affected. McLaughlin reported that nearly 16,000 cases of dengue occurred in Austin, out of a population of 22,000. Characterized by high fever, excruciating

pains, nausea, and skin eruptions, the disease was noted to be highly contagious. But the medical profession did not yet understand the role of mosquitoes in the transmission of the disease.

Given the contagious nature of dengue, McLaughlin suspected that specific microorganisms were the cause of the disease, and undertook a microscopical investigation. Utilizing various staining techniques, he studied blood drawn from patients during the various stages of the disease. Thinking he saw the micrococci causing dengue in the blood cells of patients, he published his results in the *Journal of the American Medical Association*.⁷ The response to McLaughlin's investigations was favorable; many of his contemporaries believed that he had isolated the microorganism associated with dengue.⁸

We now know that dengue is an acute infectious disease of viral origin, and the virus in question was not isolated until 1953.⁹ With the microscopes available in the late-nineteenth century, McLaughlin and his colleagues could not have seen the dengue virus. What is worth noting about McLaughlin's work is not that he made an error, but rather that he, as a general practitioner interested in contemporary bacteriological and immunological research, undertook work of this nature. A room in the McLaughlin residence served as his laboratory. His purpose was to study the etiology of dengue and to find a method of therapy or even a form of prophylaxis. He quickly realized the difficulties involved in such a task:

I found, however, that I had neither the time nor means of carrying out the necessary investigations to determine the practicability of this hope, or of accomplishing these latter anticipations. A physician engaged in active practice has but little time, whatever his inclination may be, to

indulge in experimental work.¹⁰

At the end of his article, McLaughlin outlined the various steps that would have to be taken in a thorough study of dengue, requiring well-equipped laboratories and researchers who could devote full time to scientific investigation. He urged that the state support research aimed at controlling infectious diseases. The paper ended with an optimistic note:

. . . I feel secure in prophesying that within the next decade, dengue and many other contagious and infectious diseases will be as certainly prevented by inoculation as small-pox now is. It remains to be seen what contribution of knowledge will be furnished by America to this promising system of preventive medicine.¹¹

Dr. McLaughlin lived to see two other epidemics of dengue that plagued Texas. When he moved to Galveston in 1897, dengue prevailed in the Houston-Galveston area. Again, in 1907 Galveston, Houston, and Brownsville experienced outbreaks.¹²

The Medical Department of the University of Texas, where Dr. McLaughlin now held a chair, began its seventh academic year on 1 October 1897 with 194 students. An additional 44 students in the School of Pharmacy and 21 students in the School of Nursing brought the total number to 259.¹³ The medical faculty comprised 11 full professors, and 12 lecturers and demonstrators. The physical facilities on the campus included the College Building (the present Ashbel Smith Building) and the John Sealy Hospital (no longer extant), both of which had been constructed within the previous ten years. The College Building housed three amphitheaters, various laboratories, faculty offices, and a library and reading room, as well as rooms occupied by the Schools of Pharmacy and Nursing. The hospital building

contained the central administrative pavilion with wards extending on each side. The total number of patients treated in the John Sealy Hospital during 1897 was 4130, including 2801 cases handled in the "outdoor clinic."¹⁴

Dr. McLaughlin's responsibilities for the first year included lecturing three times a week on the practice of medicine and giving clinical instruction daily except on Sundays in the medical wards. The lectures aimed at providing the students with practical experience in the diagnosis and treatment of diseases, and "those prevalent in a Southern climate" received special attention.¹⁵ The total number of cases handled in the medical wards in 1897 was 638, the most common diseases being dengue (87), malaria (62), gastritis (64), nephritis (44), pulmonary tuberculosis (40), influenza (36), and alcoholism (23). Of the 60 deaths that occurred in the medical wards in that year, about one half were due to nephritis (19) and tuberculosis (9).¹⁶ During Dr. McLaughlin's tenure (1897-1905) the number of patients admitted annually to the medical wards of the John Sealy Hospital varied between 450 to 850, and the most common diseases treated by the house staff remained malaria, typhoid, gastritis, nephritis, and tuberculosis.

