

The Physician and Surgeon

A PROFESSIONAL MEDICAL JOURNAL.

VOLUME XXVII.

APRIL, 1905.

NUMBER IV.

ORIGINAL ARTICLES.

MEMOIRS.

EDWARD SWIFT DUNSTER, A. M., M. D.*

A BIOGRAPHICAL SKETCH.

By REUBEN PETERSON, A. B., M. D., ANN ARBOR, MICHIGAN.

PROFESSOR OF OBSTETRICS AND GYNECOLOGY IN THE UNIVERSITY OF MICHIGAN.

I REMEMBER as a boy how bored and tired I used to be on Washington's Birthday. We were made to sit on rather hard benches and listen to eulogies on the Father of our Country, interspersed with the reading of exciting passages from his farewell address. I often wondered if the man had never done anything wrong and if he were really interesting. I believe I should have honored him much more if he had only acted as do most boys in the cherry tree incident. I know now that I did Washington an injustice, thanks to the way the subject matter was presented; for he was a man like other men, with the same passions and weaknesses. It was just as hard for him to do the right, and avoid the wrong, as for thousands of others who preceded and have followed him. What made him stand out preëminently amongst his fellows were certain traits of character which were needed by this nation just at that particular time. He was a superb soldier, honest, and possessed of that sublime courage which buoys up its possessor, no matter what reverses he may suffer. He was a pioneer and leader. He showed the way and the others followed. Thus, it seems to me peculiarly appropriate that "Founders' Day" should be celebrated on his birthday: for the founders of the Department of Medicine and Surgery of the University of Michigan were also pioneers and leaders. At the time the medical department was established there was the same

*An address delivered before the faculty and students of the Medical Department of the University of Michigan on "Founders' Day," February 22, 1905.

need of men of stern resolve, and of high ideals, with the courage of their convictions, if the movement was to be a success. That they, and those who succeeded them did not labor in vain, is, I am sure, the belief of those assembled here this evening. We meet to do them reverence, not because they were men more Godlike than their fellows, but because, although perhaps better endowed than the majority of men, they were, after all, but part and parcel of that medical profession which has ever striven upwards. We honor them for the good they have accomplished with the means at their command. The study of their lives and characters cannot help being of benefit to us who are confronted with the present problems, and who must strive to look into and plan for the future. If we labor as wisely and as well as those who have gone before us, we need have no fears for the future of the school, whose welfare we have so much at heart.

To me has been assigned the task of depicting the life and character of Edward Swift Dunster, who succeeded to the Chair held by Abram Sager, the first Professor of Obstetrics and Diseases of Women and Children in the University of Michigan. In some respects he was the direct antithesis to Doctor Sager, for it is generally conceded that he was the most logical, eloquent, and interesting lecturer the school has ever had. On the other hand we are given to understand that Doctor Sager, while scientific to a degree, presented his facts rather disconnectedly, and was far from being an eloquent speaker. In other respects, however, we shall find that the two men were considerably alike. They were both scholarly, passionately fond of reading, and naturally of quiet, retiring dispositions. While their natural talents pushed them to the front, and made them at times the most conspicuous men on the faculty, you feel that, in reality, publicity did not appeal to them. Their real enjoyment came from the hours spent in their libraries among their beloved books.

Edward Swift Dunster was the third child of Samuel and Susan Dow Dunster, and was born in the village of Springvale, Maine, September 2, 1834. He came of good old New England and English stock, being directly descended from Henry Dunster, the first President of Harvard College. Doctor Dunster's father, Samuel, compiled a small book entitled "Henry Dunster and His Descendants," in which may be found a very interesting sketch of their early ancestor's life. Henry Dunster was distinguished, not because of his learning and scholarship, which were considerable, nor because he was the first president of a college which has since become so famous. He publicly announced his opposition to infant baptism, which so shocked the orthodox spirit of the colony that he was forced to hand in his resignation. He conducted his defense with dignity and ability, but would not recede from his position, although the loss of the Presidency meant much to him. Thus did the narrow spirit of the community distinguish him above all others, and, by making of him a martyr to his honest convictions, left to his descendants a glorious heritage.