Perhaps the most important feature that Dr. McLaughlin introduced into clinical teaching was the employment of laboratory techniques in the diagnosis of diseases. His friend and biographer H.L. Hilgartner noted that "Dr. McLaughlin saw at once the necessity of bringing the laboratory work of the students into close connection with the teaching in the hospital wards."¹⁷ He moved the laboratory, which had been in a different building, to the basement of the hospital and furnished it with additional equipment that he and his assistant Dr. John T. Moore purchased at their own expense. With the instru-

ments thus available, junior and senior medical students were instructed "in the modern methods of examining blood, sputum, gastric contents, feces, and urine for purposes of diagnosis and treatment."¹⁸

From the textbooks that Dr. McLaughlin used for his courses and from his published papers, it is possible to gain some understanding of the types of diagnostic techniques employed in the John Sealy Hospital at the turn of the century.¹⁹ Here I would like to concentrate on one example—the use of the microscope in the diagnosis of malaria and typhoid.

Malaria and typhoid had been among the most common diseases in Texas for several decades. Similar symptoms exhibited by these two diseases made it difficult to diagnose them accurately. Often malaria and typhoid would appear side by side, and physicians unable to distinguish between the two would treat the patient with quinine. If the patient got better, he had malaria; otherwise, he suffered from typhoid. The deleterious effects of delayed diagnosis and of treating typhoid patients with quinine formed the topic of a heated debate at the State Medical Association meeting in 1893. Dr. B.F. Brittain urged his colleagues to employ a microscope, saying that "only an expert bacteriological examination of the blood can lead us to make a proper diagnosis in our two forms of febrile disease."²⁰

We can assume from the above discussion that in the 1890s the microscope was likely utilized in the differential diagnosis of malaria and typhoid at the John Sealy Hospital, although we cannot be sure to what extent blood analysis was a routine examination prior to Dr. McLaughlin's appointment in 1897. At the turn of the century, however, diagnostic procedure for malaria required microscopic examination of blood. For example, Dr. John T. Moore, Chief of

Medical and Nervous Clinics, John Sealy Hospital, reported that of the 481 patients admitted to the hospital in 1900 whose blood samples were analyzed, 153 had malaria. He added that "the microscope has been relied upon entirely to ascertain whether these cases had malarial infection."²¹

Reviewing the appropriate techniques, Dr. McLaughlin emphasized that "finding the parasites in the blood will definitely settle the diagnosis of malarial fever." The diagnosis of typhoid would require "a positive Widal serum reaction." In case of doubt, the blood, feces or urine of the patient could be tested for the "bacillus typhosus." Dr. McLaughlin maintained that a physician was "morally, if not legally, bound in the interest of his patients, to use the microscope in differentiating these diseases."²²

Under the leadership of Dr. McLaughlin, the clinical laboratory of the John Sealy Hospital expanded. Medical students found opportunities to learn how to utilize the microscope effectively in the diagnosis of diseases. As in the example of the differential diagnosis of malaria and typhoid, it was essential to employ modern techniques, especially microscopy, to positively identify and correctly treat diseases.

In 1905 Dr. James W. McLaughlin resigned from his chair and returned to private practice in Austin. After having cared for patients in a world pervaded by infectious disease for nearly half a century, he died of cancer on 13 November 1909. "The general practitioner of medicine has to deal with not only the physical ailments," he asserted, "but with the mental and moral weakness of humanity as well."²³ As he told his students repeatedly, a physician had to be discreet, morally clean, and humane so that he could "gain the entire confidence of the community." The physician's primary duty was "to

look after the well-being of the [human] race," while "acting as a mediator between science and the people."²⁴ Dr. McLaughlin lived during a crucial period in the development of the medical sciences. He looked confidently into the future and imagined a world free of human misery caused by disease. His concern for the well-being of his fellowman and his faith in science undoubtedly constituted the very sources of his strength.

(To be continued: the next article will deal with the scientific world of J.W. McLaughlin.)

REFERENCES

¹"Professor James W. McLaughlin, M.D.," *Texas Med. News* 6:503, 1897.

²P.I. Nixon, *A History of the Texas Medical Association, 1853-1953* (Austin: University of Texas Press, 1953), p. 206.

³"The Appointment of Dr. J.W. McLaughlin," *Texas Med. Jour.* 13:200, 1897.