Nearly two hundred years later, in 1879, his descendant, Edward Dunster, made an able argument before the American Medical Association at Atlanta. Briefly, for I shall refer later to this address, Doctor Dunster was defending his colleagues and himself for teaching in a medical school whose faculty taught certain branches to homeopathic medical students. The same narrow spirit which had forced the resignation of his ancestor, Henry Dunster, was now at work in opposition to him and his colleagues. Listen to his closing sentences and see if they do not ring true. "Do the opposite and adopt this amendment, and it is a stride centuries backward in the historic march of medicine, for it places us right along side of those old worthies, the Asclepiadæ, where laws forbade the revealing of 'sacred things except to the elect,' and who exacted from students and strangers the tests of initiation before admitting them to share in their knowledge. Finally in all your discussions and in your decisions forget me and forget the great University which I have the honor to represent, for if you can stand the disaster and discredit that must come with the adoption of this amendment we can certainly stand your censure." May our Department and our University ever have at our command such defenders.

Doctor Dunster was educated in the public schools of Providence, Rhode Island, and entered the academic department of Harvard University in 1852. That he made the most of his college course is demonstrated by the thorough knowledge of the classics displayed in his subsequent papers and addresses. He must have been popular with his fellows for he was a member of the Psi Upsilon Fraternity, and the Hasty Pudding Club. He was also elected a member of the Phi Beta Kappa Society, this honor being conferred on eight of the members of the class having the highest rank. He graduated from Harvard in 1856 with high honors. In 1859 he received the degree of Master of Arts from the same University. For two years subsequent to his graduation he resided in Newburgh, New York. Here he tutored a young man for college, and according to the custom of the time began the study of medicine as a pupil of Doctor M. Stevenson of Newburgh.

In 1858 he removed to New York, and became a student in medicine with a man whose influence on his future life was most marked. This was Professor E. R. Peaslee, one of the pioneer gynecologists and abdominal surgeons of this country. Peaslee in this year had been appointed Professor of Obstetrics and Diseases of Women in the New York College of Medicine and Surgery, and was fully launched upon his career as an ovariologist, which was to make him widely known both in this country and abroad. He was an enthusiast in his work, and inspired his followers with the highest degree of confidence and emulation. It is not strange, therefore, that Doctor Dunster, then a young man of twenty-four, falling under such influences, should have imbibed a love for the subjects of Obstetrics and Diseases of Women. During the remaining thirty years of his life there were

times when circumstances compelled him to turn his talents and energies in other directions, but after these demands were satisfied we see him returning to the specialties which were so dear to him.

Doctor Dunster attended medical lectures at Dartmouth College in the summer of 1858, and graduated from the New York College of Medicine and Surgery in the following year. He was the recipient of the highest prize for general proficiency in his studies. The day following his graduation in March, 1859, he was appointed interne at Saint Luke's Hospital. He resigned from this position in the following August in order to accept the Demonstratorship of Anatomy at Dartmouth College. In the same year he started in practice in New York City.

The first two years of a physician's practice in a large city are trying to say the least. I presume Doctor Dunster, in spite of his good record, native ability, and influential friends, probably was no exception. Be this as it may, he was among the first to tender his services to his State at the outbreak of the war in 1861. In the same year he secured the position of Assistant Surgeon in the Regular Army after a competitive examination. Although a young man of only twenty-seven, his superior officers soon became cognizant of his marked executive ability. During the first year of his service he was made Medical Inspector under General Rosencrans. Later he held the same position under General McClellan in Eastern Virginia. He supervised the erection of the army hospitals, and had general charge of the same. At one time he had command of the hospital transports, and attended to the shipping of the wounded to the northern hospitals. Later he was ordered to Philadelphia where he became Superintendent of Turner's Lane Hospital. At the same time he served on the Board of Examiners of candidates for admission to the army medical service. For a time he was assistant to Doctor William A. Hammond, then Surgeon-General of the army. From Washington he was transferred to the West Point Military Academy, where he remained until his resignation from the army in 1866.

Doctor Dunster's army career may be said to be typical of the man. His taste led him towards the more intellectual side of the army surgeon's life, just as other men delighted in the long hours during which they were compelled to wield the scalpel. He was distinctly an organizer, and his executive ability was of the highest. This latter talent does not always coexist with the scholarly mind.

After his resignation from the army, he resumed his practice in New York. In July, 1866, he was made editor of the *New York Medical Journal*, a position which he held for five years. Here again it was not chance but merit and scholarship which led to his being chosen for this important position. As an editor he was a marked success. His alert mind grasped the needs of the general practitioner as well as the specialist and both were provided for in the pages of his journal.

He inaugurated and developed the plan of giving the readers of his journal short abstracts of the best current medical literature. This is a common enough custom now in medical journalism, but it was quite an innovation in those days.

The "little doctor" as he was nicknamed in the army, must indeed have led a strenuous life during the seven years from 1866 to 1873, at which time he removed to Michigan. During the first five of these years he was editor of a great medical journal. At the same time he held an active service as attending physician to the Children's Out Patient Department of Bellevue Hospital. From 1868 to 1870, as Professor of Obstetrics and Diseases of Women and Children, he lectured in the University of Vermont. From 1869 to 1874 he held the same chair in the Long Island College Hospital. In 1871 he was appointed Professor of Obstetrics in Dartmouth College, a position he held until his death. In 1869 he became resident physician to the Infant Hospitals on Randall's Island, New York. The management of these institutions had been exceedingly lax until Doctor Dunster assumed charge. The mortality among the one thousand children on the Island had been very high, so much so as to lead to severe criticism. Doctor Dunster, with his characteristic vigor quickly instituted a new regime. Through hygienic and sanitary reforms the mortality was greatly reduced, a fact which was favorably commented upon by his superiors and the medical profession. This in itself, was eminently gratifying, but probably Doctor Dunster took as great if not greater satisfaction in utilizing to the utmost the opportunities for observation and study provided by the large collection of children directly under his charge. His lectures show that the scientific side of his profession was not lost sight of in the midst of the details of hospital management.

In spite of the demands of his official and professional work Doctor Dunster found time for social life. His pleasing address and facile tongue caused him to be in great demand as an after-dinner speaker. From conversation with one of his old friends I learn that his strength at this time was taxed to the utmost. Probably this fact had much to do with his acceptance of the position of lecturer in Obstetrics, and Diseases of Women and Children, tendered to him by this University in October, 1873. He doubtless hoped by relinquishing his New York positions and leading a quiet life in a University town, to regain his health which had been considerably impaired by overwork.

Let us for a moment consider in retrospect this medical school at the time he was called to it. Although only twenty-three years old, the Medical Department of the University of Michigan had established an enviable reputation throughout the country. It should be remembered that the school was in one way an experiment, for it was the first medical school in the country to be founded as a distinct department of a State University. Would the people of the State support such a school, which at the best must be an expensive affair?

Private medical schools and those connected with the richly endowed universities came more nearly to paying expenses from their tuition fees. One of the fundamental principles, however, of the State University was small fees, so that the poorest student might avail himself of the advantages of a higher education. Situated in a small inland town, our school had, from the outset, to compete with schools more favorably situated, as far as clinical advantages were concerned. Could a school so located build up an adequate clinic by attracting patients from afar? These and other problems had to be met and solved as the years rolled on.