One of the delights of historical research is encountering the unexpected. While perusing the pages of *Texas Medical Journal*, I came upon this curious note:

Raised his Salary. The *Journal* is informed that Dr. McLaughlin of this city [Austin], who has just been elected to the Chair of Practice, in the Texas Medical College, declined the offer at the salary paid his predecessor, \$2,500, and that the Regents increased the pay to \$3,000.

Ibid., p. 204.

⁴"President-Elect J.W. McLaughlin, M.D." *The Texas Sanitarian* 3:298-301, 1894. Also H.L. Hilgartner, "Life, Character and Works of Prof. J.W. McLaughlin, M.D." *Texas Med. Jour.* 25:558, 1910.

⁵J.M. Coleman, *Aesculapius on the Colorado. The Story of Medical Practice in Travis County to 1899*. (Austin: The Encino Press, 1971.), pp. 49, 61, and 80. Also see the list of publications by J.W. McLaughlin at the end of this article.

⁶A short article published in *Daniel's Texas Medical Journal* announced the availability of a new surgical instrument devised by Dr. J.W. McLaughlin. The new clamp could be employed to control hemorrhage in hysterectomies, laparotomies, removal of hemorrhoidal tumors, and in circumcisions. The instrument was manufactured and sold by George Tiemann & Co. of New York. See *Daniel's Texas Med. Jour.* 5:268-69, 1890.

⁷J.W. McLaughlin, "Researches into the Etiology of Dengue," *Jour. Amer. Med. Assoc.* 6:673-80, 1886.

⁸See, for example, R. Menger's article, "Dr. McLaughlin's Microbic Theory of Dengue Fever," in *Daniel's Texas Medical Journal* 2:232-37, 1886. William Osler, in his widely used textbook *The Principles and Practice of Medicine* (1892) acknowledged Dr. McLaughlin's work on dengue:

McLaughlin, of Texas, has found in the blood of patients a micrococcus, which he regards as the special agent and has been able to cultivate. The slides which he kindly sent me show a streptococcus-like organism, but it is impossible yet to speak definitely as to the relations which it bears to the disease. (p. 90.)

⁹N.J. Ehrenkranz, et al. "Pandemic Dengue in Caribbean Countries and the Southern United States—Past, Present and Potential Problems," *New Eng. Jour. Med.* 285:1463, 1971.

¹⁰McLaughlin, "Researches into the Etiology of Dengue," p. 673.

¹¹*Ibid.*, p. 680.

¹²Ehrenkranz, "Pandemic Dengue," p. 1463. Two other epidemics of dengue affected Galveston in 1918 and 1922.

¹³*Catalogue of the Department of Medicine of the University of Texas* (Galveston, 1897-98), p. 87.

¹⁴*Ibid.*, p. 46.

¹⁵*Ibid.*, p. 24.

¹⁶*Ibid.*, p. 38. These figures do not include statistics from the surgical wards, children's wards, and obstetrical wards.

¹⁷Hilgartner, "Life, Character and Works of Prof. J.W. McLaughlin, M.D.," p. 561.

¹⁸*Catalogue of the University of Texas Department of Medicine* (Galveston, 1899-1900), p. 22.

¹⁹Among the textbooks Dr. McLaughlin used, the following are available in the UTMB Library:

J.H. Musser, *A Practical Treatise on Medical Diagnosis* (Philadelphia: Lea Brothers & Co., 1904)

W. Osler, *The Principles and Practice of Medicine* (New York: D. Appleton and Company, 1892)

W.W. Van Valzah and J.D. Nisbet, *The Diseases of the Stomach* (Philadelphia: Saunders, 1898)

O. Vierordt, *A Clinical Text-book of Medical Diagnosis* (Philadelphia: Saunders, 1894)

²⁰B.F. Brittain, "The Continued Fevers of Texas Classified. All grouped under Two Heads, viz: Typhoid Fever and the Malarial Fever," *Trans. Texas State Med. Assoc.* 25:136, 1893.

²¹J.T. Moore, "Duration of the Latency of Malaria after Primary Infection as proved by Tertian or Quartan Periodicity or Demonstration of the Parasite in the

Blood," *Jour. Trop. Med.* 5:82, 1902.

²²J.W. McLaughlin, "The Advantages and Use of the Microscope to the General Practitioner in Diagnosis and Therapy," *Trans. Texas State Med. Assoc.* 36:105, 1905.