Fortunately, for the welfare of the school, in the fifties and sixties, medical teaching was largely didactic; hence the lack of clinical material was not felt as keenly then as would have been the case had the school been started later. The faculty early appreciated the importance to the medical student of thorough laboratory instruction. This was inaugurated at an early date, and in 1873 had made the school famous. Again, at the very beginning it took an advanced stand as regards the qualifications for medical education. It was the first medical school in the country to reject candidates for admission for lack of preliminary education. Although among the first to establish a graded three-year course, in 1873 only two lecture terms of six months each, together with a year spent as a pupil of some reputable practitioner was required.

At the time of Doctor Dunster's appointment, the lecture system in medical instruction was in full sway. There were four lectures each day, while clinics were only given on one day in the week. As a matter of fact it was not until 1869 that the Regents at the earnest request of the medical faculty could see their way clear to the establishment of a University Hospital. In that year was set aside a dwelling house on the north boundary of the campus for hospital purposes. This building now forms the northern end of the present Dental building.

Not much of a hospital, you will say, but at least it was a beginning. And, best of all, it was begun in the right way, for it was from the first under the direct management of the clinical professors, and every patient was there primarily for clinical instruction. Possibly lack of room prevented the caring for private, as well as purely clinical patients, in this initial hospital. Possibly the medical faculty, or the Board of Regents recognized the incompatibility of mixing these two classes of patients. Be that as it may, the fundamental plan upon which this small hospital was established thirty-six years ago, was the correct one, and this general plan remains the same today. And, that it is the right one, is shown by the growth of the institution from a few up to two hundred seven beds when the new psychopathic ward is opened.

In 1876 the legislature, generously aided by the city of Ann Arbor, added two pavilions to the hospital. Doctor Dunster had had a great

experience in the erection of army hospitals, and the faculty naturally turned to him for suggestions. The pavilions were erected on the general plans submitted by him. I am given to understand that they were intended to be merely temporary structures, the idea being that after a few years of use a hospital became so thoroughly infected as to necessitate its destruction. Yet this was six years after the inauguration of antiseptics by Lister and the true recognition of the causes of wound infection.

Doctor Dunster came to this University at a glorious period in the history of obstetrics. Up to about 1870 the idea of the infectious nature of puerperal fever, although pointed out in 1845 by Oliver Wendell Holmes, had not gained much ground. A few enlightened physicians convinced by the arguments and experiences of Semmelweis took the proper precautions against the infection of the lying-in woman. The great mass of the profession, however, remained unconvinced. In 1870 Lister's applications to surgery of Pasteur's discovery of the true nature of wound infection had a great influence upon obstetrics. The period from 1870 to 1880 may be called the antiseptic decade of obstetrics. Lying-in women were treated antiseptically before, during, and after confinement, with the result of greatly reducing the terrible ravages of puerperal fever in maternity hospitals. The prophylactic era in obstetrics may be said to date from 1880. From that time to the present great advances have been made in the treatment of the lying-in woman. It has been proved that vigorous antiseptic measures are unnecessary and even injurious. Asepsis in surgery and obstetrics have become synonymous. The puerperal mortality has been reduced to almost nothing, until it is as safe, if not safer, for the woman to be confined in a properly equipped maternity hospital, as in the most luxurious home.

Even mightier were the strides of the great men who were devoting their energies to the alleviation of the diseases of women and children. Sims, Emmet, and Thomas were revolutionizing plastic gynecological surgery, while such men as Peaslee and the Atlees were establishing ovariectomy upon a firm foundation. The decade from 1880 to 1890 saw the greatest advances in pelvic and abdominal surgery. The onward and upward march of the gynecological surgeon claimed the attention of the world.

In order to fully appreciate Doctor Dunster's relation to these changes that were taking place in the specialties he was called upon to teach in this school, it is necessary once again to refer to the clinical material at his disposal from 1873 to 1888. We can afford to look at the question dispassionately now, for the school has put behind it those trying days. In spite of assertions to the contrary, our clinical teaching material compares favorably with other medical schools, except in certain directions. That time and energetic endeavor will round out our material is as certain as that our school will go on and maintain the high position it has acquired. But, as I have attempted to show,

in Doctor Dunster's time, clinical material and hospital facilities were sadly lacking; practically there was no such thing as clinical obstetrics. Students were graduated in those days without ever having seen a confinement. In the eighties I find by the proceedings of the Board of Regents that certain sums of money were devoted to the support of obstetrical patients, but it was merely a desultory movement, and must have been without much effect. It was somewhat the same in gynecology. I have had access to Doctor Dunster's records for the year 1881 and 1882, and I find that he saw during that time at the hospital only some seventy gynecological patients. Of these only thirty-one remained in the hospital. There were only thirteen minor operations performed in his clinic during that year. To be sure the major operations in those days were performed by the Professor of Surgery; but they were not many, and they were done under the most unfavorable surroundings. Those of you who would become disheartened at conditions today will find encouragement by turning back to major surgery as it was performed in this medical school in the old days. Then the operating room was situated in the upper lecture room of the old Medical Building. Perhaps at a previous hour in the same room had occurred a demonstration in anatomy. After the operation had been performed the patient had to be carried down stairs and transported across the campus to the hospital. Their ideas of antisepsis and asepsis naturally were of the crudest, even when they tried to develop a technique. For instance, they used to boil the gauze used for dressings, and then hang it across the amphitheater seats to dry. The mortality under these conditions was high, and the healing of a wound by the first intention was a rare occurrence. These statements are not made in the spirit of criticism. They were doing their best, and those of us who are working today would not have done any better. I am simply calling attention to the condition of affairs at the time that Doctor Dunster entered this University. Is it then at all strange that under these trying conditions Doctor Dunster, who by temperament was not intended for a surgeon, should have turned his attention in other directions? Naturally a scholar, with a clear, logical mind, and with an extraordinary gift of forceful expression, he became the expounder of other men's achievements. Happy, indeed, is the man, who with a natural gift, pursues his bent, and rises head and shoulders above his contemporaries. Such was Doctor Dunster. I know it from the testimony of every pupil of his with whom I have talked. As a lecturer he had few equals and no superior.

In this connection, I will quote from a letter I have just received from Doctor J. N. Martin, pupil, assistant, and successor to Doctor Dunster. After regretting that continued illness prevents him from being with us and after referring to Ford, Palmer, Maclean and Frothingham, he says: "Last but facile princeps in the lecture room or editor's chair, was our scholarly Dunster. It is no disparagement to the others of that faculty to say that he was the most brilliant lecturer

and writer among them all. Every one enjoys a logical presentation of the subject, and no one left Doctor Dunster's class-room or read his articles, without a clear conception of the subject under discussion. Listening to him gave pleasure like that derived from the study of a fine painting. His language was almost perfect, his diction polished, and his argument clear and convincing. * * * His students love to remember him in the lecture room."

Doctor Dunster was not a man of particularly commanding presence. On the contrary he was rather below the average height, with a large head, and a high, intellectual forehead. He spoke with few or no notes, and he usually lectured sitting in a chair. He became intensely interested in his subjects, speaking slowly, distinctly, and without hesitation. He held the undivided attention of his class, no matter how abstruse might be the subject of his discourse. An old graduate told me that on one occasion Doctor Dunster had some trouble with his feet, and came into the lecture room on crutches. He seated himself in his chair, and began to speak. The pain in his legs becoming unendurable, after an apology to his class, he placed both feet high up on the desk, and continued his lecture, holding the attention of his audience to the end of the hour. A man who could do that had not missed his calling.

Doctor Dunster was not a prolific writer. The list of his contributions, which, for the sake of completeness I have appended to this sketch, does not comprise more than fifteen articles at the most. It seems a pity he did not publish more, for what he did write was exceedingly well executed. On paper, as in the lecture room, he expressed himself easily, elegantly and forcibly.