²³J.W. McLaughlin, "Address to Students, delivered at the Opening of the Session of 1899-1900," *The University Medical* (Galveston) 5(1):2, 1899.

²⁴*Ibid.*, p. 5.

PUBLICATIONS OF J.W. McLAUGHLIN

A case of septic salpyngitis relieved by a new and seemingly simple method. *Tex. Cour. Rec. Med.* 2:435-37, 1885.

Researches into the etiology of dengue. *Jour. Amer. Med. Assoc.* 6:673-80, 1886.

The etiology of infectious diseases. *Daniel's Texas Med. Jour.* 3:266-74, 1888.

The treatment of acute dysentery. *Daniel's Texas Med. Jour.* 3:361-65, 1888.

Pathology and treatment of chronic cervical endometritis. *Daniel's Texas Med. Jour.* 4:139-50, 1888.

Hemorrhagic malarial fever. *New OrL. Med. & Surg. Jour.* 16:645-62, 1888-89.

A new surgical instrument. *Daniel's Texas Med. Jour.* 5:268-69, 1890.

An explanation of the phenomena of immunity and contagion, based upon the action of physical and biological laws. *Med. Rec.* 38:29-38, 1890. (Also in: *Trans. Tex. State Med. Assoc.* 22:71-106, 1890.)

Salpingitis. *New OrL. Med. & Surg. Jour.* 18:261-73, 1890-91.

Contagion and immunity. *The Texas Sanitarian* 1:1-14, 73-86, 1891; 1:193-205, 243-255, 293-308, 355-372, 401-418, 445-459, 487-505, 1892.

Fermentation, infection and immunity. Austin: Eugene Von Boeckmann, 1892.

Theoretical reflections upon the manifestations and modus operandi of drug action upon the living organism. *Trans. Texas State Med. Assoc.* 27:57-84, 1895.

An outline of the physical theory of fermentation, immunity and infection, and its bearing on the rationale of serum therapy. *Trans. Texas State*

Med. Assoc. 27:335-48, 1895. (Also in: *The Texas Sanitarian* 4:477-88, 1895.)

The bacteriology of dengue. *Texas Med. News* 5:11-15, 1895.

Serum cure of diphtheria. *Texas Med. News* 6:183-91, 1897.

Address to students, delivered at the opening of the session of 1899-1900. *The University Medical* (Galveston) 5(1):1-8, 1899.

Achylia gastrica. *Trans. Texas State Med. Assoc.* 34:218-29, 1902. (With S.M. Morris)

Prevention of tuberculosis in private practice. *Trans. Texas Med. State Assoc.* 34:433-38, 1902. (Also in: *Med. Age* (Detroit) 21:321-25, 1903.)

The value of modern aids to diagnosis of diseases of the stomach. *Texas Med. News* 12:607-10, 1903.

The fermentation theory of infection and immunity. *Am. Jour. Med. Sci.* 76:887-906, 1903. (Also in: *Trans. Texas State Med. Assoc.* 35:533-70, 1903.)

The controlling influence of environment in epidemic infectious diseases. *Texas Med. Jour.* 19:247-55, 1904. (Also in: *Sanitarian* (N.Y.) 52:294-302, 1904.)

The treatment of malarial hemoglobinuria with quinine. *Therap. Gaz.* (Detroit) 28:24-25, 1904.

The advantages and use of the microscope to the general practitioner in diagnosis and therapy. *Med. Age* (Detroit) 23:457-63, 1905. (Also in: *Trans. Texas State Med. Assoc.* 36:103-110, 1904.)

Pathogeny of fever. *Texas State Jour. Med.* 1:131-35, 1905.

Gastro-intestinal conditions in epilepsy. *Med. News* (N.Y.) 84:690-92, 1905. (Also in: *The University Medical* (Galveston) 9(5):84-88, 1905.)

The modern diagnostic methods in cancer of the stomach. *Texas State Jour. Med.* 2:202-04, 1906.

Personal observations in latent malaria. *Texas State Jour. Med.* 4:319-21, 1908.

A catalytic theory of infection and immunity. *Med. Rec.* (N.Y.) 75:749-53, 1909.

Critical remarks on Ehrlich's side-chain theory of immunity. *Med. Rec.* (N.Y.) 76:673-80, 1909.