His early and deep interest in medical education is well illustrated by his address delivered at the commencement of the Medical Department of the University of Vermont in 1869. This address is a plea for the higher culture of the physician. This he believed should be brought about by the substitution of a scientific for a classical education, as preliminary to the study of medicine. He urges the lengthening of the medical course, and claims that the separate branches should be taken up in their natural and progressive order. He asserts "That the present system of medical teaching is more senseless than superficial; but we may confidently expect, in view of the progressive spirit of the age, that we shall establish a more reasonable and adequate curriculum for medical studies." This shows that Doctor Dunster was in advance of his time on the question of medical education, for it was some years before these changes were brought about. He retained his deep interest and broad views on medical education during the remaining twenty years of his life. His ideas and counsel must have been of great assistance to his colleagues on the faculty during the transition period of the medical curriculum.

Doctor Dunster's address entitled "The Logic of Medicine," delivered on the twenty-fifth anniversary of the New York Academy of

Medicine, is a model of good English and clear thought. It is a plea for the inductive method of reasoning as applied to medicine. He warns against slavish deference to authority, and upholds the value of independent investigation. Perhaps its chief charm, aside from its own clear logic, is the optimism which breathes from every line. Here is a specimen: "The future, then, is full of promise, and we may well content ourselves with the reflection that as centuries upon centuries have been spent in bringing about our present advanced position, so, hereafter, each successive decade will give a steadily increasing development."

Perhaps one of the best, if not *the* best, of Doctor Dunster's contributions, was one to which I have already alluded. I refer to the "Argument made before the American Medical Association at Atlanta, Georgia, May 7, 1879, against the proposed amendment to the Code of Ethics, restricting the teaching of students of irregular or exclusive systems of medicine." The main question at issue has been settled long ago, and does not particularly interest the present generation, but a review of the history of that question which caused so much hostile criticism to be hurled at the University and its medical faculty, shows that, when the attacks became too bitter to be longer endured, Doctor Dunster, by unanimous consent, was chosen to answer them, and answer them he did in such a logical manner that the bigots who made the attack were glad enough to escape by never allowing the amendment to come to a vote.

The chief characteristic of Doctor Dunster's more strictly scientific communications consisted in the thoroughness with which the literature of the subject under discussion was brought up to date. In this way he avoided the not uncommon failing of some medical writers of announcing discoveries, which a little more careful reading would have shown had been made before. Belonging to the local, county, state and national medical societies, and being a frequent attendant at their meetings, he was often called upon to engage in the discussions. Here, naturally, he was at his best. His retentive memory gave him the advantage of having the subject matter at his tongue's end. He defended his opinions vigorously, but was always courteous in his bearing towards those who differed with him. In fact, this unflinching courtesy was one of his striking characteristics. I have been impressed with the repetition of the word "gentleman" as used by those with whom I have conversed about him.

Doctor Dunster's family life was ideal. Mrs. Dunster was the daughter of the Reverend Doctor Sprole of Newburgh, New York, formerly Chaplain and Professor of Ethics in the United States West Point Military Academy. The Dunsters were married in 1863, and the union was a singularly happy one. There were four children—three daughters, and a son who died in infancy. Mrs. Dunster was a woman of education, of great intellectuality, and a most hospitable

person. She was a prominent figure in the social life of Ann Arbor, and her kindly influence extended in many directions.

Doctor Dunster died at Ann Arbor, May 3, 1888, at the age of fifty-four. The immediate cause of death was pneumonia, although his health had been failing for a year or more. For a few months prior to his death, he practically was obliged to give up his University work, and was confined most of the time to his house. Two days after his death, at a special meeting of the University Senate, resolutions were passed from which I extract the following:

"As a physician he was most sympathetic with the afflicted, kindly frank in his announcements, true and unswerving in his deductions, a benefactor in numberless households. In educational affairs as a counselor, and an advocate for the interests of the University, he was clear in his propositions, broad in the range of his experience, and vigorous in his pleadings, ever urging the best aims of professional culture—to us the members of this Senate he has endeared himself by the consistent integrity of his personal relations, and a most genial bearing in the occasions of daily intercourse."

Thus lived and died Edward Swift Dunster. Who can say how far-reaching has been his influence? Thoughts which he promulgated may have been the life inspiration of numbers who have failed to give public testimony, but keep the secret in their hearts, and give him his just due. This is merely conjecture. What we *have* learned from the study of his life, is that he was an able, honest, upright, man and physician; that he loved this University, and especially its Medical Department, and that he served it, and everything connected with it, faithfully. In other words, he put forth the best there was in him. Can we ask more of any man?

CHRONOLOGICAL LIST OF DOCTOR DUNSTER'S WRITINGS.

THE RELATIONS OF THE MEDICAL PROFESSION TO MODERN EDUCATION.

An address delivered at the Commencement of the Medical Department of the University of Vermont, June 16, 1869. *New York Medical Journal*, 1870, Volume XII, pages 481 to 503.

THE LOGIC OF MEDICINE. An address delivered on the occasion of the twenty-fifth anniversary of the New York Academy of Medicine, December 30, 1872. *New York Medical Journal*, 1873, Volume XV.

REMARKS ON DOUBLE MONSTERS. *Peninsular Journal of Medicine*, 1874, Volume X, pages 241 to 253.

THE HISTORY OF ANÆSTHESIA. *Peninsular Journal of Medicine*, 1875, Volume XI, pages 337 to 355.

THE HISTORY OF SPONTANEOUS GENERATION. "Transactions of the Ann Arbor Scientific Association, 1876, Volume I."

THE USE OF THE OBSTETRIC FORCEPS IN ABBREVIATING THE SECOND STAGE OF LABOR. "Transactions of the Michigan State Medical Society, 1877, page 33."

- PROPHYLAXIS OF PUERPERAL CONVULSIONS. *Toledo Medical and Surgical Journal*, 1878, Volume II, pages 281 to 296.
- POLYCYSTIC OVARIAN TUMOR, FIRM AND EXTENSIVE ADHESIONS. With Co-existing Peritonitis; Ovariectomy; Death in Five Hours from Shock. *Michigan Medical News*, 1879, Volume II, pages 95 to 98.
- AN UNUSUAL LARGE CARNEOUS MOLE. ERROR IN DIAGNOSIS. *Michigan Medical News*, 1879, Volume II, pages 5-6.
- CASCARA SAGRADA, RHAMNUS PURSHIANA. *New Preparations*, 1879, Volume II, page 56.
- AN ARGUMENT MADE BEFORE THE AMERICAN MEDICAL ASSOCIATION AT ATLANTA, GEORGIA, MAY 7, 1879, AGAINST THE PROPOSED AMENDMENT TO THE CODE OF ETHICS, RESTRICTING THE TEACHING OF STUDENTS OF IRREGULAR OR EXCLUSIVE SYSTEMS OF MEDICINE. *The Physician and Surgeon*, 1879, Volume I, pages 237 to 256. 256.
- A CASE OF FRACTURE OF THE HUMERUS: DEATH ON THE EIGHTEENTH DAY FROM FATTY DEGENERATION OF THE HEART, WITH REMARKS ON OSTEOGENESIS. *The Physician and Surgeon*, 1879, Volume I.
- A NEW AND SIMPLE OVARIOTOMY TROCAR AND CANULA. *Medical Record*, 1885, Volume XXVII, page 252.
- COMPARATIVE MORTALITY IN ARMIES FROM WOUNDS AND DISEASES. Date and place of publication not found.



EDWARD SWIFT DUNSTER.

history-of-obgyn.com